

NYC Early Childhood Mental Health **TTAC** Training and Technical Assistance Center

— A COLLABORATION BETWEEN —



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TTAC Webinar: Supporting Families and Caregivers of Infants and Young Children Affected by the COVID-19 Pandemic

Responses to Participant Questions Resource Document

Presenters:

Joy Osofsky, Ph.D., JOsofs@lsuhsc.edu (Response **Green** font)

Gerard Costa, Ph.D., costag@montclair.edu (Response **Blue** font)

Questions (Black font):

Q: Working with child welfare -- children who do not reside with their parents; how to maintain social connectedness between the parent and child when not able to all be in the same place? Virtually, best way to conduct this?

- R: This question is very important and one that we have also been thinking about a lot. Based on outreach with children in child welfare, I have heard positive reports about the use of Facetime, Skype, Zoom or some other social media that has been successful in connecting the parent and child. In some cases, it seems that some foster or resource parents are even more positive about making the tele (virtual) connection given that travel is not required which frequently creates difficulty in arranging visitation (family time). Also, given that many cable companies during this time are providing free internet access, that should help in making these arrangements. A suggestion of a juvenile judge that has been integrated into the Zero to Three Safe Babies Court Team Program is to provide a book to the parent and the same book to the foster or resource parent so that the child and parent can enjoy reading the same book together either on the phone or virtually. JDO**
- R: Wonderful question! “Family time” (aka visitation”) is critical to sustain the parent-child relationship. Ideally, this is a time when a relationship between the birth and foster families is critical, so there can be shared phone calls, if technology permits, Facetime, Skype or other “distance visits” could occur. But this is also a time for “low tech” connections: helping a birth mother to write a letter to her child every other day, so his foster mother (with caseworker support) could read the letter to the child. How to “keep the baby” in the mother’s mind and the “mother” in the child’s mind are critical – so being sure the child and mother have pictures of**

each other – and helping the foster family to speak about the birth mother in loving ways. Postcards or letters can be sent by the foster mother to the birth mother where the child traces his/her “hand” or writes (development permitting) a message of love or his/her name. For children who cannot write, the foster parent can let the child dictate a message to the mother and mail (or email) it. This is where the need to develop a relationship among all of the adults in the child’s life is critical. GC

Q: I have a client who is 100% scared to go outside, I just got off the phone with her prior to the webinar, but she is stating the news is telling her to stay inside, suggestions to encourage my clients still be able to go outside and it's not having droplets in the air I encouraged social distancing but she is terrified to go on her front porch because the mailman has been on her porch.

- R: The guidelines from the CDC will be helpful for you and for her. That’s what we also follow to guide work with children and families. However, there is so much that is still “unknown” about COVID-19 in terms of transmission. And it certainly creates both uncertainty and anxiety. Perhaps it could make her feel better to wait an hour or so to go on her porch after the mailman has left. Social distancing relates to being 6 ft from another person and I assume that then she will be the only person on her porch. What one can do and feels comfortable doing also relates to other factors – especially age and existing health conditions from everything I’ve been able to learn. If her porch is protected, it would seem fine if the mailman is gone and no one else comes on the porch. JDO**
- R: I believe we will see more and more of this heightened fear, and unlike many irrational fears, there is some real basis for her fear. As scientists learn more about COVID-19 and the routes of transmission, the need for staying home, keeping a minimum of 6 feet of distance, and wearing masks outdoors are emphasized. However, wearing masks is recommended so that the person wearing the mask minimizes transmission to others. Of course for some, that intensifies the fear that he/she might have already been exposed. I wonder if your client could be helped to know that in all of the areas where personal distancing has been practiced, the incidence of COVID-19 drops. In these cases, the vast majority of people who keep their distance, wear masks, wash their hands, etc., can actually safely go outside and enjoy the good weather. In fact the mail person is an example of a profession that goes out all of the time, but practices all safety measures. However, it may very well be that even with this reassurance, your client may still have heightened fears. Each person reacts to this current situation in different ways, and the impact of this heightened stress will be handled so differently based on each person’s individual differences and emotional/social histories. Her fear strikes at the heart of not feeling safe and secure – and it is so important that she knows that you “feel this” with her. Here is a good link about anxiety keeping people from therapy. This might be helpful: <https://themighty.com/2020/03/coronavirus-anxiety-cant-go-to-therapy/>. Wish I could offer more. GC**

Q: Thank you for taking the time to speak with us. I'm so grateful to stay connected to the network. My question is about supporting families who have young children with special needs; we are launching remote learning/teletherapy for families receiving CPSE services and I am wondering what we can do to support our students, families, and providers. Our providers are anxious to help but we are trying to help them remember to be present and meet parents where they're at.

- **R: As we emphasized, routines and establishing” new routines” for the “new normal” are crucial. As we mentioned in the webinar, regression and dysregulation is expected with all of the changes going on in the lives of the children, their environment, and family. Establishing the new routine that works for all is important and may need to be different and perhaps continually adapted for children with special needs. Also, there is much potential for learning and games that may work well using media to help support both the children and their parents and caregivers with media that may be included intentionally with the change in routines. It is also important to remember to be supportive of parents in these difficult times and encouraging some self-care. JDO**
- **R: Thanks for the inquiry. Here are some thoughts, first about autism – but these apply to many children with other disabilities and without.**
 - Each child will respond differently to the changes in routines and shared stress that is felt by all.
 - One of our newest and clearest insights about ASD, for example, is that the neurobiological differences in neurosensory systems that children with ASD have can lead to elevated levels of stress – and it this STRESS that often results in what looks like MISBEHAVIOR.
 - Dr. Stuart Shanker (www.self-reg.ca) notes, “When you see Misbehavior, think STRESS behavior”. The task is not to regard the behavior as behavior that must only STOP – but to search for the sources of stress – and address those first. The website can offer some guidance.
 - Autism is not a disorder in behavior but a difference in the structure, functioning and processing of the human brain that can affect body states, communication, memory and processing of information – especially social information and social cues.
 - ASD is NOT a disorder of attachment and children with ASD are attached to their parents and caregivers in the same ways and for the same reasons as all children. Parental insightfulness and sensitivity – attunement and co-regulation, consistency and predictability are important ESPECIALLY AT TIMES LIKE THIS WHEN ROUTINES HAVE BEEN DISRUPTED.
 - Most children with ASD have language and communication abilities but not all can “tell you” how they feel. This means that we have to children to express their feelings in multiple ways.
 - ALL children will often somaticize their stress – meaning that body will hold the stress, so a child may have a headache or a stomachache or feel nauseous. At times like this, while we may naturally fear that this is somehow a sign of COVID-19, it is likely related to stress and the loss of routines. SO a parent might offer the child an reason like, “I know you stomach feels achy and I think it is because you miss the school bus, and going to school an seeing your friends. Would it help if we did a FACETMIE with one of your school buddies. I am here and you will be okay.”
 - Make Quarantine -QUAR-ROUTINE! We discussed this is the presentation.

- o This is a perfect time to start new routines in your house- even simple things like waking up at a certain time, making the bed together, making breakfast and share each step along the way with rich, emotional conversations – like “I am so hungry! What should we have this morning?”. Deciding on what to wear. Planning any school distance-learning together – Planning a snack and meals. Playing games that are developmentally appropriate:
- o For children under age 2 and all ages, do “Floortime”, a concept developed by Dr. Stanley Greenspan (www.icdl.com)- where you “tune in” to a child’s level (you don’t have to be on the “floor” but it can help!) and connect with a child through your facial expressions, gestures, movements and tone of voice. Take turns (rolling a ball back and forth, stacking block, physical games like obstacle courses (using pillows and furniture), hide & seek, making faces, peek-boo (for the 7-12 month olds). As children develop language and pretense (2-5), play drama together – have a pretend picnic, or play doing the routines that were disrupted – like pretending to take the bus to school, going to the market or grocery store, or even visiting family out of town. Physicality and “muscularity” are so important for children. Have children help you lift “heavy” objects – like a pot filled with water to make pasta, or holding a pile of towels as you rearrange the closet or drawers. For children older like 7 and above, play games like checkers, tic-tac-toe, and as children are older do rule games – like Trouble, or Monopoly. There are now loads of games online if families have internet access.
- o Talk to your child about how they feel and ask
- o Keep connections through phone and internet
- o Contact families of peers and conduct synchronous activities – like coloring, or making a craft and let the children show it to each other.
- o From: <https://afirm.fpg.unc.edu/supporting-individuals-autism-through-uncertain-times>:
7 Guidelines to Follow
 - Support understanding
 - Offer opportunities for expression
 - Prioritize coping and calming skills
 - Maintain routines
 - Build new routines
 - Foster connections (from a distance)
 - Be aware of changing behaviors

Lastly, the link below has some suggestions to help in processing information about the tragedy for various groups along the spectrum. GC

<https://www.autismspeaks.org/science-news/what-should-autism-community-know-about-coronavirus-outbreak>

Q: Are there discussions around middle school aged children and COVID-19? In terms of trauma, mental health, and substance abuse?

- **R: Thank you for this question as we also are thinking a lot about these issues for middle school aged children and adolescents with specific concerns about mental health and substance abuse issues. We have developed some materials related to ways to talk to middle school aged children and COVID-19 (attached below). You may find the Comic (link attached) helpful in talking about the coronavirus with children that age. I’m also attaching some additional links for material related to trauma, mental health and substance abuse for older children. A strategy that we have found extremely helpful with older children in the aftermath of previous disasters is to make them feel helpful and find ways that they can contribute to**

support others and to help them during the recovery. It may be that they can help with things that need to be done around the house, help with younger children, assist with deliveries to elderly, etc. I'm attaching a resource that we developed, one from the CDC, and one from NCTSN. I hope they are helpful in answering your question. JDO

- **Resource link:**

<https://www.medschool.lsuhscc.edu/tdc/docs/Supporting%20Children%20and%20Adolescents%20Coronavirus%203.9.2020.pdf>

- **R: Here is a great resource from the National Association of School Psychologists:**

- https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/helping-children-cope-with-changes-resulting-from-covid-19?ck_subscriber_id=342989428%20%a0

- **Another good resource from the Institute for Disaster Mental Health**

- <https://newpaltz.edu/media/idmh/covid-19/IDMH%20COVID19%20Community%20Stress%20Management%20Tip%20Sheet%202020%20Final.pdf>

- **Here are some of the techniques clinicians teach anxious children, adapted from CBT and mindfulness training:**

- <https://childmind.org/article/anxious-stomach-aches-and-headaches/?fbclid=IwAR0eRqG2qWYoSdub8yUvS-tQdUHnRSXa2IKmN41iGUraJWHCqcvod7vKOvs>

- **Here is a great resource from the National Child Traumatic Stress Network with a helpful section on reactions and coping in children from 3-18:**

- <https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019-ch>
- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
- https://www.nctsn.org/sites/default/files/resources/fact-sheet/outbreak_factsheet_1.pdf

Hope these help! GC

Q: What are the thoughts on youth/ teens who already struggled with truancy and now being homeschool puts them more at risk with falling behind and/or non-compliant with school...

- **R: I appreciate your question which we have been thinking about also. It would be very helpful if teachers or counselors in the school system were able to reach out to these students. Struggling with truancy among other issues may also relate to not having sufficient guidance and support at home. Several of my clinical colleagues have been working with an alternative school where I also have consulted with them. They have expressed a similar concern about these youth/teens who are now out of school. My child psychiatry colleague and the child psychiatry fellows who work with him at the school, all from LSU Health Sciences Center will be reaching out to the students to provide additional support while they are out of school and work on problem solving with them. For this school, the students actually do a lot of their school work online. However, they obviously need guidance, support, and prevention efforts at this time to work to keep them engaged and prevent more high risk outcomes. I would be pleased to think more about this with you and share ideas that may be helpful to this high risk group of youth. JDO**

- R: Tough question for which to offer a general recommendation. I am assuming that this student is being offered distance learning opportunities as are his peers. In cases where a student who was truant, and is now on home quarantine, it may be helpful to have one-to-one instruction between the student and perhaps another student with whom he/she has a relationship. This is a great opportunity for peer mentoring – but only with a student mentor who is known and liked by the first student. I wonder if the primary/home room teacher of the student who was truant, could enlist another classmate in this task. Hope this helps! GC

Q: Would love to hear more about the ways in which anxiety/dysregulation in caregivers trickles down to negatively impact little ones.

- R: Young children are “exquisitely” sensitive to the moods, feelings, tension and overall social and emotional responses of their caregivers. And they also note changes in the behaviors, reactions, and feelings of their parents and caregivers. Also, we cannot assume, just because they are young, that they will not pick up the caregiver’s anxiety, concerns, conversations, and even increased stress when listening to media reports. For these reasons, we emphasized the importance of self-care for the caregivers. Also, it’s also important for a caregiver to be aware of her/his feelings and try if possible to protect children from them. For support and to discuss their feelings, they also might consider talking to a friend they trust which could be helpful. It is very important for the child to spend some relaxed time with the parent or caregiver, if at all possible. One idea is to let the child choose something they want to play with and spend a short time just playing with them. While it is important for all of us to limit “screen time” at this difficult time, to keep up, the parent/caregiver might consider watching the news or participate in unavoidable stressful conversations when they are sleeping or otherwise occupied. JDO
- R: This is an area of tremendous importance as the affective experiences of caregivers are “felt with” by the infants and children. The “Self-Reg” framework by Dr. Stuart Shanker and his colleagues (www.self-reg.ca) offers a wonderful understanding of the critical role of “co-regulation” – the “interbrain” – played by the adults in a child’s life. Dan Siegel ([Mindsight, 2010, The Whole Brain Child, 2011](#):<https://www.amazon.com/Whole-Brain-Child-Revolutionary-Strategies-Developing-ebook/dp/B004J4X32U>) are very helpful resources about how “interpersonal neurobiology” operates and how infants and children (and adults) “resonate” with others. GC

Q: Can we get the link for the comic that helps explain coronavirus Joy just mentioned?

- R: I appreciate your interest in the Comic that many parents and schools have found to be very helpful as a way to explain the coronavirus to children. The link is attached below.- JDO
- Comic resource link:
<https://nam01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.npr.org%2Fsections%2Fgoatsandsoda%2F2020%2F02%2F28%2F809580453%2Fjust-for-kids-a-comic-exploring-the-new-coronavirus&data=02%7C01%7CJOsofs%40lsuhsc.edu%7Cc1e5f80341f24a3a77ea08d7bc5b520b%7C3406368982d44e89a3281ab79cc58d9d%7C0%7C0%7C637184972720068149& ;sdata=T%2BwSXXaSyYS1OHthuATU3c%2BzMZ7Mf8QKnx3ZTFSH030%3D&reserved=0>

Q: Please post the public radio station Joy mentioned for children?

- **R:** I appreciate your interest and the opportunity I had to work with them. I've pasted the link below.- JDO
- **Resource:** <https://nam01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.npr.org%2Fsections%2Fgoatsandsoda%2F2020%2F02%2F28%2F809580453%2Fjust-for-kids-a-comic-exploring-the-new-coronavirus&data=02%7C01%7CJOsofs%40lsuhsc.edu%7Cc1e5f80341f24a3a77ea08d7bc5b520b%7C3406368982d44e89a3281ab79cc58d9d%7C0%7C0%7C637184972720068149&sdata=T%2BwSXXaSyYS1OHthuATU3c%2BzMZ7Mf8QKnX3ZTFSH030%3D&reserved=0>

Q: Will this cover ways in which teachers can support families?

- **R:** Yes, the principles that we presented in the webinar are also relevant for the ways teachers can support families. For teachers, there may be a different message and way to relate to the children as compared with other adults. It would be good if at all possible in using technology, it is important, if possible, for teachers to have a separate time for the teachers to provide education for the children – about the coronavirus and other important topics. I am familiar with different ways that use of Zoom with classrooms in other countries where schools have been closed since January (more than 3 months) has been very effective for younger children ages 3-6 to keep them engaged in learning. This works especially well with support from parents when that is possible and available which will vary related to resources. Then it would also be helpful for the teachers to reach out separately to parents to share the information that they want children to learn and know and also to offer ways to be supportive of in-home learning and caregiving. The goal for the teachers would be to be supportive of the families as well as the children. JDO
- **R:** This is an area of great importance. While some of the materials we have covered for parents/caregivers can be adapted by teachers and their relationships with parents and students, here are some “fact sheets” by the USDOE. As you will see, these are more “regulatory” in nature – not “relational” GC
 - <https://www2.ed.gov/about/offices/list/ocr/frontpage/faq/rr/policyguidance/Supple%20Fact%20Sheet%203.21.20%20FINAL.pdf>
 - <https://www2.ed.gov/about/offices/list/ocr/docs/ocr-coronavirus-fact-sheet.pdf>

Q: Your thoughts on the increased use of technology at this time?

- **R:** Thank you for bringing up this issue that is so much on all of our minds at this time. Our teams have moved all of our clinical work to telehealth using technology – as well as teaching and supervision. We use Zoom that is HIPPA compliant. Some families seem to welcome having appointments this way especially if they have busy schedules, are trying to work remotely as well as care for children, and also for those that have had transportation issues. I have heard that use of technology is often welcomed by children, both the young ones who are

less familiar with it and by the older youth and teens. We are working on figuring out ways to engage younger children and caregivers using technology sometimes with more structure that we might use for in person sessions. Gerry is addressing this question in more of a general sense related to connecting on technology. Also, I am finding, and I am sure you and others are also that how technology use differs by age both in terms of comfort and involvement. It is important with the use of technology to keep “human and emotional” connectedness. We have seen it used in this way by some teachers and parents but perhaps we need some new models to adapt during this time of “social distancing” so that we can achieve physical distancing and emotional connectedness! JDO

- R: Joy and I have talked about this issue. In some sense the shift from use of technology in INTERPERSONAL ways and for authentic emotional connectedness rather than for ISOLATED use or for self-entertainment is wonderful! I have suggested ways to use technology as an opportunity for shared experiences. Here is a link to an article where I and others made suggestions about marking the arrival of spring:
 - An article that appeared in [NJ.com](https://www.nj.com/entertainment/2020/03/15-ways-families-can-still-mark-the-1st-day-of-spring-during-coronavirus-crisis.html), with suggestions to parents and caregivers: <https://www.nj.com/entertainment/2020/03/15-ways-families-can-still-mark-the-1st-day-of-spring-during-coronavirus-crisis.html>
- However, the usual risks of being isolated and using the web to engage unfamiliar people raises concerns when the discourse becomes unhealthy, bullying or attempts to compromise privacy and security. My old dictum applies: The web is not the best way to START a relationship but can be a wonderful way to CONTINUE and SUSTAIN a relationship. GC

Q: I work in early intervention and was wondering if you have any tips on how EI programs can best support families during this time. My program is currently offering telehealth but video meetings are not always possible for parents especially when there are multiple siblings at home.

- R: These issues come up often related to home visiting programs as well. I know that many programs are trying to provide support to families using telecommunication if that is available as you are doing. Internet companies are providing free wifi during this time if the families have a smartphone or tablet. If that is not possible, certainly talking on the telephone, sharing simple techniques and strategies that the caregivers can use would be very helpful at this time. If there is a way to share material with them using tele or email, that also can be helpful. JDO
- R: When families do have internet availability, I wonder if brief newsletters or personal notes can be sent to email addresses. My Center at Montclair State is developing small (10-15 minute) video-pods – brief messages about ways to play, handle stress, supports for fathers and caregivers who are now spending more time with their children, etc. Also, let’s not forget “snail mail”! Programs can send materials to families, correspond with individual families, and offer “call in” times on a shared conference line. Hope this helps. GC

Q: Hi, I am a special education teacher for pre-school children. Most of my parents are having a hard time with the children at home. What can I do to help the families now during this time other than sending them activities in google classroom?

- **R: If you can arrange sessions with both the parent and child using telehealth via Zoom or other virtual technology once a week or every other week depending on the number of families to provide guidance to both parent and child together in using and implementing the activities, that may be helpful for families. We have also found in our clinical work using telecommunication that it is important to provide more structure for the tele work with the family than we need in the office. Hopefully, they will be able to use the free wifi access given that they have google classroom available. And when doing tele, it may be helpful to have a structure ready to share with the parent and child that they can then use at home without your guidance. JDO**

- **R:We spoke about routines – making Quarantine – Quar-ROUTINES. Help families know that when the usual structure and routines of daily life are disrupted, young children, particularly those with delays and limited language, will show their distress through changes in their levels of arousal, problems in activity and regulation, and even changes in toileting, eating and sleeping.**
- **Creating new routines will help. Here is something I prepared as examples:**
 - **Make Quarantine -QUAR-ROUTINE! – Having to stay indoors is better when you have routines!**
- **This is a perfect time to start new routines in your house- even simple things, like:**
 - **Make a picture schedule- With Pictures and Words about what will happen today:**
 - **Waking up at a certain time,**
 - **Making the bed together,**
 - **Making breakfast and talk about each step along the way, like “I am so hungry! How many eggs should we make? You break one and I’ll break the other.”**
 - **Deciding on what to wear.**
 - **Planning any school learning together**
 - **Planning a snack and meals.**
 - **Having a REST or READING time with a favorite book!Having a BEDTIME routine – like putting pajamas on, sitting and taking about all the things that happened today, having a bedtime book or song that you read or sing together.**
- **Also, encourage playing that is suited to a child’s developmental level:**
 - **For children under age 2 and all ages, do “Floortime”, a concept developed by Dr. Stanley Greenspan, where you pay special attention to your child (you don’t have to be on the “floor” but it can help!) Connect with your child by paying attention to your facial expressions- like opening your eyes wide, when you are excited, or raising your eyebrows when you are interested, or smiling and holding your child when you have fun!**
 - **Your gestures, movements and tone of voice are so important.**
 - **Take turns (rolling a ball back and forth, stacking block, physical games like obstacle courses (using pillows and furniture), hide & seek, making faces, peek-boo (for the 7-12 month olds).**
- **As children start talking and pretending (2-5), play fun things together, like having a pretend picnic, or play doing the routines that were disrupted – like pretending to take the bus to school, going to the market or grocery store, or even visiting family out of town.**
- **Do physical activities and help children use their “muscles” because this is so important and helps children when they are excited or afraid. It helps their body to become “calm”. Have children help you lift “heavy” objects – like a pot filled with water to make pasta, or holding a**

pile of towels as you put them in your closet or drawers. Using muscles for children is a way to become calm.

- For older children, like 7 and above, play games like checkers, tic-tac-toe, and as children are older, play rule games – like Trouble, or Monopoly, playing card games. There are now loads of games online if families have internet access.
- For children under age 2 and all ages, do “Floortime”, a concept developed by Dr. Stanley Greenspan, where you pay special attention to your child (you don’t have to be on the “floor” but it can help!) Connect with your child by paying attention to your facial expressions- like opening your eyes wide, when you are excited, or raising your eyebrows when you are interested, or smiling and holding your child when you have fun!
 - Your gestures, movements and tone of voice are so important.
 - Take turns (rolling a ball back and forth, stacking block, physical games like obstacle courses (using pillows and furniture), hide & seek, making faces, peek-boo (for the 7-12 month olds).
- Hope this helps- GC

Q: Working with child welfare - children involved with Family Treatment Court and do not reside with their parents; suggestions on how to maintain connection and attachment between them (perhaps virtual) despite not being in the same location. How to navigate this, suggestions.

- **R: This issue has come up frequently in the work that I do consulting with Safe Babies Court Teams where outreach is so important. It has also come up with many we see involving children in the child welfare system. What has been helpful is to use tele technology to connect virtually. In some cases, it has been reported that this approach is working well for families where transportation for visits/family time was problematic and it seems that foster parents and resource parents have responded positively to virtual connections. It also may help to have a plan for the virtual visit that may involve having a book that’s shared with both families so that the parent can read a book to the child. Also planning play with some toys that the child really likes may be helpful. JDO**
- **R: Hi, I am copying my response from above:**
 - Wonderful question! “Family time” (aka visitation”) is critical to sustain the parent-child relationship. Ideally, this is a time when a relationship between the birth and foster families is critical, so there can be shared phone calls, if technology permits, Facetime, Skype or other “distance visits” could occur. But this is also a time for “low tech” connections: helping a birth mother to write a letter to her child every other day, so his foster mother (with caseworker support) could read the letter to the child. How to “keep the baby” in the mother’s mind and the “mother” in the child’s mind are critical – so being sure the child and mother have pictures of each other – and helping the foster family to speak about the birth mother in loving ways. Postcards or letters can be sent by the foster mother to the birth mother where the child traces his/her “hand” or writes (development permitting) a message of love or his/her name. For children who cannot write, the foster parent can let the child dictate a message to the mother and mail (or email) it. This is where the need to develop a relationship among all of the adults in the child’s life is critical.

Q: A lot of helpful information on infants, toddlers and preschoolers and how adults can support their coping with this 'frightening event.' My question is do presenters have additional recommendations for what the adults (parents) can do to handle their anxieties and worries to have the 'oxygen' to support the children. I have been recommending some of the same strategies suggested for children (playtime, routines, etc) as well as meditation/mindfulness/yoga but welcome other ideas. Or a follow up webinar? Thank you.

- **R: I agree with all of your recommendations. We also need routines which may be more difficult for many working at home, having different and often more responsibilities with children out of school at home, etc. It is important to be aware of, and thankful for what we can control related to different ways to stay safe and healthy. It is also very important to stay connected to others who are important in our lives. It will be virtual connections now and we have heard many people are doing this in creative ways. Also, I have found that people who are able to do things to help others find that it helps them as well in coping with uncertainties and anxieties. I think we will all find new ways for self-care in this difficult environment and we have to also be “kind” to ourselves. Gerry is posting several very helpful strategies below that we did not have time to go over in detail during the webinar JDO**
- **R: Great ideas! I love your suggestions. See above about the importance of “co-regulation” – the idea of “lending your calm” to your child. (See the references to Dr. Stuart Shanker (www.self-reg.ca) and Dr. Dan Siegel. Here are a few other strategies: GC**
 - Conduct a 5-minute self-care activity
 - Breathe
 - Stretch
 - Daydream
 - Take your stress temperature
 - Laugh
 - Doodle

Here is a link to a good website with Mindfulness strategies for parents and for children:

- <https://childmind.org/article/anxious-stomach-aches-and-headaches/?fbclid=IwAR0eRqG2qWYoSdub8yUvS-tQdUHnRSXa2IKmN41iGUraJWHCqcvod7vKOvs>
- **4-7-8 Breathing Technique:** Source: <https://www.medicalnewstoday.com/articles/324417>
- To use the 4-7-8 technique, focus on the following breathing pattern:
 - empty the lungs of air.
 - breathe in quietly through the nose for 4 seconds.
 - hold the breath for a count of 7 seconds.
 - exhale forcefully through the mouth, pursing the lips and making a “whoosh” sound, for 8 seconds.
 - repeat the cycle up to 4 times.

Q: Our presenters might hit on this thought. Will they cover the fact that loss and grief factor regarding loss of relational contact to other caregivers (grandparents or even parent reunifying due to no visits from protective services) plus loss due to death of loved one due to Covid-19?

- **R: I am so glad that you brought up this very important issue that many of us have been thinking about a great deal. Loss and grief is unfortunately going to be a major factor during and following the COVID-19 crisis. It will be especially so related to grandparents and older caregivers. Further, the loss of relational contact for so long due to “social distancing” may also be traumatic especially for young children. I have found with some clinicians working with children in child welfare that staying in contact virtually has been very helpful to the child and the parent. There is an interesting article related to the grief factor overall with COVID-19 that I’m attaching that provides important perspectives.- JDO**
 - <https://hbr.org/2020/03/that-discomfort-youre-feeling-is-grief>
- **R: This is such an important issue – how to deal with the many losses, especially the illness and death of loved one, and the grief this will bring. GC**
- **Here is a helpful resource on grief in children from the NCTSN:**
 - https://www.nctsn.org/sites/default/files/resources/fact-sheet/childhood_traumatic_grief_information_for_pediatric_providers.pdf

Q: Hi ! I am an Early Head Start teacher. I have a question. How will we as a caregiver for infant classroom cope with Social Distancing? Thank you.

- **R: Your question is very difficult as Social Distancing won’t work in an EHS classroom! An important goal to achieve would be to work on hand washing with them singing the Happy Birthday song twice or their favorite song that they can choose to sing while washing hands. Another thing that is important for young children to do in a group setting is to cover their cough if they have one – which I would hope would not be the case if they are there – and to throw away a tissue if they use it. I might suggest you look at the Comic that we created and I’ll attach it again which has many good suggestions for children that you might use you’re your class and also provides a good description of COVID-10 in child terms. JDO**
 - **Comic**
resource:<https://nam01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.npr.org%2Fsections%2Fgoatsandsoda%2F2020%2F02%2F28%2F809580453%2Fjust-for-kids-a-comic-exploring-the-new-coronavirus&data=02%7C01%7CJOsofs%40lsuhsc.edu%7C%7C1e5f80341f24a3a77ea08d7bc5b520b%7C3406368982d44e89a3281ab79cc58d9d%7C0%7C0%7C637184972720068149&reserved=0>
- **R: Thanks for the inquiry. This is so individualized but here are some thoughts: GC**
 - **Can you connect with the children and families using the internet for videoconferencing? Phone calling? You can even do this with small group of children so they can feel connected to you and each other.**

- Write letters or brief postcards to the children. This will help them feel like you are “keeping them in mind” while you are away from each other, and will help you as the teacher feel more connected to them.
- Personal journaling: Spend some time each day, writing your own reflections about this “distancing time”. Writing can be a wonderful way to express your thoughts and feelings and when we are all past this crisis, it can be useful to share these with others who have also been through this crisis.
- Reflective Practices: It would be great if you have a colleague or mentor with whom you could share your thoughts and feelings on a regular basis. Having someone with whom you feel safe and comfortable will help you feel less alone with your feelings and less isolated.

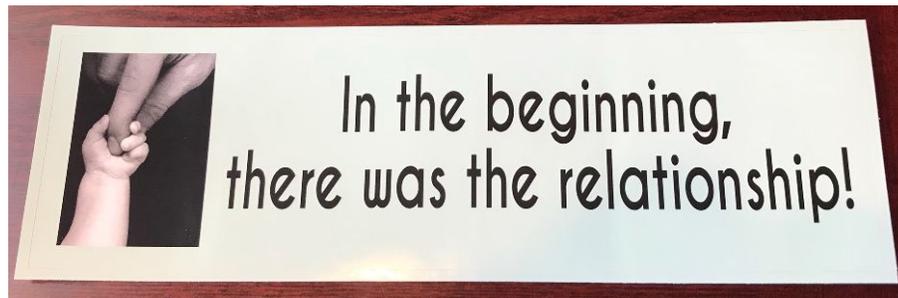
Q: is it true that a stressful environment that impacts the neurology of a child's brain is harder to rectify with positive relationships after?

- **R: Not necessarily. While a stressful environment does impact on the neurology of a child’s brain, the brain structures are also changed with nurturant positive relationships. We were emphasizing the importance of positive relationships as early as possible to support the brain structures and brain development. I would suggest if you would like more information in this area to look at the website for the Center for the Developing Child at Harvard, especially the area on “toxic stress.” I’m including the link JDO**
 - **Resource: <https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/>**
- **R: This is a great question, but the answer is quite complex. I’ll do my best to describe the many forces at play:**
 - **No matter what the age, attuned, co-regulating, sensitive, consistent, predictable, loving relationships will always heal. However, when infants and young children suffer from stressful or traumatic events – especially toxic, chronic levels, and there are no “buffering” relationships to moderate the effects, children’s brain systems change and can become “hard-wired” to be constantly stressful – and be wired by their “survival brain” (fight, flight or freeze), which limits their empathy and “thinking brain”. The longer the stress, the younger the child and the longer the absence of a buffering caregiver, the more damage that occurs. Dr. Bruce Perry has offered a very thoughtful and helping model of “therapeutics” that addresses the timing of trauma and the helping interventions needed. This is the “Neurosequential Model of Therapeutics”: Here is a link to learn more: <https://lakesidelink.com/blog/lakeside/bruce-perrys-neurosequential-model-of-therapeutics/>**
 - **There are many wonderful resources about trauma, stress and the brain. Another good source about the “triune” brain is Dr. Stuart Shanker and the “Self-Reg” framework (www.self-reg.ca) GC**

Q: Can we purchase the card and/or bumper stickers?

- **R: THIS IS AN EASY ONE FOR YOU GERRY!**

- R: Not yet! This was a gift to me by my adult daughter, and I have been thinking about producing it. It is in the webinar, but here is the image! Thanks! It says it all!!!



Q: What do you think the work will look like after this pandemic as we reintegrate parents and children to re-engagement with others and socializing with the previous anxieties on social distancing? What's something we can help parents keep in mind for that time?

- R: Thank you for your question which is very interesting as we have been concentrating on the difficulties with the current situation. I do think that in general children will be very happy to be back in school and with their friends – although this integration may also depend on how their parents have been handling the social distancing situation with their children. We will also have to find new ways to help support parents when we are able to connect in the ways that are familiar to all of us. We will need clear messages to share with parents about the safety of going back to the ways that we have always socialized. I am glad you brought up this issue now as we do have to think about clear ways to communicate as things change just as we have had to develop clear messages now about how to be in control to maintain health and safety. Hopefully, we will see much resilience after this disaster as we have seen with others; however, we also need to reach out as much as possible to families and through preschools and schools to help all of them help to support resilience. JDO
- R: Thanks for your inquiry. This is a question we will all need to ponder about. I suspect there will be a period of post-crisis anxiety and vigilance – a kind of “post-traumatic stress” experience. Many families and children will likely feel less safe, and if their own histories have included stressful and hurtful experiences, they may feel more anxious about believing that the danger is over.
- YET – there are lots of children and families whom I hope will do quite well (Post-traumatic growth), and the more we can be there for them during the crisis, the more likely they will be able to get through this process and land in a good place.
- It would be helpful to provide “anticipatory guidance” to families about their children and themselves (like Dr. T. Berry Brazelton suggested). Helping parents to imagine how they and their children might react, planning carefully to address any lingering anxiety and fear, problem-solving together about how best to help, etc. are all wonderful ways to support families.

- At the same time as we listen to and “feel with” families about their worries, we need to also provide a sense of hope and the idea that we will “get through this together!” We know that each family will handle this differently, but relationships and connections will make the word of difference!

Q: What about when the parent doesn't understand technology; limited access. Many of my parents have lost their jobs. Some are immigrants and fear applying for services.

- **R: In these situations, I would suggest you use the telephone to communicate if you can and provide support. If there is a way to provide them with resources, many are available in Spanish if that helps. Also, I know many families are hesitant to have people see their homes which will be more so with immigrant groups. If you want to contact me directly by email at josofs@lsuhsc.edu, I can work on problem-solving with you and also put you in contact with several colleagues who have been doing a lot of work and outreach to immigrant families. JDO**
- **R: You are absolutely correct, and families who are not familiar with, or have no access to technology have fewer means to stay connected. Additionally, families who have feel unsafe around COVID-19, who also feel unsafe because of their legal status in the US, have an added stressor.**
 - For the technology problem – I offered some ideas above about using phone calls, writing letters and postcards – are all ways we used to connect before we had technology.
 - I also know that for many families, their faith communities offer networks for calls and support – even when religious services cannot be held.
 - The 2020 Census is now being conducted and many immigrant families fear participating because they fear being identified. There are clear laws protecting against this, but many families will still feel unsafe.
 - In my communities there are several social services agencies that have a particular mission to support immigrants. I also know that some internet providers (Comcast) are now offering internet services for no cost to families unable to pay. Here is a link to learn more:<https://www.internetessentials.com/covid19>
- Hope this helps.