

## Head Start Heals: Episode 3 – Sensitive Conversations with Families

Dr. Neal Horen: Hello, everyone. Welcome to the Head Start Heals podcast series. I'm Dr. Neal Horen, co-director of mental health at the National Center on Early Childhood Health and Wellness. Our goal here is to help Head Start leaders and staff address key issues you may be facing, so we can all help children, families, and communities heal.

Today, we'll be talking about supporting Head Start and Early Head Start staff, as they have conversations with families on sensitive topics. I'm pleased to be speaking today with Dr. Brenda Jones Harden, who's the Richman Professor for Children and Families, at the University of Maryland School of Social Work.

We're really excited today that Dr. Brenda Jones Harden is here with us. Brenda, I'm super excited because one, I always love talking to you and getting your wisdom, but two, I think that what we're talking about today is so relevant for staff and families in our Head Start and Early Head Start world, so I want to thank you for taking some time out to be with us today.

Dr. Brenda Jones Harden: Thanks for inviting me.

Dr. Horen: As much as I'd like to have all the pleasantries about, hey did you get my son an internship and all the other things that I like to talk to you about, let's talk about some of this tough stuff. Because I think that Head Start and Early Head Start staff are in this really unique position. They are in constant touch with families and children.

And how can staff have those tough discussions with families about topics that are really hard to broach, even if you've been trained and well versed on them. You know, those sensitive topics – abuse, neglect, substance use – they're tough. And now staff are connecting virtually. So, why is it so important for staff to have those kinds of conversations?

Dr. Jones Harden: Well, I think the first and most obvious reason is that we aren't seeing them. So, one could surmise that families are under a lot more stress, and we don't even have to surmise. I've been working with Phil Fisher, who's been doing a whole survey among families, and one of the things he's finding during this time of COVID is that families are more stressed.

And, as you would imagine, the families that we worry about in Early Head Start and Head Start programs are even more stressed and are dealing with more material hardship and are dealing with more mental health problems and are also feeling without support. So, I think for those reasons alone – and now we have data on it – but all of the staff out here are living this every day. They know it that these families are even more stressed now.

So, it is even more critical that we, as my old supervisors would say, “Say the obvious out loud” – that you put the issues on the table, that you talk about the elephant in the room – whatever metaphor you want to use. But the point is that we know in good practice, and that's what we learn as good interventionist, is that our job is to say what we see. And we have to say it in

ways that help families hear it, but if we don't say it, we run the risk of one, having the problem be exacerbated, so it's even worse in the end than where we started. But two, having families really think that we're not seeing them. Because families know what they're experiencing and when we ignore it and don't put it on the table, the question that they have is, is she not see what I'm struggling with? And is her capacity such that she can't really see it? I'm depending on her as a support. So, I certainly expect her to help me deal with the things that are making me worried and scared.

Dr. Horen: I like this. First, I like that you've so many metaphors that I get to choose one. But the say what you see – what about if we haven't seen it yet? What are the kinds of things, in terms of strategies, that Head Start staff can lay the groundwork for checking with families before something happens? So, let's say that we're in a virtual world – as we are – how do we get in there early? What can staff say? What can they do? What should they be saying? Sort of a prevention effort ...

Dr. Jones Harden: I think I'd much rather help a family at the beginning of a crisis than wait till the crisis erupts. So, I think there are a couple things I would think about with staff. One, I know in Early Head Start and Head Start there's a family partnership agreement. And I know that we're trying to have those done, even virtually. And I think they're critical.

And one of the things, interesting, that the substance abuse clinical world has discovered – and sometimes the sexual abuse world too – that on anonymous screeners, often you'll have families more willing to disclose things than they would even talking to you. So, as much as I value – and I'll talk about this in just a minute – the import of doing a really good assessment over time, I think there's something to be said for, if you can, having families fill out a very quick screener. Like, we've found a four-item screener for IPV that physicians just give to parents in their office – it's actually called the HITS, unfortunately ...

Dr. Horen: IPV, Intimate Partner Violence – just want to make sure everybody's on the same page there.

Dr. Jones Harden: But it's only four items, and families are willing to disclose things that we never knew. So, you can give them those quick and dirty screeners like that, where you ask three or four questions about a particular item. And oftentimes, they're more willing to disclose it there. But the other thing is – and good practice is good practice whether it's virtual or in person – but what we have to think about is taking that to the next level because we don't have the benefit of parents being with us and us being able to be close to them and show intimacy and all that kind of stuff that we're able to do if they're in the center or if we're doing a home visit. So, we kind of have to put our good practice on steroids.

So, one of the things that I always hold in my mind is something Jeree Paul said. One of the things she said was, "How you are is as important as what you do." So, it's how you bring this up to families. I, first of all, ask a lot of open-ended questions. For example, if I'm worried about child maltreatment, I'll say to mom, "Lots of parents are just stressed out about all this stuff. I know I am," and sometimes I'll put in a little humor about my experience with my kids. Not

anything where I'm going against my boundaries, but just sort of like, "It's hard." "Tell me about" is my favorite mantra. Because I want them to just talk to me about what they're experiencing.

I never would ask a question like, "Are you feeling depressed?" Those kinds of questions ... First of all, parents hear the words, and they get anxious. But second of all, you don't get the richness of the response that you would get if you say something like, "Tell me about your days with the kids. What's going on? What happens when this happens? And what happens when the kids get up?" So, give them the scenarios and try to get them to just narrate for you what their day-to-day experiences are.

So, it allows you to have a port of entry, as the infant mental health people talk about where you can enter into the conversation to support families. But to your question, Neal, it really helps you to know what families are experiencing. As you know ... I mean, you've been in the field for a long time and we all believe this – that the relationship is key. And one of the things that I like to think about is relationship-building does not happen in one visit, two visits. It's all throughout your time with the family.

So, whether you see them every day when they come after school to pick up the child or whether you see them in a home visit or whether you see them once a week on a virtual camera, you're always, always, constantly thinking about how can I build this relationship, and that's what allows you to do the things you're talking about, Neal, take the kind of risk we're talking about in terms of asking these questions.

Dr. Horen: So, Brenda, I think you lay a lot out there, including, I think, saying that I am old. I've been in the field a long time, but I'll take that. I'm OK with it.

Dr. Jones Harden: Well, I say that about myself all the time.

Dr. Horen: That's why I love working with you. But in all seriousness, I think a couple of things that I heard ... So, if you have an existing relationship with the family, you can be bold a bit in using the relationship as that key starting point. But it's also being willing to ask about these tough issues, not directly but not avoiding asking questions that you may be worried about what the answer is. Is that an accurate ...

Dr. Jones Harden: I think that's very accurate. What I meant when I said I wouldn't ask them directly is I think you are most likely going to get a "no" answer. But I think it's critical, as you're intimating, to put these issues on the table.

And what you can do, sometimes – is a family will disclose this stuff in the context of these larger conversations much more quickly than they would with a very pointed conversation, where you're listening to a mom say, "I don't even want to get out of bed in the morning." And you know that's depression. Or you're listening to a mom say, "These kids are driving me crazy. Sometimes I feel like I want to run away." And so, you worry about her capacity to control her impulses.

And so, I would be making sure that I either noted some of those things down – but you don't want to be writing stuff down during the whole thing because again, this idea of putting things on steroids, you have to really, virtually show a parent you're attending, so you can't be taking your eyes off the screen and writing notes down. You've got to really show you're listening, and focusing, and all that kind of stuff. So, maybe if you could just write a couple of phrases down that you can go back and talk to your supervisor about. Those things would be important because those are often the mom's way, or the father's way, or whoever the caregiver is of saying to you, "I need some help on this."

Dr. Horen: A lot of this seems predicated on you have a relationship with the family. It's hard enough to have conversations that are challenging. It's hard enough to do any conversation virtually, and now we're saying you're going to have a difficult conversation virtually. Is there prep? What should I do to prepare myself?

Dr. Jones Harden: You know, one of the things that we have to remember is that providers are experiencing the exact same thing as the families with whom they're working. So, they've got kids at home. They've got noise. They've got dogs. They've got a house that's a mess, and they don't want anybody to see it. They're going through a lot.

All my years of being a provider, I never would have anticipated what providers now are having to do. But I think what I would do is try to figure out the time of day when I could be as available and attentive to the families that I can be. I think Head Start directors and administrators are understanding that they have to be somewhat flexible.

I feel like we have to really work hard to get rid of the distractions. But then the other thing I would say is empathy is like my go-to forever. So, I would start every call with some impact statement like, "I am so appreciative that you got on this call with me because I know it is hard to try and pull this off with your kids and this and that." Right from the beginning, I am trying my best to put myself in your shoes and think about what the heck is going on in your house.

I mean, we all know that good practice is being very attentive and all this kind of stuff. And we talk about listening to what's unsaid and listening with the third ear and all those kinds of things. I think it's even more critical to try and pay attention to the parents' body language, to their facial expression, and for us to reflect what we see.

Dr. Horen: I'm all in. And now I actually ... I'm on a call and I see something that's concerning. What am I going to do? What are some strategies that I might do? It's virtual. I see some interaction. I see something happen. I see something that's concerning enough. What are some things I could do?

Dr. Jones Harden: The first thing I would say is trust your gut. If your gut is telling you something, it usually is real. So, if you feel comfortable enough, and you feel like you have a good enough relationship with the family that you can bring it up in the context of the visit, and you know how to do it in a way that won't cause too much rupture, because it's going to cause some rupture, then I would encourage a provider to say it.

But if I thought I saw something like IPV, for example – because I think it's different depending on the risk. I would not actually bring that up in the context of this visit. Because I'd be worried about the mom's safety. Go talk about it in supervision and get some support and guidance on how to do it.

Now for the child-maltreatment side, this is a big deal for us. We're mandated reporters. If I saw a mother or a father treat a child inappropriately, we have to call it in. But we do tell them that we're going to call, and we say it's because one, we don't have a choice but also talk about your concern for their child and you know that they have the same concern.

Dr. Horen: Those are really hard conversations. And sometimes, even if we've done all the good stuff that you've laid out, there is sort of a disruption in that relationship. There is some repair that needs to be done. What's a way that somebody goes back after that to have that kind of a conversation?

Dr. Jones Harden: Well, one of my favorite colleagues, who actually died this year, Rebecca Shahmoon-Shanok, used to have this conversation with me all the time about the importance of rupture and repairs. She always reminded me that you can expect ruptures in every relationship. And so, part of what you even want to do is say to one of the parents or the parents for whom you work, there's going to be a time where I'm going to disappoint you, where you're going to be mad at me, where we're not going to see things the same way. In other words, you're anticipating the possibility with the parent but also – what Rebecca used to remind me – is that that opportunity for repair is an opportunity to make the relationship even stronger.

Dr. Horen: We've talked a lot. This is a tough time. I mean, it's tough work in general, much less we've tried to just make it even more challenging by seeing and doing it virtually and while other people around and all these other sorts of things. Lots of struggles for staff who are also experiencing similar sorts of things and need to take care of themselves. But are there any opportunities here? Are there any sort of silver linings?

Dr. Jones Harden: Well, I think one silver lining is giving the parents a lifeline to somebody outside their house. I mean, if you can imagine – and there are data on this – being stuck in the house with little kids' day in and day out is hard for parents with resources. So, the kinds of families that we work with in Early Head Start and Head Start are families without resources. So, just the fact that they get somebody who's reaching in, even if it's through a zoom call, is incredibly helpful. So, I think the fact that we've giving them a lifeline is important.

Parenting in this time ... I look at myself. You can't be the best parent you can be. It's impossible. There's just no way. So, having an opportunity to say to a parent, "I appreciate you. I know you're doing the best you can." But the other silver lining that I think is going to really change the field a lot is that it really looks like parents are much more willing to engage with us through this technology, certainly in the home visiting world I've heard this as well, as well as in the treatment world. So, those are our silver linings that I think really are going to change the field.

Dr. Horen: That's a really helpful point and way to think about that. It sort of leads to this final question around, we know that Head Start is all about healing – the relationship piece that you've spoken so nicely about, about how that really drives all of this work, whether it's the difficult conversation or not. It is all predicated on the kinds of relationships that are built in Head Start and Early Head Start. And those relationships are parents and staff, parents and children, children, and providers. And the second is those safe, consistent, predictable, nurturing environments, which we've spent a lot of time talking about. If they're not there, what are we doing?

These difficult conversations that you've been helping us understand, how does that help healing, from your perspective? How do having those difficult conversations allow Head Start, Early Head Start to promote healing in our communities?

Dr. Jones Harden: Using the metaphor of a wound, right? If you ignore a wound, it's going to fester and get worse and could potentially lead to a lot worse outcomes. So, the first thing you're doing by having these conversations is not ignoring a wound that is there and visible and causing pain. But the other thing – I'll just extend this metaphor – is that you start to do things that might help the wound to get better. But I think from a larger perspective as well, the healing is about families knowing that I'm not having to go through a pandemic, and a lot of political and racial upheaval, that affects my family by myself. There's something to be said for knowing that there is somebody who cares. And it seems so simplistic, but when we even look at the psychotherapy data, they talk about that therapeutic alliance, knowing that somebody cares. That really is probably the key ingredient. I mean, yes you got to know what kinds of strategies, but that is really, really critical.

We didn't talk about the providers themselves and their need for care. Just like we say to parents, "I know it's hard. Just do the best you can." I feel like we have to make that point to providers over and over again. This is crazy. We never could have predicted we'd all be in this kind of circumstance, so they just have to do the best they can and forgive themselves for not being the best that they can be, but also, as we all know, taking the time out, as I often say, turn the energy toward yourself. And make sure you engage in those self-care activities that include, maybe, meditation and mindfulness, finding some joy in your days, not just in your life. I mean, be particular about it. Find a place to have some joy in your day, so that you can say I'm giving this to myself. You've got to have a moment to take care of the caregiver.

Dr. Horen: Thank you so much for joining us today.

Dr. Jones Harden: Well, as usual, Neal, I've enjoyed being with you. Thank you for your humor. Humor helps.

Dr. Horen: Yep, Yep, Yep. Great. For more information about talking with families, check out the links to resources in the podcast notes. Thanks for listening to the Head Start Heals podcast from the National Center on Early Childhood Health and Wellness.