

Dimensions

of Early Childhood

Volume 51 • Number 1



Special Issue

Resilience, Reflections,
and Pathways for
the Future

Play-Based Supports to Promote Childhood Resilience Post-Pandemic

El juego como fuente de apoyos para promover la resiliencia infantil después de la pandemia

Resilience as a Community Practice

What to Say to Young Children Experiencing Loss:
A Framework for Helping Children Move Through the Process of Grief

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**Southern
Early Childhood
Association**

Editor: Wilma Robles-Melendez, PhD
Dimensions of Early Childhood

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In this Issue

Volume 51
Number 1

- 6** **Play-Based Supports to Promote Childhood Resilience Post-Pandemic**
Krysta Murillo
- 13** **El juego como fuente de apoyos para promover la resiliencia infantil después de la pandemia**
Krysta Murillo
- 18** **Resilience as a Community Practice**
Amy Wilson-Ratliff and Bethany Parker
- 23** **What to Say to Young Children Experiencing Loss: A Framework for Helping Children Move Through the Process of Grief**
Mary Crist and Cammy Purper
- 32** **The Triadic Approach: Collaborative Services to Support Young Children and their Families in Person and through Telepractice**
Katherine Green, Jacqueline Towson and Brenna Jacovetti

MILESTONES

A Resource Devoted to Infants & Toddlers

- 38** **Seven Tips on Helping your Only Child Welcome a New Baby to the Family**
Zlata Stankovic-Ramirez

Departments

President's Message/Mensaje de la Presidenta	4
Editor's Message/ Mensaje de la Editora	5
Guest Editors' Message	6
Children's Book Review	41

SECA PRESIDENT'S MESSAGE



Moving Forward/Tiempo para continuar

Happy New Year everyone! I hope this issue finds you happy and well. The theme of this issue of *Dimensions of Early Childhood* mirrors our annual conference theme for 2023. You may not know the history of our organization, but a group of like-minded people gathered in Nashville, Tennessee, to discuss and plan for the betterment of services for young children. That meeting took place in 1948 with early and primary educators, program administrators, and individuals of all socioeconomic and ethnically diverse groups. In those years that was not an easy process.

Even through adversity, those strong women and men persevered and were resilient. Their vision has been perfected over the last 75 years as we continue to be an organization that values diversity, equity, inclusion, and belonging! Our charge as we travel this path into the future is that we consistently work to improve the quality of care and education for young children and their families.

The articles you will find in this issue will provide content that is consistent with our mission. We hope you enjoy reading them. We also would love to have you meet with us in Chattanooga for our annual conference at the downtown Marriott Hotel March 2-4, 2023. Registration information is on our website.

All the best,
Judy Whitesell

¡Feliz Año Nuevo a todos! Espero que este número les encuentre felices y bien. El tema de este número de *Dimensions* refleja el tema de nuestra conferencia anual para 2023. Es posible que no conozcan la historia de nuestra organización, pero un grupo de personas de ideas afines se reunieron en Nashville, Tennessee, para discutir y planificar como ofrecer mejores servicios para los niños pequeños. Esa reunión tuvo lugar en 1948 con educadores de la primera infancia y primaria, administradores de programas e individuos de todos los grupos socioeconómicos y étnicamente diversos. En aquellos años, ese no era un proceso fácil. Pero aun a pesar de la adversidad que enfrentaron, esas mujeres y hombres con determinación perseveraron y fueron resistentes.

¡Su visión se ha perfeccionado en los últimos 75 años a medida que continuamos siendo una organización que valora la diversidad, la equidad, la inclusión y la pertenencia! Mientras recorremos este camino hacia el futuro, nuestra responsabilidad es que trabajemos constantemente para mejorar la calidad de la atención y la educación para los niños pequeños y sus familias.

Los artículos que encontrará en este número proporcionarán contenido que es consistente con nuestra misión. Esperamos que disfrutes leyéndolos. También nos encantaría verlos en Chattanooga donde celebraremos nuestra conferencia anual a tener lugar en el hotel Marriott del 2 al 4 de marzo de 2023. La información se encuentra en nuestro sitio web.

EDITOR'S MESSAGE/MENSAJE DE LA EDITORA

A Note from the Editor / Unas Palabras de la Editora

Wilma Robles-Melendez, PhD

Just a few months earlier, we welcomed a new year with great hopes. This time, we are hopeful for new beginnings where we will continue to showcase the resilient spirit of early childhood education. Despite the challenges experienced in the post-pandemic time, children's smiles continue to illuminate classrooms and communities where dedicated early childhood educators continue to guide their learning and development. The image is one of resilience, one that permeates early childhood education. In this special issue, the guest editors have selected articles that reaffirm resiliency and how it remains central to the practices for young children and their families. They are an invitation to read and to gather ideas to support what we do for children.

Apenas unos meses antes, dimos la bienvenida a un nuevo año con grandes esperanzas. Esta vez, tenemos la ilusión de nuevos comienzos en los que continuaremos mostrando el espíritu resistente de la educación temprana. A pesar de los desafíos experimentados en el tiempo posterior a la pandemia, las sonrisas de los niños continúan iluminando las aulas y las comunidades donde los dedicados educadores de la primera infancia continúan guiando su aprendizaje y desarrollo. La imagen es de gran resiliencia, una que describe a la educación temprana. En este número especial, los editores invitados han seleccionado artículos que reafirman la resiliencia y cómo esta sigue siendo fundamental en las experiencias y prácticas para los niños pequeños y sus familias. Cada artículo es una invitación a leer y a encontrar ideas para apoyar lo que hacemos por los niños. ¡Les invitamos a leer!



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Resilience, Reflections, and Pathways for the Future

Karen Walker, Dina Costa Treff and Diane Bales



Resilience as a Community Practice, authored by Amy Wilson-Ratliff and Bethany Parker, shares the need of all stakeholders in regard to building resilience in children and families. Using the Strengthening Families Protective Factors Framework, families are viewed through a strengths-based lens. Both Early Childhood Educators (ECE) and Family Engagement Coaches (FEC) play a huge role in supporting family resilience by providing opportunities for social connections and practices that provide tangible support in times of need. Examples are provided of the ways ECEs and FECs have used their own resiliency practices to meet the needs of families.

During the early years, it is crucial for children to have good quality care and opportunities for learning, support for families, and resources to help them adapt to difficult situations. Resilience is a broad concept that can be defined as the ability to rebound or bounce back from significant challenges. Young children, their teachers, and their families, have faced many adverse experiences in the past few years. The authors in this special issue of *Dimensions* reflect on these challenges and provide pathways for the future filled with a strong foundation for future development.

In *Play-Based Supports to Promote Childhood Resilience Post-Pandemic*, author Krysta Murillo explains the therapeutic qualities of play as a safe space of understanding the world around them. Much of children's play was disrupted during the global pandemic. As we emerge from the crisis, we find that many children need support to help them resume pre-pandemic activities, including play. Murillo provides suggestions for encouraging post-pandemic play and a list of opportunities to support therapeutic play.

Challenging experiences are not absent from the early years. In their article, *What to Say to Young Children Experiencing Loss: A Framework for Helping Children Move Through the Process of Grief*, Mary Crist and Cammy Purper address ways to respond to children who face grief. Recent experiences with the pandemic led many children to face difficult moments that brought sorrow and anguish into their lives. These painful feelings and emotions are brought to the classroom where they call for attention. Crist and Purper remind us that early childhood educators play an important role providing support and helping the child while navigating the many emotions and feelings experienced when grieving the loss of a loved one. The ideas and suggestions in the article provide a valuable framework to support children in the classroom when facing such difficult moments.

In the article *The Triadic Approach: Collaborative Services to Support Young Children and Their Families in Person and through Telepractice*, authors Katherine Green, Jacqueline Towson, and Brenna Jacovetti explain how to use a collaborative family-centered approach to ensure that early intervention services best

meet the needs of young children and their families. The triadic approach enables early interventionists to partner with caregivers (both parents and ECE teachers) and support them in bi-directional interactions with their children. This approach helps caregivers build confidence in their ability to support their child and helps them practice strategies they can use effectively during daily routines and activities. This article includes practical strategies for planning and implementing interventions using the triadic approach, both in face-to-face and telepractice sessions. Giving caregivers the opportunity to practice real-world strategies is a key step in building resilience of both caregivers and young children.



Durante los primeros años, es crucial que los niños tengan atención de buena calidad y oportunidades de aprendizaje, apoyo para las familias y recursos para ayudarlos a adaptarse a situaciones difíciles. La resiliencia es un concepto amplio que se puede definir como la capacidad de recuperarse o recuperarse de desafíos significativos. Los niños pequeños, sus maestros y sus familias, han enfrentado muchas experiencias adversas en los últimos años. Los autores de este número especial de *Dimensions* reflexionan sobre estos desafíos y proporcionan caminos para el futuro llenos de una base sólida para el desarrollo futuro.

En *Apoyos basados en el juego para promover la resiliencia infantil después de la pandemia*, la autora Krysta Murillo explica las cualidades terapéuticas del juego como un espacio seguro para comprender el mundo que los rodea. Gran parte del juego de los niños se vio interrumpido durante la pandemia mundial. A medida que salimos de la crisis, descubrimos que muchos niños necesitan apoyo para ayudarlos a reanudar las actividades previas a la pandemia, incluido el juego. Murillo ofrece sugerencias para fomentar el juego post-pandémico y una lista de oportunidades para apoyar el juego terapéutico.

En el artículo *La resiliencia como práctica comunitaria*, escrito por Amy Wilson-Ratliff y Bethany Parker, presenta la necesidad que tienen todos los que apoyan a la edad temprana con respecto a la construcción de resiliencia en los niños y las familias. Usando el Marco de Factores de Protección de Fortalecimiento de las Familias, las familias son vistas a través del lente basado en las fortalezas que estos tienen. Tanto los educadores de la primera infancia (ECE) como los guías de participación familiar (FEC) desempeñan un papel muy importante en el apoyo a la resiliencia familiar al brindar oportunidades para establecer relaciones sociales y prácticas que brindan apoyo tangible en tiempos de necesidad. En el artículo se proporcionan ejemplos sobre las for-

mas en que los ECE y los FEC han utilizado sus propias prácticas de resiliencia para satisfacer las necesidades de las familias.

Las experiencias desafiantes no están ausentes durante la infancia. En su artículo, *Qué decir a los niños pequeños que experimentan tristezas: Un marco para ayudar a los niños a superar el proceso de duelo*, Mary Crist y Cammy Purper abordan formas de responder a los niños que enfrentan experiencias difíciles. Las experiencias recientes con la pandemia llevaron a muchos niños a enfrentar momentos difíciles que trajeron tristeza y angustia a sus vidas. Los niños llevan estos sentimientos y emociones dolorosas a la escuela donde requieren atención. Crist y Purper nos recuerdan que los educadores de la primera infancia desempeñan un papel importante brindando apoyo y ayudando al niño mientras navegan por las muchas emociones y sentimientos experimentados al llorar la pérdida de un ser querido. Las ideas y sugerencias proporcionadas proporcionan un marco valioso para apoyar a los niños en el aula cuando enfrentan momentos tan difíciles.

En el artículo *El enfoque triádico: servicios colaborativos para apoyar a los niños pequeños y sus familias en persona y a través de la telepráctica*, las autoras Katherine Green, Jacqueline Towson y Brenna Jacovetti explican cómo utilizar un enfoque colaborativo centrado en la familia para garantizar que los servicios de intervención temprana satisfagan mejor las necesidades de los niños pequeños y sus familias. El enfoque triádico permite a los profesionales de la intervención temprana asociarse con los cuidadores (tanto padres como maestros) y apoyarlos en interacciones bidireccionales con sus hijos. Este enfoque ayuda a los cuidadores a desarrollar confianza en su capacidad para apoyar a su hijo y les ayuda a practicar estrategias que pueden usar de manera efectiva durante las rutinas y actividades diarias. Este artículo incluye estrategias prácticas para planificar e implementar intervenciones utilizando el enfoque triádico, tanto en sesiones presenciales como de telepráctica. Dar a los cuidadores la oportunidad de practicar estrategias del mundo real es un paso clave en la construcción de la resiliencia tanto de los cuidadores como de los niños pequeños.

Play-Based Supports to Promote Childhood Resilience Post-Pandemic

Krysta Murillo



Increasing numbers of families had to juggle working from home with homeschooling children, resulting in inconsistency of care and quality of instruction. Childcare facility closures placed families in the challenging circumstance of having to figure out childcare for their children while they worked.

Households impacted by unemployment due to the pandemic also faced the added stressor of financial strain due to lost wages. Research shows that increased levels of stress in home life often leads to lowered quality of child nurturance, care, and support (Goldschmidt et al., 2021; Weinraub & Wolf, 1983). In

The coronavirus pandemic, caused by the virus SARS-CoV-2 and the resulting COVID-19 illness, radically altered modern life for people worldwide. Globally, countries were forced to lockdown cities, halting businesses, schooling, and travel. On the domestic front, the initial shutdown led to a swift economic downturn that resulted in a reluctance among state and local officials to instill further mandated restrictions. For children and families, the disruption in the consistency of schooling and beneficial programming for early learners profoundly impacted learning and development. As the world moves toward a post-pandemic reality, there remains uncertainty surrounding the virus and its long-term effects. Early educators can respond to these challenges by generating supportive programming and parenting support that are aimed at addressing the needs of children impacted by the pandemic. Practices such as play-based therapeutic supports can address a child's need to process difficulties they experienced in a child-friendly environment. This article aims to provide context for the detrimental impacts of the pandemic on childhood and the therapeutic role of play as intervention to build resilience.

Pandemic Impacts on the Family

Families across the United States were forced to contend with the changes to the delivery of instruction due to school closures.

the worst cases, the pandemic has seen increased levels of child neglect and abuse (Machlin et al., 2022; Usher et al., 2021). Families already under pressure before the pandemic have only seen those stressors compounded by the added concerns over health, safety, and well-being during uncertain times. Those unfortunate to have lost loved ones to the virus or pandemic-related causes can add bereavement to the long list of negative impacts on family life.

The American Academy of Pediatrics (AAP) conducted a survey on family life during the pandemic and found that "27 percent of parents reported worsening mental health for themselves, and 14 percent reported worsening mental health for their children" (Patrick et al., 2020, p.1). The data show that families are struggling with the current pandemic crisis and are openly admitting that managing their mental health and that of their children is proving to be an insurmountable task. Children certainly benefit from access to mental health support when attending school through guidance counselors. However, the pandemic resulted in school closures and some families chose at-home learning options for schooling. Consequently, many children were left without the regular exposure to guidance counselors that would have provided resources and supports to help them manage when stressors emerged.

Play is a child-friendly activity and a safe space for them to explore new experiences, and behaviors.

Development at Risk

The long-term impacts of the coronavirus pandemic on child development, early education and learning, and family dynamics will not be clear for many years to come. In the interim, early childhood experts and educators can provide a lighthouse of information, resources, tools, and support to bolster families and childcare providers as we emerge from the pandemic. While adults may struggle with processing the mental health concerns presented during the pandemic, children are still growing and developing and require interaction from a responsive, nurturing caregiver. Families that are incapable of providing this level of stimulation risk impacting the healthy growth and development of their children.

Children are also at risk for the impacts of mental illness due to factors related to stressful environments and isolation. A recent study conducted by the Centers for Disease Control (CDC) showed an increased number of children younger than 18 visited the emergency room between March and October of 2020 for mental health concerns when compared with data from 2019 (Leeb et al., 2020). A lack of the specific types of meaningful engagement shown to support healthy brain growth, known as serve-and-return interactions, can result in children developing at slower rates than their peers who have received these early stimulations from their caregivers. Children can become at risk for a host of conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD), as well as disruptive behavior disorders such as oppositional defiant disorder (ODD) (Burke & Loeber, 2010).

Children need plenty of opportunities to engage in meaningful interactions with adults to support their cognitive growth, but they also need the same level of opportunities to engage with other children to support their social emotional needs. One of the best ways for children to interact is through play. While all forms of play are beneficial, it is particularly the sustained imaginative play with peers, or socio-dramatic play, that reaps the most benefits for children in the social-emotional area of development (Singer, Golinkoff, & Hirsh-Pasek, 2006). When children engage in socio-dramatic play, they experience a self-motivated,



enjoyable, challenging activity with other children that sparks their interest and creativity (Elkind, 2007). This sustainable activity allows children to relieve tension picked up from their environments and to spend meaningful time engaging in self-supportive activities that improve their ability to self-regulate and manage their emotions.

Therapeutic Qualities of Play

As children play, they can escape from potentially harmful realities of the circumstances they face. In a COVID-19 challenged environment where adults are preoccupied with health, safety, and economic stressors, children have an opportunity to enter the play world where they can assume new roles and co-create new realities with play partners. This escapism is not a means of avoiding unpleasant emotions, rather it is an age-appropriate activity that enables processing big emotions, difficult experiences, and making sense of the changes in their environments (Leong & Bodrova, 2015). Children can be anyone and do anything during play, but early childhood educators and parents can affirm that children often re-create daily life and real encounters during dramatic play. They do this because play is a child-friendly activity and a safe space for them to explore new experiences, behaviors, and words they have been exposed to. This activity helps their developing brains process new information and arrive at new understandings of their surrounding worlds. Play, in this sense, is a therapeutic process for children to engage in during the heightened, emotionally charged world of an ongoing pandemic.

An additional aspect of the therapeutic qualities of play is the

ability to focus long, sustained attention on the desired activity. Play is intrinsically motivated and inspires feelings of pleasure and satisfaction. When children play, they are encouraged by these positive feelings to continue the activity and see projects through to their completion. This focus is difficult to attain outside of the gratifying experience of play in early childhood. When an individual sustains focused attention on a task or experience, they enter a state Hungarian American psychologist Mihaly Csikszentmihalyi calls, “flow.” Flow is a positive mental state where a person becomes immersed in an enjoyable activity, resulting in increased focus and sustained time devoted to the task (Csikszentmihalyi, 1990; Nakamura & Csikszentmihalyi, 2009).

The state of flow is likened to another psychological state called mindfulness. In mindfulness an individual purposefully focuses on the present moment, often utilizing the senses and surrounding stimuli to become mentally present and diminishing unwanted thoughts or emotions. Both flow and mindfulness can be achieved through play. The resulting positive effects can provide the incentive to encourage active, sustained imaginative play sessions for children as a response to growing concerns about child mental health during the coronavirus pandemic. Drew (2004) explains, “play and art making engender an act of courage equivalent in some ways to an act of faith, a belief in possibilities” (Drew, 2004, p. 2). Play is a mindfulness practice. Mindfulness requires being present in the moment, staying focused in the now, and attuning one’s mind to the senses, freeing mental capacities from constant seeking and problem-solving to arrive at inner peace (Hatton-Bowers et al., 2021). As Danahy (2015) notes, children benefit from mindfulness practices such as breathing techniques, yoga poses, and mudras, or hand movements aimed at promoting peace and tranquility (Danahy, 2015).

Resilience and Play

Early childhood educator Vivian Paley captured the brilliant capacity of play’s role in building resilience in young children exposed to natural disasters. In *A Child’s Work: The Importance of Imaginary Play*, Paley (2004) illustrates this therapeutic quality as she describes preschool children during a dramatic play session in which they reenact the cleanup efforts following Hurricane Katrina. As Paley notes, early childhood educators have a vital role in facilitating and sustaining dramatic play, particularly when such play fosters processing, catharsis, and building resilience. In this case, the teacher does not redirect the children from reliving the natural disaster and the events following as inappropriate play material, rather she joins the children’s play by assuming the role of the National Guard, encouraging the children to focus on cleanup efforts to restore communities damaged by the storm. Early childhood educators who believe in the value of play see the significance of such experiences for young children and make time for children to immerse themselves in their imaginary play worlds. For some children, play is the only developmentally appropriate context for processing frightening and challenging life circumstances.

How Play Supports Healthy Development

Much has been written on the role of play in child development

(Vygotsky, 1967). In the cognitive domain, language development is greatly afforded by opportunities for children to engage in language-rich forms of play such as sociodramatic play, guided play, and symbolic play (Weisberg et al., Zosh, 2013; Singer et al., 2006). Play facilitates language development in children. This process can be observed among children who speak two distinct languages as they engage in dramatic play sessions. Oftentimes, the children can sustain play without the need for outside intervention to comprehend one another’s meaning. This ability attests to the fundamental role of play in the acquisition and production of language (Scrafton & Whittington, 2015). Play activities serve as a conduit of language, interaction, and comprehension, experiences that are essential to language development in early childhood

Consequences of Diminished Play

But what of children who lack play entry skills? Play’s significant role in the healthy development of children in each domain speaks to the need for outside support, such as teacher scaffolding, to encourage the formation of skills to engage with their peers. Further, Vega, Neto, & Rieffe (2016) found that children refine social skills during free play, such as a reduction in externalizing aggression, and that diminishing opportunities for free play can have serious consequences on children’s social development and ability to sustain healthy relationships with peers.

In their report on experiences of early childhood educators in Arkansas during the pandemic, Smith et al., (2021) found that teachers demonstrated adherence to health safety rules in early childhood care environments, such as limiting the number of children in play areas, making more time for playing outdoors and increasing handwashing time. The introduction of additional procedures at the start of activities can alter the amount of time left to engage in beneficial behaviors such as free, uninterrupted play. In addition, the discouragement of children to play in groups can contribute to the aforementioned concerns regarding limited opportunities to encourage healthy social development.

Children benefit greatly when they are provided sustained, uninterrupted periods of time to engage in pretend play, or sociodramatic play. The imaginative worlds of children come alive in such play opportunities. They are able to discuss, brainstorm, assign roles, amend previous plans, and enact gloriously rich playful experiences among peers. When provided free, uninterrupted time for self-chosen activities, children invariably choose to play. Without such opportunities, children will turn to less socially and emotionally stimulating endeavors such as solitary play or play with devices such as tablets, offering little engagement or vocabulary-rich dialogue.

Suggestions for Encouraging Play Post-Pandemic

Historically, children have proven to be largely resilient. During war, famine, and political crises, the world’s children have somehow managed to learn, grow, and even in the most tragic of circumstances – play. Heldal (2021) illustrates the remarkable

capacity of children to play, even with limited resources, in a refugee camp on the Greek island of Lesbos. Following our current crisis, the global pandemic introduced the unique circumstance of the same disruptive factor impacting the daily lives of adults and children everywhere, from every walk of life, a circumstance likened only to the previous world wars and the influenza pandemic. What we find is the tremendous imperative to respond to the needs of children during this time. A time when children are still growing, still learning, and still developing – despite the health crisis that has gripped our world. Whether children have been directly impacted by this deadly virus or not, they require support and recognition from their families and caregivers, those directly involved in the daily care and nurturing of children. They need influential adults to recognize that their childhoods have not yet ended, they have been amended by the disruption to normal daily functioning for reasons unavoidable. Some children have never known what it is like to attend school before COVID-19 restrictions.

As we resume activities of our world pre-pandemic, it is easy to overlook the child's need to process what they have been through. Not all children require intensive therapy to process their emotions, rather play provides a familiar setting for children to act out things that have impacted them most. We can approach therapeutic free-play sessions as a moment in the day where children can freely express themselves in a safe environment, and work through the challenging and confusing and at times frightening details of what it was like to navigate a COVID-19 altered world. This opportunity for children can be fashioned through intentional time dedicated to unstructured play.

Play Opportunities for Children After the COVID-19 Pandemic

While we navigate the emergence of changes that COVID-19 has placed on normal daily functioning, we can intentionally utilize play as a means of supporting children. The following list of suggested play opportunities can be offered to children in communities, schools, and among families to support the therapeutic benefit of play.

- **Neighborhood Playgroups** – playgroups are a great source of generating opportunities to allow children to play together. These groups have the shared goal in mind of allowing children to engage in more free, uninterrupted play with or without adult guidance. These groups can be generated through schools as after-school programs, or in communities or neighborhoods where children live. In addition, children can also be grouped by age, or groups can form with mixed age groups to experience the additional benefits of such play.
- **Pop-Up Play Sessions** – pop-up play sessions are planned and enacted by play leaders knowledgeable in encouraging environments for children to engage in meaningful play. Pop-up play sessions can be conducted in any setting, such as a school gym or open field. They typically include props such as large cardboard boxes, crayons and markers, empty food containers, and even old tires, allowing for as much creativity and imagination as possible for child participants.

- **Zoom Play Session** – the pandemic has opened a whole new world of digital engagement tools for online collaboration. Zoom has been one the most prominent and widely used tools for meeting virtually. While play is best conducted in person, there are still many opportunities to engage in rich play experiences through technology outside of digital games. Play sessions conducted on Zoom can teach and encourage caregivers how to engage children in playful experiences such as, but not limited to:
 - **Puppetry**
 - **Readers' Theatre**
 - **Open-Ended Material Play**

Conclusion

The COVID-19 pandemic has undoubtedly impacted families worldwide. We may not know the long-term impacts of the pandemic's disruptions on childhood and child development for many years. In the interim, adults and caregivers can take necessary steps to support children's development post-pandemic. Practices such as play-based interventions can instill healthy, adaptive ways of allowing children to process traumatic impacts such as disruptions in schooling and even the loss of loved ones. These developmentally appropriate interventions support utilizing play and other nurturing practices can provide just the buffer that can help children thrive post-pandemic. As a society, we may not have control over the havoc that a worldwide pandemic has the potential to wreak on childhood, but we can respond in ways that support their ability to overcome these challenges. Our responsiveness to the needs of our children post-pandemic can usher in an era of resilience to help our children thrive.

Krysta Murillo, PhD, is an assistant professor and clinical supervisor in the University of Tennessee Chattanooga's School of Education. Dr. Murillo received her PhD in Curriculum & Instruction with an emphasis in Early Childhood Education from Pennsylvania State University. Dr. Murillo's research focus includes play as an educative process, community and school involvement, and cultural studies in early childhood education. She lives in Chattanooga, Tenn., with her husband, Dr. Edwin Murillo, two girls, Mariana and Mia, and goldendoodle, Sunny.

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El juego como fuente de apoyos para promover la resiliencia infantil después de la pandemia

Krysta Murillo



Impactos de la pandemia en la familia
En todo Estados Unidos las familias se vieron obligadas a lidiar con los cambios en la formas de educación debido al cierre de las escuelas. Un número cada vez mayor de familias tuvo que hacer malabarismos para trabajar desde casa con los niños que recibían sus clases en el hogar, lo que resultó en una inconsistencia en la atención y la calidad de la instrucción. Los cierres de centros de cuidado infantil colocaron a las familias en la difícil circunstancia de tener que buscar cuidado para sus hijos mientras trabajaban. Los hogares afectados por el desempleo debido a la pandemia también enfrentaron el factor estresante de la tensión financiera debido a la pérdida de salarios. Las investigaciones muestran que el aumento en los niveles de estrés en la vida familiar a menudo conduce a una menor calidad de la crianza, el cuidado

La pandemia de coronavirus, causada por el virus SARS-CoV-2 y la resultante enfermedad del COVID-19, alteró radicalmente la vida de las personas en todo el mundo. A nivel mundial, los países se vieron obligados a cerrar ciudades, deteniéndose los negocios, educación y viajes. En el ámbito interno, el cierre inicial condujo a una rápida recesión económica que resultó en una renuencia entre los funcionarios estatales y locales a inculcar más restricciones obligatorias. Para los niños y las familias, la interrupción en la consistencia de los programas y experiencias escolares para los niños impactó profundamente el aprendizaje y el desarrollo. A medida que el mundo avanza hacia una realidad post-pandémica, sigue habiendo incertidumbre en torno al virus y sus efectos a largo plazo. Los educadores de la primera infancia pueden responder a estos desafíos generando programas de apoyo para niños y para padres que tienen como objetivo abordar las necesidades de los niños afectados por la pandemia. Prácticas como los apoyos terapéuticos basados en el juego pueden atender la necesidad de procesar las dificultades que se experimentaron en un entorno amigable para los niños. Este artículo tiene como objetivo proporcionar una perspectiva sobre los impactos perjudiciales de la pandemia en la infancia y el papel terapéutico del juego como intervención para construir la resiliencia.

y el apoyo de los niños (Goldschmidt et al., 2021; Weinraub y Wolf, 1983). En el peor de los casos, la pandemia ha llevado a un aumento en los niveles de negligencia y abuso infantil (Machlin et al., 2022; Usher et al., 2021). Las familias que ya estaban bajo presión antes de la pandemia solo han visto esos factores estresantes agravarse por las preocupaciones adicionales sobre la salud, la seguridad y el bienestar en tiempos de incertidumbre. Aquellos desafortunados que perdieron seres queridos por el virus o causas relacionadas con la pandemia pueden agregar el duelo a la larga lista de impactos negativos de la pandemia en la vida familiar.

La Academia Americana de Pediatría (AAP, por sus siglas en inglés) realizó una encuesta sobre la vida familiar durante la pandemia y encontró que “el 27 por ciento de los padres informaron una disminución en la salud mental para sí mismos, y el 14 por ciento informó un empeoramiento en la salud mental de sus hijos” (Patrick et al., 2020, p.1). Los datos muestran que las familias están luchando con la actual crisis pandémica y están admitiendo abiertamente que manejar su salud mental y la de sus hijos está demostrando ser una tarea insuperable. Los niños ciertamente se benefician del acceso al apoyo para la salud mental cuando asisten



El juego es una actividad amigable para los niños y un espacio seguro para que exploren nuevas experiencias y comportamientos.

a la escuela a través de consejeros de orientación. Sin embargo, la pandemia provocó el cierre de escuelas y algunas familias eligieron opciones de aprendizaje en el hogar para su experiencia escolar. En consecuencia, muchos niños se quedaron sin un acceso regular a consejeros que les habrían proporcionado recursos y apoyos para ayudarlos a manejar cuando surgieron los factores estresantes.

El desarrollo infantil en riesgo

El impacto a largo plazo de los efectos de la pandemia de coronavirus en el desarrollo infantil, la educación y el aprendizaje tempranos, y la dinámica familiar no estarán claros hasta dentro de muchos años. Mientras tanto, los expertos y educadores de la primera infancia pueden proporcionar un faro de información, recursos, herramientas y apoyo para vigorizar a las familias y los proveedores de cuidado infantil a medida que salimos de la pandemia. Si bien los adultos pueden tener dificultades para procesar los problemas de salud mental presentados durante la pandemia, los niños aún están creciendo y desarrollándose y requieren la interacción de un cuidador receptivo y cariñoso. Las familias que son incapaces de proporcionar este nivel de estimulación corren el riesgo de afectar el crecimiento y desarrollo saludable de sus hijos.

Los niños también están en riesgo de sufrir los impactos de la enfermedad mental debido a factores relacionados con entornos estresantes y aislamiento. Un estudio reciente realizado por los Centros para el Control de Enfermedades (CDC, por sus siglas en inglés) mostró un mayor número de niños menores de dieciocho años que visitaron la sala de emergencias entre marzo y octubre de 2020 en comparación con los datos de 2019 (Leeb et al., 2020). La falta de los tipos específicos de participación que sean significativos que se ha demostrado que apoyan el crecimiento saludable del cerebro, conocidas como interacciones de servicio y retorno, puede hacer que los niños se desarrol-

len de forma más lenta que sus compañeros que han recibido estas estimulaciones tempranas de sus maestros y cuidadores. Los niños pueden estar en riesgo de una serie de condiciones como depresión, ansiedad y trastorno de estrés posttraumático (PTSD por sus siglas en inglés o TEPT), así como trastornos de conducta disruptiva como el trastorno negativista desafiante (ODD) (Burke y Loeber, 2010).

Los niños necesitan muchas oportunidades para participar en interacciones significativas con adultos para apoyar su crecimiento cognitivo, pero también necesitan el mismo nivel de oportunidades para interactuar con otros niños para apoyar sus necesidades socioemocionales. Una de las mejores maneras para que los niños interactúen es a través del juego. Si bien todas las formas de juego son beneficiosas, es particularmente el juego imaginativo sostenido con compañeros, o el juego sociodramático, lo que cosecha los mayores beneficios para los niños en el área socioemocional del desarrollo (Singer, Golinkoff y Hirsh-Pasek, 2006). Cuando los niños participan en juegos sociodramáticos, experimentan una actividad que es automotivada, agradable y desafiante con otros niños que despierta su interés y creatividad (Elkind, 2007). Esta actividad sostenible permite a los niños aliviar la tensión recogida de sus entornos y pasar un tiempo significativo participando en actividades de autoapoyo que mejoran su capacidad para autorregularse y manejar sus emociones.

Cualidades terapéuticas del juego

A medida que los niños juegan, pueden escapar de las realidades potencialmente perjudiciales que surgen de las circunstancias que enfrentan. En el entorno impactado por el COVID-19 donde los adultos están preocupados por la salud, la seguridad y los factores estresantes económicos, los niños tienen la oportunidad de ingresar al mundo del juego donde pueden asumir nuevos roles y co-crear nuevas realidades con compañeros de juego. Esta forma de escape no es un medio para evitar emociones desagradables, sino que es una actividad apropiada para la edad que permite procesar grandes emociones, experiencias difíciles y dar sentido a los cambios en sus entornos (Leong y Bodrova, 2015). Los niños pueden ser imaginarse ser cualquier persona y hacer cualquier cosa durante el juego, pero los educadores de la primera infancia y los padres pueden afirmar que los niños

a menudo recrean la vida cotidiana y los encuentros reales durante el juego dramático. Hacen esto porque el juego es una actividad amigable para los niños y un espacio seguro para que exploren nuevas experiencias, comportamientos y palabras a las que han estado expuestos. Esta actividad ayuda a sus cerebros en desarrollo a procesar nueva información y llegar a nuevos entendimientos de sus mundos circundantes. El juego, en este sentido, es un proceso terapéutico para que los niños participen durante el mundo elevado y emocionalmente cargado de una pandemia en curso.

Un aspecto adicional de las cualidades terapéuticas del juego es la capacidad de enfocar la atención de forma prolongada y sostenida en la actividad deseada. El juego está intrínsecamente motivado e inspira en el niño sentimientos de placer y satisfacción. Cuando los niños juegan, estos sentimientos positivos los alientan a continuar la actividad hasta su finalización. Este tipo de enfoque es difícil de alcanzar fuera de la gratificante experiencia del juego en la primera infancia. Cuando un individuo mantiene la atención enfocada en una tarea o experiencia, entra en un estado que el psicólogo húngaro-estadounidense Mihaly Csikszentmihalyi llama “flujo”. El flujo es un estado mental positivo en el que una persona se sumerge en una actividad agradable, lo que resulta en un mayor enfoque y tiempo sostenido dedicado a la tarea (Csikszentmihalyi, 1990; Nakamura y Csikszentmihalyi, 2009).

El estado de flujo se compara con otro estado psicológico llamado atención plena (mindfulness en inglés). En la atención plena, un individuo se enfoca a propósito en el momento presente, a menudo utilizando los sentidos y los estímulos circundantes para estar mentalmente presente y disminuir los pensamientos o emociones no deseados. Tanto el flujo como la atención plena se pueden lograr a través del juego. Los efectos positivos resultantes pueden proporcionar un incentivo para fomentar sesiones de juego imaginativas activas y sostenidas para los niños como respuesta a las crecientes preocupaciones sobre la salud mental infantil durante la pandemia de coronavirus. Drew (2004) explica: “El juego y la creación artística engendran un acto de coraje equivalente en algunos aspectos a un acto de fe, una creencia en las posibilidades” (Drew, 2004, p. 2). El juego es una práctica de atención plena. La atención plena requiere estar presente en el momento, mantenerse enfocado en el ahora y sintonizar la mente con los sentidos, liberando las capacidades mentales de búsqueda constante y de resolución de problemas para lograr la paz interior (Hatton-Bowers et al., 2021). Como señala Danahy (2015), los niños se benefician de las prácticas de atención plena, como las técnicas de respiración, las posturas de yoga y los gestos, o los movimientos de las manos destinados a promover un sentido de paz y de tranquilidad (Danahy, 2015).

Resiliencia y juego

La educadora del nivel temprano, Vivian Paley capturó la brillante capacidad que tiene el juego en el desarrollo de la resiliencia en los niños pequeños que han estado expuestos a desastres naturales. En *A Child's Work: The Importance of Imaginary Play*, Paley (2004) ilustra esta cualidad terapéutica al describir a los niños

en edad preescolar durante una sesión de juego dramático en la que recrean los esfuerzos de limpieza después del huracán Katrina. Como señala Paley, los educadores de la primera infancia tienen un papel vital en facilitar y mantener el juego dramático, particularmente cuando dicho juego fomenta el procesamiento, la catarsis y la construcción de resiliencia. En este caso, la maestra no redirige a los niños de revivir el desastre natural y los eventos posteriores como material de juego inapropiado, sino que se une al juego de los niños asumiendo el papel de la Guardia Nacional, alentando a los niños a centrarse en los esfuerzos de limpieza para restaurar las comunidades dañadas por la tormenta. Los educadores de la primera infancia que creen en el valor del juego ven la importancia de tales experiencias para los niños pequeños y hacen tiempo para que los niños se sumerjan en sus mundos de juego imaginarios. Para algunos niños, el juego es el único contexto apropiado para el desarrollo para procesar circunstancias de vida aterradoras y desafiantes.

Cómo el juego apoya el desarrollo saludable

Mucho se ha escrito sobre el papel del juego en el desarrollo infantil (Vygotsky, 1967). En el dominio cognitivo, el desarrollo del lenguaje está facilitado en gran medida por las oportunidades para que los niños participen en formas de juego ricas en lenguaje, como el juego sociodramático, el juego guiado y el juego simbólico (Weisberg et al., Zosh, 2013; Singer y otros, 2006). El juego facilita el desarrollo del lenguaje en los niños. Este proceso se puede observar entre los niños que hablan dos idiomas distintos mientras participan en sesiones de juego dramático. A menudo, los niños pueden mantener el juego sin la necesidad de intervención externa para comprender el significado de los demás. Esta capacidad atestigua el papel fundamental del juego en la adquisición y producción del lenguaje (Scrafton & Whittington, 2015). Las actividades de juego sirven como un conducto para el lenguaje, interacción y comprensión, experiencias que son esenciales para el desarrollo del lenguaje en la primera infancia.

Consecuencias de la disminución del juego

Pero ¿qué pasa con los niños que carecen de habilidades de entrada al juego? El importante papel del juego en el desarrollo saludable de los niños en cada dominio señala la necesidad de apoyo externo, como el andamiaje que ofrecen los maestros, para fomentar la formación de habilidades para interactuar con sus compañeros. Aun más, Vega, Neto y Rieffe (2016) encontraron que los niños refinan las habilidades sociales durante el juego libre, demuestran una reducción en la manifestación de agresión, y hallaron que cuando se disminuyen las oportunidades para el juego libre puede haber graves consecuencias en el desarrollo social de los niños y en su capacidad para mantener relaciones saludables con sus compañeros.

En su informe sobre las experiencias de los educadores de la primera infancia en Arkansas durante la pandemia, Smith et al., (2021) encontraron que los maestros demostraron adherencia a las reglas de seguridad de la salud en los entornos de cuidado de la primera infancia, como lo fue limitar el número de niños



en las áreas de juego, ofrecer más tiempo para jugar al aire libre y aumentar el tiempo de lavado de manos. Sin embargo, la introducción de estos procedimientos adicionales al inicio de las actividades, puede limitar el tiempo disponible para participar en comportamientos beneficiosos como el juego libre e ininterrumpido. Además, el desaliento de los niños a jugar en grupo puede contribuir a las preocupaciones mencionadas anteriormente con respecto a las oportunidades limitadas para fomentar un desarrollo social saludable.

Los niños se benefician enormemente cuando se les proporcionan períodos de tiempo sostenidos e ininterrumpidos para participar en juegos de simulación o juegos sociodramáticos. Los mundos imaginativos de los niños cobran vida con tales oportunidades de juego. Son capaces de discutir, intercambiar ideas, asignar roles, modificar planes anteriores y expresar experiencias lúdicas gloriosamente ricas entre compañeros. Cuando se les proporciona tiempo libre e ininterrumpido para actividades elegidas por ellos mismos, los niños invariablemente eligen jugar. Sin tales oportunidades, los niños recurrirán a esfuerzos menos estimulantes social y emocionalmente, como el juego solitario o el juego con dispositivos como tabletas, ofreciendo poco compromiso o diálogo rico en vocabulario.

Sugerencias para fomentar el juego después de la pandemia

Históricamente, los niños han demostrado ser en gran medida resistentes. Durante la guerra, el hambre y las crisis políticas, los niños del mundo de alguna manera han logrado aprender, crecer e incluso en las circunstancias más trágicas: jugar. Heldal (2021) ilustra la notable capacidad de los niños para jugar, incluso con recursos limitados, en un campo para refugiados en la isla de Lesbos en Grecia. Después de nuestra crisis actual, la pandemia mundial introdujo la circunstancia única del mismo factor perturbador que afecta la vida cotidiana de adultos y niños en todas partes, de todos los ámbitos de la vida, una circunstancia

que solo se compara con las guerras mundiales anteriores y la pandemia de gripe. Lo que encontramos es el gran imperativo de responder a las necesidades de los niños durante este tiempo. Un momento en que los niños todavía están creciendo, aprendiendo y desarrollándose, a pesar de la crisis de salud que se ha apoderado de nuestro mundo. Ya sea que los niños hayan sido directamente afectados por este virus mortal o no, requieren apoyo y reconocimiento de sus familias y cuidadores, aquellos directamente involucrados en el cuidado diario y la crianza de los niños. Necesitan adultos influyentes para reconocer que su infancia aún no ha terminado, han sido modificados por la interrupción del funcionamiento diario normal por razones inevitables. Algunos niños nunca han sabido lo que es asistir a la escuela antes de las restricciones de COVID-19.

A medida que reanudamos las actividades que había antes de la pandemia, es fácil pasar por alto la necesidad del niño de procesar lo que ha pasado. No todos los niños requieren terapia intensiva para procesar sus emociones, sino que el juego proporciona un entorno familiar para que los niños representen las cosas que más los han impactado. Podemos abordar las sesiones terapéuticas de juego libre como un momento del día en el que los niños pueden expresarse libremente en un entorno seguro, y trabajar a través de los detalles desafiantes y confusos y, a veces, aterradores de lo que fue navegar por un mundo alterado por COVID-19. Esta oportunidad para los niños se puede crear a través del tiempo intencional dedicado al juego no estructurado.

Oportunidades de juego para los niños después de la pandemia de COVID-19

Mientras navegamos por la aparición de cambios que COVID-19 ha traído al funcionamiento diario normal, podemos utilizar intencionalmente el juego como un medio para apoyar a los niños. La siguiente lista de oportunidades de juego sugeridas se puede ofrecer a los niños en las comunidades, escuelas y entre las familias para apoyar el beneficio terapéutico del juego.

Grupos de juego en el vecindario: Los grupos de juego son una gran fuente de generación de oportunidades para permitir que los niños jueguen juntos. Estos grupos tienen como objetivo en común permitir que los niños participen en juegos más libres e ininterrumpidos con o sin la guía de un adulto. Estos grupos se pueden generar a través de las escuelas como programas extracurriculares o en comunidades o en los vecindarios donde viven niños. Además, los niños también pueden agruparse por edad o se pueden formar grupos de edades mixtas para experimentar los beneficios adicionales del juego.

Sesiones de juego emergentes: las sesiones de juego tipo pop-up o emergentes son planificadas y promulgadas por líderes de juego con conocimientos para alentar entornos para que los niños participen en juegos significativos. Las sesiones de juego se pueden llevar a cabo en cualquier entorno, como un gimnasio escolar o campo abierto. Por lo general, incluyen accesorios como cajas de cartón grandes, crayones y marcadores, recipientes de comida vacíos e incluso neumáticos viejos, lo que permite tanta creatividad e imaginación como sea posible para los niños participantes.

Sesión de Zoom Play: la pandemia ha abierto un mundo completamente nuevo de herramientas de participación digital para la colaboración en línea. El uso de Zoom ha sido una de las herramientas más destacadas y ampliamente utilizadas para reunirse virtualmente. Si bien el juego se realiza mejor en persona, todavía hay muchas oportunidades para participar en experiencias de juego ricas a través de la tecnología fuera de los juegos digitales. Las sesiones de juego realizadas en Zoom pueden enseñar y alentar a los cuidadores cómo involucrar a los niños en experiencias lúdicas como, entre otras: Títeres, Teatro de los lectores, Juego de material abierto.

Conclusión

La pandemia de COVID-19 sin duda ha impactado a todas las familias en el mundo. Es posible que tardemos muchos años en saber los impactos a largo plazo causados por las interrupciones de la pandemia en la infancia y en el desarrollo infantil. Mientras tanto, los adultos y los maestros y personas a cargo pueden tomar las medidas necesarias para apoyar el desarrollo de los niños después de la pandemia. Prácticas como las intervenciones basadas en el juego pueden inculcar formas saludables y adaptativas que le permiten a los niños procesar los impactos de situaciones traumáticas, como las interrupciones en la escolarización e incluso la pérdida de seres queridos. Estas intervenciones apropiadas para el desarrollo apoyan la utilización del juego y otras prácticas de atención pueden servir como protección y ayudar a los niños a progresar después de la pandemia. Como sociedad, es posible que no tengamos control sobre los estragos que una pandemia mundial puede causar en la infancia, pero podemos responder de manera que apoyemos su capacidad para superar estos desafíos. Nuestra capacidad de respuesta a las necesidades que tienen nuestros niños después de la pandemia puede marcar el comienzo de una era de resiliencia para ayudar a nuestros niños a prosperar.

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Resilience as a Community Practice

Amy Wilson-Ratliff and Bethany Parker



A 4-year-old girl named Melody lives in a small trailer with her mother, father, 16-year-old uncle, and 8-year-old brother. Her family's primary income comes from the work her father and uncle do in their small community, such as mowing lawns and fixing cars. They often struggle to make enough to pay the family's rent and electricity bills. Melody's family survives on food provided through governmental assistance and her mother's disability check. Her mother struggles with depression and anxiety, so the children are often left to tend to themselves. Her older brother

is usually responsible for preparing snacks for himself and Melody while their father and uncle are working.

Understanding Resilience

Imagine holding a rubber band between your thumb and forefinger and stretching it out until it is taut. Now, imagine letting it go and watching it spring back into its original form. This image is a good reflection of how resilience works. Resilience is the ability to adjust and succeed despite adverse experiences (Maurovic, Liebenberg, & Feric, 2020). When a person is "stretched out," their resilience levels will determine how easily they spring back or even grow and change through adversity. A person with high resilience will be able to see the positive opportunities when something tragic happens. For instance, a woman starts a nonprofit to support families dealing with addiction after her sister dies from an overdose. The tragedy she experienced by losing her sister to addiction has been transformed into an experience that has the potential to positively benefit both the woman who started the nonprofit and others in her community.

Many researchers note resilience as an adaptive quality that can change based on how an individual faces a problematic experience (Browne, 2014; Eales et al., 2021; Feldman, 2020). When dealing with a depressive episode, a resilient person may learn new tactics and strategies, such as exercise and journaling to help them deal with future depressive episodes. Resilience often results in increased resourcefulness and new skills to face further hardship in the future (Brown, 2014). Because many children face adverse experiences in their early years, it is crucial to understand how resilience is built in children. However, children do not exist in isolation. The world and people around them affect their resilience levels. Consider the following vignette and how adverse life experiences comprise children's daily lives:

Melody and many children like her encounter barriers to building resilience that they cannot control. Since children are impacted by the world around them, it is crucial to consider more prominent aspects of resilience. Individual resilience in children is intricately tied to their families, communities, and larger societal institutions (Hadfield & Undar, 2018). Though larger systems such as communities and societal institutions influence resilience, children's first models of resilience are their families. The way a family responds to adversity creates the foundation for children's resilience (Hadfield & Undar, 2018).

Melody's circumstances are not uncommon, and all families face difficult experiences at some point. Additionally, factors such as poverty, disability, illness, race, and other stressors exacerbate the likelihood of children and families experiencing adversity. However, these experiences do not determine a family's overall well-being, and resilience can help mitigate the damaging effects of adversity. Let us return to our story of Melody from her teacher's perspective:

Melody's preschool teacher, Mr. Charles, reports that Melody plays well with her peers. She often tells them silly jokes, welcomes other children into her play, and easily integrates herself into their play. Mr. Charles also mentions that she has robust interests, such as reading, building, and playing outdoors. He often hears her speaking fondly of her family and the games she plays with her brother and uncle. When she spends time

in the home living area of the classroom, she describes the kinds of foods her mother cooks and how she helps her mother in the kitchen. Mr. Charles describes Melody as persistent but willing to ask her peers and teachers for help. She expresses her emotions well. At the end of the day, she is excited to see her father.

Despite the many challenges Melody's family faces, she appears resilient. An outsider may wonder why is Melody so well-adjusted even when faced with multiple stressors? Fully understanding Melody's resilience necessitates taking a moment to reflect on how the world around her has contributed to it. Importantly, it means viewing her family through a strength-based lens. It also means looking at how her family's own resilience has supported hers.

Parental Resilience in Strengthening Families: Protective Factors Framework

It is essential to see families through a strength-based lens rather than viewing them based on their deficiencies. Every family has strengths that can be used to build family resilience (Browne, 2014). Initially, Melody's family may appear to have many difficulties, but positive traits begin to emerge if examined more closely. For example, Melody lives in an extended family network with adults and older children who contribute to her sense of belonging; this family strength is one way to protect her from the adverse effects of life stressors. It is crucial to shift from a deficit view that disempowers families to a view that sees all families as experts in their own lives and their children's lives. This shift is necessary to help children thrive in a highly inequitable world where they are likely to face adversity (Browne, 2014).

The Strengthening Families Framework, a framework dedicated to building strong families, views all families through a strength-based lens focusing on five interrelated protective factors: social connections, concrete supports in times of need, social-emotional competence of young children, knowledge of child development, and parental resilience. This framework defines parental resilience as a caregiver's ability to manage stress and function well when faced with adversity (Brown, 2014; Strengthening families: Increasing positive outcomes for families, 2022). Parental or caregiver stress is one factor that can have a negative impact on a young child's development. Families with children face the stress that comes with parenting alongside personal



stressors such as work, relationships, and health. A child may suffer from abuse or neglect when a family cannot overcome stress. Alternatively, when families are more resilient, children may also become more resilient (Brown, 2014; Strengthening families: Increasing positive outcomes for families, 2022).

One factor that strengthens resilience is relationships and connections with other people (Feldman, 2020). A family unit can provide these solid and supportive connections for young children. A child relies on their family for physical, emotional, and psychological support. When a family displays resilience, they can better connect with their child and provide these crucial supports. Resilient families are built on trust and respect for each other (Maurovic et al., 2020).

The Role Early Childhood Educators Play in Supporting Family Resilience

Just as children do not exist in isolation, families exist within communities and cultures; their resilience is strengthened through supportive relationships and connections with others (Hadfield & Ungar, 2018). Often, early childhood educators are some of the first relationships and connections outside the home that families make. A child's success is influenced by this partnership between their caregivers (Levickis, 2022). Educators can play a role in mitigating family and child stress, but only if they understand the family's situation. To understand a family's situation, educators need to be in constant respectful, reciprocal, and empathic communication with families (Guy-Evans, 2020; Levickis, 2022). Educators' support can help families feel empowered when they may not feel in control. Giving families a feeling of power can increase their belief in their ability to face challenges and make wise decisions when faced with challenges in the future (Brown, 2014).

Think back to Melody and her family again, but now imagine that her preschool teacher has a strong relationship with her family:

Mr. Charles has a close relationship with all the families in his preschool classroom. When asked about his relationship with Melody's family, he described it as good. He said that he often sees Melody's uncle and father on the weekends because he hired them to mow his lawn and recommended them to several of his neighbors. Mr. Charles also talked about how the school has a program that sends snacks home to children from low-income homes and that he recommended the program include Melody's family. Now, she receives a backpack full of snacks on Friday afternoons for herself and her brother.

Mr. Charles also described a conversation he had with Melody's father several weeks ago that surprised him. Mr. Charles regularly posts information on the classroom parent board about resources in the community. He posted one for free counseling services at the local health department. Melody's father said he took a photo of the information and encouraged his wife to go. With this support, Melody's mother has been able to better manage her mental illness better and spend more time with the family.

Because of the support and resources that Mr. Charles has provided, Melody's family has strengthened their resilience and are better equipped to help Melody build her resilience. In the example of Melody's family, Mr. Charles has addressed resilience by offering two critical forms of support from the five protective factors of the Strengthening Families Framework: social connections and concrete support in times of need.

Building Resilience through Social Connections

Social connections provide families with solid and positive relationships with other people. Families can benefit through emotional, informational, and cultural support (Strengthening families: Increasing positive outcomes for families, 2022). There are many practical ways for early childhood educators to provide opportunities for families to cultivate strong social connections. For example, educators can facilitate relationships among the families in their classrooms or at their childcare agencies by organizing fun family events where families have opportunities to get to know each other. Providing families with opportunities to create a positive social connection with other families can mitigate parental stress and social isolation, contributing to overall resilience (Strengthening families: Increasing positive outcomes for families, 2022). Similarly, educators can support the creation of social connections like what Mr. Charles did for Melody's family, which includes connecting families to the community through information about available and accessible resources.

Building Resilience through Concrete Supports in Times of Need

Early childhood educators can engage in practices that provide concrete support to strengthen a family's resilience. Concrete supports in times of need provide families with the much-needed tangible support (i.e., money, transportation, food, and housing) needed to thrive. When educators connect families to resources

in their communities, they contribute positively to family resilience. Mr. Charles demonstrated a simple way to support families as he described making information accessible to all families via information on the classroom parent board. Educators can also regularly send information home to families in a monthly newsletter, on flyers, through brochures, etc.

As educators engage in these practices, it is also important to provide crucial information to families in their home language about eligibility requirements, navigating complex websites, and filling out important forms on time (Strengthening families: Increasing positive outcomes for families, 2022). One way to offer families access to concrete supports and social connections is to host a family event on accessing community resources. Provide families with needed information about resources and allow them to talk with one another (Strengthening families: Increasing positive outcomes for families, 2022).

The Role Family Engagement Coaches Play in Supporting Resiliency

As mentioned previously, no one exists in isolation. Individuals, families, and communities are all connected. We all exist within systems that are built upon one another. Consider Mr. Charles. How has he cultivated such a strong relationship with the families in his classroom? How does he know which resources to offer families or how to support each family? Just like families, educators need the same system of support. Though resiliency is something within each of us, how it is shaped is related to our experiences with the world around us. Mr. Charles could not support Melody's resilience or her family's resilience if he did not have his own community supports. In fact, Mr. Charles, like all educators, faces his own challenges and unique stressors related to his profession (Eadie et al., 2021).

Family Engagement Coaches (FECs) support educators, families, and the communities they serve by providing connections and resources. Foundationally, FECs have adopted the Strengthening Families Framework perspective that all educators and families should be viewed through a strengths-based lens. Focusing on strengths allows FECs to build relationships with educators that contribute to the resiliency practices the educators display. More specifically, FECs fill the role of supporting educators' connections to information, peers, and families. This includes professional development training, individualized consulting sessions, and peer learning experiences. In a culture that deeply underappreciates the vital role of early care and education, FECs have become a resource for early childhood educators and the families they serve. Much like educators themselves, FECs provide social connections and concrete supports.

Building Resilience through Social Connections

Not only are FECs a social connection for early childhood educators, but they provide opportunities to early childhood educators to build social connections with other early childhood educators. Peer learning experiences serve as a venue for early childhood educators to connect in a collaborative learning context. They are offered time to share their professional experiences with people

who have experienced/are experiencing the same or similar situations. FECs also provide large group training where educators can explore a topic together and create social bonds by learning alongside one another. Lastly, not only do educators provide support for families, but families can reciprocate this support as well. FECs can help educators facilitate family meetings or advisory boards where educators and families can partner to reach common goals. This can provide much needed social connections between educators and families.

Building Resilience through Concrete Supports

FECs also provide early childhood educators with concrete resources, such as children's books about various topics (grief, separation, mindfulness, race, family structure, etc.), which they are encouraged to share with families as well. Similarly, FECs provide early childhood educators with classroom materials that support all families and contact information for local community organizations and resources that they are encouraged to share with families. FECs can help facilitate connections between local community organizations and early childhood educators by attending health councils and community advisory boards that educators may not have time to attend. For example, if a representative from a local hospital shares at a community health council meeting that they would like to provide opportunities for families to receive information and ask questions about important vaccinations, the FEC can connect the hospital representative with childcare centers in the area to partner together to serve families.

Lived Experiences of Supporting Resilience in the Early Childhood Field

In what follows, we provide brief descriptions of real-life examples of how early childhood educators have used their own resiliency practices to meet the needs of families and subsequently contribute to creating resiliency practices for the families they serve. The first example details the loss of a parent and the whole childcare community's response. Next, we describe the example of educators creating spaces for grandparent families to build social connections with one another. The third example of resiliency comes from addressing issues arising from divorce. Finally, the fourth example presented here describes a childcare agency's response to the sudden death of an educator's infant daughter.

Example One: Loss of a Wife and Mother

When the mother of two young children passed away suddenly and unexpectedly in her sleep, early childhood educators mobilized to support the children and their grieving father. Their care and action undoubtedly strengthened the resiliency demonstrated by the family in the following months.

As news of the mother's passing made its way to the children's childcare agency, the childcare community immediately responded in a collaborative effort to support the family. The director collected restaurant gift cards from other families at the childcare center to help the father with meal planning. The toddler and preschool teachers collected resources and children's

books on childhood grief from their local FEC. Both the toddler and preschool educators implemented new strategies in their classrooms to support the grieving children. The childcare center became a safe place for the children and a solace for the father. When his five-year-old son was preparing to enter kindergarten, the father reached out to the director for advice on how to talk to his son's future teacher about their recent loss. The father and director built a trusting relationship that allowed the father to express his concerns and ask for help. This childcare center worked together to mitigate parental stress and grief and help this family build resilience through a challenging experience.

Example Two: Social Connections Among Grandparent Families

As educators learned more about the families of the children at their childcare agency, they realized that many of them shared the commonality of grandparent raising grandchild. Because there were several families of grandparents raising their grandchildren while still dealing with their own adult children, the childcare agency decided to provide family meetings for all families to learn new parenting strategies. These meetings turned into a time for families to support each other and express the struggles of being a grandparent raising a grandchild. Meetings became a time and space for families to build social connections and support systems among themselves. Educators were also able to provide resources to local community organizations that specifically supported grandparents raising grandchildren.

Example Three: Supporting Families and Children Experiencing Divorce

An after-school program educator noticed that two of the young boys she cared for had become increasingly angry and withdrawn. Because of her strong relationship with their families, she reached out to both families and discovered that they were in the beginning stages of a divorce. The educator immediately began collecting resources to help children deal with separation and divorce. She reached out to her local FEC for resources and book suggestions. Next, she purchased several age-appropriate children's books and shared them with the children to take home and read with their parents. She also provided both families with articles and local support groups. The educator's vigilance helped mitigate stress for families and the children during a transitional period.

Example Four: Loss of a Child and Sibling

When an educator's infant suddenly passed away, a childcare agency collaborated with educators, families, and a community resource to support the mother and her daughter who attended the preschool. The director reached out to her FEC to receive resources on grief and separation anxiety. The center collected concrete support for the family by providing paid leave, small gifts, and meals. After the family returned to the center, both mother and daughter were dealing with anxiety around separation at the beginning of the day. The preschool teacher set up a special goodbye routine to help both the mother and her daughter say goodbye in the mornings. She received a children's book from her FEC and used this in the classroom to discuss separation.

Conclusion and Further Considerations

From the examples above, resilience can be seen as a community practice. We advocate for a view of resilience that views individuals as embedded in multiple systems that can either strengthen or diminish individual resiliency. Below, **Figure 1** offers one representation of this through a social-ecological model. It offers a visual model of the relationship of individuals to varying levels of the community. Each level builds upon the other, and one cannot exist fully without the other. Currently, there are common models (Figure 1) representing the related influences between different levels of groups from child to community.

However, we would like to expand upon this visual representation by emphasizing that although each circle is embedded in a larger circle, and the influence of the larger circles on the smaller ones is apparent, the interactions are dynamic. Instead, we propose a model like **Figure 2**, which shows how each level reflects each one.

Figure 1.

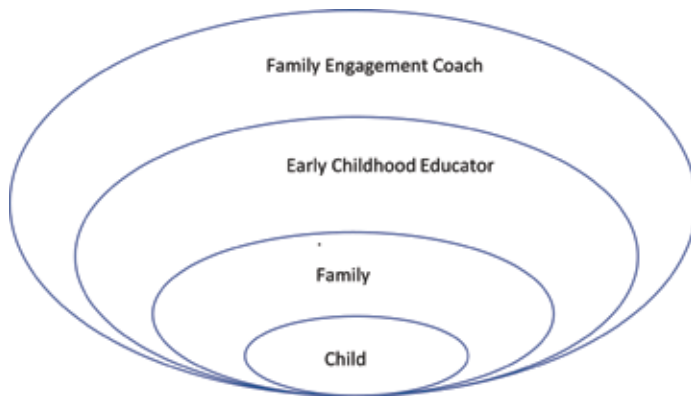
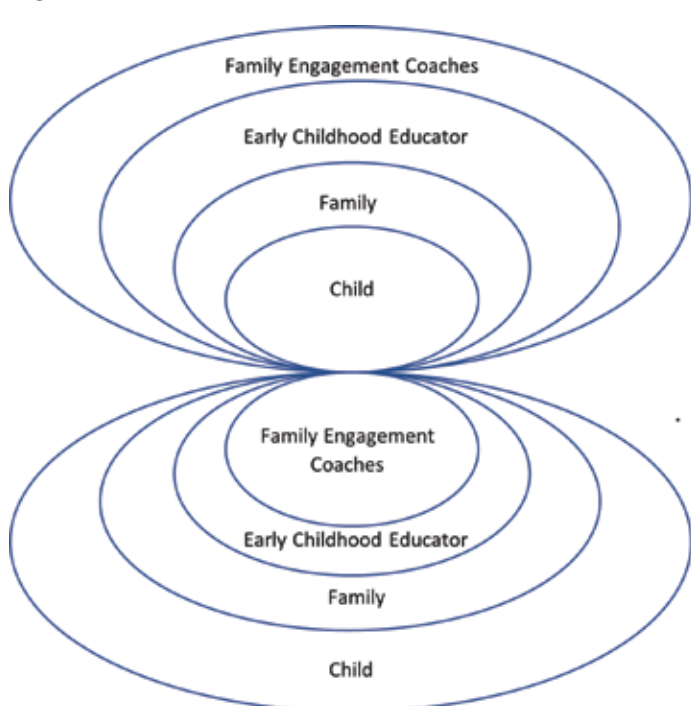


Figure 2.



We have chosen to demonstrate this reflection by moving from the smallest individual unit to the largest systemic unit and vice versa, this does not mean that only the largest (most systemic) and smallest (most individual) unit are the only reflections. In contrast, every level reflects one another because they are embedded within each other. While children are impacted by family engagement coaches, family engagement coaches are also impacted by children. As we continue to consider resilience, it is important to recognize that individual reactions and perceptions and relationships with outside influences have the capacity to cultivate resilience. Partnerships between families, educators, and family engagement coaches can build and support resilience in children, allowing them to develop adaptive skills through stressful experiences. Our goal is that collaborative relationships between each level of influence will contribute to resiliency at each point.

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What to Say to Young Children Experiencing Loss: A Framework for Helping Children Move Through the Process of Grief

Mary Crist and Cammy Purper



It is Monday morning and Anna is welcoming her preschoolers back to school after the weekend. As the children enter the classroom, full of energy and ready to play, Anna notices that Emily's mom, Mrs. Gomez, is lingering at the door and looking somewhat upset. Concerned, Anna greets her and asks how she is doing. Mrs. Gomez replies, "It was a difficult weekend at our house. Our neighbor's little boy, Bobby, who Emily has played with since she was a toddler, died yesterday. He had cancer and we thought the treatments were working, but there was a complication and he died suddenly. I'm devastated, and I haven't told Emily yet. I don't know how to tell her." Anna gives Mrs. Gomez a hug and they talk for a few minutes about what happened to Bobby. As Mrs. Gomez hurries off to work, Anna and Mrs. Gomez agree to talk more after school to see if they can come up with some ideas for telling Emily what happened to Bobby. As Anna starts her day, she realizes that it is likely that she, too, needs to find supportive ways to talk to, and listen to, Emily's feelings about what has happened to Bobby after her mom tells her the news.

In the decades we have collectively spent working with young children and their families, we have had many wonderful experiences and have many happy memories. We also carry with us

some very poignant memories of spending time with children and families experiencing grief. This grief was the result of many types of losses: a beloved pet getting hit by a car, the loss of a grandparent, or the death of a parent following a long illness. Although the term grief is typically associated with death, we have also witnessed children experience deep sadness from other types of loss, such as divorce. While it is difficult to quantify the impact of loss and grief on the lives of children, the experience of grief for young children is both common and significant. It has been estimated, for example, that approximately 1 in 14 children will experience the death of a parent or sibling

before they reach the age of 18 (Burns, Griesse, King, & Talmi, 2020).

Currently, there is a growing awareness among early educators about children's social and emotional needs as a result of loss and trauma, and a focus on the ways in which educators can support children and families. Elements of trauma informed care, for example, which grew out of the need for a treatment for veterans struggling to deal with the experience of war, are increasingly used to support young children coping with abuse and trauma in early childhood settings (Galinsky, 2020). Fortunately, not all children experience serious trauma in their years. Loss and grief, however, are inevitable parts of life, and those professionals working with young children will inevitably encounter times when grief support is needed for the children and families they serve. Although those struggling with profound grief may need referral for support such as professional counseling, there are numerous strategies that teachers can use in the early childhood environment to support the healing and resilience of children and families dealing with grief and loss (Wood, 2008).

Many structural and environmental aspects of the early childhood classroom support children's resilience after loss (Statman-Weil,



Children can also have delayed reactions to loss as they attempt to understand the death of a loved one from a new perspective as they gain increased understanding about the nature of their loss.

based resources that teachers can easily access to gain further knowledge about helping children cope with grief.

What is Grief?

There are multiple ways to define grief. An expansive definition of grief can be found in the work of Fiorini and Mullen (2006), where grief is described as “an inevitable, never-ending process that results from a per-

manent or temporary disruption in a routine, a separation, or a change in a relationship that may be beyond the person’s control. This disruption, change, or separation causes pain and discomfort and impacts the person’s thoughts, feelings, and behaviors” (p. 10). Using this definition, children and adults can grieve various types of losses, not all related to death. For example, grief in children could be the result of the loss associated with leaving a familiar teacher and group of children and moving to a new class or school, experiencing a divorce in the home, or being placed in foster care. Others provide a narrower definition. Perkins and Mackey (2008), for example, describe grief as “an intense sorrow as the result of the permanent loss of a relationship through death” (p. 13). Other researchers differentiate grief as emotional reaction to a significant loss and grieving as the “process of emotional and life adjustment one goes through after a loss” (Stylianou & Zembylas, 2018, p. 242). In this paper, we will focus on verbal strategies for supporting children in grief after the death of an important person in their immediate circle, such as a parent, grandparent, sibling, or friend.

2015). The friendly and familiar faces of peers, positive social interactions, chances for engaging play, and dependable classroom schedules can provide comfort and predictability during times of loss and uncertainty. There are also excellent books to share, and some activities teachers can offer, both with an entire classroom or with individual children as appropriate, to help them understand and cope with death or other losses. Activities such as storytelling, art, music, movement, and play that can help young children process grief occur frequently and organically in the developmentally appropriate early childhood classroom (Anina, 2016).

Sometimes, however, one of the biggest challenges is knowing what to say to a child or adult dealing with death. This can be especially true with young children who may not have experienced loss before and who do not understand what death is. There may be a tendency for parents and teachers to avoid discussing the situation directly, or to redirect children’s comments about death, for fear of upsetting them more. In our work with families, we have also experienced situations in which well-meaning individuals have responded to grief with comments that are hurtful or come across as dismissive or insensitive.

In light of the need to support grieving children in our early childhood programs, the purpose of this essay is to provide caregivers with a deeper understanding of what grief is, to describe how young children experience grief, and to explore the process of how young children move through grief, as outlined by Fox (1988). Using this understanding as a foundation, we have identified a set of corresponding teacher tasks, focusing on practical ideas for empathic communication and the identification of developmentally appropriate language that can be used to talk with young children in grief to promote healing and resilience. In the final section, we will provide some useful Web-

What Does Grief Look Like in Young Children?

Like adults, children can experience profound grief following the death of a loved one; however, children’s manifestations of grief may appear different than adults, especially in young children. Young children do not fully understand the process of death and may have a limited ability to discuss and express their grief. Children under three have little understanding of what death is, and although preschoolers may speak about death, they struggle to understand that death is not a temporary state (Emswiler & Emswiler, 2000). In spite of cognitive limitations in understanding, children do certainly feel and mourn the absence of beloved caregivers and friends after death and may exhibit behavioral changes as a result. It is also important to remember that, for

both children and adults, the intensity of the expression of grief, and the length of time acute grief lasts, can vary widely. Children who lose a parent may be especially vulnerable to long term effects. A study by Appel et al. (2019) showed, for example, that parentally bereaved young adults who experienced the death of parent at a young age report significantly more depressive and mental health symptoms than non-bereaved young adults. Children can also have delayed reactions to loss as they attempt to understand the death of a loved one from a new perspective as they gain increased understanding about the nature of death.

Some of the common reactions to grief for young children include emotional outbursts, irritability, fearful or clingy behavior, questioning about death, physical ailments, or regression. Some children may avoid talking about the event or their feelings and appear as though nothing has occurred (Perkins & Mackey, 2008; Hopkins, 2002). Schoenfeld, Demaria, and Kumar (2020) identified four basic concepts of death that young children must understand in order to cope with personal loss. They include death's irreversibility, its finality, its causality, and its universality. Children are said to understand these four concepts by five to seven years of age, but failure to master them can make difficult their adjustment to loss and increase guilt and shame. Therefore, it is important for teachers to provide developmentally appropriate answers to questions children ask about death in order to assist their understanding.

Although grief is a normal process, some children may need a referral for specialized services if their reactions to loss are extreme or extended. Perkins and Mackey (2008) describe the possibility of "complicated" grief reactions in children (p. 15). These include lasting aggression or withdrawal not typical for the child prior to the loss, persistent changes in sleeping or eating patterns, lack of interest in daily activities, or sadness that lessens but is replaced by even darker moods. In these cases, teachers should refer the child and family for additional support in the form of specialized grief counseling.

Theories of Empathy and Communication during Grief

To understand what to say to young children experiencing grief, it is helpful to know how others have dealt with therapeutic conversations. Dr. Hiam Ginott was one of the first experts to advocate for responding to children's feelings, not just their behavior. In his classic book, *Between Parent and Child* (1965), Ginott says that communicating with children requires both respect and skill. Specifically, (1) the adults and the children must treat each other with respect; and (2) the adults must first respond to the children with empathy and understanding before giving advice or jumping in to fix a situation. Regarding grief, Ginott says that it is important for children to experience the pain and to feel sorrow when they lose a loved one. In fact, they should be allowed "to express fully their fears, fantasies, and feelings" (Ginott & Goddard, 2003, p. 173). The parent or teacher can offer comfort and consolation by putting into words what the child is feeling but may be unable to express easily. For example, the teacher or parent of a child who is experiencing the death of a grandmother might say:

"You miss Grandma."

"You miss her a lot."

"You loved her so much. And she loved you."

"It is hard to believe she died."

"It is hard to believe she is no longer with us."

"You remember her so well."

"You wish you could visit her again." (Ginott & Goddard, 2003, p. 173).

It is also important to be brief and truthful and to avoid euphemisms when talking about death with a child. "When the child is given the facts simply and honestly, accompanied by an affectionate hug and a loving look, the child feels reassured" (Ginott & Goddard, 2003, p. 174). Empathetic communication with children is based upon a climate of trust created by the listener. Parents and teachers need to be willing to listen to all kinds of things children say, including those that may be unpleasant. A child's strong feelings do not disappear when he is told, "It is not nice to feel that way," or when the parent tries to convince the child there no reason to feel a certain way: "Strong feelings do not vanish by being banished; they do diminish in intensity and lose their sharp edges when the listener accepts them with sympathy and understanding" (Ginott & Goddard, 2003, p. 17).

Ginott's groundbreaking work on empathic communication between adults and children was used by Truax and Carkhuff (1967) as the basis for pioneering research to determine how therapists could be trained to use empathy with their clients. After defining accurate empathy as the therapist's "sensitivity to current feelings and his verbal ability to know what the patient means" (p. 46), Truax and Carkhuff described nine stages of accurate empathy shown by counselors of varying skill levels. As these researchers have shown, communication that incorporates active listening with empathy has healing benefits. It is similar with young children. Although few early childhood teachers are also trained counselors, teachers of young children should be willing and able to listen and speak to children with respect and accurate empathy, especially when the children are bereaved.

The Importance of Listening with Empathy

It is important that grieving young children be cared for by someone with the capacity to show them empathy, which is different from sympathy. In her insightful video, Brown (2019) teaches: "People often confuse sympathy *with* empathy. Sympathy is I feel bad for you. Empathy is I feel bad with you. Sympathy can make us feel more alone. Empathy helps us feel connected" (Davis, 2013). She offers the following suggestions for adults working with children: Be kind to them and show interest in them. Avoid trying to "fix it" or "make people feel better" and put your efforts into trying to understand how the person is feeling. Assure them that they are not alone in their feelings and thank them for sharing their feelings with you. Stuart (2020) places empathy at the heart of the connection between the caregiver and grieving person: "Having empathy for another person causes us to respond in a way that works for them, rather than the way our worldview thinks is right" (p. 11).



Showing empathy makes us feel that people care.

veloped for use by chaplains to inquire into the spiritual history of a patient:

- Does your family have a faith or religion that is important to you?
- How do your beliefs influence how you educate your children?
- Is your family a member of a religious group?
- Do you observe special religious days?
- How do your spiritual or religious beliefs help you if there is a loss or crisis?
- How do you see the school supporting your spiritual or religious beliefs?

Acknowledging what the child is saying is not the same as agreeing with it. Rather, it is a respectful way of opening a dialogue by taking the child's words seriously (Ginott & Goddard, 2003, p. 199). Ginott encourages adults to mirror what they hear children saying about their own feelings. An emotional mirror reflects feelings as they are, without distortion or interpretation. "From a mirror, we want an image, not a sermon.... At times of strong emotion, there is nothing as comforting and helpful as a person who listens and understands" (Ginott & Goddard, 2003, p. 28-29). There is probably nothing more frustrating to people in grief than having the listener discount their feelings, or even worse try to fix the situation.

Starting with Families

Where there is a grieving child there is typically also a grieving family, and a positive approach to supporting and communicating with children in grief often begins with families. In a review of studies examining school-based approaches for grieving young children, Chen and Panebianco (2018) concluded that "including parents and families in interventions was seen as a critical ingredient in supporting young bereaved children across studies and interventions" (p. 167). When planning what to say to children in grief, educators can start by becoming informed about the background, beliefs, and wishes of the individual family. Some families, for example, might be reluctant to discuss concepts related to death with young children because of cultural taboos (Yang & Park, 2017). Early educators can gain insight into the spiritual or religious practices of each family by posing some questions to parents, either at intake or when a death occurs. The information gleaned can guide the teacher in responding to a child's grief. Here are some possible questions to ask, adapted from LaRocca's (2012) spiritual assessment tool de-

What Are the Tasks of Grieving in Young Children?

In her work with bereaved children at the Judge Baker Children's Center in Boston, Fox (1988) identified four universal tasks that grieving children must complete in order to achieve a grief outcome that is good: *understanding, grieving, commemorating, and going on*. In the introduction to *Good Grief: Helping Groups of Children When a Friend Dies*, Fox defines good grief as "the kind of grief that strengthens coping skills, prevents the development of emotional problems..., and keeps youngsters psychologically healthy" (1988, p. 6). For example, in their attempts to understand what has happened, young children may ask questions such as "What happened?" "Why did she/he die?" "Did she/he hurt when they died?" "How did he/she look when they died?" In the grief stage, children come to accept the reality of the death. They have the opportunity to feel the pain and sorrow of the loss, slowly adjusting to the reality of not being able to interact with the person. Eventually, they come to "refocus" the energy spent on mourning the lost person onto relationships with other persons. In the commemorating stage, children may find it helpful to memorialize or celebrate the person they have lost through drawing or painting, singing, or making small offerings to acknowledge the one who has died. As they accomplish the four tasks of grief, young children will come to a point of going on with their lives again. They will come to realize they can remember the person who died while still going on with life. The children may need help or permission-giving from caretakers or family members in order to do this. Fox observes that young children complete the four tasks as they develop and do so in line with their individual needs. She also notes that how children accomplish the tasks is related to the specific causes of death of a loved one. Children grieving the death of a loved one

who was murdered will have significantly different issues than grieving one who died from cancer. While progression through the tasks is related to the child's development, it is not bound by it. A child may also be dealing with issues from more than one task at a time.

What to Say: A Framework for Helping Children Accomplish the Tasks of Grief

The following framework is offered to assist teachers in assessing what tasks their young students may be attempting as they grieve and to give examples of appropriate teacher responses to questions the children ask. For each of the tasks of grief for young children identified by Fox, we have categorized a corresponding teacher task intended to guide the teacher's approach to speaking and interacting with the child. The column on the left summarizes what children are trying to accomplish in each of Fox's four tasks and identifies the corresponding teacher task. For example, the teacher responds to a child working on *Task 1: Understanding* by focusing on *Teacher Task 1: Explaining*, in which teachers can use language to answer children's questions and support children's understanding of the circumstances surrounding the death. When the child is in the midst of *Task 2: Grieving*, the teacher is focused on *Teacher Task 2: Acknowledging Grief*, using language to acknowledge and validate the child's need to mourn



and express sorrow and loss. When the child is working on *Task 3: Commemorating*, the teacher is similarly focused on *Teacher Task 3, Involving*, which involves articulating ways the child and the parents can remember the loved one who has died. Finally, when the child is engaged in *Task 4: Moving On*, the teacher is at work on *Teacher Task 4: Encouraging*. The teacher listens to the child's feelings and providing verbal encouragement for the adjustment to the loss, and also reassuring the child that they can move on and enjoy activities with the one who has passed on.

In the right-hand column of the table, we have provided sample conversations that might occur while child is accomplishing the specific grief task and how the teacher could respond to the child's

Table 1. Tasks for Child and Teacher During the Stages of of Grief: Some Examples of Language to Use

Child's Grief Task 1: Understanding (Fox, 1988)	Task 1: Conversation Examples for Child and Teacher
<ul style="list-style-type: none"> • To know that someone died. • To know what it means to be dead. • To know what caused the death. • To know they are safe. • To have their questions answered honestly. <p>Teacher Task 1: Explaining</p> <ul style="list-style-type: none"> • Fill in any gaps in what the child knows. • Tell what it means to be dead. • Be reassuring. • Answer questions in a simple, honest manner. • Use real words. • Allow questions to be repeated. 	<p>Emily: "What happened to Bobby?"</p> <p>Teacher: "He died."</p> <p>Emily: "What does died mean?"</p> <p>Teacher: "It means he isn't alive anymore. Everything in his body stopped. His breathing stopped. His heart stopped. He stopped thinking about things. He doesn't feel anything like hot or cold. He doesn't see or hear anything."</p> <p>Emily: "When is Bobby coming back?"</p> <p>Teacher: "He won't be coming back."</p> <p>Emily: "What happened to make him die?"</p> <p>Teacher: "He got very sick and finally his body couldn't work anymore."</p> <p>Emily: "Does it hurt to die?"</p> <p>Teacher: "No, when people die, they don't feel pain."</p> <p>Emily: "Can you touch a dead person?"</p> <p>Teacher: "Yes. They don't feel you touch them."</p>

<p>Child Task 2: Grieving</p> <ul style="list-style-type: none"> • To be able to accept the reality of the loss. • To experience pain of grief. • To adjust to their environment without the one who has died. • To be able to withdraw emotional energy and reinvest it in other relationships. <p>Teacher Task 2: Acknowledging</p> <ul style="list-style-type: none"> • Let the children know their feelings are okay. • Let the children express fear, anger, frustration, and other emotions openly. 	<p>Task 2: Conversation Examples for Child and Teacher</p> <p>Emily: "My friend Bobby died."</p> <p>Teacher: "Mmm. How are you feeling about that?"</p> <p>Emily: "I want him to come over to play."</p> <p>Teacher: "I'm sorry that Bobby won't be able to play with you."</p> <p>Emily: "But he said we could play outside at his house."</p> <p>Teacher: "I hear you."</p> <p>Emily: "Can we go see him?"</p> <p>Teacher: "He isn't at his house anymore."</p> <p>Emily: "Where is he? I need him."</p> <p>Teacher: "Yes, you need him. Tell me about Bobby."</p> <p>Emily: "I told you he was my friend. Don't you know that?" (angry)</p> <p>Teacher: "Mmm. I do know that. Is there anything else you want me to know about Bobby?"</p> <p>Emily: "Don't be a silly. I want you to go get him!"</p> <p>Teacher: "I wish I could go get him. I hear you really want him to come play."</p> <p>Emily: "I want him now!"</p> <p>Teacher: "You are feeling angry that Bobby can't be here now."</p> <p>Emily: "I want him NOW."</p> <p>Teacher: "You have strong feelings about this. You want him NOW."</p> <p>Teacher: "It's hard being without Bobby. I wonder if we could play something you played with Bobby?"</p> <p>Emily: "Do you know how to play ball?"</p> <p>Teacher: "I do. Let's play ball."</p> <p>Emily: "O.K., but I want Bobby."</p> <p>Teacher: "I know you do. He was a good friend. I wish he could be here."</p>
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questions and feelings with empathy. The framework illustrates how the teacher demonstrates respect for the child, uses reflective responses, acknowledges the child's feelings without "fixing them," avoids euphemisms, and offers encouragement and support without taking over the conversation. The framework is intended to provide an easy way to assess what is happening with the child for the purpose of aligning appropriate professional responses.

Online Resources for Dealing with Grief

Although we have provided examples above for how to verbally support children coping with grief after loss, each grief circumstance is different, and teachers will need to adapt their approaches with children based on the circumstances. Many free, excellent resources for dealing with grief are available online, and they cover a wide variety of specific circumstances related to death and grief, such as dealing with suicide and mass casualty events. Early childhood educators and caregivers can utilize these resources to identify additional tips for talking to children about grief and loss, find research-based information about grief in children, download information to share with

families, and locate lesson plan activities that can be done in the classroom to help children cope. The websites in **Figure 1** have a wealth of resources available to support children.

Conclusion

Loss and grief are unavoidable in the lives of children and adults. Eventually, early education teachers and caregivers will encounter a grieving child and family and be afforded an opportunity to provide support and promote children's resilience and healthy coping skills. Although knowing what to do and what to say may not always come naturally, early childhood professionals can support children in grief by increasing their understanding of children's experience of grief and learning new language and listening skills that can help. Through careful observation and empathic listening, we can understand where a child is in their stage of grieving—understanding, grieving, commemorating, or going on—and find the words to say that serve to explain the loss, acknowledge and validate child's feeling of grief and sadness, involve them in commemorating the person they loved, and encourage them to move on when they are ready to do so.

Child Task 3: Commemorating

- To have a chance to remember the one who died.
- To be involved with formal and informal ceremonies or services.

Teacher Task 3: Involving

- Explain the terms they will hear: wake, funeral, memorial service, burial, shiva.
- Tell them what to expect in rituals of grief and mourning.
- Encourage parents to have someone available to help if the child gets restless at a service.
- Encourage parents to ask the child if they want to attend or take part in a bereavement service.
- Show respect for the child's decisions.
- Help child to remember the person who died informally by sharing stories or making pictures.
- Involve the child in making a special memory box containing a few things belonging to the one who died.
- Listen to the child's thoughts and reactions to the death.

Task 3: Conversation Examples for Child and Teacher

Teacher: "This week Bobby's family is going to have a special gathering to remember Bobby. It is called a funeral."

Teacher: "People will come to the funeral home to say prayers, to sing songs, and to talk about Bobby. They will tell stories about things he liked to do." (This would vary with the family's own traditions.)

Teacher: "When somebody dies, their family often has a funeral for them so the person's friends can come to remember him."

Teacher: "Sometimes children come to the funeral so they can remember the person who died."

Teacher: "Do you think you'd like to go to Bobby's funeral?"

Emily: "Will I see Bobby there?"

Teacher: "Bobby's body will be there, but it will not be alive. It will be in a special container called a casket."

Emily: "Can I touch him?"

Teacher: "Yes. Sometimes people will touch the person who has died at the funeral."

Emily: "Can he see me there?"

Teacher: "No, he won't see you."

Emily: "Can I take something to him?"

Teacher: "Yes, what would you like to take?"

Emily: "Could I take him a ball?"

Teacher: "Yes, you could do that. You could give it to his family."

Teacher: "If you want, we could make a memory box for Bobby. We could put pictures in it and you could make a drawing to put in it. Are there other things you might like to put in that make you think of Bobby?"

Emily: "I want to do that."

Emily: "What happens to Bobby's body?"

Teacher: "After the people say good-bye at the funeral, people will go to the cemetery. That is a special place where people go when they have died. They will take the casket there with Bobby's body inside, and they will put it into a special place in the ground called a grave. Then they will cover it with soil. It will stay there, safe in the ground. Then people will go home."

Teacher: "Do you want to go to Bobby's funeral?"

<p>Child Task 4: Going On</p> <ul style="list-style-type: none"> • To be able to go back to normal activities. • To complete all the stages of bereavement. <p>Teacher Task 4: Encouraging</p> <ul style="list-style-type: none"> • Offer the child an opportunity to do familiar things without the person who died being present. • Listen to how the child is feeling as time goes on. • Listen attentively when the child talks about the person who died. • Acknowledge the child’s feelings about moving on. • Reassure the child that he can go on with life without forgetting the person who died. 	<p>Task 4: Conversation Examples for Child and Teacher</p> <p>Emily: “I want to play ball today, but I don’t have a friend to play with.”</p> <p>Teacher: “I wonder if we could call Jaime to come play with you? He lives close by.”</p> <p>Emily: “I want to play with Bobby.”</p> <p>Teacher: “Yes, I hear you want to play with Bobby. I wish you could do that.”</p> <p>Teacher: “Was Bobby friends with Jaime?”</p> <p>Emily: “Yes, he liked Jaime.”</p> <p>Teacher: “Maybe you and Jaime could play ball and remember the good times you had playing with Bobby.”</p> <p>Emily: “O.K.”</p> <p>Teacher: “How do you think it will feel playing ball without Bobby?”</p> <p>Emily: “I will be sad.”</p> <p>Teacher: “You will miss Bobby when you play ball.”</p> <p>Emily: “Yes.”</p> <p>Teacher: “It’ll be OK to play ball with Jaime. I think Bobby would like that, so you won’t be so lonely.”</p> <p>Emily: “OK. Let’s call Jaime.”</p>
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Figure 1. Suggested Resources

Website	Description
The Dougy Center https://www.dougy.org/	The Dougy Center is a national center dedicated to supporting children and adults who are grieving. The center organizes support groups for those in grief and provides numerous high-quality educational resources for people of all ages. There is a specific section for grief in young children, podcasts, and a section with book recommendations, as well as excellent tip sheets that could be shared with colleagues and families. There is also a free school and community toolkit on the subject of grieving, which includes videos that provide specific information about how to talk to grieving children. Resources are available in English and Spanish.
Eluna https://elunanetwork.org/	Eluna’s mission is to support children and families dealing with grief and addiction. Eluna’s website includes a robust section with resources with specific sections for educators on a wide variety of topics, including consoling children after grief. Resources can be searched by topics including such topics as suicide, cancer, or death of a sibling.
National Alliance for Grieving Children (NAGC) https://childrengrieve.org/	The goal of NAGC is to raise awareness about grief in children and provide education and resources to caregivers. It includes a professional member organization that offers continuing education and networking opportunities, and they also organize an annual symposium on children’s grief. There are numerous videos on talking to children in grief, and several toolkits for adults dedicated to supporting grieving children, as well as a child/caregiver activity grief workbook for purchase.
Judi’s House/JAG Institute https://www.judishouse.org/	The mission of Judi’s House is to help children and their families find connections and healing after a loss. They offer free virtual workshops for parents and other adults interested in supporting grieving children. There is also a video series for caregivers on grief, and a section that provides weekly activities related to grief coping that can be done with children at home or in the classroom.

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The Triadic Approach: Collaborative Services to Support Young Children and their Families in Person and through Telepractice

Katherine Green, Jacqueline Towson and Brenna Jacovetti



Family-Centered Practices

Family-centered practices are an essential component of high-quality EI services (Bhat, 2017; Brown, 2016; DEC, 2014). As many young children spend the majority of their early years with their parents, guardians, and caregivers, EI experts suggest that interventionists use a family-centered model in a natural setting, such as in the child's home or child care program (DEC, 2014). Family-centered approaches are grounded in theory, based on the writings of Bronfenbrenner, Piaget, and Vygotsky, to signify the necessity of strengthening families and the role of the adult in a child's develop-

ment (Odom & Wolery, 2003). Bronfenbrenner introduced the term "family-centered" to the field of EI in the 1970s in order to change focus from child-centered to family systems-focused practices (Bronfenbrenner, 1974).

Early childhood educators teach children with a variety of ability levels. Children ages birth to five who exhibit characteristics of a developmental delay, disability, or a health condition that may affect typical development and learning may receive early intervention (EI) services as detailed by the Individuals with Disabilities Education Act (IDEA). IDEA has a provision for services for young children from birth until their third birthday in Part C (IDEA, 2004). Under Part C, interagency partners conduct developmental assessments and provide services to children younger than three years old who have developmental delays and/or complex chronic conditions.

Dunst and Espe-Sherwindt (2016) defined family-centered practices as a help-giving model which consists of treating families with respect, using a strengths-based approach, sharing information with families, and encouraging active participation from families. Family-centered approaches promote child development and focus on the interactions and relationships within the family unit. Families are empowered to make informed decisions and build self-efficacy and problem-solving skills (Woods et al., 2011).

The Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) recommends educators and practitioners use family-centered, collaborative, culturally responsive, and capacity-building practices (DEC, 2014). One such family-centered model supported in EI is the triadic approach (Brown & Woods, 2016). The purpose of this article is to bridge the research to practice gap by providing a guide on how to implement the triadic approach in EI, with special considerations for telepractice.

To build a family's capacity, an interventionist can capitalize on the strengths of the family and model relevant strategies. As each family demonstrates different strengths based on their unique circumstances, cultural context, and community supports, the interventionist will need to customize the evidence-based knowledge shared with families. One example

Family-centered approaches promote child development and focus on the interactions and relationships within the family unit.

might include sharing information on how the quantity and quality of interacting and reading with a child in the first three years of life are strongly associated with language and cognitive development (Zauche et al., 2016). For one family, this might mean sharing information about a public library's story hour and the public transit schedule to that library. For another family, this may mean providing books in their home language that reflect the cultural values of their family and modeling a shared reading with the caregivers. Additionally, the interventionist can share local and virtual resources to maximize their specific family system and support their child's development. Customized, family-centered supports can positively influence the caregivers' confidence in parenting (Skar et al., 2014).

One element of family-centered practices is meeting families in their current circumstances (DEC, 2014). Virtual options, such as telepractice, may be considered for families in more rural areas where services are less available and in the recent context of COVID-19. Telepractice is the use of technology to provide two-way audio and video communication between the interventionist and the family (McCarthy et al., 2020). Some studies show that telepractice has increased benefits for both the children and the caregivers when compared to in-home EI, such as increased skills for children, provider responsiveness, and caregiver engagement, and a higher number of service hours (e.g., Behl et al., 2017; Retamal-Walter et al., 2022). Caregiver resources, such as access to technology and reliable internet sources, should be considered. Telepractice may also be considered with a child who lives in a rural community that lacks specialized interventionists, such as speech-language pathologists or providers that speak the families' native language. Yet, families and educational centers in rural areas may have weaker and/or less reliable internet, which can cause challenges for telepractice approaches (Hao et al., 2021).

The Triadic Approach

The triadic approach is a collaborative family-centered approach that includes three key participants: 1) caregiver, 2) child, and 3) early interventionist. The caregiver may be an early childhood educator or a parent or guardian. Within a triadic approach, the



interventionist uses caregiver coaching to support bidirectional caregiver-child interactions and partners with caregivers to implement strategies to improve their child's development (Salisbury & Cushing, 2013; Woods et al., 2011). This allows the interventionist to interact, partner, and engage with the caregiver to support their ability to interact and use relevant strategies. When the triadic approach is used, caregivers are more likely to build confidence and use opportunities in their environment to practice skills with their children throughout daily routines and activities and engage in productive joint interactions (Salisbury & Cushing, 2013).

If the triadic approach is implemented via telepractice, the approach will remain the same; however, time will need to be spent discussing the use of the technology prior to the first session. The interventionist may use the telepractice virtual visit checklist (Poole et al., 2022) for technology set-up and utilization, as well as take note of household resources, such as items that could be used during the telepractice. Additionally, more caregiver coaching will occur since the interventionist may not always be able to model or interact directly with the child.

Roles of the Triad Participants

The triadic approach requires planning, education, and communication with the caregiver (Akamoglu & Dinnebeil, 2017). All parties should understand their own role and responsibility. The interventionist's role varies from a traditional approach. In a traditional approach, the early interventionist may provide direct services to the child, focusing only on the child and the child's target goal(s). However, in a triadic approach, the interventionist's role is to coach, model or demonstrate, observe, and scaffold the caregiver's learning (Akamoglu & Dinnebeil, 2017). Using a range of adult teaching and learning practices, this approach will enhance the caregiver's capacity to promote their child's development (Salisbury & Cushing, 2013).

The caregiver has a key role in the triadic approach. In traditional EI, the caregiver may observe the session or complete supportive, but at times unrelated, tasks during the session. For example, the early childhood educator may clean the classroom or play with other children while the interventionist works with the child. However, the importance of the caregivers' role has become increasingly noted over the last few decades, as early interventionists recognize the benefits of generalization of target skills by building caregiver capacity (Akamoglu & Dinnebeil, 2017). In a triadic approach, caregivers first provide the interventionist with necessary information, such as the child's strengths, challenges, interests, daily routines, and strategies that may fit the child's needs (Akamoglu & Dinnebeil, 2017). The interventionist and caregiver will discuss a plan of action and determine strategies that are appropriate and feasible for the child and the child's family (Woods et al., 2011). The caregiver participates in the sessions as a learning partner with the child and, ideally, applies the learned strategies to promote generalization (Brown & Woods, 2015; Woods et al., 2011).

How to Implement a Triadic Approach for Early Intervention

Below, we describe six components of implementing a triadic approach based on available research literature (e.g., Brown & Woods, 2015; 2016; Green et al., 2018). The six components include: 1) discuss the triadic approach with the caregiver, 2) use strength-based, culturally relevant, and sensitive practices, 3) choose materials and environments for success, 4) capitalize on natural routines, 5) embed instruction, and 6) use adult learning practices. See **Table 1** for components, definitions, and examples.

Discuss the Triadic Approach with the Caregiver. Prior to commencing the triadic approach with the caregiver and child, the interventionist should explain the approach, including the benefits of the approach and the roles and expectations of all members. The interventionist may gain affirmation that the caregiver is supportive of this approach. The caregiver should be

Table 1 Components of Triadic Models in Early Intervention

Component Name	Description	Considerations for Telepractice
Discuss the Triadic Model with the Caregivers	The interventionist explains the research and benefits of the triadic model and the roles of all parties involved.	Use predeveloped videos and documents shared via email/text in addition to audio/video technology.
Use Strength-based, Culturally Relevant, and Sensitive Practices with the Family	The interventionist self-reflects to identify any personal cultural biases and understands the family's culture and strengths.	Ask the family to share brief video clips of routines/experiences that are reflective of their culture, belief systems and values.
Choose Materials and Environments for Success	The interventionist chooses toys and materials that are appropriate to target goals specific to each child. These materials will be from the child's home to ensure the learning and engagement continues after the interventionist leaves.	Create a checklist of common household items with blanks for caregivers to add unique things in their home/environment. This will allow the interventionist to understand, and potentially replicate materials used in telepractice sessions.
Capitalize on Natural Routines	The interventionist incorporates caregiver and family routines into session activities. Interactions during these routines can facilitate generalization in various natural environments. The interventionist and caregivers can implement strategies during common daily activities such as mealtime, dressing time, grocery shopping, etc.	Have the caregiver complete a daily routines inventory. As possible, ask them to share pictures where these routines take place and list the materials typically included. Remember to schedule visits across contexts using remote video technology as available.
Embed Learning Opportunities within the Triadic Session	The interventionist should use embedded learning opportunities (ELOs) for individualized instruction and education for both the child and caregiver. ELOs allow for the interventionist to provide intentional treatment.	Identify which routines (based on the inventory) lend best to telepractice. Ensure video/audio signals are appropriate for these routines to maximize the ability to model and provide feedback to the caregiver. Consider having caregivers submit recordings in advance to provide feedback during the telepractice session.
Use Adult Learning Practices	Adult learning practices ensure the adults understand and retain information. Strategies include relevant information geared to their interests, and opportunities to generalize the new information with interventionist's feedback.	Adult learning theory supports the use of multiple modalities for learning. Maximize the sharing of information through writing (emails/texts), verbal (audio/video clips), and visual (video/photos) to model strategies for caregivers.

Triadic interventions in the child's natural environment, with the added flexibility of telepractice, allow the early interventionists to facilitate caregiver knowledge in ways to support their child's developmental skills.

assured that the interventionist will be an active member and partner in the process, and this approach does not burden the caregiver with sole responsibility.

Use Strength-Based, Culturally Relevant, and Sensitive Practices.

Service providers are responsible for collaborating with children, educators, and families from a wide variety of cultures, races, and ethnicities. Positive and successful relationships will not be achieved without cultural competence demonstrated by the interventionist (Hanson et al., 2013) and the understanding of the family's ecology (McWilliam, 2010a). To provide the most appropriate intervention plan for each child and their caregiver, interventionists must reflect upon their own beliefs, values, religion, biases, caregiving and communication styles, perspectives, perceptions of disabilities, and cultural and language differences.

Implicit bias is "the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner; activated involuntarily, without awareness or intentional control; can be either positive or negative; everyone is susceptible" (Staats et al., 2016, p. 14). In order to understand one's own biases, educators can take an implicit bias assessment (e.g., Implicit Association Test), increase contact with groups of people outside of one's own race, ethnicity, and culture, and examine and reflect upon one's own actions and beliefs (Staats et al., 2016).

Effective, collaborative, and inclusive methods also require open-mindedness (Hanson et al., 2013). It is suggested that the interventionist engage in reflective practices to target any necessary adjustments to their actions and approaches to ensure progress toward desired goals of the children and their families (Hanson et al., 2013). Interviews, such as the Routines-Based Interview (McWilliam, 2010b), a semi-structured interview process to gather information about a caregiver's daily routine to develop functional goals, are one way to create a plan of care. This form of information gathering allows each member to discuss perceptions, desires, and needs and can aid in establishing a positive relationship between the family and provider. It also



allows for the interventionist to refer for any further supports for the caregiver and family beyond the expertise of the interventionist if deemed necessary.

Ultimately, having the utmost respect for all parties involved in the triad is imperative. Listening to and acknowledging the needs and perceptions of others sets the tone for productive relationships throughout the process. Cultural competence leads to culturally relevant practices that facilitate progression towards enhanced communication skills in all ages (Sinclair, 2021).

Choose Materials and Environments for Success. In order to provide the most naturalistic environment, the interventionist should use the materials found in the child's environment, such as the child care center or family's home when possible so that the learning does not end when the interventionist leaves. The chosen materials should facilitate the target skills and appropriate play and interaction, as modeled by the interventionist. An interventionist who arrives with a bag of toys may hinder the generalization of target skills into the children or caregiver's daily routines and cultural preferences. Often toys and games are brought in because they make the inclusion of targeting specific goals easier at times, but this can prohibit carryover of activities when the interventionist is not present (Crawford & Weber, 2014). The caregiver may also be concerned about how to continue strategies until the next session without the same materials that kept their child's attention (Williams & Ostrosky, 2020). Additionally, when interventionists bring their own materials to a home, the caregivers may feel the need to purchase the same toys and play the same games used by the interventionists. Not

using the child's available materials in the session can also lead to missed opportunities within daily routines for caregivers to expand their child's abilities.

Capitalize on Natural Routines. It is most beneficial when interventionists incorporate the child's routines into their activities. A Routines-Based Interview (see McWilliam, 2010b) could be conducted to determine the child's routines of the day, how the child functions in the routines, and consider assisting the family with goals to embed within the routine. Meals, playtime, and nap time are all interactions that interventionists can promote in their sessions with materials found in the home for generalization of skills to natural environments and interactions between the child and their caregivers or other family members (Williams & Ostrosky, 2020). The interventionist could ask the caregiver to log the child's daily activities to help brainstorm the naturally occurring routines to promote target skills. See Figure 1 for an example of a daily routine log, which may provide the interventionist and the caregiver with opportunities to discuss how to embed instruction throughout the child's natural routines. In order to reduce the caregiver from becoming overwhelmed, the interventionist may consider targeting one routine or skill at a time.

Embed Learning Opportunities for the Child and Caregiver within the Triadic Session. Embedding instruction is an evidence-based approach for educating young children with developmental delays (Snyder et al., 2015). In a triadic approach, the interventionist may create embedded learning opportunities (ELOs) to provide specialized instruction to the child and adult education for the caregiver. An ELO provides short systematic and intentional instructional episodes within an activity or a routine (Snyder et al., 2018). ELOs provide learning guidance within an activity so that children can engage in the activity and learn simultaneously. ELOs have many benefits. For example, no new activities need to be planned, as the activities are already embedded in the child's day. Next, the interventionist can plan the activities around the child's interest and preference areas, which may increase the child's engagement and participation. Additionally, if the instruction is a natural routine or activity, the ELO provides guidance within the child's natural play and situations (Sandall et al., 2019).

The interventionist can embed child development knowledge and instructional guidance within the ELOs. For example, a meal or snack time provides communicative opportunities for "more" food, making food choices, or working on fine motor skills. The interventionist may model the strategies for the caregiver during a naturally occurring snack time and share the importance of providing choices for young children so they can make an expressive choice. The interventionist may model the gestures for "more" and "all done" to provide expressive choices for the child. For example, if a child normally throws their cup to signify the cup is empty, the interventionist can model the sign "all done" so the child can communicate their expressions. Storybook reading provides multiple opportunities for language and vocabulary development. It is important to note that while some embedded opportunities may present themselves naturally, the interventionist should plan for these learning opportunities in advance of the triadic session.

Use Adult Learning Practices. While an early interventionist's focus is often on the best way to provide services to young children, in the triadic approach, the caregiver(s) are also active participants. Therefore, understanding how adults learn should be considered (European Commons, 2019). Adult learning involves a theoretical process of change in behavior, knowledge, skills, and attitudes in adults (Woods et al., 2011).

There are several adult learning strategies that may be useful in coaching caregivers associated with EI. Mahan and Stein (2014) presented several ways regarding how adults learn best. Adults prefer to learn "here and now," meaning it is most effective if they can apply new concepts immediately. This is easily addressed within the triadic approach, since the caregiver can immediately implement all learned strategies. Another way adults learn is when new skills are integrated within their daily lives, such as when the caregiver and interventionist determine strategies to embed within the family's daily routine. Next, adults may bring expectations to the encounter. This is an important premise to recognize, as the interventionist may need to help the caregiver understand that not all strategies work perfectly every time, and every day may be different. The final premise that had direct applicability to the triadic approach is that adults learn best when they are fully engaged, meaning they are motivated and have emotions attached to the learning. The triadic approach has natural properties of adult engagement. Thus, the triadic approach includes many embedded components of adult learning.

One way to apply adult learning principles is to incorporate the Participatory Adult Learning Strategy (PALS; Dunst & Trivette, 2009). The PALS model is a 4-stage professional development process that can be directly applied to an interventionist-caregiver dyad. The four phases are 1) introduction of the topic or practice, 2) application of the knowledge, 3) assessment of knowledge or skill for promotion of informed understanding, and 4) repetition for progression towards mastery of the new skill or knowledge (Dunst & Trivette, 2009). This model is applied more specifically to EI as a "learning cycle," starting with observation, problem-solving, and reflection before advancing to a demonstration by the interventionist, which then leads to practice with feedback (Woods et al., 2011).

Following is an example of a triadic approach in an early childhood education center.

Nia is an 18-month-old receiving EI services for developmental delays and a speech-language impairment. Nia previously stayed with her grandmother during the day, where she received her EI services. However, due to her grandmother's health issues, Nia now attends an Early Childhood Educational Center. All EI services will now be provided in Nia's new classroom. Ms. Michelle, Nia's early childhood educator, is excited and eager to learn how to help Nia improve her skills, yet she was also quite nervous. Ms. Michelle always wanted to teach children with a variety of needs but never had specific training. She mentioned this concern to the early interventionist, Ms. Hirn. Ms. Hirn suggested they use a triadic approach that would include the early interventionist, the

Figure 1. Example Natural Routines Matrix for Families and the Interventionist to Complete

Time	Example of Activities	Interventionist's Tips for Embedding Strategies
8:00 am	Mealtime	<ul style="list-style-type: none"> • Encourage your child to gesture or say "more" when they would like additional food or drink. • Invite your child to feed themselves (when possible) to work on motor skills by using a fork, spoon, or cup. • Allow your child to be exposed to multiple types of foods and textures during mealtime. • Use common signs with your child such as "cookie" or "milk." • Encourage your child to gesture, sign, or say "all done" when they are finished eating the meal. • Talk with your child and label the foods that they are eating.
9:00 am	Crafts and Inside Play	<ul style="list-style-type: none"> • Have your child reach for toys across midline or from behind to strengthen muscles. • Encourage independent sitting, crawling, and walking to work on gross motor skills. • Allow your child to practice grasping, object manipulation, and drawing to increase fine motor skills. • Ask your child to name colors, common objects, and answer "wh" questions. • Repeat and expand on your child's words, phrases, and sentences. • Use Play-Dough to form shapes or build with your child. This works on fine motor skills as well as sensory skills. • A quiet or reduced-noise background will provide fewer distractions and allow for better communication. • Use communication temptations, such as a bubble machine that you can turn the setting on and off can be used to encourage your child to communicate their wants.
11:00 am	Lunch	<ul style="list-style-type: none"> • Encourage the use of a spoon, cup, fork, or self-feeding with hands. • Place finger foods such as Cheerios in a muffin tin for your child to retrieve. • Sign Language can be used for your child to request more foods such as "cheese" or "water." • Involve your child in cooking or preparing a meal, such as adding ingredients to a bowl, stirring, or plating foods. • Describe the food and drink that is given to your child. • Ask your child "wh" questions regarding the food to enhance language and communication skills.
11:30 am	Books	<ul style="list-style-type: none"> • Label objects, animals, places in a book with your child while reading. • Provide expansions for your child when they label items. If a child says "dog" you can expand to "you are right, that is a big brown dog." • Work on spatial concepts such as pointing to the dog beside the barn. • Ask your child to tell you a story about the pictures that they are seeing. We want them to use their imagination! • Use books to teach things such as colors or animal names. • Encourage your child to tell you if two pictures in the book are the same or different. • Ask your child to tell you the beginning, middle, and end of the story to begin working on sequencing. • Ask about the emotions of the characters such as "what do you think the elephant is feeling?" • Use objects around the house that correlate to the book to encourage the child's interest in the book.
12:00 pm	Nap	<ul style="list-style-type: none"> • Provide a visual timer and establish a routine for nap time. This will encourage smooth transitions for children. • Encourage the child to tell you a story before they go to bed. This helps the child to create stories and work on their sequencing abilities. • Encourage pretend play before allowing them to sleep. If they are scared of the darkness, you can use a stuffed animal and discuss how it is also scared of the darkness and how he overcame his fears.
2:00 pm	Play Outside	<ul style="list-style-type: none"> • Blow bubbles and encourage your child to chase bubbles and pop them. This is a unique way to work on gross motor skills due to the abstract pattern of the bubbles. • Play tag with your child to teach turn-taking skills. • Play with sidewalk chalk to help fine motor skills and labeling colors of chalk.

Note. The time and tips should be filled out by the interventionist based on the individual family and child's individual needs.

caregiver, and the child in each session. Nia, her grandmother, and Ms. Hirn used the triadic approach at the grandmother's house, and Nia made great strides in her skill development. This collaborative approach would now allow Ms. Michelle to build her knowledge and capacity for helping Nia and to promote Nia's cognitive, communication, and language skills throughout their daily routines in the classroom.

Ms. Hirn discussed the triadic approach with Ms. Michelle, Nia's family, and the center director. Ms. Hirn explained how the triadic approach consisted of three participants: the child (Nia), the caregiver (Ms. Michelle), and the interventionist (Ms. Hirn). She discussed the research and the benefits that support the triadic approach. Before Ms. Hirn moved forward, she confirmed that Ms. Michelle would like to participate in this approach, the family agreed with this service delivery model, and that Ms. Michelle would have the support of the center director. Center supports would include additional classroom assistance during the 30-minute triadic session so that Ms. Michelle could fully attend to the triadic session while a classroom helper attended to the other children in the room.

Next, Ms. Hirn asked Ms. Michelle questions regarding the classroom and center's strengths, as well as the center and classroom's needs to support Nia. She asked open-ended questions to better understand the classroom structure and the center community. Ms. Michelle shared the classroom's daily routine and the children's favorite toys and activities. Ms. Hirn and Ms. Michelle discussed how strategies and skills could be embedded in the daily classroom routine. Ms. Hirn documented all ideas to review for future sessions.

Ms. Hirn, Ms. Michelle, Nia's family, and the center director met after their first three triadic sessions. Ms. Michelle noted that she was a bit apprehensive throughout the first session, so she asked Ms. Hirn to model all strategies, and then Michelle practiced the strategy and asked for Ms. Hirn's feedback. At the end of the session, they discussed the carryover activities for Nia's daily routine. Three months later, Nia's target skills have flourished, particularly in requesting wants and needs throughout the day with her teachers and at home. Ms. Michelle stated that she felt much more comfortable supporting Nia's skills in the classroom and is grateful to have Ms. Hirn in the classroom each week and a phone call away for support.

Conclusion

Researchers and professional organizations advocate that EI providers use family-centered approaches to build caregiver capacity in the child's natural environment (e.g., DEC, 2014). This can occur through direct services with the family, early childhood educator, or guardian with the provision of a connection to external resources. Triadic interventions in the child's natural environment, with the added flexibility of telepractice, allow the early interventionists to facilitate caregiver knowledge in ways to support their child's developmental skills across daily routines, extending the impact of services beyond when the interventionist is present toward generalization and maintenance.

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7 Tips on Helping your Only Child Welcome a New Baby to the Family

Zlata Stankovic-Ramirez



not even know what questions to ask. The more you talk about the baby during gestation and what this means for your family, the better. If your child is younger than 3, absolutely involve them in the process as much as possible and perhaps do some roleplaying with baby dolls to help them understand the arrival of the new baby.

Children learn through play, so act out scenarios that will occur once the baby is born with younger children ages 0-3. I believe that role playing, modeling with a baby doll, intentional conversations, including your older child or older children in the process, and honesty and transparency can really help a

family through this big family transition. The tips below apply to firstborn children from age 3 and beyond.

Before you are ready to share with extended family and close friends your exciting news, have the conversation with your child/children first. This way if they are excited, or disappointed, or nervous, you can have those important talks before everyone else finds out and inevitably starts asking: "Are you excited to be a big brother/big sister?" By the time others find out and want to know if your firstborn is ready for this big change, it would be helpful to talk through what having a new baby in your family means.

Have All the Talks: We had to answer many questions. Daniel wanted to know if he will be able to play with the baby like he plays with his friends at school or on a playdate. What does a baby do? What can I do with her? Will I have to share my playroom/toys with the baby? When can a baby walk, talk, play LEGO®s? It's crucial to have all the conversations surrounding baby BEFORE the baby comes. Knowing that the baby will have their own space, their own toys, and will not be able to be a playmate like friends his age right away was key in setting those expectations for him.

When my husband and I had Daniel, a healthy baby boy, in August of 2014, we were elated. Our lives and our world revolved around him. We marveled at every milestone he hit and spent as much time as busy parents can engaging with him, playing with him, talking to him, and delighting in his growth. We both truly enjoyed being his parents and devoting ourselves to him as he grew and surprised us with his amazing personality year in and year out.

Somewhere along the way, Daniel expressed a desire to have a baby brother or sister. Perhaps it was when he was 3 or 4, when many of his friends at preschool were welcoming baby brothers and baby sisters into their families. His wish was granted a few weeks after he turned 8! We welcomed a healthy baby girl, Lola, to our family this past fall, September 2022.

From the moment we knew we were having a baby, we included Daniel every step of the way. He was truly ready to become a big brother and he genuinely enjoys and loves interacting with and having Lola in our lives, in our family, and in our home. I would like to share 7 tips that might help you and your family welcome a new baby if your firstborn is 3+. Keep in mind, if your child is between 3-6, you will need to prompt them more as they might

Prepare the Environment with your Child. My favorite memories from my pregnancy include having Daniel help me with setting up Lola's nursery. We talked about why things need to be at baby level, what types of toys/materials she will be interested in and need in those first three months, and why babies need so many outfits per day. Daniel wanted to pick things out for her and carefully selected toys/books that are appropriate for 0-6 months, with our help. He also helped me put up her clothes and bows in her closet. Each of these small moments he was involved in helping get ready for the baby in turn helped him feel part of the process of welcoming a baby. ***Please note that we did not make any changes to his bedroom or playroom to accommodate the arrival of the baby. Instead, we sacrificed our office/guestroom to create a nursery. Our office desks are in hallway nooks now, but the kids have their own rooms and a shared playroom (once Lola is old enough). Consider the space you have, and if changes need to be made to the firstborn's spaces, talk through those changes with your child/children and involve them in the process.

Take a Special Trip as a family of three. Your child is used to taking a road trip or getting on a plane or going to grandparents' house with just his/her parents. When I was six months pregnant, we took a special trip with just the three of us. We talked about how next time we take a family vacation there will be four of us. This is very special for your firstborn because it signals to them that you cherish the time you all had together as three and look forward to making more memories as a family of four, five, six or more.

Set Realistic Expectations about Your Time with your Child versus the Baby. As the due date drew near, we had many conversations about how much the baby will need Mama to feed her, cuddle her, love her, and spend time with her. The reality is that in those first few years the new baby will require a lot more attention and have a lot more needs than your older child/children. We wanted to make sure that Daniel understood that Lola needs us and depends on us for a lot, but also that we are there for him and that his needs matter too! This is super important for children to know that they are not losing their parents to the new baby but sharing them with their siblings.

Set Special Times with your Older Children. During the day, Daniel is in school attending second grade. Once he gets home, he bathes (a habit we picked up during COVID- to bathe right after he gets home from school), he does homework, he plays, we have dinner. All this is happening while Lola is being a baby—eating, sleeping, playing, and engaging with us. One hour before his bedtime, we set aside an HOUR for him to do things with us that he loves. He understands that Lola might need to feed, might need a diaper, might need to be held or might sleep during this time. However, this hour is dedicated to him and his interests. Every weeknight we have one hour dedicated to doing what he loves and wants to do: board games, video games, reading, Legos®, watching a family show or a good movie.

Check in Often. We often ask how things are going with hav-



Daniel and Lola.

Photos courtesy of the Zlata Stankovic-Ramirez

ing a baby around. Some funny things Daniel said in the first three months of having Lola with us were: "She doesn't really do much, yet." "She is so stinking cute. I love having a baby sister." "Mama, can you make her dance?" "Mama, can you do the Lola voice?" We both check in often and explain to Daniel why something is happening with Lola. He has asked to play with her, feed her a bottle of breastmilk, hold her skin to skin, cuddle her, nap with her. We are still waiting for him to want to be involved with diaper changes, but no interest yet. He delights and laughs when she is happy, and he cried when she cried at her two-month shots. It's imperative to check in often with your older children on how things are going.

My hope is that these tips are helpful to you and your family as you prepare to welcome a new baby into your world. Just remember, children are adaptable and flexible. As long as you are intentional, transparent, and communicate openly with your children, the transition from firstborn to big brother/sister can be an enjoyable experience.

Dr. Zlata Stankovic-Ramirez is Mama to Daniel and Lola, an Assistant Professor of Early Childhood Education at Coastal Carolina University, and an avid advocate for high quality education for all children ages 0-8.



Children's Book Review

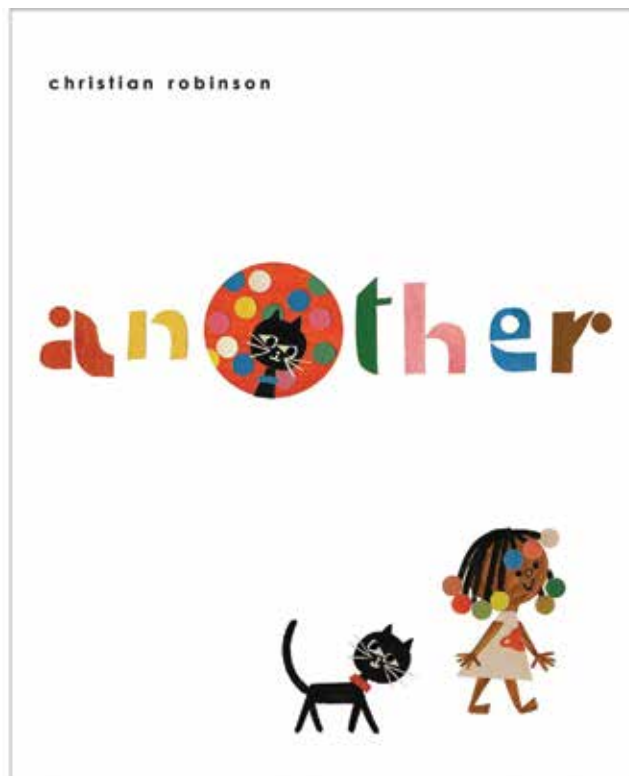
By Dina Costa Treff

Another is a wordless picture book by Christian Robinson. This is Robinson's debut book as author-illustrator. *Another* prompts the readers: "What if you... encountered another perspective? Discovered another world? Met another you? What might you do?" Robinson shares a story through vibrant, colorful, and bold illustrations portraying a young child and cat's journey. The child and cat enter another world as they venture in and out through portals leading to unknown areas and experiences. As the child and cat move throughout the story, they cross paths with other children playing and having fun. These children represent many ethnicities and include individuals with varying abilities. One of the fascinating aspects of the book is that the reader is invited to physically manipulate and interact with the book to follow the story and gain further change in perspective. *Another* is inclusive, leaving the readers/children with a sense of wonder and adventure for both familiar and unfamiliar. Upon the initial introduction of this book of flipping through several pages, one of the children in my class exclaimed, "This looks like a fun book." *Another* is a great book to help children see differences and allow them the opportunity to understand that there are always multiple ways to see things. Children 3 to 9 years old will enjoy this book.

Another es un libro ilustrado sin palabras de Christian Robinson. Este es el primer libro de Robinson como autor-ilustrador. El libro

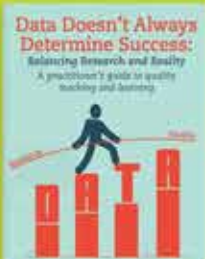
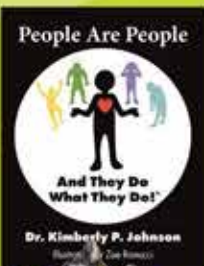
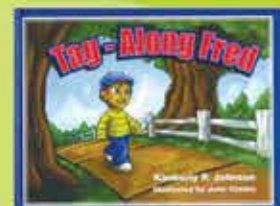
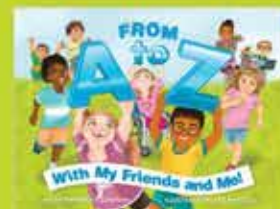
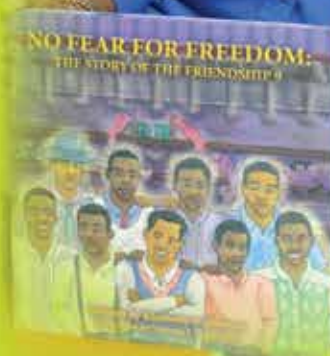
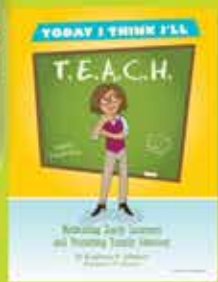
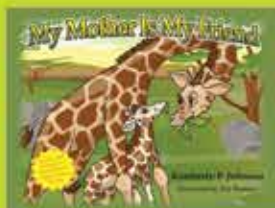
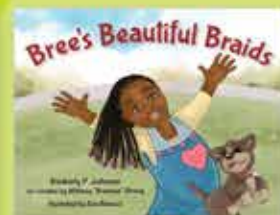
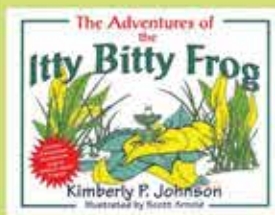
incita a los lectores a pensar: "¿Qué pasa si ... ¿Encontraste otra perspectiva? ¿descubriste otro mundo? ¿Conocistes a otro tú? ¿Qué podrías hacer?" Robinson comparte la historia a través de ilustraciones vibrantes, coloridas y audaces que retratan el viaje de una niña y un gato. La niña y el gato entran en otro mundo a medida que entran y salen de otro a través de portales que les conducen a áreas y experiencias desconocidas. A medida que ellos van a lo largo de la historia, se cruzan con otros niños que están jugando y divirtiéndose. Estos niños representan muchas etnias e incluyen individuos con diferentes habilidades. Uno de los aspectos fascinantes del libro es que se invita al lector a manipular físicamente e interactuar con el libro para seguir la historia y obtener más cambios de perspectiva. El libro *Another* es inclusivo, dejando a los lectores y niños con una sensación de asombro y aventura tanto por lo familiar como por lo desconocido. Tras la introducción inicial de este libro ojeando varias páginas, uno de los niños de mi clase exclamó: "Este parece ser un libro divertido". *Another* es un gran libro para ayudar a los niños a ver las diferencias y a darles la oportunidad de entender que siempre hay múltiples maneras de ver las cosas. Los niños de 3 a 9 años disfrutarán de este libro.

Dina Costa Treff is lead teacher for the Preschool Program at the Child Development Lab at the McPhaul Center of the University of Georgia



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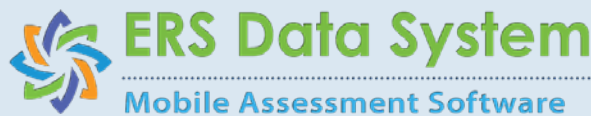
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