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National
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Centre for Child
Mental Health

How child care professionals can help children aged 0-24 months

After a natural disaster event, most babies and younger children who are well supported by nurturing and caring adults and predictable routines will overcome their distress and return to being themselves within a few weeks or months. Child care professionals working in early childhood facilities are uniquely placed to support babies and young children in their recovery post-disaster by providing them with a return to stable, predictable routines and opportunities to express emotions and feel understood. During this time, child care professionals may also identify children who continue to experience difficulties and may require further assistance.

Monitor symptoms over time

Babies and toddlers experience fear just like anyone else, but as their brains and bodies are still developing, they may not be able to make sense of what is happening. They can, however, communicate their experience and feelings through their behaviours (e.g. crying, clingy, withdrawn, angry, anxious) as well as verbal and/or non-verbal means (e.g. facial expressions, eye movements, play, drawings).

Children will have very different responses following a traumatic event. It is therefore important for educators to:

- be familiar with the types of reactions that children can have after exposure to a traumatic event
- remain vigilant and curious about changes in behaviour of any of the children in your classroom; and
- consider referral for further assistance if a child's emotional or behavioural difficulties are different from those pre-disaster, continue for longer than one month and/or get worse over time.

Maintain routines

Most children respond well to structured environments with clear goals, timelines and activities. Therefore, continuing with familiar day care routines is particularly important following a natural disaster. Routine helps to maintain consistency and predictability in one area of the child's life, reducing unnecessary stress and improving feelings of safety.



Limit exposure to media

Post-disaster, media images, radio talkback and general conversations about the event itself and/or disaster recovery efforts may arouse anxiety in babies and young children, creating greater fear, tension and confusion. Repeated images of the disaster event on television or web news (e.g. images of flooding or bushfire) may also cause the child to feel like the event is happening again, which can contribute to cumulative stress.

It is important to give babies and children enough information to feel secure and reassured but also be mindful of their level of exposure to the disaster and limit ongoing exposure to the media.

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Listen with your eyes and ears

It is essential that all non-verbal and verbal communications with babies and young children are conducted with empathy and honesty. By being responsive and reassuring, you will demonstrate to the child that you understand and can share in their experiences and emotions. The child will then have faith that their feelings and concerns are normal, understood and acknowledged. In turn, this will help make them feel safe, secure and better able to manage their 'big' feelings. Be honest in answering questions, and (where possible) use the child's own words when discussing the event with them.

As babies and young children have a limited vocabulary to express their feelings verbally, it is essential to use active listening, reflective listening and observational skills to gather information about the level of distress the child may be experiencing.

– Active listening skills:

- Try to really 'tune in' to the child by paying close attention to their words, expressions and body language.
- Maintain eye contact and use your body language (e.g. nods, shrugs, facial expressions, gestures) to show you are listening.
- Remain calm and controlled.

– Reflective listening:

- Listen more than you talk.
- Try to think and speak like a child (or as a younger child would if they could). By recognising and respecting the child's feelings, you will validate their experience.
- Use short sentences to restate and clarify feelings and experiences.
- Try and respond to personal content, rather than content that is impersonal or distant from the child. For example, you might say, 'You were really scared', or 'Sounds like you are feeling angry'. By paraphrasing and repeating back to the child what they are telling you, you will help them to develop language around their emotional experiences.

Avoid saying things like 'Don't be sad/angry/worried/upset' to reassure a child or baby. Being told not to feel a certain way may invalidate the child's feelings and leave them feeling shamed or misunderstood. Depending on individual circumstances, statements that reassure the child that they are safe now and assist them in thinking about their concern in a more positive or

helpful way may be beneficial, e.g. 'Yes, the thunder was loud but it didn't hurt you, did it?', 'Yes, there was lots of rain and wind but you were safe in the evacuation centre, weren't you?'

Sometimes a child may convey incorrect information about the disaster, e.g. 'There was lots of loud noise and the sky was falling down'. This is the child's attempt to make sense of what they experienced. Consider whether giving them factual details will help reduce their stress and if so, use simple, concise language and check for understanding. 'I can see why you thought the sky was falling down because thunder is very loud. That made you scared. But the sky can't really fall down.'

Monitor your verbal expression

When talking with babies and young children it is important to consider your vocal tone, pitch, speed, loudness and inflection. Try and adopt a calm, soothing (i.e., deeper pitched) tone with a slower vocal pace. This will help the child to understand your words, even when they are distressed, providing a sense of security and reassurance.

If a child speaks in a sensory manner (i.e. what they heard, smelled, tasted, felt), support their statements: e.g. 'Yes, the thunder was very loud'. This will help children understand that it is ok for their personal experience to be similar or different to the experience of others.



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Monitor non-verbal signals

Given the limited vocabulary of young children, most information about how a child is feeling will be gained by observing their facial expressions, body language, eye movements, vocal sounds and gestures.

Facial expressions such as the movement of eyes, mouth, cheeks, eyebrows and nose will reflect the child's moods and feelings. Paraphrase what you are observing. For example, you might say 'That noise is scary' or 'You look sad'.

Similarly, body language will also provide insight into the emotions the child is experiencing. For example:

Fear

Fear will typically manifest in both the face and limbs of the child. If the child's arms and legs seem stiff and tense, and/or if the child avoids eye contact or looks downwards, this may be a sign that they feel scared or nervous.

Anger

As with adults, tensed or clenched hands is a common way for children to express anger. Rigid head movements and a clenched jaw may also indicate that the child is angry.

Sadness

A hunched body posture, hung head, avoidance of eye contact, slowed speech and movement may all be indications that the child is sad.

When interacting with the child be mindful of your own body language, vocal tone and gestures. Communicate calmness and reassurance.



Set clear and firm limits/expectations of behaviour

During times of recovery, it is important for babies and toddlers to return to normal routines and functioning as soon as possible. Some children may 'act out' and misbehave in response to traumatic events, such as a natural disaster. It is important for educators to set and maintain clear expectations of behaviours and to communicate these to the child in an age-appropriate manner. Generally, children respond well to well-defined boundaries and routines that involve firm and clear limits for behaviour, and clearly stated (and implemented) consequences for misbehaviour.

Emphasise babies' and young children's strengths

Whether working through activities or playing, reinforce the child's strengths and abilities by naming them. For example, if a baby has grasped and held an object that she wanted, you could say 'You're so strong. Yes, you can get it'. For a slightly older child, actively provide opportunities for setting small goals, talk with them about how these can be achieved and celebrate their success: e.g. 'Where do you think the red square goes?' 'Yes, that's right. Great job working out that the square fits there'.

Be positive in your communications and actions

Babies and young children rely on the adults around them to help them manage and make sense of the world. Help them understand that the natural disaster was a temporary rather than permanent situation by being positive about the future and talking about progress being made with clean-up and rebuilding. Where possible, model positive coping skills like humour, positive statements, and problem-solving behaviours and encourage children to use these skills as well. Children look to adults to guide them in how to behave in unfamiliar situations, so your positive outlook, encouragement and reassurance are essential to supporting recovery after a natural disaster.

It is also important for educators to actively develop trusting, positive and open communications with children's parents, carers and families during this time. Parents and carers are in the best position to understand their child's medical, emotional and physical needs, so working together to develop a consistent and united approach to talking about the disaster is vital to children's recovery. Discuss communication options for staying in contact that allow for regular updates and sharing of success stories.

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Provide choices – regain control

Traumatic events are usually beyond the control of the child, as are the consequences that follow. As such, during the traumatic event, children may feel a sense of powerlessness or loss of control. One strategy that might be useful for children is to provide them with choices or input into some activities. Involving children in decision-making can help restore their feeling of control.

Some examples of ways in which toddlers can be offered choices or be involved in decision-making include:

- being given a choice of activities (e.g. reading a book, drawing pictures, quiet toy time, singing)
- choosing ways in which they can help (e.g. water a plant, stack the cushions)
- choosing a particular song to sing or book to ‘read along’ to.



Relaxation

Babies and young children often respond well to relaxation techniques to assist them in emotional and behavioural regulation. These skills can be learned very early and used throughout their lives. Rest time routines provide a great opportunity to deploy conscious relaxation strategies such as holding, stroking and squeezing a stuffed toy while listening to meditation music and sounds. Where developmentally appropriate, children can also be taught to take long, deep, controlled breaths to slow the breath down and help them relax.

Safe ‘relaxation’ spaces

All facilities can benefit from having safe spaces that are specifically for children to use when they are experiencing difficulties in day care. This might be a quiet corner of the room, a tent or a ‘cubby’ where children’s books, soft furnishings, squeeze toys or other quiet activities are placed. Educators may move with a child into this area to promote relaxation and encourage the use of different tools as relaxation aides (e.g. softly stroking the fur of a soft toy, squeezing a pillow, snuggling under a blanket, playing quiet relaxation music, softly humming a tune). As children become more mobile, toddlers can be encouraged to move to this space whenever they want to access ‘quiet time’.

Summary

While childcare professionals may play an important role in identifying mental health concerns in babies and young children, their primary role is to continue to be a good child care professional. Child care professionals working in early childhood facilities are uniquely placed to support babies and young children by providing a return to stability, security and certainty for children who have been affected by natural disaster.

This tip sheet was originally developed by the Centre of National Research on Disability and Rehabilitation Medicine, University of Queensland as part of the Queensland Government’s response to the Queensland Natural Disasters. [Kenardy, De Young, Le Brocque & March. (2011) Brisbane: CONROD, University of Queensland]. The materials and content have been revised and extended for use as part of the Emerging Minds: National Workforce Centre for Child Mental Health Community Trauma Toolkit.

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