

Children in Transitions

How can adults foster the mental health of children and families in all early childhood transitions?

Module 3

Assignment 3

Certificate in Infant and Toddler Mental Health

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Introduction

Science tells us that nurturing and stable relationships with caring adults are essential to healthy human development from birth. It is essential educators establish successful relationships with adults and children transitioning into a new and unfamiliar setting. Parents and caregivers have a wealth of valuable and intimate information and understandings about their children and if the warmth and support of the educators encourages open and two-way communication this can only but strengthen the partnership between educators, the early learning environment and families.

As we know, young children experience the world as an environment of relationships, and these relationships affect virtually all aspects of their development – intellectual, social, emotional, physical, behavioural, and moral. Embarking on a new path in life, such as a child transitioning from the home environment to education and care can have significant impact on the child’s early development. When the relationships are at the heart of the curriculum these “active ingredients” influence the positive healthy development of the individual, hence the adult’s responsibility becomes paramount in their ability to individualise experiences to the child’s unique temperament and personality style.

From the readings we have been presented with in the course of studying 'Infant and Toddler Mental Health' combined with study guides and reflective teaching practice I will discuss not only the impact this has had on my teaching practice but how gaining knowledge in the field of contemporary neuroscience has empowered me to support children to develop mental health strategies that prop them up and enhance their daily life.

Process of Investigation

The investigation focuses on a topic of personal and professional interest – how can I support children and their families meaningfully and effectively through transitions?

Prior to embarking on this assignment I held in my mind the importance of building and connecting what I will call my ‘lego blocks’ of new contemporary neuroscience information in the field of infant and toddler mental health. The process has taken months of reading, talking and thinking for me to digest, compile and understand not only ‘academically’ but responsibility wise the incredible privilege and significant influence we can have in supporting children in times of potential stress.

Observations and personal reflections have been recorded in diary form as I find that reflective self-knowledge seems to be a powerful path of self-improvement and enables me to adjust and reposition my teaching to support the individual.

Anecdotal evidence will be included in this assignment as a tool to highlight the benefits of the knowledge I am gaining and in turn how this influences my understanding of children and the clearer perspective needed to support them in their growth.

Results and finding

In New Zealand early childhood teachers are guided by the principles inherent within Te Whāriki where the key characteristics of practitioners that promote mental health are similar to those of parents in a secure attachment relationship. There is shared agreement that we as teachers need to be warm, attentive, sensitive and responsive to children both when they are and when they are not distressed.

I believe that the above characteristics are crucial but there are further features that impact upon the quality and effectiveness of our teaching. Although in this assignment I will not be covering structural features of child care that are of significant influence they need to be acknowledged. From experience of working in a sector of education that provides many varying philosophical viewpoints, changing social and educational policies, profit and not-for-profit organisations, to disparities in child: staff ratios and where staff turnover is high and practitioners are stressed, there is much yet to be addressed as to how our profession can really get down to working efficiently when it requires immense strength, calmness, confidence and patience to put aside issues that take time away from focusing on the child's needs 100%. Therefore where staff turnover is high and practitioners are stressed, children's security suffers (Doherty et al., 2200).

I have mentioned the above influences to show the significant counter-balance quality teaching partnerships can create. As preparation for this assignment I discussed with my teaching partner the interest I have in supporting children and their families as they either transition for the first time into a new setting, or transition from one room to another keeping in mind also the several transitions children make within their day in our pre-school room. Our room caters for children between approximately 22 months and five years. We have on average 16 children attending each day in our room with two teachers however the numbers can fluctuate. Our centre was established as a Teenage Parent College for mothers less than 18 years of age. Whilst the mothers attend the Parent College the infants and children are cared for by professional practitioners in the Early Learning Centre. Mothers from the College are in close contact and are available during the day to participate in some of the caring routines babies and young children require.

We have recently opened our doors to outside community and we now provide the 20 Free ECC hours. The process of opening up to the public has taken two years and there has been significant job loss (five staff). I have disclosed the above information because amid all the uncertainties the knowledge my teaching partner (Trudi Parish) has shared with me combined with my own thirst to learn more about what influences mental health has enabled both of us to make amendments to our programme and teaching. It is our belief that a high functioning teaching partnership is based upon the awareness that children's mental

health is promoted by secure relationships with parents and with one another. The readings Course readings drew attention to the benefit of practitioners creating a positive social and emotional climate in our room. Complications, often beyond our control (staff ratios, earthquakes, funding, job security etc), can be compensated for when on a daily basis we support and nurture each other. My teaching partner and I have noticed over the past couple years the powerful role modelling and the inherent positive influence our relationship has on the children.

Last year Trudi was invited to Canada as a guest speaker at Lake Head University of Toronto. Her presentation addressed how essential empathy is and what strategies we employ in pre-school to enhance children's development of empathy. I have learnt that the earliest most fundamental experiences that shape the brain are these sensitive interactions between mother and baby and that this forms a kind of 'template' that moulds future responses to human contact (Perry & Szalavitz, 2013).

One reason why empathy matters so much is that from the start of life we require others to help us cope with stress. This 'dance of the hearts' and reciprocal tenderness and responsiveness between primary caregiver and baby sets the scene for firing up all those lovely neurons that then wire together - "neurons that fire together wire together". This enables baby to become initially co-regulated by the in-tuned sensitivity of caregiver and further down the track this wonderful individual will be well on their way to healthy self-regulation.

It's not always a smooth journey, there is so much added burden in today's society that the world has allowed itself to become so distracted that we no longer recognise the basic simple right children should have to a safe, calm and predictable environment with loving, protective caregivers.

Towards the end of last year we welcomed 'R' who had recently turned three years. It was the first early learning setting for him and I observed both enthusiasm and anxiousness.

Emotion regulation is as much about up-regulating positive emotions as it is about down-regulating negative ones. (Stuart Shanker 2013)

The regulating role of 'R's' emotions is a very critical point. To ensure he didn't develop excessive negative emotions when his mother left he first needed time to develop a relationship with me and view me as someone his mother trusted. This process cannot be rushed for if 'R' views his environment as threatening he will create adrenalin, one of the stress hormones the body makes easily and often regularly in the modern day world. Adrenalin communicates to every cell in the body that your life is in danger and it prepares you to fight or flee (Dr Libby Weaver, 2011). When 'R' climbed the gate reaching and calling out for his mother he clearly indicated the position of stress he was in as his breathing was rapid and his heart rate was increased. Being a slight young boy I could feel his heart pounding rapidly as I held him and quietly assisted him calming down. If 'R' had not been supported in down regulating his emotions and his stress had been too prolonged

this could result in hyper-alertness and a rapid depletion of energy (Stuart Shanker, 2013 p.2).

Gaining knowledge about the human nervous system and self-regulation is the cornerstone to understanding the impact neuroscience has on children. The Sympathetic Nervous System (SNS) and the Parasympathetic Nervous System (PNS) affect our biological self-regulation. PNS is the system for recovery or slowing down to a condition of rest, the hormone cortisol is involved in this process (Shanker, 2013). Another way to express this is the continuum of energy our bodies require to at times down-regulate (PNS) or up-regulate (SNS) to achieve an optimal state for learning. Although this state varies from child to child we want to assist the individual in getting to a state where they are calm, focused and alert (Shanker, 2013).

It is widely known that cortisol is lower for those children who play often and more complexly with peers and that boys were more likely to show the rise in cortisol levels than girls (Watanura, Donzella, Alwin, & Gunner, 2003).

Ensuring 'R' has time, opportunity and support to develop relationships with his peers is important, as is noticing and responding to his interests. Te Whāriki reminds us that children's holistic development is about building connections to support the child's healthy development.

The Early Childhood Curriculum builds on what children bring to it which then requires teachers to have a responsive and receptive attitude

and a sensitive manner to encourage and foster respectful relationships between centre and family/whānau. The four foundation principles of the Early Childhood Curriculum: Empowerment, Holistic Development, Family and Community and Relationships are woven to reflect the diversity of Aotearoa (Ministry of Education, 1996).

I believe our curriculum reflects justice to children, whānau and our wider community and is becoming strengthened to a greater depth as practitioners passionately and diligently seek knowledge around the impacts of mental health. We may garner understanding of what impacts in children's behaviour as we come to grasps of the basics of contemporary neuro-science and the implications this has for practice. I argue that with dedicated training and commitment teachers will have the incredible opportunity of leading positive change to benefit future outcomes for children, but there may be implications and challenges to pedagogical practice.

'R' has found his special place with us at pre-school. We have worked with the Circle of Security model, responded rapidly to his distress by comforting and soothing him, built his trust in us, ensured we are available and consistent to him whilst providing predictable routines in an environment that is safe to explore.

Now let me introduce 'P', a delightful, energetic two year old. Transitioning into the centre presented few problems separating from mum, once in our room 'P' enthusiastically and very rapidly navigated her way through our resources and environment. The environment

appeared to be almost too engaging and stimulating as 'P' flew from one curriculum area to another leaving a trail of disarray behind her. I could almost see the smoke trail behind her! I assessed this as not being conducive to 'P' engaging in calm learning experiences or beneficial to her nervous system – her thermostat needed help in down-regulating.

My teaching partner and I discussed the impact of what appeared to be an increased acceleration of adrenaline for 'P' and that at the end of the day we would streamline our curriculum areas. We have an ideal environment inside our classroom; the resources are natural, we turn off unnecessary lights, we have a large aquarium with fish, visual stimuli is kept to the minimum and there are always flowers on the tables. Removing resources from curriculum areas and presenting less certainly seemed to help 'P' from flitting from area to area but there was another important aspect that required attention.

Research on self-regulation has now firmly established that auditory stimuli are by far the most powerful of all distracters (Bendixen et al., 2010).

We encourage keeping the classroom noise level to a minimum by reminding children to keep inside voices. Further to this we generate discussions with the older children about how to keep the inside a peaceful (yet still fun) learning space.

As 'P' struggled with transitions we kept them to the absolute minimum. Working with her mother was an important consideration, for at home 'P'

also found it difficult to stop playing and come to the dinner table or get ready for bed. I suggested that if there is going to be major transition for her to talk to 'P' about why it is happening (as we do at pre-school). I also shared the technique we use of providing an age-appropriate 'countdown' to let 'P' know how much time she has left to enjoy an activity; this should lessen the upset experienced when it is time to stop and switch to another activity (e.g. when it is time to stop playing and get ready for bed).

Every child is different and what helps one child to up-or-down regulate might not work for another. We as teachers need to experiment with different techniques to discover what works best for each child - it is an art of being objective and recognising how our own behaviour can have a regulating effect on them.

As I draw towards the end of this assignment I wish to examine briefly though with great seriousness the importance of teaching empathy in young children, this is especially relevant when helping children settle into a new environment. *"Conversely children who can imagine another's feelings are less inclined to act aggressively. When they can identify and empathise with a peer, they're more likely to help her and less likely to become angry or misinterpret events and intentions"* (Kaiser & Rasminsky 2007).

I have discussed already the necessity of being able to regulate emotions as this is the bench mark of being able to display empathy towards each other. The notable research from both Stuart Shanker and

Bruce D. Perry stress the importance of children being able to “resonate” positively with each other emotionally, the better they will co-regulate; and the better they co-regulate, they more they will turn to one another for the support that encourages the development of empathy (Shanker, 2013).

As practitioners we are in a position to promote empathy by helping children develop the ability to see other perspectives. *With empathy you feel the other person’s pain. You’re feeling sorry “with them”, not just “for” them* (Perry & Szalavitz, 2013).

Conclusion

A child's ability to self-regulate can be improved. Teachers can provide the appropriate support enabling children to adjust, modify and monitor emotions. Controlling emotions is no easy task but it is achievable and with patience, knowledge and empathy teachers working alongside the child and their family can make a difference.

In summary the 'social phenomenology' of exploring collaborative relationships between teachers, teachers and children and teachers children and their family and community marks the beginning of changing times when together there is hope that we can provide children with a bright and healthy future.

I would like to promote mental health as a primary component in all teacher education training as nothing has aided my teaching to such a degree as learning about contemporary neuro-science and the implications this has for teaching practice.

And finally a quote from ' *The Power of One* ' by Bryce Courtenay.

“First with the head and then with the heart”

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