

Tips for Supporting Infants & Young Children's Transition as we Re-open



"Healing comes through repeated interactions with a compassionate, regulated other"

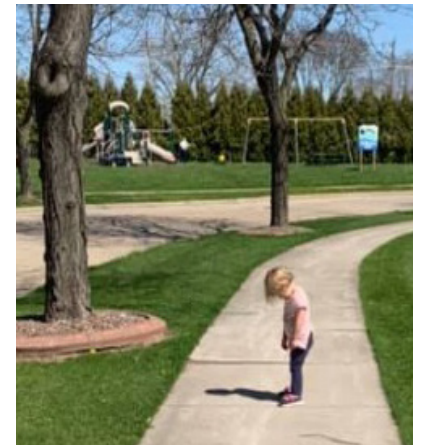
-Bruce Perry, MD, PhD

The global pandemic has affected everyone

The global health pandemic has been stressful on everyone, including our children. As we look towards resuming life amidst evolving changes, it will take time as children and adults alike adjust. Our new normal may still include varying degrees of uncertainty, stress, change and exposure to trauma. As you support children in your care during this transition, the following may be helpful to keep in mind:

You might notice changes in behavior, emotions, and social interactions. These behaviors can be challenging (e.g., temper tantrums, hitting peers) or more subtle (e.g., withdrawing, seeking comfort or attention). It is common to see:

- **Regressions**, children acting younger than their age; losing or struggling again with a previously mastered skill;
- **Displaying a shorter attention span or having difficulty sitting still;**
- **Moodiness**, children might display more frequent crying, angry outbursts, and express fears of being alone or getting sick;
- **Increased clinginess** or difficulty separating from caregivers; expressing worries of losing loved ones;
- **Increased need for attention and/or reassurance;**
- **Social withdrawal** and preference towards solitary activities;
- **Sleep difficulties** such as trouble falling or staying asleep and/or having nightmares;
- **Repetitive play** with themes involving illness such as doctor or re-enactments of social distancing such as their doll needing to stay inside



You can help young children adjust and cope!

You can help children ages birth to six by using the following tips:

Check in with yourself and reflect on your own emotional state

How are *you* feeling? Are you present? Calm? Is one of your “hot buttons” being pushed? Are you worried, anxious? Have you paid attention to processing your own thoughts and feelings about the many changes and various ways this health crisis has impacted you directly and indirectly? If you notice yourself being activated, what will help you to center so you can respond instead of react? Are you regularly practicing self-care? Do you have needs that aren’t being met? Please, take a minute to feel your feet on the ground/floor and take several very deep belly breaths. We cannot help a child to co-regulate (calm down) if we are not able to self-regulate. We also cannot pour from an empty cup.

Nurture your relationship

A high quality positive, responsive relationship is one of the strongest protective factors and is [foundational for children’s wellbeing](#). Offer your attention, even if just for several minutes, follow the child’s lead, try to be at their level as much as possible, offer child-directed time, get to know their new interests and habits.

Remember the 5:1 ratio

[Strive for 5](#) positive interactions for every 1 negative interaction with every child. Having a special greeting, specific praise, and showing shared interest in a topic or activity the child enjoys are all great ways to build connection and communicate a sense of being seen and heard.



Support friendship skills

There may be new guidelines that limit interactive play and yet we know developing social skills is very important for child development and success now and later in life. How can we get creative in being socially interactive without close physical proximity for children who are ready for and in need of more cooperative, reciprocal play? Think about activities that involve cohesion, turn taking, and interaction without physical touch. We can play I-Spy, Simon Says, have socially distanced dance parties, make collaborative art, music, and stories together, and incorporate skill building such as following directions through games.

Resume routines

Children find reassurance and safety in routine. Do your best to return to consistency through daily activities and adjust as needed for new requirements. Build routines within routines. [Use visual schedules to cue children](#). Help young children [prepare for transitions](#).

Maintain and remind children of age-appropriate expectations and rules

Think carefully about [reasonable and developmentally appropriate expectations](#) for children. What can we expect from our babies? Being responsive and sensitive, adjusting and accommodating their needs in a gentle and kind way will work best. What is possible for a toddler to follow? [Use a simple visual or picture](#) for each expectation or rule as you teach – or reteach. Use language from your expectations and rules to [describe when children are meeting them](#), e.g., “You are sharing the blocks so everyone can build; “How kind;” “I see you are feeling angry right now. We need to use gentle hands when we play with a friend.” How can we find opportunities to honor their need for gross motor movement and follow our rules and expectations? Try this: “I see that your body really needs to jump right now, but it isn’t safe to jump from there. Let’s make a safe choice and get out the river stones and hop on those. Or maybe you would like some music on so you can dance?”

Provide positively stated directions

Children will need more of your intentional support to meet expectations. Be patient and use simple, clear directions that [describe to children what they should do](#). Avoid using the word “don’t” in your directions. “When you sit on your pockets, your friends can see the pictures too. I’ll bring the book closer for everyone to see”. Offer clear choices when

possible. “Where will you sit: on the red square or the green square?” Follow up your directions with positive descriptive language when kids follow directions. “You started putting away blocks right away when the clean-up song started.”

Use positive reinforcement

Provide extra positive attention when you see the desired behaviors. When you see children trying to meet expectations and / or display desired behaviors, [use positive, descriptive feedback](#). Rather than, “Great job!” you might try saying, “I really liked how you asked your friend for a turn with the ball.”

Label emotions as children experience them

Labeling helps children put a name to what they are feeling. Increasing emotional literacy improves behavior. Encourage children to [talk about their feelings](#). Use feeling cards or books to [talk about emotions](#).

Offer reassurance and validation that *all* feelings are okay

It’s okay to feel sad, angry, scared, worried, etc. In fact, these are [normal and expected feelings given the circumstances!](#) Work on a plan for what to do with big feelings in safe ways. Practice deep breathing using bubbles or [pinwheels](#), learn to relax the body while pretending to be cooked and uncooked spaghetti, make a “Worry Monster” to eat away fears, use scripted stories, go for a walk, or spend some time using art or music to express big feelings.

Create a safe and cozy place

Create a space where children can go when they need to calm down and feel safe with their feelings. Offer calming and comforting materials (i.e. blankets, stuffed animals, squishy toys, glitter bottle, etc.) and include visual supports: relaxation thermometer, coping cards, books and other items for identifying emotions and [positive ways to cope with big feelings](#). Please gently remind the children to use the space. *Use this space as a refuge, not a punishment.*



Teach and model positive coping skills

When something makes you upset, it’s an opportunity to model identifying feelings and [using positive coping](#). “I feel so frustrated that I spilled my coffee. I really wanted to drink that and now I have a mess to clean up.” Then let the children see you take a deep breath. You might use the opportunity to wonder aloud, “What is something I could do if I am feeling frustrated?” reinforcing positive coping suggestions offered by the children or state aloud what you will do, “Let me look at my coping cards. Oh yes! I know what I can do! I can use our safe/cozy place to feel better!”

Support expression and meaning-making through play

Children often process new or stressful experiences through play. They may even repeat the same theme over and over again. Engage children in their play while following their lead. You might feel the urge to jump in and offer an explanation when you see children trying to make sense of what’s happened through play (ex. child angrily tells their doll they can’t go to their friend’s house anymore), however, try to simply share what you are observing and let the child continue to lead from there. When children express emotions, validate those feelings, “I see that your doll is sad about not being able to go to their friend’s house. I understand that, I feel sad when I can’t go to my friend’s house too.”

Collaborate with the other important adults in the child’s life

Check in with parents, caregivers and other providers in the child’s life to learn about what life has been like at home. What has been working well and where have the challenges been? How was (and is) everyone coping? Remember that everyone may have experienced this time very differently with some having more positive experience (like enjoying having more one-on-one attention from parents or siblings) than others. What unique aspects of being home during this time might need consideration and accommodation? Did the child become accustomed to more unstructured play, making a return to a schedule within the classroom difficult? Perhaps a bi-lingual child was speaking their home language more frequently at home and would benefit from being able to communicate with you in their home language. Share routines, ideas and successes to support consistency, increase predictability, and establish a sense of togetherness communicating that *we will get through this together*.

Nurture connection when connection looks different

It is likely that new ways of connecting with families will need to be developed (e.g., email/texting). The frequency of communication may need to increase to support children’s evolving needs amidst changes at home and provide reassurance to parents and caregivers who may be worried about the health and safety of their child. Perhaps talking in person before or after the day is not possible due to new pick-up or drop-off procedures or staffing needs, but a quick texted photo of the child sent during a nap time is. We might have to continue wearing masks and other Personal Protective Equipment (PPE) that can feel impersonal and uncomfortable for adults and can even be intimidating or scary for small children. The start of the day routine might include children seeing their providers put on their masks so they see who is who and that the same friendly, familiar face they know and love is under that mask. We will rely more on body language, as well as expression of our eyes and brows to help children know how we feel and how their peers feel when we lose some of the cues communicated in full facial expressions. We can be particularly sensitive about the tone of our voice and overcompensating for having half of the face covered. We can help build a child’s observation skills by drawing attention and asking intentional questions “I see that your arms are crossed and your fists are tight, are you feeling angry right now?”



Remember that social and emotional development promotes school success – Focusing on and prioritizing emotional wellbeing is paramount during this unprecedented time. The time you create to connect individually with children – to ensure they feel loved, nurtured and supported, to teach them emotional literacy and to help them feel safe and regulated – is a key influence in their development. [Research is clear: social and emotional wellbeing is fundamental to academic success.](#) Use this time to reconnect, to enjoy playing and talking with children, to follow their lead, to learn about their thinking and interests and to guide and support them during this time of transition.

When to seek assistance from an Infant Mental Health Consultant / Child Development Specialist

If baby displays...	If Toddler or Preschooler displays ...
Sad or bland affect (few emotions)	Dysregulated, aggressive behaviors
Lack of eye contact	Problems with and deficits in attention
Lack of expected weight gain, despite regular feedings	Lack of attachment; indiscriminate attachment
Lack of responsiveness	Sleep problems or disorders
Rejects being held or touched	All beyond what is “usual” behavior for children of this age (i.e. some temper tantrums, hitting and defiant behavior may be normal, concerns arise when the behavior is frequent and intense)

Additional Resources:

Wisconsin Alliance for Infant Mental Health: www.wiaimh.org/covid19-resources

Zero to Thrive: <https://zerotothrive.org/covid-19/>

Children’s Wisconsin: <https://chw.org/newshub/stories/covid-19-common-stress-reactions>

National Center for Pyramid Model Innovations: https://challengingbehavior.cbcs.usf.edu/docs/Pandemic_helping-your-child_tipsheet.pdf

ZERO TO THREE: <https://www.zerotothree.org/resources/3291-coronavirus-resources-for-early-childhood-professionals>

