

How can teachers of infants and toddlers work with families to identify and build on their positive traits, skills, strengths, and potential? Teachers may never know the difference they have made in a young child's life.

Teachers May Never Know: Using Emotional Intelligence to Prevent and Counter Child Neglect and Abuse

Holly Elissa Bruno

Caring adults may be unaware of how deeply healing their love for a child can be. A gentle smile, warming cuddle, or soothing lullaby can uplift a baby or toddler. More than half of human emotion is communicated nonverbally (Griffith, Wilson, Langer, & Haist, 2003). Babies watch and learn from the subtlest nuances of adult behavior. The success of signing with young children, for example, indicates children's ability to comprehend long before they can form words.

Infants, who appear healthy on the outside, can suffer deeply within from "invisible wounds." "Young children are the most vulnerable to being abused or neglected. Statistically, the younger a child is, the more likely he or she is to be maltreated. The leading cause of death in the first year of life is homicide" (CSSP, 2004, pp. 23-24). Verbal, psychological, emotional, and spiritual abuse and neglect wound a child in unseen ways. Abused children are exquisitely adept at reading non-verbal signs. One sudden, unexpected sweep of a hand can cause a child to wince and withdraw.

Brain development research reveals that the destructive effects of the enzyme, cortisol, can be reversed by the unconditional love of one caring adult. Cortisol, released in utero, burns like acid thrown on an infant's nerve endings. Cortisol prevents nerve ganglia from building pathways to one another. Cortisol in a troubled mother's womb can stunt a baby's emotional, psychological, and

An infant can catch a caregiver's uplifting emotions while being comforted.

social growth. Loving kindness to a child can reverse this "invisible wounding" (Goleman, 2003, pp. 197-198).

Infant-toddler caregivers hold the power to help heal these invisible wounds. Children from birth

through 3 years, who receive loving touch and attention from caring teachers, can recover substantially. Studies on adult resilience suggest the same is true for adults (Goleman, 2003). Unconditional love of one other person can reverse invisible wounds carried from childhood into adulthood. Consider this example of one teacher's power to heal a child's invisible wounds.

Lissa's Thank You Note to

Holly Elissa Bruno, M.A., J.D., is a member of the Wheelock College Adjunct Faculty and President, Bruno Duraturo Keynotes & Consulting, Sterling, Massachusetts. She teaches early childhood leadership courses for Wheelock College around the country. Former assistant attorney general for the state of Maine, she also served as dean of faculty and associate professor at the University of Maine-Augusta. Her articles have appeared in Child Care Information Exchange and Young Children. She is currently writing a textbook in early childhood leadership and administration.

To talk with the author about this article, email her at hollyelissab@comcast.net, or visit hollyelissabruno.com

Mr. Gonta

Sixth grader Lissa was an unusually mature child. Her homework was perfect. She dressed neatly and conservatively in hand-me-downs. Because she learned quickly, Lissa had already skipped a grade. She used humor to distract classmates when new situations spiked their anxiety. She tutored students when they fell behind. Nevertheless, Lissa's teacher, Michael Gonta, caught a hint of loneliness in Lissa's eye. He observed, for example, that Lissa stiffened when parent-teacher conferences were announced.

Signs of PTSD in children are often subtle.

Mr. Gonta began to give Lissa special tasks. He invited her to help him plan classroom activities. He sent her on errands to the principal. Lissa blossomed under his care and attention. Mr. Gonta selected Lissa for the advanced reading and writing group. When her paper on the United Nations was chosen as best out of all the 6th grade classes, Lissa was stunned. Mr. Gonta was not.

After a short 2 months as Lissa's teacher, Mr. Gonta was promoted to principal at another school. Lissa swallowed her tears. At home, Lissa heard: "If you want something to cry about, I'll give you something to cry about." Lissa confided to her journal that she would never forget Mr. Gonta.

Years later, Lissa is 40, a successful attorney, professor, and proud mother. She recalls with gratitude the people who helped her find her path. Mr. Gonta tops her list. For 61 precious days, Michael Gonta, with-



Subjects & Predicates

Adults may never know how deeply healing their love for a child can be. A gentle smile, warming cuddle, or soothing lullaby can uplift a child's life.

out knowing it, soothed Lissa's terror of going home to her unpredictable, mentally ill mother and violent father. As an adult, Lissa began her thank you note to Mr. Gonta: "You may not remember me, but I remember you well." She told him he was the first person in her young life to offer hope, safety, and a glimpse of her promising future.

Mr. Gonta immediately replied: "I retired last year. People said kind things at my retirement party. Nothing touched me as much as hearing from you, Lissa. Of course, I remember you. You were special even then."

Neglect and abuse steal childhood away. Until Lissa met Mr. Gonta, she had deferred any dreams for her own future. She felt her only purpose was to defuse her father's explosions, while caring for her ailing mother.

Children With Invisible Wounds

The statistics about children in the United States who, like Lissa, are exposed to neglect and abuse are daunting. According to the Center for the Study of Social Policy (CSSP, 2004), "Of the 825,000 substantiated cases of child abuse or neglect in the United States in 1999, 14% represented children under one year of age; 24% represented children from ages 2 through 5" (pp. 23-24). What a sad twist of trust for children to learn that the people they encounter are dangerous and untrustworthy. Invisible wounds inflicted by early childhood abuse can take a lifetime to heal. Some wounded people never fully heal.

Post-traumatic stress disorder (PTSD) is common among young children who have been exposed to emotionally violent acts. "Children may be more prone to nightmares

and fear of sleeping alone. Performance in school may suffer. Other changes in behavior patterns that may occur in a young child's behavior include throwing tantrums more frequently, or withdrawing and becoming more solitary" (American Psychological Association, 1998, p. 5).

Signs of PTSD in children are often subtle. Bradshaw (1996) warns teachers to pay attention to "perfect" children like Lissa, who strain for excellence to meet adults' needs. Children learn perfectionism early. A stressed child may rely on magical thinking: "If I can just please Father and avoid upsetting him, he won't beat me." Often, children carry magical thinking, the belief that they can "will" something to happen by concentrating hard enough, into adulthood. Abused adults are often needy children masquerading in mature bodies.

Children with PTSD often

exhibit the following behaviors: abnormal startle response, memory and concentration problems, feeling worse when reminded of the trauma, avoidance, and hyper-vigilance and hyper-arousal (Bremner, 2000). Here are some examples of behaviors that teachers of young children may observe:

- **Abnormal startle responses:** Children respond to unexpected noises or movements with an instantaneous, fearful, and magnified reaction.
- **Memory and concentration problems:** When asked a seemingly simple question, abused children may look like little adults, frowning in concentration, as if their lives depended on getting the answer right.
- **Feeling worse when reminded of the trauma:** Children who have been abused often tense in discomfort upon see

- ing an adult enter the room, such as when a relative comes to pick up the children.
- **Avoidance:** Neglected children, who fear revealing family secrets, may avoid situations where they could "slip" and reveal something they were told to never tell anyone. This reluctance can show up as resistance to try new things or even to play freely.
- **Hyper-vigilance and hyper-arousal:** Children with PTSD are always on the lookout for danger. They may fret and worry greatly about situations in which they have little or no control. Relaxing at nap time may not be easy for the hyper-vigilant young child.

Children with PTSD often exhibit these behaviors

- Abnormal startle responses
- Memory and concentration problems
- Feeling worse when reminded of the trauma
- Avoidance
- Hyper-vigilance and hyper-arousal

Peterson (2006) observes: "To be classified as PTSD, symptoms must be present for longer than one month and may include: re-experiencing the event through play, nightmares, flashbacks and frightening thoughts, routinely avoiding reminders of the event, and diminished interest or emotional numbness, increased sleep disturbances, irritability, poor concentration, and depression or regressive behavior" (p. 3).

Environmental disasters also can lead to PTSD. Children trauma-



Subjects & Predicates

Infant and toddler caregivers rely heavily on EQ. A teacher with EQ instantly senses a child's mood when the child arrives, simply by holding the child in her arms. Similarly, a teacher can "read" if the baby's dad had a difficult night. The slightest flicker of a parent's or child's eye can indicate paragraphs of information.

tized by New Orleans flooding, the twin towers crashing in New York City, or a neighborhood shooting are susceptible to developing PTSD. If family dynamics are concurrently violent, the child is at added risk.

Calming Effects of Emotional Intelligence (EQ)

Many generations have been tested for IQ (intelligence quotient). Virtually no one has been tested for EQ (emotional intelligence). What is EQ? It is the capacity to:

- know what motivates others and oneself;
- be realistic about one's own strengths and blind spots; and,
- experience, identify, and manage emotions productively.

Gardner's theory of multiple intelligences (1993), includes emotional and social development as two of the important intelligences. The idea of EQ is a new term for an age-old concept. Emotional intelligence is a common, natural practice for many. Someone who is called a "people person" is likely to practice EQ skills. Emotionally intelligent professionals call upon many resources (intuitive, spiritual, and social-emotional) to make decisions. With IQ, only a narrow band of intelligence is utilized. IQ calls upon the rational capacity to problem-solve by logically assessing facts. EQ is needed for at least as many of life's important decisions. "Indeed intellect cannot work its best without emotional intelligence" (Goleman, 1995, p. 28).

Infant and toddler caregiving professionals rely heavily on EQ in their everyday interactions with children and their families. A

teacher with EQ instantly senses a child's mood when the child arrives, simply by holding the child in her arms. Similarly, a teacher can "read" if the baby's dad had a difficult night. The slightest flicker of a parent's or child's eye can indicate paragraphs of information.

EQ unites the heart, intuition, and spirit with the intellect.

DiMasio (1994) demonstrated how incomplete people's interpersonal capabilities are if they rely solely on intellect. EQ unites the heart, intuition, and spirit with the intellect. Goleman (1995) captures the essence of DiMasio's findings with this observation: "People with academic intelligence can be stunningly poor pilots of their personal lives" (pp. 33-34). He also indicates that those "who are able to help others soothe their feelings have an

especially valued social commodity; they are souls others turn to when in greatest need" (p. 115). EQ provides the ability to find and convey meaning, joy, and connection at work and at home.

As mandated reporters, child care providers are required to pay close attention to indicators of abuse or neglect. If dangers are detected early enough, both child and parent can be offered the help they need before a deeper crisis occurs. An adult's disdainful glare and a child's tensed body are clues a child may be in danger. Caregivers, using EQ to assess potential dangers, can work with families and children to identify resources and connections to reduce family stress factors.

Lewis, Amini, and Lannon (2001) conclude: "The prevailing medical paradigm holds no capacity to incorporate the concept that a relationship is a physiologic process, as real and as potent as any pill or surgical procedure" (p. 81). They



Nancy P. Alexander

Seek to promote protective factors: positive traits, skills, strengths, and potential possessed by the family. Early childhood professionals emphasize and build upon these strengths, rather than focusing on the family's shortcomings.

stress that the emotions of those around people are catching: “Feelings are contagious, while notions are not” (p. 80). Just as Lissa “caught” Mr. Gonta’s optimism, an infant can catch a caregiver’s uplifting emotions while being soothed and comforted.

Promote Protective Factors

In 2004, the Center for the Study of Social Policy (CSSP) released its research findings on the question: “Which social institution could be most effective in preventing child abuse and neglect?” Of all systems and organizations surveyed, early childhood programs ranked highest. The resulting Strengthening Families Initiative concluded that the negative approach of labeling families “at risk” can deter healing.

Co-reporting indicates that the parent is willing to seek help.

Instead, the study findings encouraged providers to seek to promote protective factors. Protective factors are positive traits, skills, strengths, and potential possessed by the family. Early childhood professionals are urged to emphasize and build upon these strengths, rather than focusing on the family’s shortcomings. To enhance protective factors, professionals partner with families to:

1) offer and create safe, loving, inspiring environments for children; and,

2) provide resources, tools, and supportive adults to end isolation.

Early childhood professionals work to discover each family’s

strengths and potential for growth as they focus on early childhood protective factors. Isolated parents are more likely to abuse children than are those parents who are involved in supportive networks. Parents who connect meaningfully with other families and professionals can observe and internalize alternatives to abuse and neglect. The CSSP study optimistically noted that 70% of parents who were abused as children do not abuse their own children, especially when these protective factors are implemented.

Head Start’s family involvement practices are an excellent model for other early childhood programs. As parents are encouraged to engage in their children’s learning, the miracle of parental growth and development shines through. Mills (1999) documents success stories of Head Start parents who began as classroom volunteers and are now completing masters’ degrees. By looking for family strengths, especially across cultural differences, early childhood professionals build healing partnerships.

Effective Interventions

Considering the importance of healing relationships with children and families, what can professionals do to promote healthy families and prevent invisible wounding? These six steps are essential.

1. **Pay attention to even the subtlest of indicators** that a child is under undue stress. Look for hypervigilance and anxiety (see list of PTSD symptoms).

2. **Devote time to building honest, trusting relationships** with the child’s family. Encourage parents to talk about their joys and concerns

about parenting (see Compassionate Questions).

3. **Invite parents to play with and observe** their children in the classroom. Together, identify the child’s strengths and needs.

4. **Co-create a classroom parent support team and a parent advisory group.** Involve families in potlucks, school picnics, and as active, engaged participants in class activities.

5. **Offer speakers and workshops on topics requested by, and planned with, parents.** Provide transportation, refreshments, and child care for these events.

6. **Find ways for families to communicate and share resources directly with each other**, such as a virtual or on-line bulletin board.

Teachers’ loving relationships with a child and family can be critical to their long-term mental health. Even just one Compassionate Question can release a pressure cooker of stress.

Compassionate questions to ask stressed parents (adapted from CSSP, 2004, p. 25):

1. What are you having difficulty with as parents?
2. Can our staff help you deal with these challenges in any way?
3. Our program wants to be a welcoming place for families--where parents feel comfortable asking for help. What are some of your ideas on how we might do that?
4. We are particularly concerned when parents seem stressed, isolated, or overwhelmed. Do you have ideas about how we can reach out to parents at these times?
5. We want to make it easy for parents to build connections with each other. How can we do that?

Early interventions such as these

Case Studies for Discussion

Evangeline

Evangeline, at 9 months, startles easily. She shakes her head, twists, and turns away from any male who attempts to hold her. Evangeline clings to her mother, Emma, and cries when her mother drops her off. Emma, a single mom, holds down two jobs. On Fridays, Emma's grandfather picks up Emma. Emma kicks and screams when her grandfather, James, reaches out for her. Emma tells the primary caregiver that she has to depend on James, because she cannot afford a babysitter on the weekends. Emma avoids looking caregivers in the eye when she mentions James. What can teachers and program administrators do?

Jayden

Four-year-old Jayden is anxious to please his teachers. He constantly asks how he can help. Reluctant to take naps, Jayden keeps his eyes open, even when exhausted. When Jayden draws pictures of his family, he and his sisters appear as small as bugs. The family nanny picks Jayden up. When Jayden's teacher phones the family to invite them to talk, the nanny, Hilda, answers the phone. Hilda tells you the family is on a month's vacation at their second home in southern France. Hilda says she thought the call was because Jayden is such a troublemaker. What steps do teachers and program administrators take?

Xavier

Xavier's parents, Melissa and Stuart, are going through a difficult break-up. Both parents complain about the other parent's shortcomings. Melissa confides her fear that Stuart drinks too much. Stuart worries out loud that Melissa neglects Xavier, who is 5 years old. Stuart says Melissa rarely launders Xavier's clothing or bathes him. Xavier, once playful and energetic, is becoming sullen and withdrawn. Today, Xavier asks if he can go home with his teacher. He says he doesn't want to live with either of his parents any more. What does his teacher say and do?

can help dissipate the likelihood of trauma. However, if it appears that a child may be in danger, talk with the parent immediately to share the concern. As a mandated reporter, teachers may have the option of co-reporting with the parent. Co-reporting indicates that the parent is willing to seek help.

A caregiver's power to help a child avoid a life of despair, addiction, crime, or suicide is stunning. If a child or family appears to be painfully stressed, the use of EQ can have a healing effect. The most humble of gestures can make the largest difference. Soothe the child, while listening to the parent, in order to build a healing relationship

with the family. Teachers may never know the difference they have made. I know. Michael Gonta was my 6th grade teacher.

References

- Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). Patterns of attachment. Hillsdale, NJ: Erlbaum.
- American Psychological Association (APA). (1998). Just the facts: Managing traumatic stress: tips for recovering from disasters and other traumatic events. Retrieved on August 10, 2007, from apa.org/practice/traumaticstress.html
- Bradshaw, J. (1996). Bradshaw on the family. Deerfield, FL: Health Communications.
- Bremner, J.D. (2000). The invisible epidemic: Post-traumatic stress disorder, memory and the brain. Retrieved on

August 11, 2007 from Thedoctor-willseeyounow.com/article/behavior/ptsd_4

- Carlson, F.M. (2006). Essential touch: Meeting the needs of young children. Washington, DC: National Association for the Education of Young Children.
- Center for the Study of Social Policy (CSSP). (2004). Protecting children by strengthening families: A guidebook for early childhood programs. Washington, DC: Author.
- DiMasio, A. (1994). Descartes's error. New York: Putnam.
- Gardner, H. (1993). Frames of mind: The theory of multiple intelligences. New York: Basic Books.
- Goleman, D. (1995). Emotional intelligence: Why it can matter more than IQ. New York: Bantam.
- Goleman, D. (2003). Destructive emotions: How can we overcome them? New York: Bantam.
- Griffith, C.H., Wilson, J.F., Langer, S., & Haist, S.A. (2003, March). House staff nonverbal communication skills and standardized patient satisfaction. Journal of General Internal Medicine, 18(3): 170-174.
- Gutmann, B., & Hamilton, J. (1992). Trends in the well-being of America's

Web sites for further information

www.apa.org/practice/traumaticstress.html

Tips for recovering from traumatic events

www.fema.gov/kids/

Child-friendly site with classroom activities for teachers

www.nimh.nih.gov/healthinformation/ptsdmenu.cfm

Overview of PTSD including governmental publications

www.nmha.org/reassurance/children.cfm

Guidance for helping children deal with anxiety

www.giftfromwithin.org/html/cmpfatig.html

Help for teachers who may suffer from "compassion fatigue"

- children and youth 2001. Washington, DC: U.S. Department of Health and Human Services.
- Herman, J. (1992). Trauma and recovery. New York: Basic Books:
- Lewis, T., Amini, F., & Lannon, R. (2001). A general theory of love. New York: Random House.
- Mills, K. (1999). Something better for my children: How Head Start changed the lives of millions of children. New York: Plume.
- Peterson, R. (2006). Helping children cope with disasters. Family child care connections, 14(3), 3-4.
- Salovey, P. (2004). Emotional intelligence: Key readings in the Mayer and Salovey Model. Port Chester, NY: National Professional Resources.
- Shonkoff, J., & Phillips, D.A. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development. Washington, DC: National Academy Press.

Put These Ideas Into Practice!

Teachers May Never Know: Using Emotional Intelligence to Prevent and Counter Child Neglect and Abuse

Holly Elissa Bruno

Six ways early childhood educators can promote healthy families.

- Pay attention to even the subtlest of indicators that a child is under undue stress.
- Devote time to building honest, trusting relationships with the child's family.
- Invite parents to play with and observe their children in the classroom. Together, identify the child's strengths and needs.
- Co-create a classroom parent support team and a parent advisory group.
- Offer speakers and workshops on topics requested by, and planned with, parents.
- Find ways for families to communicate and share resources directly with each other.

Compassionate questions to ask stressed parents:

- What are you having difficulty with as parents?
- Can our staff help you deal with these challenges in any way?
- Our program wants to be a welcoming place for families—where parents feel comfortable asking for help. What are some of your ideas on how we might do that?
- We are particularly concerned when parents seem stressed, isolated, or overwhelmed. Do you have ideas about how we can reach out to parents at these times?
- We want to make it easy for parents to build connections with each other. How can we do that?

Discussion Guide for Case Studies

These are some tips on ways to use this article with groups of early childhood professionals. Advise anyone for whom this topic is difficult to contact the leader privately, in advance.

1. Remind participants that because this topic has the potential to raise strong feelings or memories, the discussion will focus on professional, not personal, experience. Ask participants to read the article.
2. Invite participants to respond to and comment on the key points listed above.

Questions to facilitate discussion include:

- What is your experience in working with families under stress?
 - In what situations have you felt successful?
 - When did you feel challenged?
 - What ideas from this article might be useful to you?
3. Break into three small groups, one for each case study. A group facilitator reads the case study aloud, makes sure every one has a chance to share, and listens for the key points of the discussion. As a group, consider these questions:
 - a. What behaviors does the child exhibit that are of concern to you? What strengths does the child have?
 - b. What information do you have about the child's family situation? What else do you need to learn?
 - c. What family strengths might you build upon to better partner with that child's family?
 - d. Which of the six ways to promote healthy families might you use? Why?
 - e. Which of the compassionate questions might be helpful to ask? Why?
 4. After 15 to 20 minutes, each group reports. Invite all participants to think about what they would do in the case presented.
 5. To promote application of the strategies, ask: "Looking back at your small group discussions, group reports, and the article, what are three practical points you can use when you return to you work?" Recap the key points, referring to comments made by the class.
 6. Remind participants that the leader is available to talk with any one individually.