Amanda is quiet today as she walks to the park with her class. But then suddenly she squeezes her teacher’s hand. “Miss Tracey,” Amanda says, “My daddy lives in that building over there.” “He does?” Miss Tracey responds. She is surprised because Amanda’s mother had said that the father lived in the same home as the child. Amanda nods and then adds, “I can’t see him now because he hurt Mommy.”

When a child shares something with you that is scary, disturbing, or complicated, it can be difficult to know what to say. A child may tell you something unusual about his/her home life, something that raises your concern about care or safety, or something that seems urgent to the child but is hard to understand. When this happens, remember that children share their thoughts, questions, and feelings because they trust you. Keeping this in mind can help you stay focused on the child.

What can you do or say?
In these situations you may not know what to do next and how to respond best to the child. When you feel challenged, try the following strategies:

Stay calm: If a child catches you off-guard by what he or she says, you may feel unprepared and perhaps also worried that you don’t have the “right answer” to share in response. As a caregiver, you may feel you need to respond with questions or further exploration. However, it is important to be mindful of the child’s needs and not push him/her too far. A child may not be ready to provide answers or tell the whole story. It is important to take a deep breath and try to stay calm. This will help you think more clearly and will also give the child the message that even if he or she is upset, you are under control.

Miss Tracey takes a deep breath to help her focus.

Consider your reaction and think about the message you want the child to receive: Take a brief moment to recognize your feelings about the information as you decide on a response. Be careful about making quick judgments about parents and the situation. Rather, ask yourself, “What does the child need right now?” Children are sensitive to what you say, how you say it, and what your body language tells them. Later, when you have more time, you can consider whether you need to follow-up and how to proceed. Here are some messages you might express to the child:

• I care about what is on your mind.
• It is a good idea to share your feelings and worries with a grownup who cares about you.
• The grownups at school are here to help make sure you are safe.
• The classroom is a safe place to share your questions, feelings, and worries.
Miss Tracey is shocked to hear what Amanda has said. She immediately worries that she has missed something that may have affected the child’s safety. Miss Tracey also knows that she wants Amanda to feel reassured about telling her this news.

Focus on the child and show her you are listening: Sometimes in these challenging moments it can be hard to stay focused. If you are thinking about what to say or do next while the child is still talking, you may miss important information. Listen to the child. Show him/her you are paying attention. You can do this through eye contact, body language, and by repeating what you believe the child said. This last strategy can help you check if the child said what you think you heard and gives the child the opportunity to elaborate.

Miss Tracey turns her body so she is facing Amanda. She nods to the child and then says, “Mommy got hurt?” Amanda looks very solemn and says, “Mmm hmm.”

Help the child feel safe: Depending on the child, the situation, and your style, there can be many ways to reassure children in these moments. It is common to remain focused on words alone, but touch and other physical gestures of affection can be just as important to a child. Remember that there is no one “right answer.” Sometimes a child asks or tells us something that we feel unable to respond to right away. Remember that it is alright to let the child know that you will think about what he/she has said and talk about it again later. In the end, your primary goal is to let the child know he or she was right to come to you and can do so again in the future.

The group has now arrived at the park. Miss Tracey sits on a bench and invites Amanda to join her. The child asks to sit on her lap. Miss Tracey smiles and tells her she may. Amanda lays her head on Miss Tracey’s shoulder. Miss Tracey says, “I’m sorry your mommy was hurt.” “I miss my daddy,” Amanda says quietly. Miss Tracey hugs the child. “Sometimes it’s hard to be away from people we care about. I’m glad you told me about it.” After ten minutes of quietly sitting, Amanda lifts her head up and tells Miss Tracey, “I’m gonna go play.” Miss Tracey smiles at her and says,” Have fun.”

Reflect on the experience and find support from others: Reflection is an essential element of quality childcare practice and can also provide an opportunity for self-care. Think about your conversation with the child (e.g. How did you feel? What was your response? What are the next steps? Who should be involved? Were you culturally sensitive to the child? Do you need to know more about the child’s culture or first language?) Support and feedback from colleagues are important for professional development.

Safety: If you are concerned about the child’s health or safety, follow your program’s policy and procedures on what to do when you are concerned about a child’s wellbeing. If you do not know your program’s procedures you should contact your supervisor or another administrator as soon as possible. If the child reveals the potential for harm to him/herself or a family member (e.g. substance abuse or domestic violence) a plan for protection should be put into place immediately.

Documentation: If the child has told you something that has concerned you, it is important to document the interaction. Treat information confidentially and seek out your supervisor.

Supervision and Self-care: Sometimes a child will ask us or tell us something that tests our emotional limits. Recognizing challenges and sharing with co-workers can help you sort through your reactions and manage your feelings. Discussing these moments with others, especially your supervisor, can help you learn from them and feel more prepared for the next time it happens. This is important for your health and well being as a provider. It will also give you the best tools to care for the child.
Miss Tracey goes to the program’s Educational Coordinator the same day and tells her about the conversation with Amanda. Miss Tracey shares her shock and worries over the child’s home life. They discuss how Amanda seems to be doing in general. The Educational Coordinator invites the family’s case manager to join the conversation. Between the three of them, they make a plan for the case manager to check in with the mother. The meeting ends with a scheduled follow-up meeting in two days in order for the team to discuss further efforts on behalf of this family.

In spite of the challenges you might encounter, your relationship with every child and family is valuable to their health and success. Remember that you are not alone in offering support, but instead are an important member of the Head Start team.

For more support on this topic please see the following Family Connections materials:

**Short Papers:**
- Fostering Resilience in Families Coping With Depression: Practical Ways Head Start Staff Can Help Families Build on Their Power to Cope
- Encouraging an Expressive Environment: Supportive Communication From the Inside Out

**Trainings:**
- Module Three: Supporting Social-Emotional Growth
  - Strategies for Talking to Children about Difficult Issues
  - Encouraging an Expressive Environment

**Additional Resources**

**Better Communication with Children: Responding to Challenging Subjects** was developed by the Family Connections Project at Children’s Hospital Boston, under the Innovation and Improvement Project grant from the Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services. Authors of *Better Communication with Children: Responding to Challenging Subjects* are Mary Watson Avery, William R. Beardslee, Catherine C. Ayoub, and Caroline L. Watts. © Copyright Children’s Hospital Boston 2008 All Rights Reserved.