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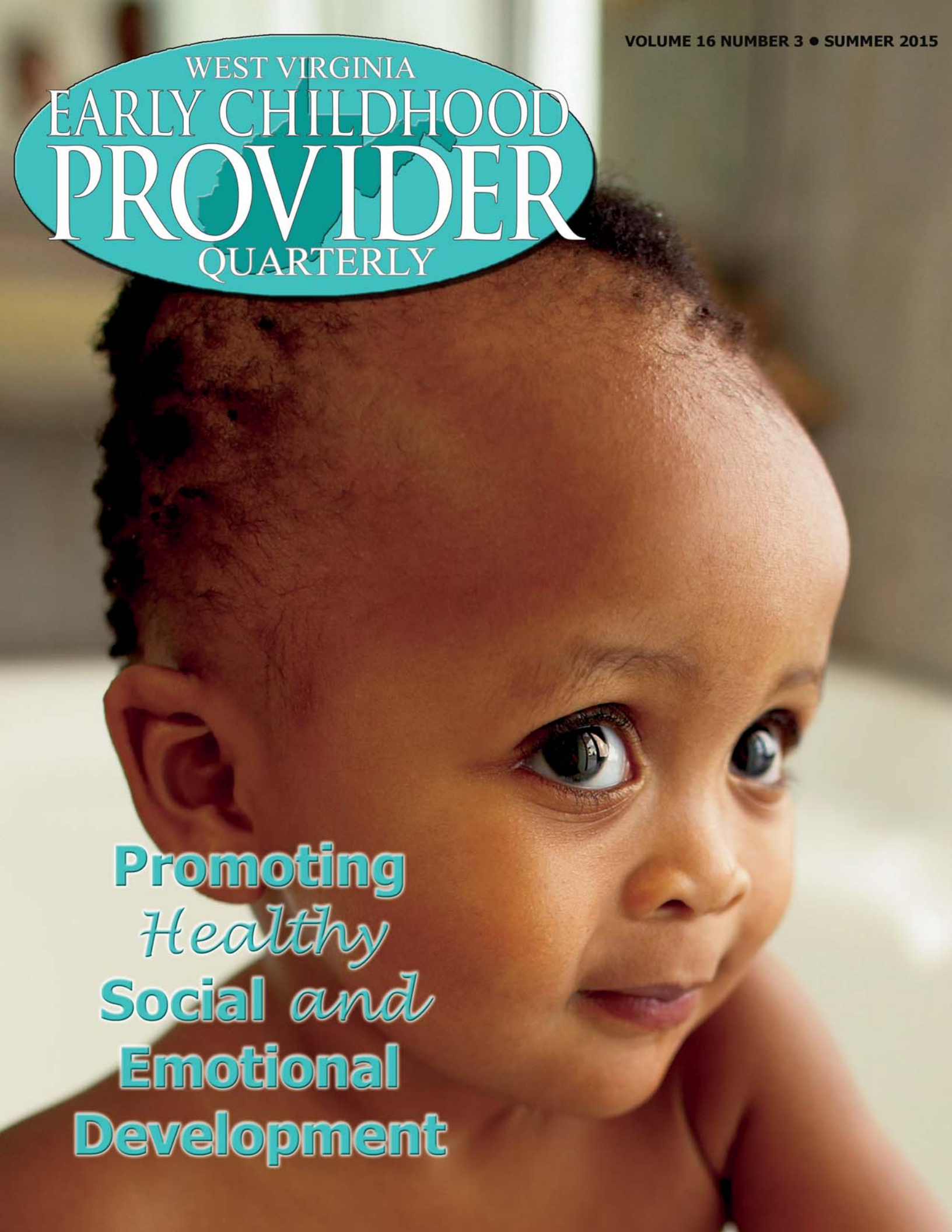

Promoting *Healthy* Social *and* Emotional Development

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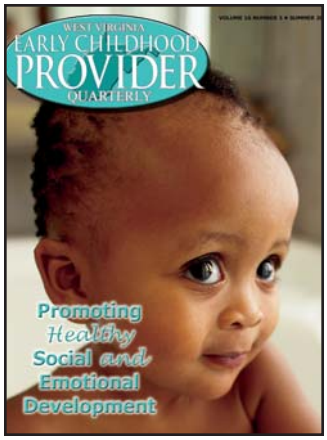

Positive Social Emotional Development Important for All Children

Submitted by Michelle Tveten Rollyson, West Virginia Infant/Toddler Mental Health Association

Social emotional development plays an important role in every child's life. Each child is born ready to form a strong bond with a primary caregiver, usually a parent. For babies, this is a critical element to survival. Most people realize that a baby depends on an adult to help facilitate every basic physical need—eating, sleeping, and staying clean and dry. Babies also depend on their primary caregiver for their emotional needs. By consistently responding to a baby's cry with a warm, soothing hug, and attention to the child's need, he or she will learn to trust and regulate emotions, which over time will lead to school readiness, positive social behavior, and lifelong nurturing relationships.

Infant Mental Health

Unlike the bone structure of a baby, the brain is not fully developed before birth. Further development of the brain occurs as a result of the stimulation and environmental input received after birth (Lessen-Firestone, J.). By learning to read a child's cues, meeting the child's emotional needs, and providing opportunities for the child to safely explore and learn about the world around him, you are promoting healthy social and emotional development.

Another term for social emotional development is infant mental health. These terms are synonymous. Infant mental health is recognized as the ability of a child, from birth to three, to "experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn" (ZERO TO THREE Policy Center, 2004). These nurturing and supportive relationships have far-reaching effects on infants and children. This is true for both children with disabilities and those who are typically developing (Dunlap, G. and Powell, D., 2010). Research provides tangible evidence that children who experience early healthy attachments will demonstrate resilience in handling challenging situations, sensitivity to others, self-direction, and problem solving skills (Parlakian, P. and Seibel, N.L, 2002).

The Developing Brain

New research and technological advances have given us better insight into the architecture of the brain. The brain of a child who has spent the first five years of life without much language, stimulation, or nurturing will look very different from a child who has been exposed to a rich vocabulary and had a chance to explore and play in the world around him. By the time the child enters kindergarten, the majority of his emotional and intellectual "wiring" has been finalized (Lessen-Firestone, J.).

There are four main components of the brain: brain stem, cerebellum, limbic system, and the cerebrum. Each controlling specific functions.

The brain stem is the first part of the brain to become active. It controls functions of the body that are critical to survival…the automatic functions of the body such as breathing, heart beats, and digestion.

The cerebellum is associated with movement and mental focus—posture, balance, coordination, and speech; along with attention to task and mental imagery. When children aren't able to move regularly, the function of mental focus will weaken.

The limbic system of the brain is the emotional center, controlling how we respond to the world around us and how we create and recall memories. It works differently than other areas of the brain in "that it secretes substances into the bloodstream which affect how we feel and act" (Lessen-Firestone, J.). These substances control our hunger, response to different types of stress, pleasure, fear, and our fight/flight response.

The last area is the cerebrum. It is the highest part of the brain and coordinates thought processes—perceptions, imagination, thought, judgment, problem solving, personality, intelligence, and the processing of auditory and visual information. This is also where abstract thinking occurs. Abstract thinking does not begin to develop until the child is around eight or nine years old. This explains why young children have a better understanding of things that they can touch and see.

All of these parts of the brain develop during the first few years of life. If the child is experiencing a nurturing and responsive relationship with adults, the child will be resilient, curious, and persistent in learning about the world. If not, the results will be felt for a lifetime. "When young children are stressed, fearful, or insecure, the limbic or emotional area of the brain actually prevents learning from occurring and memory from being accessed. Unable to access the higher level of the brain, children must revert back to the basic survival or flight or fight area to cope" (Lessen-Firestone, J.).

Types of Stress

There are three types of stress to consider when determining the affects on brain development. The "extent to which stressful events have lasting adverse effects is determined more by the individual's response to the stress, based in part on past experiences and the availability of a supportive adult, than by the nature of the stressor itself" (National Scientific Council on the Developing Child, 2005).

Toxic stress is chronic stress that the child experiences frequently with little or no sustaining support from an adult. The child usually has no control over the events that cause the toxic stress. Examples of this include a child that is living with a parent affected by substance abuse, domestic violence, or poverty. With this type of stress, it is not necessarily the event itself but how the parent manages and responds to the child's needs that creates or exacerbates the toxicity (National Scientific Council on the Developing Child, 2005).

Tolerable stress is stress that usually occurs intermittently that allows the brain to "recharge" in between the stress events. Another marker of tolerable stress is the presence of a supportive adult that can help the child cope and manage the stress. Examples of tolerable stress include the death of a loved one or divorce (National Scientific Council on the Developing Child, 2005). However, if the child is not receiving the support and direction needed from a nurturing, caring adult, tolerable stress can become toxic stress.

Positive stress is a normal part of life. This is a brief burst of stress that can be easily managed, and learning to adjust can be beneficial to healthy development (National Scientific Council on the Developing Child, 2005). Examples of positive stress may include having a new baby, getting a new job or promotion, going on vacation or, for a child, the simple anticipation of waiting for something exciting to happen.

Building Resiliency

Resiliency is the ability to withstand challenges and overcome stress. Parents can help to build their child's resilience through building nurturing relationships with their child, teaching self-care, and maintaining stable environments. Parents of children with disabilities may experience more stress due to greater restrictions, concern over medical issues, and financial concerns; however, all children still benefit from the supportive and positive relationships developed between the parent and child (Heiman, T., 2002).

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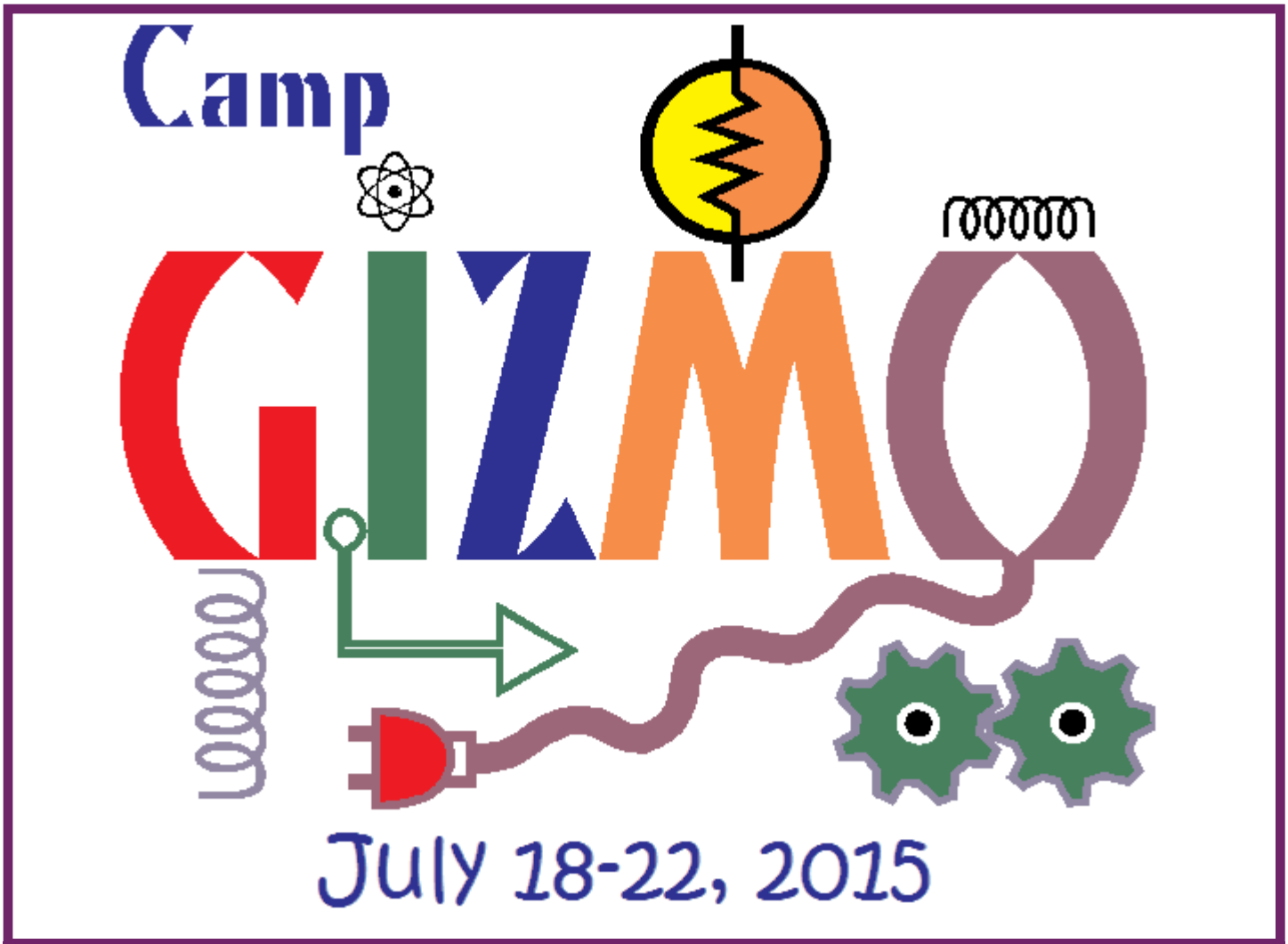

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A five day, hands-on camp where parents, professionals, and students learn how assistive technology can help young children (birth-8 years) with significant and multiple developmental needs.

When & Where is Camp Gizmo?
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Families, professionals, college students, and others who want to learn more about assistive technology. A limited number of "focus" children will be accepted and assigned a team of professionals who help families identify and apply new strategies for solving their multiple assistive technology needs. (Preference will be given to children who have not previously attended camp.) Professionals and other caregivers involved with these children are encouraged to attend the camp. Labs and workshops will be available to camp participants daily. Parents attend workshops on subjects that will help them better meet the needs of their child. Professionals and students attend workshops of interest that meet professional/educational needs or assist the "focus" family. Teams will meet daily to observe, discuss, and implement strategies for the "focus" child.

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Reflective Supervision: A Key Component of Professional Relationships

Submitted by Michelle Comer, Senior Program Coordinator, HFA State Leader, Mountain State Healthy Families

Reflective supervision is defined as "the process of examining, with someone else, the thoughts, feelings, actions, and reactions evoked in the course of working closely with young children and their families" (Eggbeer, Mann, & Seibel, 2007). The core components of this style of supervision include meeting on a regular basis, reflection between the supervisor and supervisee, and collaboration between the two with the goal of examining how the "self" influences and is influenced by the work (Eggbeer et al., 2007). The relationship between the supervisor and supervisee is crucial to the success of reflective supervision. Within that relationship, strengths and opportunities are identified and explored that are the foundation of improving individual and program quality (Shahmoon-Shanok, 2009).

Reflective supervision was and continues to be developed within the field of infant mental health. Within the past century, we have learned that relationships are critical in the development of infants and toddlers. In the same way, relationships play an integral role in the development of individuals working with babies and their families. This connection has been termed a "parallel process" and assumes that changes in the relationship between caregiver and child affect the relationship between the practitioner and family, as well as that between the practitioner and supervisor (Schafer, 2007).

With this model, the supervisory relationship is a safe place for the supervisee to disclose vulnerabilities without judgment or consequence. Instead, their feelings and experiences are explored and discussed in an environment of trust. The supervisor provides feedback and support based on the supervisee's concerns and strengths, thereby increasing professional and organizational capacity (Eggbeer et al., 2007; Shahmoon-Shanok, 2009). The supervisor also helps the supervisee learn more about the group she is serving (i.e. development of infants and young children) and available resources or interventions. Throughout the process of reflective supervision, there should also be opportunities to develop critical thinking skills (Heffron & Murch, 2012). At all times, the supervisory environment should evoke calmness, allowing the supervisee to freely express emotions while the supervisor serves as a "container" for those emotions (Heffron & Murch, 2012). One study found that supervisees within reflective supervisory relationships "felt that their services to families improved through increased awareness, support, and stress reduction" they received as part of the process (Watson & Gatti, 2012).

Developing a Reflective Supervisory Relationship

Organizational Climate

To successfully implement and maintain practices of reflective supervision, there must be open communication within the organization. Without that level of connection between individuals, it is impossible to form the deeper bond required for reflective supervision. In addition to communication, members of the organization should have a common commitment to their purpose as a group (Heller, 2009).

Relationships are critical to the implementation and success of reflective supervision. The organization must value relationships and recognize their centrality to the work. Bertacchi describes this through the term "relationship-based organizations" (1996). Relationship-based organizations are characterized by a "mutuality of shared goals, a commitment to evolving growth and change, a commitment to reflecting on one's work, respect for individuals, sensitivity to context, open communication, and standards for staff" (Bertacchi, 1996). By embracing these concepts and making them the foundation of everything the organization does, employees will experience positive growth and change, which will positively impact the families they serve.

Individual Relationships

To develop an effective relationship with supervisees, supervisors should find ways to convey to them the messages of safety, consistency, dependability, respect, confidentiality, and honesty within their interactions (Weatherston & Barron, 2009). The supervisor is responsible for creating a routine by meeting with the supervisee at a regular time in a place that allows her to focus completely on the supervisee and not be interrupted or distracted (Weatherston & Barron, 2009). The routine and focused attention establish a relationship of trust by communicating its importance.

The supervisor and supervisee bring all their past experiences and current paradigms to the relationship. To fully participate in the process and make reflective supervision a success, the supervisee should approach it with an open mind and willingness to discuss the various aspects of her work. She should also be open to feedback from the supervisor and to making connections between her own experience and those of the children and families she serves (Weatherston & Barron, 2009). If the supervisor responds in a nonjudgmental way, is open to experiencing all that the session evokes in herself and the supervisee, listens actively, and responds with compassion, she is exhibiting "four core elements of reflective supervision: curiosity, thinking/feeling, compassion, and shared attention" (Weatherston & Barron, 2009).

Structure of Reflective Supervision Meetings

Individual Meetings

Every supervision session is different, based on the conversation and issues brought

up during the time together. Regardless of the content, reflective supervision sessions typically include eight distinct phases. The phases are identified as "preparation, greeting/reconnecting, opening the dialogue/finding the agenda, telling the story/focusing on the details, understanding perspectives/generating hypotheses, considering next steps, closing, and post-supervision reflection" (Atchley, Hall, Martinez, & Gilkerson, 2009). The phases provide a cadence to the sessions and a predictability that contributes to the supervisory relationship.

The preparation phase is a time for the supervisor to review notes from the last meeting and prepare possible questions based on follow-up plans or other activities. It is important for the supervisor to take necessary steps during this phase to make sure the session will not be interrupted so she can focus on the supervisee. During the greeting/reconnecting phase, both the supervisor and supervisee make a personal connection through conversations about each other's day, the weekend, children, etc. This is a time of transition for the supervisee so she can prepare for the work of supervision and should always be included. The next phase is an opportunity for the supervisee to indicate what she would most like to discuss during the session.

Although the supervisor may have particular things to cover, allowing the supervisee to "find the agenda" conveys the message that the session is focused on her needs. As the supervisee shares information with the supervisor, the pair works through the next two phases of supervision: telling the story and understanding perspectives. This is a time for the supervisor to actively listen to the supervisee and begin collaborating to understand what is happening and what impact it may have. When there is a mutual agreement about the situation, the session moves on to the "considering next steps" phase where the supervisor and supervisee once again collaborate and determine what to do next. The session ends with a plan and the commitment to implement it. After supervision has ended, it is important for the supervisor to spend some time considering how it went and what might need tweaked for future interactions (Atchley et al., 2009).

Group Meetings

There are times when organizations choose to use group reflective supervision either as a supplement to individual sessions or as the main source of reflective supervision. During group meetings, the supervisor is responsible for facilitating the conversation and managing conflicts that may arise (Heffron & Murch, 2010). Group reflective supervision includes specific actions, but the phases and content vary based on the decided purpose of the group. The first task in implementing group supervision is to determine that purpose and to advocate for the time for all members to participate. This is usually done in collaboration with the agency or program's leadership team. As supervisees come in to the group or leave, the supervisor must provide a time of

discussion about the dynamics of the group and how it will adapt to change. An important task for the group is the determination of any guidelines they want to incorporate so their time together is productive and respectful. During each session, it is the responsibility of the supervisor to make sure the guidelines are kept and that interactions are appropriate. Group reflective supervision sessions can have a defined topic each time, can be an opportunity for training, and can be a time to discuss administrative issues so they don't congest the individual supervision sessions (Heffron & Murch, 2010).

Reflective Strategies

Although reflective supervision is a fluid process that adapts and changes based on the situation, there are specific skills and strategies that should be developed and utilized. Some examples include "attunement, slowing down, containment, sorting/selecting, perspective taking, gentle inquiry, professional use of self, negative capability, and raising concerns/addressing differences of opinion" (Heffron & Murch, 2012). Supervisors must pay attention to the nonverbal cues of the supervisee and the messages that are not expressed verbally. This can be difficult at times, especially in a new relationship when the supervisor and supervisee are getting to know each other. The process of slowing down and containing the emotions brought up by the supervisee is critical to the supervisee's processes of growth and change. The supervisor sets the tone and manages the pace of the interaction to make space for self-assessment and growth. An important part of setting the pace is the notion of "negative capability," which is simply the supervisor's ability to let the conversation unfold while resisting the urge to jump in and offer solutions. Although it can be difficult, this strategy is incredibly useful in gathering more information about the situation and the supervisee's experience, as well as any issues with performance or professionalism (Heffron & Murch, 2012).

Some specific strategies that can be helpful in reflective supervision include "wondering curiosity, feel/felt/found, and normalizing" (K. Whitaker, personal communication, 2010). Wondering curiosity is simply phrasing questions through the use of, "I wonder…" or "I'm curious about…" By using this phrasing, the interaction is more collaborative and the supervisee is less likely to feel blame or get defensive. When the supervisor wishes to introduce a solution, it may be helpful to use "feel/felt/found." This strategy is used by saying something like, "I understand why you would feel that way. I know other home visitors have certainly felt like that in similar situations. I've found it's helpful to [action]. Would that work for you?" At that point, the supervisee can consider the option and either agree to try it or come up with an alternate response. Normalizing is another great tool to help supervisees feel heard and like they are not alone in their reaction to a particular situation. It is incredibly important to say something like, "I think that's a perfectly normal response to what you saw"

when a supervisee has disclosed a vulnerability or shared an experience that may have elicited a negative response (K. Whitaker, personal communication, 2010).

Open-ended questions that sometimes include the observation or conclusion of the supervisor are also useful in reflective supervision. Some examples include, "How are things going?" "Has working with this family always been like this?" "So you feel like you're supposed to meet everyone's needs?" "What do you think about that?" "So you're wondering what is different about things now?" "And he's feeling hopeless, just like his mom and you…" (Gatti, Watson, & Siegle, 2011). Questions like these can deepen the conversation between the supervisor and supervisee, allowing them to more fully understand each other while their relationship is strengthened and nurtured.

Challenges

Supervisor Roles

Often, supervisors are placed in their position because of positive performance as a non-supervisory professional. Because of this, they may not have the training or the time to develop skills in reflective supervision (Eggbeer et al., 2007). Being promoted to a supervisor after working alongside other service providers is a special challenge, especially if the supervisor is now in the role of supervising former peers (Weatherston & Barron, 2009).

Another challenge is the multiple roles the supervisor is expected to assume in her position. Typically, there is one supervisor who is responsible for administrative, clinical, and reflective supervision. The Michigan Association of Infant Mental Health (MI-AIMH) states that "reflective supervision/consultation often includes administrative elements and is always clinical, while administrative and clinical supervision are not always reflective" (2014). Administrative supervision includes hiring, training, and evaluating employees, managing paperwork, writing reports, and monitoring adherence to program standards. Clinical supervision is centered around the work done with the family, but is not inclusive of the impact of the practitioner on the work or vice versa. Clinical supervision responsibilities include reviewing casework, discussing interventions, evaluating clinical progress, and giving guidance to the practitioner (MI-AIMH, 2014). These multiple roles and challenging organizational dynamics are often coupled with limited time and resources, which add to the difficulties in implementing and sustaining effective reflective supervisory practices.

Managing Change

Change is inevitable in any organization, but is perhaps a bit more commonplace in this setting because of unpredictable funding sources and high staff turnover. Reflective supervision works best when supervisees feel safe and know their concerns

will be heard. Ultimately, it is the responsibility of the supervisor to make that happen. It is a complicated charge, especially when individual and group supervisions are utilized. In the group sessions, the supervisor has to stay attuned to the dynamics of the group while also considering individual experiences. It is important for the supervisor to also recognize her own responses to avoid "being judgmental, critical, dismissive, directive, or seeming to have favorites" (Heffron & Murch, 2010).

Repairing Relationships

All relationships experience challenges and the supervisory relationship is certainly not exempt. In a reflective supervisory relationship, the core tenets are trust and safety. When that is compromised, it is the responsibility of the supervisor to repair the relationship. Different strategies are necessary depending on the nature of the breakdown in the relationship. Keyes, Cavanaugh, and Heller suggest there are guiding principles for repairing a relationship, regardless of the specific circumstances. These principles include "allowing time for repair, being genuine and authentic, reflecting with someone else, respecting yourself, respecting the other, looking for positives, discovering points of realization about the other, acknowledging your part in the issue, and considering apologizing" (2009). While being guided by these principles, the supervisor should openly discuss the change in the relationship with the supervisee and identify specific actions to take with the goal of mending the relationship. It is important that the supervisor models professionalism and maturity for the supervisee as part of the parallel process (Keyes, Cavanaugh, & Heller, 2009).

Conclusion

Participation in reflective supervision sessions allows practitioners to separate their feelings from their work and objectively examine the interplay of their "self" and their work. This level and type of support has a positive impact on job satisfaction and burnout, which affects rates of staff turnover (Pavkov, Tomlin, & Weatherston, 2014). At this point, there is not a broad evidence base for the practice of reflective supervision. There are several publications and a few studies supporting its use and programs are embracing it, perhaps because of personal experience or anecdotal evidence of its effectiveness (Eggbeer, Shahmoon-Shanok, & Clark, 2010). A study that examined this style of supervision for therapists concluded that, "this model of supervision seems very appropriate, challenging, and enriching for all involved" (Prest, Darden, & Keller, 1990). There is certainly a need for research to be done to fully illustrate the effects individuals and programs can expect through the utilization of this relationship-based approach.

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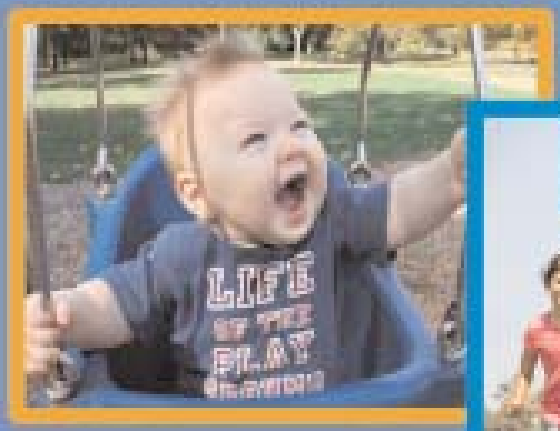

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Promoting Children's Healthy Social and Emotional Development

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One of the main goals of early childhood centers is to promote healthy social and emotional development in children. Research has shown, and early childhood educators universally understand, that children's social and emotional skills are vital for school readiness and are key building blocks for cognitive development and knowledge acquisition at very young ages. What is less obvious is that promoting children's social and emotional development contributes to reducing child abuse and neglect.

The insight that a standard curriculum that supports healthy social and emotional development in children could contribute to reducing child abuse and neglect came out of discussions with parents whose children attended the exemplary early childhood centers listed in the full report (www.cssp.org). Consistently, when asked, "How did participating in this early childhood program impact your parenting?" parents talked about how what happened to their children in the classroom changed the way they interacted with their children. Specifically, several centers used the I Can Problem Solve and Second Step violence prevention programs, which help young children learn to identify their emotions. Children then come home and, in

response to parental behavior, say things like, "Mommy, that makes me feel bad." This kind of simple statement can change the way parents see their children--as separate human beings, with feelings that need to be acknowledged and respected.

This understanding is especially important with children who display challenging behaviors. Research indicates that these children are at increased risk of child abuse and neglect. According to the National Association for the Education of Young Children and Head Start, the number of young children displaying serious behavioral issues has markedly increased in recent years, challenging classroom teachers and early childhood programs in unprecedented ways. Parents and early childhood centers are seeing more children who are impacted by trauma and who are afflicted with biochemical imbalances; strategies for helping these children should extend beyond those techniques for dealing with ordinary temper tantrums. Regardless of the causes of children's acting out, quality early childhood centers present an opportunity for parents, teachers, and mental health consultants to work together to resolve children's behavioral issues. As a result, parents feel supported and learn constructive ways to address their children's issues, expand their range of parenting skills, and adopt alternative disciplinary techniques to spanking and yelling.

Ways that programs promote children's healthy social and emotional development include:

- Providing many opportunities for children to understand and appreciate differences
- Utilizing violence prevention curricula, such as I Can Problem Solve or Second Step in the classroom
- Using (and modeling for parents) non-violent ways of disciplining children
- Employing mental health consultants and/or play therapists to team with parents and teachers to help children with challenging behaviors
- Offering opportunities for parents to observe teachers interacting with their children through one-way mirrors or glass panels and time for parents to practice strategies the teachers have modeled
- Maintaining rules and standards for interactions between people (including parents and children) in the context of the early childhood center
- Offering children multiple avenues to express themselves such as participating in theater, music, and visual arts activities
- Modeling good conflict-resolution processes within the center
- Building communication skills between parents and children across a range of issues, including: emotions, challenging behavior, and resolving differences
- Training teachers in developing good emotional skills (in themselves and in children)
- Sticking with the children in the program and their families and not expelling children with behavioral issues

How does promoting children's healthy social and emotional development help prevent child abuse and neglect?

It teaches children how to express themselves and advocate for their feelings and needs. In many cases, children's ability to make their needs known and express their feelings has a direct impact on how parents treat them. As children's social and emotional skills improve, parents' range of responses is also enhanced.

It enhances relationships between parents and their children. The ways in which programs work with parents and staff to address children's challenging behavior, to maintain non-violent norms for interacting, and to develop parents' ability to nurture their children's social and emotional development often result in improvements in communication between parents

and children. Improved communication strengthens both parents' understanding of and love for their children and their relationships with them.

It strengthens parenting. When parents feel supported by staff and assisted in resolving difficult behavioral issues with their children, they are better able to manage the stress of parenting and simultaneously interact more constructively with their children. Parents learn and practice alternative methods for disciplining their children and broaden their range of possible responses to the behavior.

Challenges for practice

Intentionality and integration: Quality early childhood centers encourage children's healthy social and emotional development as a core part of what they do in the classroom. The challenge for centers is to recognize and capitalize on how what they do in the classroom can influence what happens at home. This involves being intentional about integrating how programs work with children and their parents as well as connecting their family support activities with other program components and strategies.

Staff training and support: Some of the attitudes, behaviors, and skills necessary for encouraging healthy social and emotional development in children do not necessarily come naturally to teachers. Quality early childhood programs should invest in staff training and ongoing staff development to educate and support teachers in dealing with difficult behavioral issues as well as promoting healthy development.

Cultural responsiveness to parenting issues: Different cultures have different histories, traditions, and mores regarding parenting and discipline. Being respectful of cultural traditions and values, while encouraging involvement of all families in building the norms of the center--particularly around conflict resolution, communication, and disciplinary techniques--often requires a delicate touch. When staff members are both part of the cultures served by the program and committed to the social and emotional philosophy and practices of the center, they can be effective interpreters, bridges, and liaisons to parents. They help build trust between parents and staff and broad ownership of the center's behavioral standards.

Fostering parental resilience: Parental psychology plays an important role in parenting behavior, and one of the protective factors for preventing child abuse and neglect is parent resilience. Programs have found that in order for parents to nurture their children's social and emotional development, they must, in many cases, build their own competency in this area. By valuing and supporting parents who may have experienced abuse or neglect themselves, or who have limited social, emotional, or communications skills for other reasons, programs model and reinforce the behavior that helps parents help their children.

Additional Resources

Committee for Children/Second Step Violence Prevention Curriculum:
Committee for Children, a non-profit organization, is a leader in social and emotional learning and violence prevention. It produces curricula, such as Second Step Violence Prevention Curriculum that teach empathy, impulse control, problem solving, and anger management.
http://www.cfchildren.org

The Emotional Development of Young Children: Building an Emotion-Centered Curriculum, second edition by Marilou Hyson (New York: Teachers College Press, 2003).

I Can Problem Solve Curriculum:
This curriculum helps children learn to resolve interpersonal problems by teaching them the problem-solving skills of appreciating the perspective of others, recognizing people's potential motivations for behavior, having sensitivity to interpersonal problems and their causes, and learning listening and awareness. Information about the curriculum is available on the Substance Abuse and Mental Health Services Administration website.
http://modelprograms.samhsa.gov/promising.cfm?pkProgramID-101

CDA Assessment Fee Scholarship

For Teachers and Assistants

T.E.A.C.H. Early Childhood®
WEST VIRGINIA
A Project of River Valley Child Development Services

T.E.A.C.H. WEST VIRGINIA

611 7th Ave
Suite 322
Huntington, WV 25701

Phone: 304-529-7603
Fax: 304-529-2535
Email: teachwv@rvcds.org

www.wvearlychildhood.org

T.E.A.C.H. Benefits

- **Provides funding of $375 for the CDA Assessment Fee**
- **Provides a $100 completion bonus upon receipt of the CDA certificate**
- **Provides a choice for the recipient or the sponsoring program to fund the remaining $50.**
- **Option for sponsoring program to choose a six month or one year commitment from the recipient. (For T.E.A.C.H. contract purposes only.)**

Eligibility requirements apply.

Introducing the...

West Virginia Infant/Toddler Mental Health Association

Supporting the social and emotional well-being of children

In recognition of the critical nature of relationships during the infant/toddler years and the increasing need for family support during this time, the West Virginia Infant/Toddler Mental Health Association has been formed. The focus of the Association is to build and support the development of professionals and families to enhance the social emotional wellness of all West Virginia children.

Research has demonstrated that children who live in poverty or have adverse family circumstances enter school behind their same age peers in academic, language, behavioral, and social skills. Through nurturing and responsive care giving and teaching practices, children can thrive in spite of poverty, isolation, or family circumstances.

The West Virginia Infant/Toddler Mental Health Association will work to:

- Unify the systems that work with children and families
- Encourage collaboration across projects and disciplines
- Build upon West Virginia's strong history of early childhood collaboration
- Continue to advance the importance of social emotional development for all children and families
- Build capacity for more awareness and training across disciplines.

Part of this work will be conducted through a nationally recognized set of Early Childhood Mental Health Competencies. Those working with and for children will use a shared framework, which focuses on relationship practices and gives a platform to address resiliency for all children. As part of the competencies, professionals can seek the Infant Mental Health Endorsement which guides professional growth and recognizes the development of professionals who work with or on behalf of infants, toddlers, and families.

Endorsement provides professionals with the platform to examine their infant mental health learning and work experiences, creating an organized system of culturally-sensitive, relationship-based professionals.

The Endorsement system has been approved by ZERO TO THREE, is nationally recognized, and is honored in 19 other states.

A key component of the Endorsement is reflective supervision, during which attention is given to all the relationships--practitioner and supervisor, practitioner and parent, and parent and infant/toddler with an understanding that each of these relationships affects the others. The process of reflective supervision is distinctly different than administrative supervision due to the shared exploration.

If you are interested in joining the West Virginia Infant/Toddler Mental Health Association, using the Early Childhood Mental Health Competencies as a guideline for best practices with all children, and/or seeking the Infant Mental Health Endorsement, please visit www.nurturingwvbabies.org or email rollyson1@frontier.com.

Do you know a child who is not

*moving *hearing *seeing * learning or *talking like others their age?

By **3** months,
Does your baby…
- grasp rattle or finger?
- hold up his/her head well?
- make cooing sounds?
- smile when talked to?

By **6** months,
Does your baby…
- play with own hands/feet?
- roll over?
- turn his/her head towards sound?
- holds head up/looks around without support?

By **9** months,
Does your baby…
- sit alone or with minimal support?
- pick up small objects with thumb and fingers?
- move toy from hand to hand?

By **12** months,
Does your baby…
- wave goodbye?
- play with toys in different ways?
- feed self with finger foods?
- begin to pull up and stand?
- begin to take steps?

By **18** months,
Does your baby…
- cling to caretaker in new situations?
- try to talk and repeat words?
- walk without support?

By **24** months,
Does your baby...
- point to body parts?
- walk, run, climb without help?
- get along with other children?
- use 2 or 3 word sentences?

If you are concerned about your child's development, get help early.

Every child deserves a great start.

WV Birth to Three supports families to help their children grow and learn.

To learn more about the WV Birth to Three services in your area, please call:

1-866-321-4728

Or visit www.wvdhhr.org/birth23

West Virginia Birth to Three Growing Together

WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.

First Lady Joanne Jaeger Tomblin Receives Award for Work with Infant Safe Sleep Campaign

First Lady Joanne Jaeger Tomblin was presented with the Service to Children Award at the TEAM for West Virginia Children's 9th annual fundraising dinner. The award was presented to the First Lady in recognition of her work on behalf of children around the state, including her work with Our Babies: Safe and Sound.

"First Lady Joanne Jaeger Tomblin has been a passionate advocate for promoting education and leadership throughout the state," said Laurie McKeown, executive director of TEAM for West Virginia Children. "She understands that every adult can play an important role in the healthy growth and development of a child. By providing love, care, learning opportunities, and constant guidance to all children--children can become productive members of our community. We are particularly excited to have the First Lady join our efforts to promote infant safe sleep as three to four West Virginia infants are dying each month from unsafe sleep practices."

Our Babies: Safe and Sound is an educational campaign that provides parents and other caregivers of infants under the age of one, as well as expectant parents and professionals, with information and tips on ways to keep babies safe while sleeping, and how to keep your cool when babies cry. The overall goal of the campaign is to help prevent West Virginia infants from injury and death.

Campaign materials are based upon the latest state and national research findings, and are intended to be used by parents and other caregivers, community partners, and the general public. The themes of the campaign are Say YES to Safe Sleep and Keep Your Cool.

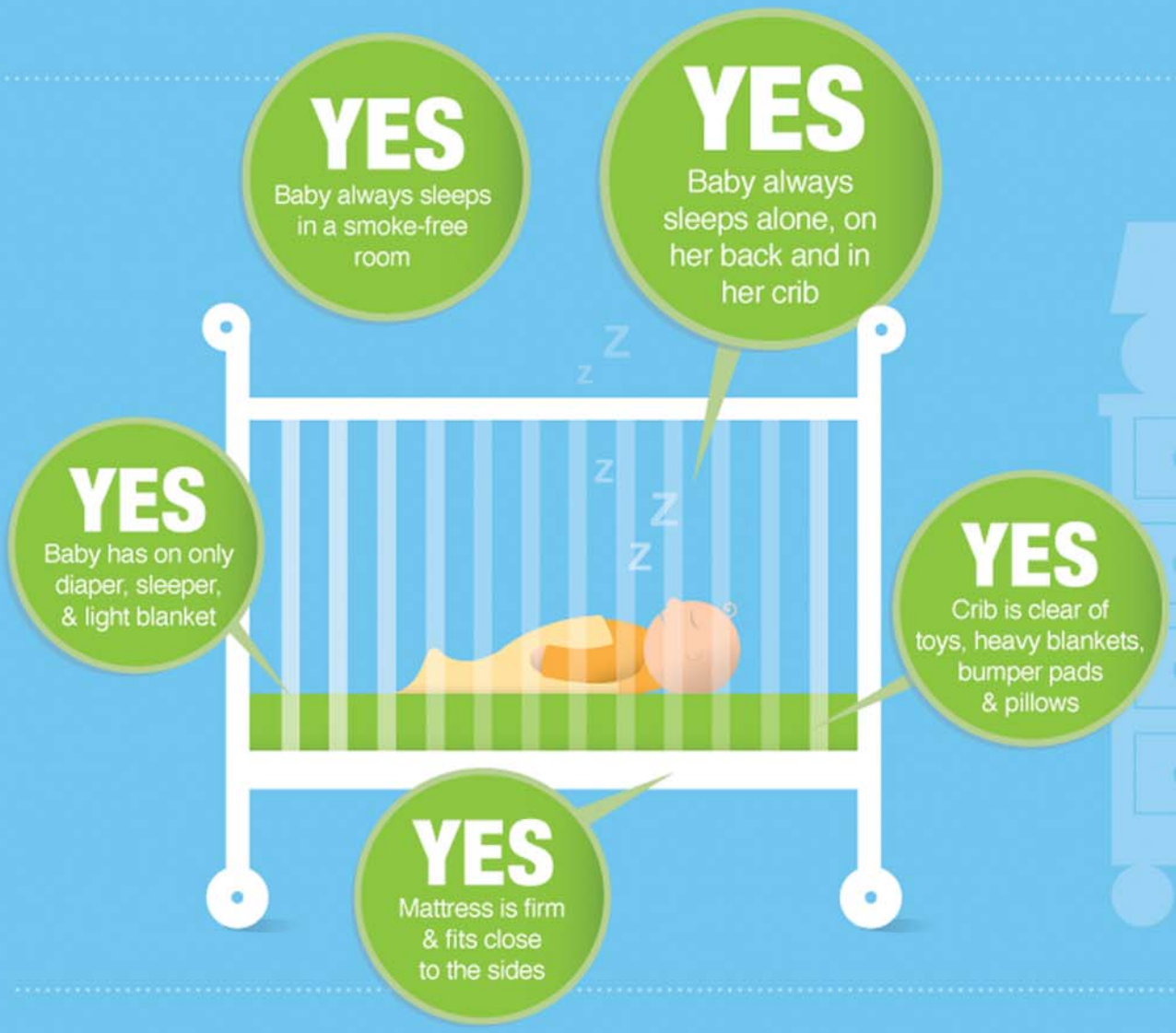
First Lady Tomblin became interested in the Our Babies: Safe and Sound initiative a few years ago and has worked to promote the messages of infant safe sleep, including: baby always sleeps alone on his or her back; baby's mattress is firm and fits close to the sides; crib is clear of toys, heavy or loose blankets, bumper pads and pillows; and baby always sleeps in a smoke-free room.

First Lady Tomblin has visited with new parents in the hospital, written letters to families, and lent her support to reducing and preventing unintentional infant injury and death related to unsafe infant sleep environments.

For more information on Our Babies: Safe and Sound or to order materials, please visit www.safeandsoundbabies.com.

Safe Sleep is Simple

The ONLY place a baby should sleep is in a crib or bassinet



Say YES to Safe Sleep

Babies who sleep in an adult bed are 40 times more likely to die from accidental suffocation.

For video + more information visit:

SafeSoundBabies.com

Our Babies: safe&sound

TEAM for West Virginia Children

The West Virginia Children's Trust Fund

This program is being presented with financial assistance as a grant to the TEAM for West Virginia Children from the WV Department of Health and Human Resources.

Apprenticeship for Child Development (ACDS)

Fall Classes

The Apprenticeship for Child Development Specialist (ACDS) program will soon begin fall classes. If you currently work in the field of early care and education at least 20 hours per week with children birth through eight, you may want to consider this educational opportunity. ACDS is a rewarding program at a minimal cost to the participant. It is a way to learn best practice and the curriculum taught is based on current research. The classes are taught by professionals who also have experience in the field. The program is four semesters, taught one evening per week, and each semester is 15 weeks. You can also earn training hours toward licensing requirements as well as college credit. If you are interested in ACDS or have questions about the program, please contact Sherrie Myers at 304-523-0433 or smyers@rvcds.org.

ACDS Local Councils

ACDS is supported through local councils in each county where classes are taught. These councils are the strength of the program at the local level and are responsible for the administration of the ACDS classes in their area. Local councils typically meet one time each semester to make arrangements for upcoming classes. Councils need the help and input from those in the early care and education field. If you are a graduate of the ACDS program or the director of a child care program and you are interested in becoming an ACDS local council member in your area, please contact Sherrie Myers at 304-523-0433 or smyers@rvcds.org.

Submitted by Sherrie Myers, ACDS State Coordinator

www.wvacds.org

Do You Qualify For WVCHIP?

WVCHIP is a low-cost health care plan for children and teenagers of working families. There is no cost to apply. WVCHIP covers services important to growing children, such as check-ups, vision and dental services, immunizations, hospital visits, prescription drugs, and more.

Who Qualifies for WVCHIP?

Age - Children under 19.

Income - Qualifying income is based on your Modified Adjusted Gross Income (MAGI) shown on line #37 on the 1040 Income Tax Form.

Co-Payments - WVCHIP Gold and Blue groups do not have co-pays on preventative care, dental, vision, or generic prescriptions.

Family Size	WVCHIP Gold Maximum Yearly Income	WVCHIP Blue Maximum Yearly Income	Premium Plan Maximum Yearly Income
2	$23,595	$33,191	$47,190
3	$29,685	$41,757	$59,370
4	$35,775	$50,324	$71,550
5	$41,865	$58,891	$83,730
6	$47,955	$67,457	$95,910

Visit www.chip.wv.gov for more information.

West Virginia CHIP Children's Health Insurance Program

The following resources on Social Emotional Development are available through the Early Childhood Resource Lending Library

Culture and Attachment: Perceptions of the child in context.
Robin Harwood, Joan Miller, Nydia Irizarry, and Robert Levine. 1995.

Developing Child: Early Relationships
Video. Magna Systems

First Time Circle Time: Shared-Group Experiences for Three, Four, and Five-Year-Olds.
Cynthia Holley and Jane Walkup. 1993.

Early Childhood Resource Lending Library
www.wvdhhr.org/mcfh/library/

Parent Blocks NEWSLETTER

"Providing resources to parents throughout West Virginia"
Volume 12, Issue 3, Summer 2015

The Importance of Social Emotional Development

Did you know that the majority of your child's brain development will occur before the age of three? This does not refer to academic learning, but instead refers to your child's ability to explore the world in a meaningful, safe context.

Your baby is born ready to form a close bond with a primary caregiver, usually a parent. By learning to read your child's cues, meeting your child's emotional needs, and providing opportunities for your child to safely explore and learn about the world around him, you are promoting healthy social and emotional development. Over time, this development will lead to school readiness, positive social behavior, and lifelong nurturing relationships.

Reading is a wonderful time to interact with your child. Regularly reading to your child from birth not only stimulates brain development, but also provides a time for you to connect with your child.

Another idea is to share a of loaf of bread with the birds or ducks or water the plants with your child. This is a wonderful opportunity to talk about the importance of taking care of living things and giving them space to grow.

If you have questions or concerns about your child's development, visit Help Me Grow West Virginia (www.dhhr.wv.gov/helpmegrow), a free referral service that connects families with critical developmental resources for their children birth through five years.

WV Parent Blocks Newsletter is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of West Virginia Department of Health and Human Resources/Bureau for Children and Families/Division of Early Care and Education; WV Head Start State Collaboration Office; Office of Maternal, Child and Family Health/West Virginia Birth to Three; and West Virginia Department of Education/Office of Special Education and is supported and administered by River Valley Child Development Services.

Social and Emotional Milestones

It is important to remember that each child develops differently and in his or her own way. This resource is to be used as a guideline for some typical social emotional milestones.

1-3 months

Social/Emotional milestones:

- ❑ Begins to develop a social smile
- ❑ Enjoys playing with other people and may cry when play stops
- ❑ Becomes more communicative and expressive with face and body
- ❑ Imitates some movements and facial expressions

4-7 months

Social/Emotional milestones:

- ❑ Enjoys social play
- ❑ Enjoys mirror images
- ❑ Responds to other people's expression of emotion

8-12 months

Social/Emotional milestones:

- ❑ Appears shy or anxious with strangers
- ❑ Cries when mother or father leaves
- ❑ Enjoys imitating people
- ❑ Shows specific preferences for certain people and toys
- ❑ Prefers mother and/or regular care provider over all others
- ❑ Repeats sounds or gestures for attention
- ❑ Begins to finger-feed himself
- ❑ Extends arm or leg to help when being dressed

12-24 months

Social/Emotional milestones:

- ❑ Imitates behavior of others, especially adults and older children
- ❑ Becomes enthusiastic about company or other children
- ❑ Demonstrates increasing independence
- ❑ Begins to show defiant behavior
- ❑ Episodes of separation anxiety increase toward midyear, then fade

24-36 months

Social/Emotional milestones:

- ❑ Separates easily from parents
- ❑ Expresses a wide range of emotions
- ❑ Objects to major changes in routine

3 to 4 years

Social milestones:

- ❑ Becomes interested in new experiences
- ❑ Cooperates/plays with other children
- ❑ Plays "mom" or "dad"
- ❑ Becomes more inventive in fantasy play
- ❑ Begins to dress and undress with assistance
- ❑ Begins to be more independent

Emotional milestones:

- ❑ Possesses inability to distinguish between fantasy and reality
- ❑ Begins to have imaginary friends or see monsters

4 to 5 years

Social milestones:

- ❑ Wants to please and be with friends
- ❑ Begins to agree to rules
- ❑ Likes to sing, dance, and act
- ❑ Shows more independence

If you have concerns about your child's development, please contact your family's primary care provider or see the resources below.

West Virginia Birth to Three Services:

West Virginia Birth to Three is a statewide system of services and supports for families with infants and toddlers ages birth through thirty-five months of age who have developmental delays or are at risk of a developmental delay as identified by Part C of the Individuals with Disabilities Education Act (IDEA). There are no income eligibility requirements and services are provided at no charge to families. Call 1-866-321-4RAU.

Preschool Special Education Services:

Special education and related services are provided by county school systems in accordance with federal and state guidelines to eligible children ages three through five who have developmental delays and/or disabilities that qualify them for these services. Children are determined eligible through a multidisciplinary evaluation process. These services are provided at no charge to eligible families. For information on services in West Virginia for exceptional children, please call 304-558-2696 or 800-642-8541 (V/TDD).

Fruit in a Cone

Reprinted from West Virginia WIC, June 2015 Snack of the Month

Fruit full of fun. Fresh fruit served in a creative and fun way makes moms smile as kids enjoy a healthy snack.

Prep Time: 10 Min
Start to Finish: 10 Min
Makes: 4 servings

INGREDIENTS

3 cups cut-up fresh fruit
4 ice-cream cones
4 teaspoons honey (only for children over one year of age)
4 teaspoons granola, miniature semisweet chocolate chips or chopped peanuts

DIRECTIONS

1. Place 3/4 cup of the fruit in each cone.
2. Sprinkle each cone with 1 teaspoon honey and 1 teaspoon granola.
3. Serve immediately.

Recipe Provides: Fruits 1/2c

NUTRITION INFORMATION PER SERVING

Serving Size:	1 cone	Total Fat:	½ g	Saturated Fat:	0 g
Calories:	120	Calories from Fat:	5	Carbohydrates:	28 g
Cholesterol:	0 mg	Dietary Fiber:	2 g	Sodium:	10 mg
Sugars:	20 g	Protein:	1 g		

Recipe adapted from www.eatbetterearly.com

Concerned about your CHILD'S DEVELOPMENT?

Help Me Grow, a free developmental referral service, provides vital support for children from birth to age five including:

- Information and community resources to aid development
- Free developmental screening questionnaire
- Coordination with your child's doctor

Talk to a care coordinator and schedule a developmental screening for your child today.

Help Me Grow: 1-800-642-8522
www.dhhr.wv.gov/helpmegrow

Help Me Grow