

WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY



Making the Right Call

**The Effect of Trauma on
Social-Emotional Development**

Supporting Relationships within Two Homes

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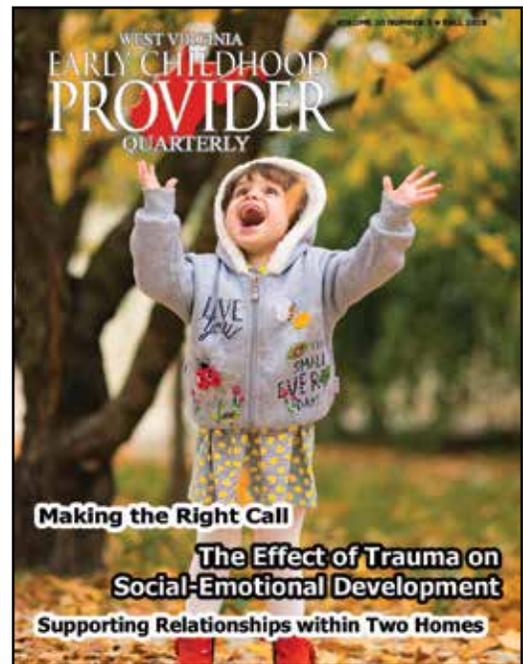
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Recent research shows that experiencing trauma, especially as a child, can dramatically change the brain and increase the risk of health and social problems throughout a lifetime. Science also explains that caring relationships can prevent and mitigate the effects of trauma. That is why The Adverse Childhood Experiences (ACEs) Coalition of West Virginia brought *Connections Matter* train the presenter training to Charleston on April 2 & 3, 2019.

People today experience many forms of overwhelming stress. Individuals and families are more isolated than in previous times. People continue to find unhealthy ways to cope with stress when they don't have support. When these stressors continue long-term, the risk of health and social problems increases. The good news is that research increasingly shows that connecting with the children, families, and adults in our lives develops healthier brains, more supportive relationships and stronger communities.

Every day connections are more important than we ever believed. Our brain, our relationships and our community are all inter-connected. Science tells us that relationships have the power to shape our brains. Relationships help us learn better, work better, parent better. When we experience tough times, relationships help us heal. With each positive connection, we develop a healthier, stronger community. The curriculum for *Connections Matter* was developed by Linda Chamberlain, PhD for the Iowa Chapter of Prevent Child Abuse America www.connectionsmatter.org, and brought to West Virginia by the ACEs Coalition of West Virginia through funding from the Claude Worthington Benedum Foundation and the West Virginia Primary Care Association.

Studies show that as communities work together to build relationships, resilience increases while rates of childhood trauma and health problems decrease. In West Virginia, the ACEs Coalition of West Virginia is working to inform community members of the importance of building connections through presentations on Adverse Childhood Experiences and Connections Matter across West Virginia.

Communities all across the state of West Virginia are bringing the Connections Matter message to their neighborhoods, organizations, congregations, and schools through workshops, presentations, and conversations. The ACEs Coalition of West Virginia invites West Virginians to join this movement by going to <https://www.wvaces.org/request-a-trainer>.

The Effect of Trauma on Social-Emotional Development

Submitted by Sharon M. Bright, Region III Director, WV Birth to Three



What is Social-Emotional Development?

Social-emotional development is the ability for children to understand the feelings of others, control their own feelings and behavior, get along with others, build relationships with adults, form friendships, communicate emotions, and learn how to deal with challenges. These skills are important because they impact how a child functions at home, in school, and in the community. They are a barometer of a child's future success.

Successful social-emotional skills are developed through a positive relationship with a trusting and caring adult. Caregivers can aid in this development by providing a nurturing, loving environment that is rich in language and hands-on experiences. Singing songs, reading books, giving verbal and visual encouragement, empathizing with the child, teaching problem solving skills, and allowing expression help to

build these skills. At the end of this article, you will find the age ranges of when social-emotional skills are learned in the first three years of life and how to support the development of these skills.

What is trauma?

Trauma is a response to a perceived threat to survival or emotional well-being of an individual or large group, such as a community or culture. Trauma leads to adverse brain, bodily, and psychological changes that damage self, relational, and spiritual development and impair living, learning, and working. Early exposure to trauma can alter the brain and have long term effects across all developmental domains. The impact extends into later childhood, adolescence, and adulthood. A traumatic experience may result in overwhelming terror, helplessness, and horror. It can overwhelm a child's ability to cope and produce intense physical reactions, such as pounding heart, rapid breathing, trembling, dizziness, or loss of bladder/bowel control.

The most common causes of trauma in children include witnessing domestic abuse, physical/sexual abuse, the sudden loss of someone close, accidents, medical concerns, and multiple transitions in foster care.

Exposure to trauma may affect a child's ability to trust others and his ability to manage his emotions, possibly leading to inappropriate physical responses. Traumatized children may have an increased need for personal space. Trauma can affect a child's ability to navigate changes and distort a child's perception of self, the world, and the future.

Each child's response to a traumatic episode depends on their age and developmental stage, the nature of the event, the child's perception of danger and the child's relationship to the victim or perpetrator. The availability of loving and caring adults affects the child's response, as does the adversities faced after the trauma. A child may exhibit episodes of revisiting the trauma either by dreams or wanting to constantly talk about the event. Some children will experience avoidance and withdrawal. Other children may appear nervous and hyper-vigilant. The responses vary by developmental age. Children exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event. Trauma may reduce the child's capacity to explore the environment and to master age-appropriate developmental tasks. The longer traumatic stress goes untreated, the further children tend to stray from appropriate developmental pathways.

Signs of trauma include: low self-esteem; being needy or clingy; lack of self-control; alienation from parents and/or caregivers; anti-social behavior; difficulty with trust; obsession with food; lack of empathy; academic problems; anxiety; depression; and susceptibility to chronic illness. Emotional and physical trauma is the primary predictor of future mental, emotional, learning, and physical problems. Trauma creates an ongoing threat that has a profound influence on the development of the brain and development in general.



Caregivers can help these children by providing trauma-informed care. The caregiver needs to recognize the impact that the episode has had on the child. Caregivers need to help the child feel safe by allowing the child to express his or her emotions. Caregivers need to help the child understand and modify problem behaviors. Most importantly, the caregiver needs to model a positive, stable relationship with the child and to advocate for the child's mental and physical well-being. Helping a child who has been traumatized also means helping the child's family. The caregiver may have to help the family deal with the trauma as well. You can identify and build on the protective factors and educate the family on how trauma is affecting the child. The caregiver must avoid making promises that, if unfulfilled, are likely to increase traumatization.

Children in foster care are very susceptible to experiencing trauma. Child Protective Services in the United States receives approximately three million referrals every year, representing 5.5 million children, of which one-third are under the age of five.

Most children enter foster care in the early years when brain growth and development are more active. Children in foster care need continuity with a primary attachment figure and a sense of permanence. Unfortunately, these children frequently change foster home placements and multiple attempts at reunification with their biological family. Children who are abused or neglected are at greater risk for not forming healthy attachments to anyone. If separation occurs before 6 months of age and is followed by good quality care, the separation may not have an effect on social-emotional development. Separations occurring between 6 months and 3 years are more likely to result in social-emotional disruptions. This is a result based on the typical anxiety of children this age and the normal limitations of speech and language. Children older than 3 are more likely to use language to cope with the change. The emotional consequences of multiple placements or disruptions are likely to be harmful at any age.

Physical and mental abuse during the early years tend to suspend the brain in an acute stress response mode making the child respond in a hyper-vigilant, fearful manner. Repeated experiences can lead to poor eating, withdrawal, tantrums, mood swings, impulsiveness, anxiety, and sleep issues.

Profound neglect has long lasting consequences on all aspects of development. These include poor attachment, developmental delays, poor physical development, and antisocial behavior. Being in a neglected environment makes it more difficult for a child to develop brain connections that facilitate language and vocabulary development.

Parental drug use causes chaos in the home that creates a sense of insecurity. Children are often forced to take on responsibility at an early age. Left alone for long periods of time, the children usually feel rejected and unimportant resulting in low

self-esteem and difficulty forming relationships.

Post-traumatic stress disorder in children has a grave impact on very young children. Young children can suffer from Post-Traumatic Stress Disorder which is difficult to diagnose because the event may have occurred before the development of expressive language. Children with PTSD may show a fear of strangers, be afraid to leave the parent, and experience sleep issues or nightmares. They may also be more fussy, irritable, and aggressive. Children with PTSD may lose skills and revert to earlier habits such as thumb sucking and bed wetting.

When working with children affected by trauma, it is important to be consistent and predictable. You should be clear with your expectations. The caregiver should listen to the child and help the child label his/her emotions. Caregivers need to be aware of the child's behavior and pay attention to possible triggers.

Trauma can be prevented by educating the family on child development so expectations are appropriate for the child's age. Caregivers need to help families build resilience and provide social connections for families. Resilience is the ability to recover from traumatic events. A child's resilience factors are a sense of security (am I safe), a sense of self-esteem (am I lovable), a sense of self-efficacy (am I capable), and a sense of coherence (I can understand, manage). Resiliency can be built through strong relationships with a competent, caring adult and feeling connected to that role model. These caregivers should nurture the child's talents and abilities and provide a sense of belonging.

As stated earlier, trauma can have lifelong ramifications to children in all areas of development. It is vital that caregivers provide high quality care.

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- Child Development Institute, <https://cdikids.org>
- Lieberman, A.F. and Van Horn, P. 1998. Attachment, trauma, and domestic violence. Implications for child custody.
- Child Trauma Academy, childtrauma.org
- National Child Traumatic Stress Network, <https://www.nctsn.org>

Social Emotional Development Milestones

Birth to 12 months

- Able to calm down for short periods of time

- Uses thumb sucking, gazing at objects, or other sensory modalities to calm
- Gives signals about needs through crying
- Smiles spontaneously to main caregiver's voice, face, or smile
- Enjoys being cuddled
- Responds to name
- Enjoys being near other people
- Responds happily to play interactions with others
- Has special attachment to primary person
- Has stranger anxiety--beginning around 8 months
- Recognizes self as individual
- Reaches to be picked up/held

To Encourage Social-Emotional Development Birth to 12 months

- Hold and touch the baby
- Talk softly, and sing to the baby
- Let the baby watch people and activities
- Get to know the child's likes/dislikes, favorite toys, and schedule
- Build an open and collaborative relationship with the child's family
- 4-7 months - place a mirror in front of the child, praise child, start telling finger plays, stories, and name everything in the environment
- 8-12 months - introduce finger feeding, play peek-a-boo, play games and songs with interaction, and provide additional safe materials that can be explored with hands and mouth

12-24 months

- Develops sense of self
- Temper tantrums are common
- Enjoys playing by self or along side of others
- Defends possessions
- Tests limits
- Views self as "center of the world"
- Increasingly more aware and expresses new emotions such as jealousy, affection, pride, and shame
- Identifies own gender
- May ask for same parent/caregiver
- Rapid mood changes--emotions are usually intense but short
- Likes routines
- May start to comfort other children
- Begins to initiate activities
- Begins to actively resist discipline
- Wants to control others

To Encourage Social-Emotional Development **12-24 months**

- Be consistent
- Provide structure
- Praise the process, not the result
- Provide lots of support while playing in a group
- Play turn-taking games
- Redirect the child's attention during tantrums
- Establish routines and transactions
- Help child become a confident problem solver

24-36 months

- Begins to play interactively with peers
- Enjoys pretend play--critical to development
- Capable of empathy
- Loves saying "no"
- Struggles to resolve conflicts with friends
- More advanced social play skills--share/take turns

To Encourage Social-Emotional Development **24-36 months**

- Talk about feelings
- Encourage early friendships
- Ask child to imagine how their behavior may affect others
- Make a friend book
- Describe what a child is doing
- Get involved in child's play by following their lead
- Empathize with child's frustration
- Keep it simple
- Review what happened
- Point out consequences
- Talk about rules/limits in language child understands
- Show child the benefits involved in cooperating
- Praise child for doing things independently
- Encourage exploration, decision making
- Provide opportunity to interact with other children
- Play imitation games



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
West Virginia

Supporting Relationships for Infants and Toddlers with Two Homes

Reprinted with permission from the Michigan Infant Toddler Mental Health Association

Two life courses disrupt whatever relationship has developed between parents and infants/toddlers and move responsibility for the well-being of the infant/toddler to the judicial system:

- When parents divorce, and/or
- When substantiated abuse/neglect has occurred and the infant/toddler is placed in foster care

In each of these life courses, the amount of contact between a non-custodial parent and infant/toddler becomes a matter for court determination.

What Infants/Toddlers Require for Sound Social and Emotional Development

Infants come into the world dependent upon others for their physical existence. Equally important, the infant requires a consistent caring relationship--essential for the infant's social and emotional well-being. The bonding or attachment of the infant to his or her mother begins before and after birth and continues to develop through caregiving and interaction during the first months and early years. The developing infant and toddler will also attach to one or more consistent caregivers.

Attachment enables the infant and toddler to perceive the world as predictable, to develop connections with others, to moderate behavior, and through experiences to energize the growth of the brain structures essential for learning.

Infants/toddlers who do not have a consistent ongoing relationship with an adult will present as blank-faced, somber, disconnected, self-involved; or as disorganized, fearful, aggressive, sad. They may be excessively friendly, seeking comfort or help indiscriminately from any adult.

Infants and toddlers need

- Ongoing nurturing relationships
- Physical protection and safety
- Experiences appropriate to their stage of development
- Experiences appropriate to their

individual temperament and capacity

- Limit-setting and reasonable expectation for behavior
- Consistent daily routine

The ability to connect with other people and to manage emotions starts with the infant/toddler's early experiences with parents or caregivers.

Warm relationships between infant/toddler and parents show in the faces of happy, productive children who are able to

- Form healthy, warm relationships with others



- Explore and experience the world
- Communicate feelings
- Feel good about themselves
- Have good impulse control
- Show concern for others
- Continue to learn and develop

The lack of such a relationship can be seen in the sad, angry, expressionless faces of infants/toddlers who may show some or all of the following behaviors:

- Cries, calls, and searches for absent caregiver
- Refuses others' attempts to provide comfort
- Shows lack of interest in age-appropriate activities
- Has poor impulse control, aggressiveness, and learning problems

For the infant/toddler who is coping with the changes resulting from divorce or removal from home, an unfamiliar caregiver or one who does not respond empathetically to the infant/toddler's signals triggers additional stress.

Suggestions for Parenting Across Two Homes in Divorce

- Be careful not to see the infant/toddler as an object or possession to be won or divided in the divorce/custody settlement. Sometimes parents bargain for themselves rather than taking into account the infant/toddler's needs.

- An infant/toddler needs to be able to develop a primary attachment with a parental figure, and this might not happen under some parenting time arrangements. Avoid splitting parent times by percentages, taking care of parent's needs at the expense of the infant/toddler's, and putting the infant/toddler through an overwhelming travel schedule.

- Minimize the time spent with babysitters to which the infant/toddler is exposed. Infants and toddlers experience disturbance in their environment as if it were part of themselves. Young children tend to wonder if they are responsible for the conflict and too often assume that they are to blame.

- Maintain teamwork and communication. How parents interact with each other will directly affect the child. Coordination between parents helps their child establish a secure self-concept. Lack of coordination makes a child feel split between parents.

- Always support the ability of the child to have a secure relationship with the other parent.

- Attempt to arrange frequent contacts, even if short. It is easier for the child to maintain a relationship when the parent remains familiar. Extended visits do not make up for weeks of no contact.

- Keep to a regular schedule as much as possible. This helps the young child anticipate and prepare for transitions and develop a sense of trust in relationships. Irregular contacts lead to a sense of helplessness.

- Try to maintain continuity in caregiving patterns. For the infant, it is particularly important to build on the primary caregiver's patterns rather than compete or conflict with them. For the toddler and young child, continuity enables the child to focus on play and exploration, rather than being distracted or disturbed by major changes in routine. Having a blanket or stuffed animal go back and forth with the infant/toddler provides a sense of continuity. Providing a diary or cassette tape about routines and preferences is a way of keeping both parents on the same page.

- Attending parenting classes, consulting with professionals, and practice with partial days before going to overnight can assist in providing children with the consistent rules that help them learn good behavior.

- Photos, telephone calls, and letters may help bridge unavoidable long-distance relationships. Even very young infants begin to recognize voices and gradually connect a particular voice to a particular person. Sending photos not only maintains visual contact but also gives the infant/toddler permission to value the absent parent.

- Learn about the abilities the infant/toddler is developing at each age and how you and he/she can practice them. Enjoy the opportunities to explore, play, and enrich a variety of learning experiences.

- Get to know your infant/toddler as a person with feelings, hopes and needs. Understand that any young child will have some stresses and growth pains whether parents are together or not.

Difficulties are often manifested in the earliest stages of development as temporary eating and sleeping disturbances, and later in behavior.

- Take care not to jump to conclusions if your infant/toddler has difficulties when going between parents. This may reflect difficulties with transitions and doesn't necessarily indicate problems with the other parent.

Suggestions for Parenting Across Two Homes in Abuse/Neglect

- Meeting the schedule of visitations not only fulfills the court's requirements but helps the infant/toddler keep the biological parent in mind.

- Consider the foster parent an ally, not a competitor.

- Visitations are not solely a reward for the parent; they must also meet the needs of the infant/toddler.

- Visitations will generally take place in a community setting. Having a blanket or stuffed animal go back and forth with the infant or toddler provides a sense of continuity.

- If visitations can take place in the foster home, this provides an opportunity to observe the infant/toddler's normal routines and caregiving.

- The foster parent has the difficult task of meeting the social-emotional needs of the infant/toddler, who in the best of circumstances will be returned to the biological parent. The foster parent can enhance the process by helping the infant/toddler keep the absent parent in mind and preparing the infant/

toddler for visiting time.

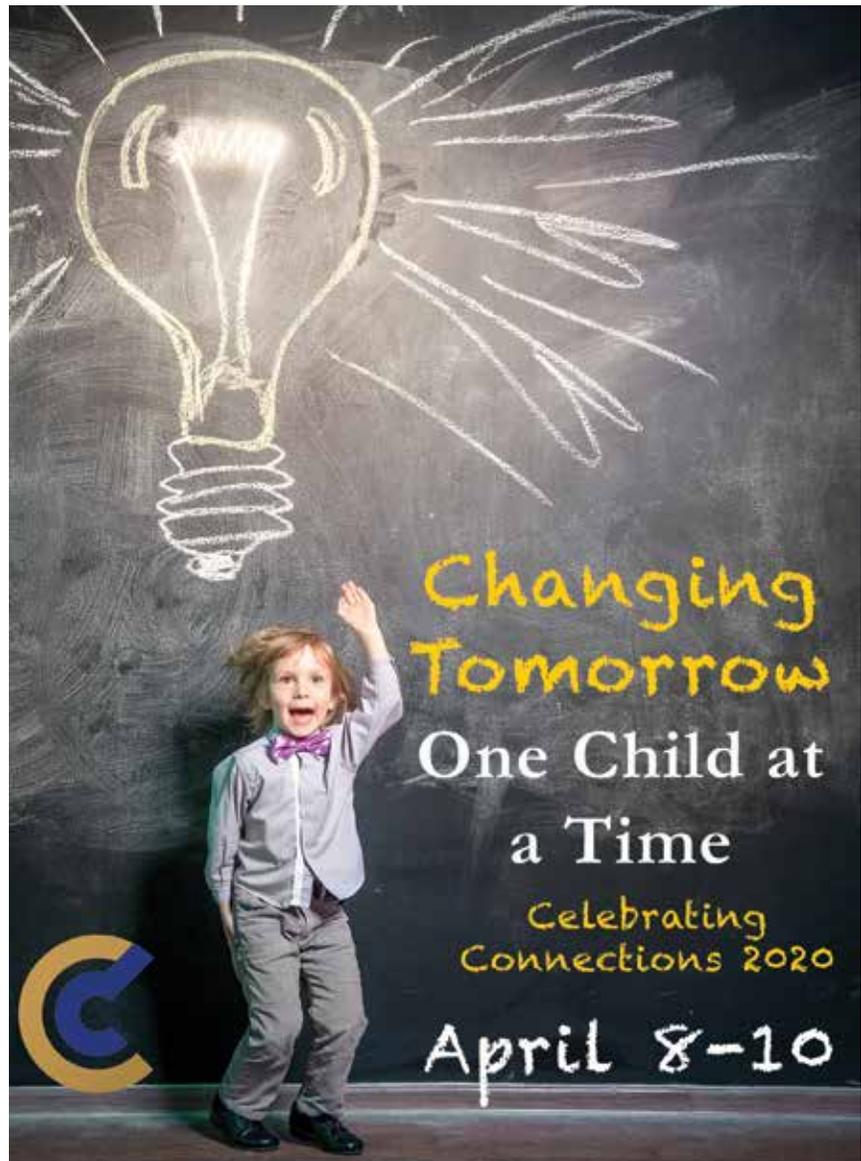
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For more information, please see the publication "Supporting Relationships for Infants/Toddlers with Two Homes", mi-aimh.org.



Why Should WV Child Care Professionals Consider Infant Mental Health Endorsement?



Myth: Endorsement is only for those who have lots of degrees and experience.

FACT: Neuroscience tells us that the first three years of life are critical to lifelong health and well-being, making the role and responsibilities of home visiting professionals incredibly important to family and community success. The IMH Endorsement® recognizes professionals who work with or on behalf of infants, toddlers, and their families. It's the largest and most recognized IMH credentialing system in the United States, and it's available to you here in West Virginia! Anyone in the early childhood field can work toward earning Endorsement, including directors, supervisors, child care professionals, and service coordinators.

Why should I pursue Endorsement?

Good for You: Earning IMH-E® enhances your credibility and confidence in working with or on behalf of infants, toddlers, and their families. You'll gain recognition and belong to a cross-systems, multi-disciplinary network of Endorsed professionals in WV.

Good for Babies and Families: Infants, toddlers, and families receive culturally sensitive, relationship-based early childhood services provided by a workforce that demonstrates a common set of core competencies.

Good for Communities: IMH-E® provides assurance to families that early childhood professionals meet high standards of care and are prepared to support optimal development of infants, young children, and their families.

Good for Programs: IMH-E® professionalizes the early childhood field and ensures consistency of professional standards across programs, no matter the curriculum, location, or services.

The IMH Competencies® naturally align with Early Childhood work

IMH-Endorsement® supports the belief that positive social-emotional development is foundational to other learning, and that healthy development happens within the context of nurturing relationships and environments.

IMH competencies® provide a professional development "road map" for acquiring the knowledge and skills needed to attend to the often complex nature of early social and emotional development and parent-child relationships.

Financial assistance is available for Endorsement. Local Child Care Resource and Referral agencies have funds available to provide financial assistance for those seeking Endorsement within the Early Childhood field.

For more information, please contact the West Virginia Infant/Toddler Mental Health Association or visit www.nurturingwvbabies.org

Special thanks to the Wisconsin Alliance for Infant Mental Health for sharing information



Making the Right Call: Finding Resources in West Virginia

Submitted by Sheila Moran, First Choice Services

Have you ever had an infuriating experience trying to reach a company to set up a new service or get something fixed? Endless time on hold, multiple transfers, telling your story for the 5th time, talking to agents who don't seem to understand or care.....Sound familiar? Now, imagine the service you're calling about is a life or death matter, like finding shelter for your family, getting health insurance, or receiving treatment for addiction. Consider making that call if you're living in poverty, disabled, experiencing mental illness or drug addiction, or have no family to help.

At First Choice Services, we want to make sure this is not the reality for anyone in West Virginia. We have seven helplines here in West Virginia and help over 50,000 people per year. Our call agents, many of whom have experienced the issues

we focus on, are taught to treat every caller as if it is their family member. Our goals are to have a live person answering every call, to provide the right help right away, and to follow up to make sure the caller's needs were met. Many of our programs are 24/7, and several offer online chat and texting options.

Our 1800GAMBLER program offers free, comprehensive treatment for problem gamblers and their loved ones. Our HELP4WV program assures that anyone needing treatment for substance use disorder can begin treatment, usually within 24 hours of their call. This includes detox, short term treatment, recovery housing, support groups, medication-assisted treatment and therapy, peer support, and transportation assistance. Our Tobacco Quitline offers coaching and medication to ease cravings. Our Suicide Lifeline

provides crisis counseling and treatment referrals.

We partner with the United Way to offer the 211 program, which connects callers with social services, like shelter, food, and utility assistance in their area. Our WV Navigator program offers free health insurance counseling to help callers determine if they are eligible for Medicaid or subsidized insurance through the Marketplace. We take calls for WV's Jobs and Hope program, which helps callers find opportunities for education, training, and employment.

If you need help for yourself or a family member, or you are trying to find help for someone else, visit FirstChoiceServices.org and see what we have to offer.



Serving West Virginia and beyond with behavioral health helplines

1♥800♦GAMBLER

Fast, free, confidential help for problem gamblers and their loved ones. This program includes a 24-hour helpline, referrals to gambling addiction specialists, support groups, and much more!



Providing immediate help for those struggling with substance use or behavioral health issues, HELP4WV has 24-hour access to call, text, and chat, and a searchable online resource directory

WV NAVIGATOR

1-844-WV-CARES

Specifically designed to help people sign up with the Health Insurance Marketplace under the Affordable Care Act, WV Navigator offers free health insurance counseling.



We're proud to be answering the National Suicide Prevention Lifeline for callers in West Virginia. Our staff are trained in Crisis Management and are ready to help 24/7.



The Quitline offers personalized coaching and nicotine replacement therapy to help any West Virginian stop smoking.



We are proud to partner with United Way to answer the line for the WV 211 program, which helps people locate social services and resources in their community.



We connect anyone seeking job training or employment to someone who can help.
(304) 583-4019 | (833) 784-1385

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

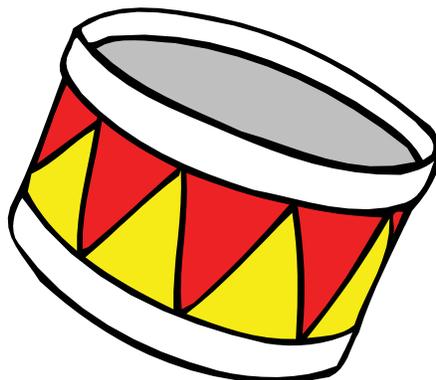
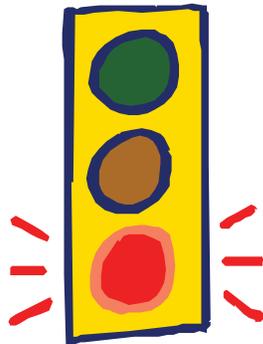


WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.



Games to Help with Emotional Regulation

Games that help children follow a leader can help them to practice how to calm themselves and manage their emotions. Ending the games with gentle, relaxed, and slow movements allow them to practice those self-regulation skills that permit them to transition from excitement to calm.



1. Mirror, Mirror On The Wall

While facing children, ask them to move the same way as the leader. Vary tempo and move body parts such as arms, face, hands, legs, etc. Each child takes turns being the leader.

2. Red Light! Green Light!

Have children face you from across the room or yard. Ask them to do something (run, walk, jump, move arms, etc.). Yell out green light which means go and red light which means stop. When the children stop they should freeze in whatever position they were in when the direction was given.

3. Mother May I?

The leader gives an instruction to the children to do something (e.g. Take 3 steps backwards). They must say “Mother may I?” before responding to the command. If the children forget they must return to the starting line. Vary the speed and intensity of different movements.

4. Drummer

Sitting in a circle have the leader start a hand clap rhythm or beat a pattern on the floor or table. Vary the speed, volume and clapping surface (e.g.: clap hands 3 slow loud beats followed by 2 fast quieter beats and then bang hands on table for 3 tapping sounds). The children copy the leader.

Online Trainings Now Offered for Child Care Providers

Submitted by West Virginia Child Care Health Educators and Child Care Nurse Health Consultants

There has been a substantial number of requests in recent years for the increased availability of online trainings for child care providers in West Virginia. Well, the Child Care Health Educators (CCHE) and Child Care Nurse Health Consultants (CCNHC) have listened! The CCHEs and CCNHCs will now be providing a number of online trainings for your convenience. These trainings will be scheduled on a quarterly basis through the WV STARS calendar. You may search the WV STARS calendar to find the online trainings that are available, along with the date and time for which they are being offered. For easier access, these online trainings will occur during weekday evenings and lunchtime.



To attend these trainings, you will select and register like you would for a regular, in-person training through the WV STARS website. You will receive an email confirming your registration, but you aren't done yet! It is critical that you follow the link provided in this follow-up email to the Go-To-Training website to register through this platform. You will be prompted to enter your contact information and WV STARS Registry number to register. You will then receive an email with the link to login to the training, and you are done! If you do not complete this second step, unfortunately you will not receive the required information to attend the training.

If you have any questions regarding these trainings or how to register, please contact a CCHE or CCNHC near you.



Community and Family Services Division

Understanding Adverse Childhood Experiences (ACEs)

What are ACEs?

Adverse Childhood Experiences (ACEs) are serious childhood traumas that can result in toxic stress, causing harm to a child’s brain. This toxic stress may make it difficult to learn, to play in a healthy way with other children, and can result in long-term health problems.

THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) VIEWS ACEs AS ONE OF THE MAJOR HEALTH ISSUES IN THE 21ST CENTURY.

Low tolerance for stress, which can result in behaviors such as fighting, checking out or defiance

Increases difficulty in making friends and maintaining relationships

Increases stress hormones which affects the body’s ability to fight infection

May cause lasting health problems

Increases problems with learning and memory, which can be permanent

“I can’t hear you, I can’t respond to you, I am just trying to be safe!”

Reduces ability to respond, learn, figure things out, which can result in problems in school

Exposure to ACEs can increase the risk of:

- Adolescent pregnancy
- Alcohol and drug abuse
- Asthma
- Depression
- Heart disease
- Intimate partner violence
- Liver disease
- Sexually-transmitted disease
- Smoking
- Suicide

ACEs can include:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Mother treated violently
- Household substance use
- Household mental illness
- Parental separation or divorce
- Incarcerated household member
- Bullying (by another child or adult)
- Witnessing violence outside the home
- Witnessing a brother or sister being abused
- Racism, sexism or any other form of discrimination
- Experiencing homelessness
- Natural disasters and war

i SURVIVAL MODE RESPONSE

Increased heart rate, blood pressure, breathing and muscle tension. When a child is in survival mode, self-protection is their priority.

The good news is **RESILIENCE** can bring back health and hope!

What is Resilience?

Resilience is the ability to be healthy and hopeful despite experiencing stressful events. Research shows that when caregivers provide physically and emotionally safe environments for children and teach them how to be resilient, the negative effects of ACEs can be reduced.

Resilience Trumps ACEs!

Parents, teachers and caregivers can help children by:

- Gaining an understanding of ACEs
- Helping children identify feelings and manage emotions
- Creating safe physical and emotional environments at home, in school and in neighborhoods

What Does Resilience Look Like?

1. Having resilient caregivers

Caregivers who know how to solve problems, who have healthy relationships with other adults, and who build healthy relationships with the children in their care.

2. Building attachment and nurturing relationships

Adults who listen and respond patiently to a child in a supportive way, and pay attention to a child's physical and emotional needs.

3. Building social connections

Having family, friends and/or neighbors who support, help and listen to children.

4. Meeting basic needs

Providing children with safe housing, nutritious food, appropriate clothing, and access to health care and good education.

5. Learning about parenting and how children grow

Understanding how parents and caregivers can help children grow in a healthy way, and what to expect from children as they grow.

6. Building social and emotional skills

Helping children interact in a healthy way with others, manage their emotions and communicate their feelings and needs.



Resources:

1-2-3 Care Toolkit

srhd.org/1-2-3-care-toolkit

ACES 101

acestoohigh.com/aces-101

CDC Parent Information

cdc.gov/parents

CDC Kaiser Adverse Childhood Experiences Study

cdc.gov/violenceprevention/acestudy

Community Resilience Initiative

ciresilient.org

Ear Infections in Children

Submitted by Ronda Hopkins, RN, West Virginia Nurse Health Consultant

Anyone can get an ear infection, but children get them more often than adults. Five out of six children will have at least one ear infection by his or her third birthday. In fact, ear infections are the most common reason parents take their child to a doctor.

What are the symptoms of an ear infection?

If the child isn't old enough to say "My ear hurts," signs include tugging and pulling of the ear(s), fussiness and crying, trouble sleeping, fever, fluid draining from ear, clumsiness, problems with balance, and/or trouble hearing.

What causes an ear infection?

An ear infection usually is caused by bacteria and often begins after a child has a sore throat, cold, or other upper respiratory infection. If the upper respiratory infection is bacterial, these same bacteria may spread to the middle ear. If the upper respiratory infection is caused by a virus, such as a cold, bacteria may be drawn to the microbe-friendly environment and move into the middle ear as a secondary infection. Because of the infection, fluid builds up behind the eardrum.

Why are children more likely than adults to get ear infections?

There are several reasons why children are more likely than adults to get ear infections.

Eustachian tubes are smaller and more level in children than they are in adults. This makes it difficult for fluid to drain out of the ear, even under normal conditions.

A child's immune system isn't as effective as an adult's because it's still developing.

As part of the immune system, the adenoids respond to bacteria passing through the nose and mouth. Sometimes bacteria get trapped in the adenoids, causing a chronic infection that can then pass on to the Eustachian tubes and the middle ear.

Other risk factors include age (6 months to 2 years are more susceptible), if the child is in group child care, if the child is bottle fed, and seasonal factors. Air quality also plays a part and exposure to tobacco smoke or high air pollution levels increase the risk.

How is an acute middle ear infection treated?

Many doctors will prescribe an antibiotic, such as amoxicillin, to be taken over 7 to 10 days. The doctor also may recommend over-the-counter pain relievers such as acetaminophen or ibuprofen, or eardrops, to help with fever and pain.

If a definite diagnosis is unable to be made and the child doesn't have severe ear pain or a fever, the doctor might wait a day or two to see if the earache goes away. The American Academy of Pediatrics recommendations encourage doctors to observe and closely follow these children with ear infections that can't be definitively diagnosed, especially those between 6 months to 2 years age. If there's no improvement within 48 to 72 hours from when symptoms began then antibiotics will be started.

Can ear infections be prevented?

Currently, the best way to prevent ear infections is to reduce the risk factors associated with them. Some of the things you can do to protect children include getting recommended vaccines and wash hands frequently.



Should a child stay home from child care?

No, unless the child is unable to participate fully in activities, if they require more care than normal that may compromise the health and safety of others in the group, or if the child meets other exclusion criteria based on the symptoms that they are showing.

Complications

Most ear infections don't cause long-term complications. Ear infections that happen again and again can lead to serious complications which includes possible impaired hearing, speech or developmental delays, spread of infection and tearing of the eardrum.

Resources

American Academy of Pediatrics, CDC, NIDCD-National Institute in Deafness and other Communication Disorders, Mayo Clinic

Parent Blocks

NEWSLETTER



"Providing resources to parents throughout West Virginia"

Volume 16, Issue 3, Fall 2019

Social Emotional Development Key Component to Later Success

Current brain development research is teaching parents and caregivers so much about the importance of early social emotional development. What exactly is

social emotional development? Social emotional development is the ability to experience, express and regulate emotions; form close relationships with at least one adult; and explore the environment within family, commu-

nity, and cultural expectations (ZERO to THREE).

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 your 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.

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; West Virginia Department of Education/Office of Special Education; and West Virginia Home Visitation Program and is supported and administered by River Valley Child Development Services.

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Teaching Your Child About Feelings

from Birth to Age 2

Does This Sound Familiar?

Damon (6 months) and his sister Karena (20 months) have arrived at their grandmother's house for the day. Even though this has been the morning routine for a few months now, Damon cries and cries when his mother leaves. He is almost inconsolable, and it takes a great amount of time and comforting for him to calm down. Meanwhile, Karena is pulling on her Granny's arm. She wants to play with her doll stroller but it is in the closet and she can't turn the knob. She is not happy about waiting for her grandmother's attention. Karena swats her little brother, stamps her feet, and pulls on the doorknob with all her might.

What would you do if this happened in your home? Would you be feeling a little frustrated with one or maybe even *both* children? Or would you be able to hang on to that little piece of calm inside yourself and find the strength to soothe both your little ones?

The Focus

Young children experience many of the same emotions adults do. Children can feel angry, jealous, excited, sad, silly, frustrated, happy, and worried. The difference is that very young children—ages birth to 3—often lack the self-control and language skills to express their strong feelings in ways that adults find acceptable. Instead, babies and toddlers communicate strong emotions through their sounds and actions. For example, Damon cried to show how difficult it was saying good-bye to his mother. Big sister Karena used her body—swatting, stamping, and yanking—to show her frustration with waiting and her desire for the doll stroller.



What to Expect: Social and Emotional Skills



Sometimes it is hard to imagine that very young babies are actively learning all the time, especially when they seem to spend most of their time sleeping, spitting up, or dropping strained carrots off the side of the high chair. However, these early years are a critical time of learning for babies and toddlers. They are developing a foundation of social-emotional skills that they will build on for the rest of their lives. Here is a table that highlights the social-emotional skills your child is learning and practicing at different ages. You can use this information to track how your child is growing and changing from birth to age 3.

GREENSPAN'S ESSENTIAL DEVELOPMENTAL STAGES

Developmental Goal	Age Range	What's Happening?
<p>1</p> <p><i>Stage One:</i> Being Calm and Interested in All the Sensations of the World</p>	Approximately birth to 3 months	<p>Your baby is:</p> <ul style="list-style-type: none"> • learning how to be calm, how to accept soothing and comfort from a loved caregiver. • learning to feel secure and interested in the world around him. • trying to organize the information he is receiving from his senses.
<p>2</p> <p><i>Stage Two:</i> Falling in Love</p>	Approximately 2 to 10 months	<p>Your baby is:</p> <ul style="list-style-type: none"> • becoming more focused on parents and other persons and things outside herself. • expressing emotional reactions of her own (e.g., smiles and frowns). • expressing pleasure in others' company.
<p>3</p> <p><i>Stage Three:</i> Becoming a Two-Way Communicator</p>	Approximately 3 to 10 months	<p>Your baby is:</p> <ul style="list-style-type: none"> • purposefully using gestures (facial expressions, actions, and sounds) to communicate. • responding to others' gestures with gestures of his own. • realizing that he can use sounds and gestures to get his needs met by loved caregivers.
<p>4</p> <p><i>Stage Four:</i> Learning to Solve Problems and Discovering a Sense of Self</p>	Approximately 9 to 18 months	<p>Your baby is:</p> <ul style="list-style-type: none"> • learning to solve problems, like how to stack blocks in a tower. • communicating in increasingly complex ways, using language, expressions, and gestures. • learning what to expect from others, based on interactions and experiences with parents and caregivers. • developing a sense of self.
<p>5</p> <p><i>Stage Five:</i> Creating Ideas</p>	Approximately 16 to 36 months	<p>Your toddler is:</p> <ul style="list-style-type: none"> • becoming skilled in symbolic thought (e.g., labeling images with words: "Cookie!"). • using verbal means to communicate needs and desires. • engaging in pretend play. • learning to recognize and communicate her feelings. • learning to understand others' feelings.

(Greenspan 1999)

Good Habits to Get Into

From birth to age 2, parents and caregivers have a big part to play in helping children learn about feelings. The most important thing they can do is meet their babies' needs, love and nurture them, and comfort them when they are upset. This type of responsive care helps very young children build a strong, loving relationship with the adults who care for them. Feeling safe and secure, loved and nurtured, is the biggest and most important ingredient for a child's healthy social-emotional development.

There are other things that you can do to help your baby or young toddler begin to learn about feelings and how to express them. These are all good habits to develop while your child is young so that they become part of your everyday interactions and routines.

- **Think about your child's temperament**, or the way in which she approaches and reacts to the world. Temperament influences how intensely your child experiences feelings (like frustration or anger) and how easily she can calm down. A child who has strong feelings and reactions might have a harder time learning to control her emotions. Strong feelings probably feel even bigger and more overwhelming to her. On the other hand, a child who is easy going and allows changes or disruptions to "roll off her back" will probably have an easier time. Think about your own temperament. There is no "right" or "wrong" way to be. *But paying attention to your own and your child's temperament gives you important information about each of your preferences.* You can learn how to adjust or match your caregiving to meet your child's needs and help her grow and learn.
- **Talk about feelings.** At first, babies and young toddlers will probably not understand when you say, "I can see you are angry because Jessie knocked your blocks over" or "You are so sad that your balloon flew away." It might even feel a little silly to talk to a tiny baby about his feelings. But this is an important part of helping your child learn to identify and describe his emotions. When you use feeling words over and over as your child grows, he will eventually come to understand what you mean. As your child's language skills develop, he will start to use these words on his own.
- **Be a role model for expressing strong feelings in healthy ways:** "I just spilled your cup of juice all over the floor! I am feeling really frustrated. I think I am just going to close my eyes and count to five before I clean up." Through your words and actions, you can show your child how to manage strong feelings and recover. And when you are having a hard time, it's okay to make sure your children are in a safe place and give yourself a couple of minutes to calm down. You are modeling self-control and showing that sometimes you need a break, too.

Practice Makes Perfect

Children from birth to age 2 are learning a lot about relationships, feelings, soothing, and self-control. Here are some activities and strategies you can use with your child to help him or her begin to understand these big ideas:

From Birth to 18 Months

- **Keep your baby close.** Put on some of your favorite music, pick up your baby, and gently sway to the beat. Gaze into your baby's eyes, smile at her, and hold her next to your body. Leave the infant carrier in the car sometimes and hold your baby instead as you walk through the mall or visit a friend. Cuddle and nuzzle your baby during some one-on-one time before bed. Shared moments like these help build a strong bond between the two of you.
- **Read or tell stories about feelings.** Choose books with brightly colored illustrations or pictures and not too much text. Stories help your baby begin to understand emotions like frustration, anger, pride, and joy. As you read, point to the faces in the book and say, "She looks excited. He looks surprised." As your child grows, you can ask: "Who is sad on this page?" When he is able to talk, you can ask, "How is that baby feeling?"
- **Make baby-safe puppets.** Cut some pictures of babies and adults from magazines or catalogs. Choose pictures that show a range of emotions. You can also use family photos. Glue these to sturdy cardboard. If you'd like, you can cover them in clear contact paper so your baby can drool on them! Let your baby choose a face to look at. Let her look at the picture for as long as she'd like. Talk about the picture as your baby gazes at it: "That baby is crying. He is sad." Or, "That baby is laughing. He is happy to play with his puppy."
- **Play peek-a-boo.** Beginning at about 6 to 9 months, babies really enjoy peek-a-boo. Label your baby's feelings as you play: "Uh oh, where's Mommy? Here I am—Peek-a-boo! Are you surprised? Are you happy to find Mommy?" Games like peek-a-boo are also ways you can practice separations, reassuring your child that "I might go away, but I come back."



- **Look in the mirror.** Babies don't really know it's them in the mirror until they are about 2 years old. But you can help them become familiar with their own faces by making baby-safe mirrors part of your play. As the two of you look at your reflections, point to your smile and say, "I am so happy. I am happy because I love being here with you!"
- **Watch to see how your child responds to sounds and textures.** Use different sounds (rattles, toy pianos, shakers) and textures (towel, blanket, a square of lace, a piece of sandpaper, etc.) during playtime with your baby. Watch how your child responds. What does he like? Dislike? How much stimulation is too much for him? How do you know when your baby has had enough playtime (does he cry, look away, fall asleep, etc.)? Information like this helps you understand his needs and make him feel safe and comfortable.
- **Help your child recover when feelings get overwhelming.** How does your child like to be soothed? You can try swaddling, or snugly wrapping your baby in a blanket. Giving your baby a pacifier to suck, rocking, and singing can also help soothe little ones. For children over age 1, a cuddly stuffed animal or special blanket can comfort and calm them. Does your toddler need time alone to calm down? A firm hug or cuddle time, a change of scenery, a chance to jump up and down, or some physical play can also help toddlers recover. When you help soothe your young child, you are not "spoiling." Instead, you are teaching your child that she can depend on you. Children are also learning what to do to make themselves feel better when they get overwhelmed—a lifelong skill.
- **Know that your baby senses how you are feeling.** Research has shown that babies watch their loved ones very closely and respond to the feelings of the people around them. They know when you are upset, angry, stressed, or worried, even when you are trying very hard to hide it. They can feel your arms holding them differently when you are stressed and they are able to recognize that although you are smiling, your eyes are sad. So it's very important to take care of yourself so that you can take good care of your baby and help him feel safe, secure, and loved.



From 18 Months to 2 Years

- **Use pretend play as a chance to talk about feelings.** Your young toddler is just beginning to play pretend. You can help her develop this important skill by using a doll or stuffed animal in your play. Ask your child, "Doggie is sad because he fell down and got a bump. What can we do to make Doggie feel better?" This helps your child think about others' feelings, a quality called "empathy."
- **Make a homemade book about feelings.** Toddlers love looking at photos of you, themselves, and their friends. Snap some photos of your child when he is happy, silly, tired, excited, etc. Glue each photo to a piece of sturdy paper or cardboard. Write a feeling word under the photo, punch holes in the pages, and tie together with yarn. Let your child "read" the book to you and tell you how he is feeling in each photo.
- **Use songs to practice feeling words.** Your child's language is just beginning to take off, so give her a fun way to practice by changing the words to songs like "When You're Happy and You Know It." Try adding new verses like, "When you're angry and you know it, stomp your feet," "When you're sad and you know it, get a hug," "When you're cranky and you know it, find your Teddy," etc.
- **Make a cozy place in your home.** Just like adults, children sometimes need time alone to calm down. Give your child a space to do this by piling up some soft cushions and blankets, and adding a few stuffed animals and favorite stories. You can even get a large moving box, cut a door, and create a toddler-size "cozy room." Encourage your child to use this place when he is feeling overwhelmed or just wants some quiet time.
- **Suggest ways to manage strong emotions.** We often tell toddlers what not to do (e.g., "No screaming" or "Stop hitting"). Telling toddlers what they can do to express big feelings is even more important. When your child is really angry, suggest that she jump up and down, hit the sofa cushions, rip paper, cuddle up in a cozy area for alone time, paint an angry picture, or some other strategy that you feel is appropriate. The goal is to teach your child that any emotion is okay to feel and that she can learn to express feelings in healthy, non-hurtful ways.
- **Empathize with your child's feelings.** Sometimes the choices your child is being offered are not the ones he wants. Because your reaction gives him a cue of how to respond, it's best to stay matter-of-fact when you explain: "I know that

Taking Care of Yourself

We all feel stressed and overwhelmed at times. Thinking about what makes you feel calmer and more relaxed gives you an idea of what you can do when the going gets rough. You might try asking a trusted adult to watch your child for a little while so you have some time to yourself; exercising; writing in a journal; talking to a friend, counselor, or home visitor; or connecting with other parents. When you are a parent, it can be easy to forget that you need to be nurtured, too. But you do! Parenting can be hard work at times and all parents need and deserve support.

Pow! Bam! Take That! And That!

As you watch your child playact a battle between two action figures, your impulse might be to stop this aggressive play. But this is very typical for the toddler years.

Play is the perfect time for children to work out strong feelings, even difficult ones like anger, frustration, or fear. Watching children as they play, and playing with them, helps you understand what they are thinking about or struggling with. You can also get insight into where they need a little support and how you can help them make sense of the world around them. If an upsetting play theme continues for a while or you are worried about your child's play, talk with your child's health care provider, teacher or caregiver, or a child development specialist.

you do not want the doctor to give you a shot. You are feeling really worried. But the shot keeps you healthy. It will hurt a little, but not too much. And it will be over with very quickly."

This helps your child cope and, hopefully, move on.

- **Help your child understand her feelings and behavior.** When you can make connections between your child's temperament and her feelings, it helps her learn about herself. For example, you might say to a child who has a hard time moving between activities, "It's hard for you to get ready for nap right after we finish lunch. Your body needs time to relax after playing and eating. I will help you settle down and start to feel sleepy. Let's choose a story and get cozy." Over time this helps your child learn to manage situations that are challenging for her.

- **Plan for tantrums.** Tantrums are very common in the toddler years because children are still learning—and sometimes really struggling—with managing and expressing their feelings.

Tantrums are their way of saying, "I am out of control and need your help to calm down."

Rather than getting angry, too (which is easy to do, but can be scary for your child), help your child recover. Here's what you can try:

1. Put into words how you think your child is feeling: "You are really mad. You are so frustrated!"
 2. Give him a way to show his strong feelings: "Do you want to throw some pillows?"
 3. Give him the support he needs (hugs, time alone, his teddy, etc.) to recover.
 4. Suggest another activity to shift his energy to something positive: "Let's play with blocks."
 5. And, as hard as it is sometimes, try to stay calm during your child's tantrums. You teach your child self-control by staying calm when he has "lost it." This helps him feel safe and lets him know that you'll always be there to support him—even during the tough times.
- **Offer choices.** Choices give toddlers a sense of control and can help them cope with disappointment. You might say, "It is bedtime. But you can choose whether you put pajamas on first or whether you brush teeth first." Choices can also help children deal with angry feelings and move on. For example, during a tantrum, you might say, "I can see you need to cry right now. Would you like me to hold you or do you want to be alone?"

Teaching Feeling Words



We often think only of teaching words for common emotions like happy, sad, mad, etc. But there are many, many other feeling words that we can use to describe the range of complex emotions each of us (and our children) experience every day.

Children benefit when they develop a "feelings vocabulary" that they can use to communicate what they are feeling and experiencing. While babies and

toddlers won't understand these words right away, over time and with practice they will grasp their meaning and begin to use these words themselves. Here are some ideas:

Brave	Frustrated	Embarrassed	Safe
Cheerful	Curious	Jealous	Relieved
Worried	Friendly	Angry	Peaceful
Joyful	Shy	Bored	Overwhelmed
Frightened	Ignored	Surprised	Loving
Calm	Lonely	Silly	Cranky
Excited	Interested	Uncomfortable	
Confused	Proud	Stubborn	

Putting It All Together

Understanding feelings is an important part of a child's social-emotional development. Babies and toddlers experience feelings just like you do, and know when you are feeling happy or down as well. When you use words to describe emotions, share in their good feelings, and comfort them when they feel sad or overwhelmed, young children are learning important social-emotional skills. This learning takes a lot of practice on their part, and a lot of patience on yours. But the time and effort are worth it. The social-emotional skills children develop in the first two years are ones they will use and build on for the rest of their lives.

Reference: Greenspan, S. (with Breslau Lewis, N.). (1999). *Building healthy minds: The six experiences that create intelligence and emotional growth in babies and young children*. Cambridge: Perseus Books.

