

# child care health connections

A HEALTH AND SAFETY NEWSLETTER FOR CALIFORNIA CHILD CARE PROFESSIONALS

Published by the California Childcare Health Program (CCHP), a program of the University of California, San Francisco (UCSF) School of Nursing (UCSF)



## Nurturing Empathy

**E**mpathy is the ability to recognize, appreciate and respond to another's feelings. Human beings are born with a capacity for empathy. Newborn infants are able to identify the cries of other newborns and will cry in response. These are the earliest expressions of what later becomes the child's ability to empathize with another. But empathy doesn't develop only because of the way our brains are wired. Very young children must experience empathy in order to develop the ability to be empathic with others. Empathy develops out of young children's earliest relationships with parents and caregivers who recognize, understand and respond to their needs and feelings.

Encouraging children's capacity for empathy is important in early childhood because morality depends on it: in order for children to be able to treat others as they want to be treated, they have to be able to recognize and understand how others feel. True empathy doesn't begin to appear until the age of 18 to 30 months, when toddlers begin to develop a sense of self and other. It is only when they are able to understand that someone else exists as separate from themselves that toddlers are able to recognize the feelings of another and respond in a comforting way.

Empathy is important for children's ability to get along socially with peers. When a child is capable of empathy, she is able to understand the emotional and social effects of her behavior on others. She can also more accurately interpret the social cues of her peers and understand their intentions. On the other hand, children who are less empathic tend to behave more aggressively towards others. This may be related to their inability to perceive or accurately interpret the feelings and behaviors of others.

### How can you nurture empathy in young children?

- When a child hurts another child, explain in simple words how the hurt child feels. Focus on feelings, not actions. Model empathy by expressing your own concern about both children in the situation.
- Ask questions like, "How do you think Sam feels when you take away the truck he is playing with?"

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California Child Care

## Healthline



Call **800.333.3212**  
for free consultations  
on health and safety  
in child care

## health + safety tips

### Managing Challenging Behaviors

In order to address challenging behaviors that continue despite ECE providers' attempts to manage them, providers should:

- a. Observe and document the child's behavior over time to identify patterns of behavior.
- b. Get information from the family about the child's history, relationships and behavior at home.
- c. Have another person observe the child.
- d. Summarize the concerns about the child's behavior with the parents and together develop strategies to meet the child's needs.
- e. Ask that a child care or mental health consultant observe and assess the child and provide, with the parent's consent, strategies for intervention.

*Child Care Health Connections* is a bimonthly newsletter published by the California Childcare Health Program (CCHP), a community-based program of the University of California, San Francisco School of Nursing, Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety. Information provided in *Child Care Health Connections* is intended to supplement, not replace, medical advice.

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## How to Analyze Behavior Problems



**I have a new 3 year old in my program whose behavior is very puzzling to my staff, his parents and me. He has only been here for 3 months. What would help me understand his behavior and what to do about it?**



It sounds like you have a good beginning in that you've been talking to the parents. Next step is to organize your observations that may provide clues on how to proceed. Observe the child in 10-minute periods in different settings for 5 days and write down exactly what you see. Then reflect on the possible causes. These suggestions appear in the CCHP Curriculum for Child Care Health Consultants chapter on Behavioral Health, available online at [www.ucsfchildcarehealth.org/pdfs/Curricula/CCHC/14\\_CCHC\\_Behavioral\\_0406.pdf](http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHC/14_CCHC_Behavioral_0406.pdf), and are adapted from WestEd's Program for Infant/Toddler Caregivers.

#### **Is the behavior a result of?**

1. **Developmental Stage** – Emerging developmental stages are often accompanied by troublesome behavior. What do you know about the developmental challenges of 3-year-olds? Where can you find more information? If it's typical, you can relax and channel the behavior in more tolerable ways or put a stop to it.
2. **Individual Differences** – Not all children of the same age act the same way. A child may have temperament differences or special needs that affect the way a child perceives or responds to their world. What do you know about these factors? Observe and identify a child's unique style and reflect on ways to appreciate and work with a child's unique qualities.
3. **The Environment** – What are the environments in the home, the child care program, the culture and are the expectations in the home the same as in the child care setting? Is the behavior improved in different spaces? Try different strategies to promote protection, order and calm. Is the behavior getting better or worse over time? Why?
4. **The Child Does Not Know But is Ready to Learn** – The child might be in a new/unfamiliar situation or facing a new task. Use messages that help the child express what they are feeling appropriately (e.g. "use your words") over and over again and teach acceptable behaviors.
5. **Unmet Emotional Need** – The behavior has a certain driven quality and may require some guidance from an early childhood consultant.

There is no magic formula to understand challenging behavior but this guide may provide a reflective framework to focus your research and to develop your intervention strategies. If the hurdles and frustration remain, you may have to consult an early childhood behavioral specialist.

#### **Resource**

The **Center on the Social and Emotional Foundations for Early Learning (CSEFEL)**: Individualized Intensive Interventions: Determining the Meaning of Challenging Behavior [www.vanderbilt.edu/csefel/resources/training\\_preschool.html](http://www.vanderbilt.edu/csefel/resources/training_preschool.html).

by Judy Calder, RN

## The Role of Caregiver Touch in Children's Mental Health

**T**ouch is the first of our senses to develop. The skin is the largest of our sense organs and provides our simplest and most direct way of connecting with the world. Some researchers say that the contacts we have with one another through touch are more powerful than our verbal or facial expressions, and affect everything we do. Interpersonal touch has been shown to play an important role in our emotional well-being and in children's healthy social, cognitive, and physical development. This is especially true for our early social interactions. Infants' first lessons in loving often come through the touch of caregivers. Through touch, adults soothe young children, reassure them that they are safe and promote the formation of secure attachments. Unfortunately, the role of touch is often left out in discussions of healthy emotional development of children. Caregivers are sometimes cautious about touching children because they fear being accused of child abuse. Instead, we think of our facial and body expressions (like smiles and frowns) and our words as the main way that we communicate feelings and emotions to young children. But research tells us this is a mistake. Touching young children, especially infants, is critical for development.

Lack of touch can alter the physical structure of the brain, stunt growth and lower IQ scores. Certain brain chemicals that are necessary for growth are stimulated by touch. When infants are not touched enough, other chemicals are released that stunt growth. Touch also has important effects on the immune system. For example, in monkeys early physical touching in the form of grooming has been shown to affect their bodies' ability to respond to a tetanus shot and develop immunity to the disease. Caregiver touch has been shown to improve the cognitive, gross motor, and language development, as well as the visual organization, of low birth weight babies who are otherwise healthy. They

also feel more securely attached to their parent and have fewer behavioral problems at the age of two. Touch can also help young children cope with stress. Touch researcher Tiffany Field also points out that cultures that shower physical affection on young children have little adult violence.

To ensure that touch is incorporated into your ECE practices:

- Provide careful, open communication with families and staff about the value of touch in children's development.
- Do not institute "no-touch policies" to reduce the risk of child abuse. No-touch policies are misguided efforts that fail to recognize the importance of touch in young children's healthy development.<sup>1</sup>
- During daily activities such as greeting, story time or nap time, include gentle touch. Cuddling, patting or rubbing the back can help a child feel welcome and connected.
- Remind caregivers that the hands, face, neck, fingertips and feet have lots of nerve endings and nerve pathways and to respect individual needs for touch
- Encourage simple hand holding: it can communicate protection, direction and connection to young children

<sup>1</sup>NAEYC, Prevention of Child Abuse in Early Childhood Programs and the Responsibilities of Early Childhood Professionals to Prevent Child Abuse, A position statement of the National Association for the Education of Young Children <https://oldweb.naeyc.org/about/positions/pdf/pschab98.pdf>

### Resources

Field, T. (2003) *Touch*. MIT Press

by Vickie Leonard, RN, FNP, PhD

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### Nurturing Empathy

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- When reading books to children, talk about what the characters are feeling and why they might feel that way.
- Collect pictures of children expressing different emotions. Ask children if they can match the children who are feeling mad, sad, happy etc.
- Acknowledge the caring or thoughtful things that children do for others.

### Resources

deWaal, F. (2010) The Evolution of Empathy, Greater Good Magazine [http://greatergood.berkeley.edu/greatergood/2010/january/De\\_Waal.php](http://greatergood.berkeley.edu/greatergood/2010/january/De_Waal.php)

by Vickie Leonard, RN, PhD



# Stress and Emotional Resilience

Everyone has stress. And while there is no way to completely avoid stress, there are many ways to respond to it. Stressed-out people can experience many negative emotions including anger, anxiety, and depression. Have you noticed how some people become trapped in negative emotions long after a stressful event, while others can easily return to more positive emotions? .

## What is emotional resilience?

Emotional resilience is the ability to deal with stress quickly and effectively and bounce back to a positive emotional state. This trait is especially important for people who care for young children because children need relationships with emotionally responsive, predictable adults. Nurturing the skills, habits and outlooks that lead to emotional resilience is an important task for early care and education (ECE) professionals.

## Positive emotions and resilience

Positive emotions are linked to emotional resilience. There are many words to describe positive emotions, including joyful, calm, happy, friendly, hopeful, prepared, productive, appreciated, valued, connected, understood, skillful, enthusiastic, excited and content. People who have more positive emotions tend to develop better support systems and are more emotionally resilient. In turn, early educators who are emotionally resilient are better able to create emotionally healthy environments in child care programs.

## Tips to strengthen your emotional resilience

- “Make deposits” in your bank of positive thoughts and memories. Reflect on happy experiences, enjoy photos from happy times, acknowledge compliments from others and pay attention to acts of kindness.
- Build connections with others. Call on friends and family, and make new friends. Be helpful and ask for help when you need it.
- Have realistic expectations. Understand what you can and cannot control and know your limits.
- Control what you can. Use good problem solving skills, be prepared and learn new things. Allow enough time for tasks. Practice good communication with friends, family and coworkers.
- Be optimistic. Find time to do the things you enjoy and look for joy in simple, everyday things.
- Finally, be aware that some thoughts, emotions and habits can undermine your emotional resilience, such as the inability to accept uncertainty, pessimism, negative self-talk, unrealistic expectations, perfectionism and the feeling of being out-of-control.

## Resources and References

The Greater Good Science Center at [http://peacecenter.berkeley.edu/sci-about\\_landing.html](http://peacecenter.berkeley.edu/sci-about_landing.html)

Mental Health Center of Denver at [www.mhcd.org](http://www.mhcd.org)

Cohn, Michael A. et al., Happiness unpacked: Positive emotions increase life satisfaction by building resilience. *Emotion*. Vol 9(3), 2009, 361-368.

by Bobbie Rose RN



## Games that teach children self-control

Self regulation is a major milestone in children’s emotional development during the first five years. When children learn to focus attention and control behavior they are also learning to self-regulate. Skills of self regulation have been linked to executive function, social competence and are good predictors of future success in school.

Play these classic childhood games that provide physical activity and help children learn to listen, think about their actions and control their behavior... all while having fun!

- Red Light, Green Light
- Mother May I?
- Simon Says
- Follow the Leader
- Freeze Dance
- Hide-and-Seek

For rules to these games and others go to: [www.gameskidsplay.net/](http://www.gameskidsplay.net/)



## Helping Young Children Develop Self-Esteem

**S**elf-esteem or feelings of self-worth are linked to success in life, and play an important role in the development of children's social, physical and academic abilities. Research shows that low self-esteem is associated with increased risk for loneliness, resentment, irritability, anxiety, depression, and eating disorders.

As a parent, you, more than anyone else, can play an important role in promoting your children's self-esteem and helping them feel better about themselves.

### What is self-esteem?

Self-esteem is a term used in psychology to reflect a person's overall evaluation of his or her own worth. If you have good self-esteem, it means that you like yourself and believe that you are as good as everyone else. If you have poor self-esteem, it means that you believe that you are inferior to others.

Self-esteem encompasses the beliefs and feelings that children have about their competence and worth, including their ability to make a difference in their environment, confront challenges and learn from both their success and failure.

### Signs of a healthy self-esteem

Children with good self-esteem have a sense of security, assume responsibility, act independently, take personal pride in accomplishments, tolerate frustration, accept mistakes and failure, have a sense of self-discipline and self-control, handle peer pressure appropriately, attempt new tasks and challenges, handle positive and negative feelings, and offer assistance to others.

### How Parents Can Help

The development of a healthy or positive self-esteem is very important to the happiness and success of children. Parental attitudes and behavior heavily affect the development of self-esteem in young children. The following tips are helpful for developing healthy self-esteem in your children:

- Praise your children and remember to commend them for their efforts and jobs well done. Help them feel special and appreciated.
- Identify and redirect your children's inaccurate beliefs. Teach them how to think in positive ways, and change their negative thoughts about themselves to positive ones.

- Give constructive criticism, and avoid criticism that takes the form of ridicule or shame. Provide feedback about the child's actions, not the child as a person.
- Teach children to develop problem-solving and decision-making skills. Recognize them when they have made good decisions.
- Be a positive role model. Take care of your own self-esteem, and your children will have a great role model.
- Create a safe, loving home environment. Children who do not feel safe or are abused at home will suffer immensely from low self-esteem.
- Show children that you can laugh at yourself. Show them that life doesn't need to be serious all the time. Laughing, good humor and smiling not only lighten the mood but also relieve stress, increase energy and take away thoughts of anger, anxiety or distress.

While it is normal to have ups and downs in life, and children's sense of self-esteem can vary from one situation to the next, constant poor or low self-esteem can be a symptom of a mental health disorder or emotional disturbance requiring medical attention.

### Resources

Building Self-esteem a Self-Help Guide online at [http://download.ncadi.samhsa.gov/ken/pdf/SMA-3715/SMA-3715\\_Building\\_Self\\_11p.pdf](http://download.ncadi.samhsa.gov/ken/pdf/SMA-3715/SMA-3715_Building_Self_11p.pdf)

The *Caring for Every Child's Mental Health Campaign*: Part of the Comprehensive Community Mental Health Services Program for Children and Their Families of the Federal Center for Mental Health Services. Parents and caregivers who wish to learn more about mental well-being in children may call (800) 789-2647 or visit [mentalhealth.samhsa.gov/child/](http://mentalhealth.samhsa.gov/child/).

by A. Rahman Zamani, MD, MPH



## Inclusion of Children with Special Needs

**E**arly Care and Education (ECE) providers play an important role in both identification and inclusion of children with disabilities and other special needs in their programs. They can use their knowledge of typical child development to collaborate with parents and provide the highest quality care.

### What is inclusion?

Inclusion is defined as the full and active participation of children with disabilities and other special needs in the same classroom, community activities, services and programs designed for typically developing children. It is providing equal opportunity for children with special needs to participate in the same types of programs and activities as children without disabilities or special needs.

### Typical or normative development

To be able to identify children with disabilities and special needs, a general understanding of normative early childhood development is important. In other words, typical child development is a foundation for understanding children with special needs.

Each child grows at his or her own pace. Developmental milestones are skills that a child acquires within a specific time frame. Understanding the milestones give ECE providers and parents a general idea of the changes they can expect to see as children develop.

### The developmental milestones

Milestones develop in a sequential manner; this means that a child will need to develop some skills before he or she can develop new skills. The developmental milestones work as a road map for child development, and they are the indicators for assessing children's development.

Children, even from the same parents, grow at their own pace. A child may reach the milestone earlier or later than other children in the same age group. It is not uncommon for a healthy, typically developing child to lag behind in a particular area of development, only to catch up later.

Some children are born with identified special needs that affect their growth and development. Other children may not show developmental problems, delays, or differences until later in childhood. It is often missing a milestone that signals a developmental delay or disability.

### Five main areas of development

1. **Cognitive:** the child's ability to learn, think, reason, plan, and solve problems.
2. **Social and Emotional:** the child's ability to interact with others, including helping themselves and having self-control.
3. **Speech & Language:** the child's ability to both understand and use language.
4. **Fine Motor Skill:** the child's ability to use the small muscles and eye-hand coordination, specifically their hands and fingers, to pick up, hold and manipulate small objects.
5. **Gross Motor Skill:** the child's ability to use large muscles in actions such as a walking, running, jumping and hopping.

### Children with special needs:

*Caring for Our Children* defines children with special needs as "those children with developmental disabilities, mental retardation, emotional disturbance, sensory or motor difficulty, or significant chronic illness who require special health surveillance or specialized programs, interventions, technologies, or facilities."

The Individuals with Disabilities Education Act (IDEA) is a law that identified 13 categories of disabilities and guaranteed that all children from 3 to 21 years of age are eligible for a free and appropriate public education. Children who have one or more of the following disabilities are eligible for special education and related services that address their impairment: mental retardation, deafness, hearing impairment, speech or language impairment, visual impairment (including blindness), serious emotional disturbance, orthopedic impairment, other health impairment, deaf-blindness, specific learning disability, autism, traumatic brain injury, and multiple disabilities.

### References & Resources

*Caring for Our Children: National Health and Safety Performance Standards: Guidelines for out-of-home Child Care, Second Edition*, (2002).  
Online at <http://nrc.uchsc.edu/CFOC/>

*Reasons for Concern* online at [www.dds.ca.gov/earllystart/docs/Reasons-ForConcern\\_English.pdf](http://www.dds.ca.gov/earllystart/docs/Reasons-ForConcern_English.pdf)

*Serving children with disabilities in Child Care setting* at [www.nccic.acf.hhs.gov/ccb/issue5.html](http://www.nccic.acf.hhs.gov/ccb/issue5.html)

Tahereh Garakani, MA Ed



# Additional Tips for Managing Challenging Behaviors

## Talking with Families about Problem Behavior

DO	DON'T
<ol style="list-style-type: none"> <li>1. Begin the discussion by expressing concern about the child.</li> <li>2. Let the parent know that your goal is to help the child.</li> <li>3. Ask the parent if he or she has experienced similar situations and are concerned.</li> <li>4. Tell the parent that you want to work with the family to help the child develop appropriate behavior and social skills.</li> <li>5. Tell the parent about what is happening in the classroom but only after the parent understands that you are concerned about the child, not blaming the family.</li> <li>6. Offer to work with the parent in the development of a behavior support plan that can be used at home and in the classroom.</li> <li>7. Emphasize that your focus will be to help the child develop the skills needed to be successful in the classroom. The child needs instruction and support.</li> <li>8. Stress that if you can work together, you are more likely to be successful in helping the child learn new skills.</li> </ol>	<ol style="list-style-type: none"> <li>1. Begin the discussion by indicating that the child’s behavior is not tolerable.</li> <li>2. Indicate that the child must be punished or “dealt with” by the parent.</li> <li>3. Ask the parent if something has happened at home to cause the behavior.</li> <li>4. Indicate that the parent should take action to resolve the problem at home.</li> <li>5. Initiate the conversation by listing the child’s challenging behavior. Discussions about challenging behavior should be framed as “the child is having a difficult time” rather than losing control.</li> <li>6. Leave it up to the parent to manage problems at home; develop a plan without inviting family participation.</li> <li>7. Let the parent believe that the child needs more discipline.</li> <li>8. Minimize the importance of helping the family understand and implement positive behavior support.</li> </ol>

Courtesy of the Center on the Social and Emotional Foundations for Early Learning (CSEFEL)  
Source: Module 3a (Individualized Intensive Interventions: Determining the Meaning of Challenging Behavior), Handout 3a.2: Individualized Intensive Interventions. [www.vanderbilt.edu/csefel/index.html](http://www.vanderbilt.edu/csefel/index.html)

California Department of Education/Child Development Division (CDE/CDD) is participating in an early childhood professional development opportunity designed to support the social and emotional development of children birth through five by promoting the CSEFEL pyramid model. The California CSEFEL project is funded by the Office of Head Start and the Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services to provide training and technical assistance to selected states. It emphasizes strong relationships, support for social competence, and the prevention of challenging behaviors and is in alignment with the California Preschool Learning Foundations and Infant/Toddler Learning and Development Foundations.



## health + safety resources

**National Children's Mental Health Awareness Day** May 6, 2010 is a day to promote positive development of infants, toddlers and youths, and raise the awareness about the importance of mental health. For more information please visit [www.samhsa.gov/children](http://www.samhsa.gov/children)

### CCHP TOPICS RELATED TO BEHAVIORAL HEALTH

*Health and Safety Notes* available online at [www.ucsfchildcarehealth.org/html/pandr/hsnotesmain.htm](http://www.ucsfchildcarehealth.org/html/pandr/hsnotesmain.htm)

- Caring for the Spirited Child
- Conversations in Child Care
- Electronic Media and Young Children

*Fact Sheets for Families* available online at [www.ucsfchildcarehealth.org/html/factsheetsmain.htm](http://www.ucsfchildcarehealth.org/html/factsheetsmain.htm)

- Choosing Quality Child Care Matters
- Communicating with Your Child Care Provider
- Good Sleep
- Happiness Leads to Better Health

*Training Curricula*, available online

- Curriculum for Child Care Health Consultants Module on Behavioral Health online at [www.ucsfchildcarehealth.org/pdfs/Curricula/CCHC/14\\_CCHC\\_Behavioral\\_0406.pdf](http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHC/14_CCHC_Behavioral_0406.pdf)

- Curriculum for Child Care Health Advocates Module on Social and Emotional Development of Children online at [www.ucsfchildcarehealth.org/pdfs/Curricula/CCHA/15\\_CCHA\\_SocialEmotional\\_0406\\_v2.pdf](http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHA/15_CCHA_SocialEmotional_0406_v2.pdf)

### The Center on the Social and Emotional Foundations for Early Learning (CSEFEL)

CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country. CSEFEL focused on promoting the social emotional development and school readiness of young children birth to age 5. [www.vanderbilt.edu/csefel/](http://www.vanderbilt.edu/csefel/)

### The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children

CSEFEL has developed extensive, user-friendly training materials, videos, and print resources which are available directly from their website at [www.vanderbilt.edu/csefel/](http://www.vanderbilt.edu/csefel/) to help early care, health and education providers implement this model.

**May is Asthma Awareness Month! Take this opportunity to improve the lives of people with asthma in your community.**

EPA can help you get started. In support of Asthma Awareness Month, EPA has developed highly effective, no-cost materials to assist you in planning asthma outreach events in your community.

Visit EPA's Asthma Awareness Web page at [www.epa.gov/asthma/awm/index.html](http://www.epa.gov/asthma/awm/index.html) to view these materials and start planning your events and other activities!

### Be sure to download EPA's Event Planning Kit.

- This Kit is free and provides:
- Plans for activities that will draw attention to asthma in your community,
  - Tips for engaging high-profile partners in your work,
  - Easy to use templates to save you time and money,
  - Examples of successful activities from Asthma Awareness Month 2009, and
  - Much more!

### New online training on SIDS risk reduction from AAP

The American Academy of Pediatrics (AAP) Healthy Child Care has a new online module on Reducing the Risk of Sudden Infant Death Syndrome (SIDS) in Child Care. Based on the AAP Reducing the Risk of SIDS in Child Care Speakers Kit, this free course is designed to educate everyone who cares for babies. For instructions on how to access this course, visit [www.healthychildcare.org/sids.html](http://www.healthychildcare.org/sids.html)

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CHANGE SERVICE REQUESTED