

# Your Developing Child

**Information on Typical  
Early Childhood Development**

**Plus Selected Mental Health Topics**



*Our Children Succeed Initiative*



A Children's Mental Health System of Care  
serving Kittson, Mahanomen, Marshall, Norman, Polk and Red Lake Counties

*Ages 0-21*



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Early Childhood Development**

**Plus Selected Mental Health Topics**

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Made possible by a federal SAMHSA grant

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# PREFACE

## Thank You!

Thank you for your interest in the development and mental health of children in the early childhood age range. It is our hope that this informational booklet will provide you with plenty of information about typical early childhood development as well as offer information on common mental health diagnoses in early childhood.

This booklet is brought to you by the Our Children Succeed Initiative (OCSI), which is funded through a United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) grant.

## What is the Our Children Succeed Initiative (OCSI)?

Our Children Succeed Initiative is a partnership of children, youth, young adults, parents and caregivers working together with agencies to promote competent and coordinated services for individuals ages 0-21 with social, emotional, and behavioral concerns and their families. Together, families and agencies organize and plan services, ensuring that each family receives services designed to meet its individual needs.

## The OCSI is a System of Care

The System of Care approach is an attempt to bring a more holistic approach to working with children and families and to coordinate the services these children and families are receiving.

The core values of the system of care philosophy specify that services should be community-based, child-centered, family-focused, and culturally and linguistically competent. Also, services should be comprehensive; individualized; provided in the least restrictive, appropriate setting; coordinated at all levels; emphasize early identification and intervention; and involve families and youth as full partners.

## We Provide Family-Driven Care

We recognize that families are one of the most important partners in our quest to help children succeed. The Federation of Families for Children's Mental Health (Federation of Families) has produced the following definition of family-driven children's mental health care.

Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals;
- Designing, implementing and evaluating programs;
- Monitoring outcomes; and
- Partnering in funding decisions.

Available at: <http://www.ffcmh.org>

## To Access Services

To make a referral, please visit:  
[www.ourchildrensucceedinitiative.org/earlychildhood](http://www.ourchildrensucceedinitiative.org/earlychildhood)  
603 Bruce Street, Crookston, MN 56716  
(218) 281-0265, Fax (218) 281-6261

We respect heritage, customs, beliefs, and values of racial, ethnic, religious and social groups in a family-driven, youth-guided system of care.

## Thank You!

**Through the efforts of many,  
our children will succeed!**



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# Typical Development



# Your Child and GENERAL DEVELOPMENT

	Typical Development	Ways to Interact	Ideal Play Items
Newborn (0—3 months)	<p>Your newborn is still adjusting to life outside the womb. He is mostly a sensory creature at this time—very in tune with how things feel, sound, taste, look, and smell. A loud noise may make her startle and faces are her favorite thing to look at. Every day can bring a new milestone. By about two months, he will begin to reach for things, and by about four months, he can get these things to his mouth. By three months, she can smile at others and the sound of your voice, as well as coo.</p>	<ul style="list-style-type: none"> <li>• Plenty of snuggle time will help you and your child form a deep bond</li> <li>• Make sure to give your child some “tummy time” every day—stay there to supervise her and to keep her entertained</li> <li>• Vocalize with your infant—coo and wait for her to coo back, having a sort of conversation</li> <li>• Talk to your child often, even when diapering, feeding, bathing, etc. Your child loves to hear your voice</li> <li>• Give him a variety of objects and textures to touch and hold</li> <li>• Look at each other in a mirror; faces are your child’s favorite thing to see</li> <li>• She’ll love it if you hold her so she can see your face and sing lullabies or read nursery rhymes or books</li> </ul>	<ul style="list-style-type: none"> <li>• Looking at your face as you talk or coo to her</li> <li>• Rattles</li> <li>• Squeaky toys</li> <li>• Textured teething rings</li> <li>• Non-breakable mirrors</li> <li>• Pictures/Books in black and white</li> <li>• Picture books</li> <li>• Playing peek-a-boo</li> </ul> 
Infants (3—12 months)	<p>Your child is intent on discovering the world around him! He loves interacting with you with coos, babbles, smiles, and squeals. By the end of this year, you’ll probably even be hearing a few “words”! Your little one is growing in leaps and bounds and so is his ability to explore the world.</p> <p>By 6 months, she should be able to roll over (at least one way). By 8 months, she should be able to sit without support. Sometime before 12 months, she’ll probably begin to crawl and cruise (walk around) furniture. Some little ones even begin walking! She will start eating solids and learn to pick up lots of objects. Your child will also be able to tell the difference between familiar caregivers and strangers, and respond to her own name.</p>	<ul style="list-style-type: none"> <li>• Hold/snuggle your child often</li> <li>• Provide daily “tummy time” in order to help your child learn to roll over, crawl, and build muscle strength</li> <li>• Play pat-a-cake – in time, your child will be able to clap her hands, too</li> <li>• Try hiding a toy under a blanket and have him find it—this is a good way for him to learn that hidden things still exist</li> <li>• Talk to your child often, even if you’re just telling her what you’re doing—this helps her build language skills</li> <li>• Give your child plenty of time to explore different environments—make sure to child-proof for safety!</li> </ul>	<ul style="list-style-type: none"> <li>• Your little one loves to play with you</li> <li>• Stacking and nesting toys</li> <li>• Toys for the bath</li> <li>• Large balls</li> <li>• Musical toys</li> <li>• Board books &amp; textured books</li> <li>• Pop-up toys</li> <li>• Peek-a-boo is still a favorite</li> <li>• Cars and dolls</li> <li>• Blocks</li> </ul> 



# Your Child and GENERAL DEVELOPMENT (cont.)

	Typical Development	Ways to Interact	Ideal Play Items
Toddlers (12months – 3 years)	<p>Your child has realized that the world is a fascinating place! With her new mobility, she loves to explore everything! By age 3, she will be able to run, jump, and walk up and down stairs! She can also help you dress her, put objects in and out of containers, stack blocks, and color with crayons.</p> <p>Language is also a key part of this stage—your toddler understands much of what you say, and can usually say 10-20 words by 18 months, more than 50 words by age 2, and sentences of 3 or more words by age 3! She is also beginning to realize that she is a separate person than you and has thoughts, feelings, and interests of her own. This may bring insistence on “me do it” or some temper tantrums, but realize this is all a normal part of growing and developing.</p>	<ul style="list-style-type: none"> <li>• Snuggle/hold your child as often as you can!</li> <li>• Provide opportunities for your child to engage in quiet play (i.e. puzzles) and louder play (i.e. running outside)</li> <li>• Demonstrate how to do various things and watch your toddler copy you (i.e. stacking blocks, putting lids on containers)</li> <li>• Support your child's growing independence by allowing her to do some things by herself</li> <li>• Help your child learn new words by naming items around the house, in the store, etc.</li> <li>• Give your child choices to help limit temper tantrums</li> <li>• Engage in make-believe or pretend play with your child</li> <li>• Help your child learn about feelings by naming them and talking about them</li> </ul>	<ul style="list-style-type: none"> <li>• Ride-on toys</li> <li>• Kitchen items—pots and pans, plastic containers, spoons, etc.</li> <li>• Shape sorters</li> <li>• Simple puzzles</li> <li>• Balls</li> <li>• Blocks</li> <li>• Crayons, markers, paint &amp; paper for art</li> <li>• Dolls, cars, dishes, phones, strollers, tea sets, workbenches, and other pretend toys</li> <li>• Musical instruments</li> </ul> 
Early Childhood (3-5years)  <i>Adapted from: National Network for Child Care (1994) and American Academy of Pediatrics (2000)</i>	<p>Your child is very curious about everything around him. He has developed his own personality and his own likes and dislikes. By age 3, he is able to play games with other kids, ride a tricycle, dress himself, and use child-safe scissors. By age 4, he is beginning to understand letters, numbers, colors, and sizes. By age 5, he knows all of the letters of the alphabet and can write most of them, as well as his own name and a few other words. Some 5-year-olds can even read short books. Children in this stage gain new skills everyday and delight in showing you their progress!</p>	<ul style="list-style-type: none"> <li>• Tell your child “I love you” and “I’m proud of you”</li> <li>• Spend time with your child doing what she wants to do</li> <li>• Laugh together often</li> <li>• Provide opportunities for him to learn or practice new things—go to an art fair, take a nature walk, check out a book on worms, build an obstacle course in your room, etc.</li> <li>• Exercise with your child—go for a walk, shoot some hoops, ride a bike, etc.</li> <li>• Practice writing letters, numbers, and spelling—try using clay or writing in pudding or shaving cream for a new twist</li> <li>• Create art projects together</li> <li>• Engage in make-believe or pretend play with your child</li> </ul>	<ul style="list-style-type: none"> <li>• Board games and simple card games to play with others (i.e. Hi Ho Cherry-O, CandyLand, etc.)</li> <li>• Pretend play toys: trains, dollhouses, farm sets</li> <li>• Toys with letters and numbers</li> <li>• Arts and crafts</li> <li>• Dress-up clothes</li> <li>• Books of all kinds</li> </ul> 

# Your Child and MOTOR DEVELOPMENT

## Motor Development

Motor Development is the category of physical development that refers to the ability to use one's muscles to move in various ways, as well as the development of strength, posture, and balance. The skills that fall under motor development develop gradually over the first few years of life and then become further refined depending on the child's activities throughout the rest of his/her life. Motor skills and motor control depend on the proper functioning of the brain, bones, joints, and nervous system, as they can be and are affected with various disabilities.

There are two main categories of motor skills: 1) gross motor skills, which refers to the large muscles, such as lifting one's head, rolling over, sitting up, balancing, crawling, walking, running, etc., and 2) fine motor skills, which refers to the use of the smaller muscles and very precise movements, such as manipulating small objects, transferring objects from hand to hand, picking up small objects, cutting, coloring and writing, etc.

Below is a chart showing the typical age ranges for various motor skills. Remember that all children develop at their own pace. If you are concerned about your child's development, please contact your child's medical doctor or another professional working with your child.

<u>Gross Motor Skill</u>	<u>Average Age/ Typical Age Range</u>	<u>Fine Motor Skill</u>	<u>Average Age/ Typical Age Range</u>
Can hold head steady	2 months Range 1-4 months	Uses hands to bat at objects	3 months Range 2-5 months
Rolling over (either way)	4 months Range 3-7 months	Brings objects to midline of body	4 months Range 3-6 months
Sitting without support	6 months Range 5-9 months	Transfers objects from hand to hand	5 months Range 4-7 months
Crawling on hands & knees	8 months Range 6-11 months	Uses a "rake" like action to pick up objects	7 months Range 5-10 months
Pulls to stand	9 months Range 6-12 months	Can finger feed	7 months Range 5-10 months
Cruising (walking along things)	11 months Range 9-14 months	Good pincer grasp (tip of thumb to tip of 1st finger)	9 months Range 7-10 months
Walking	12 months Range 9-17 months	Can help with dressing	12 months Range 10-16 months
Running	15 months Range 13-20 months	Spoon feeds self	15 months Range 12-18 months
Jumping on 2 feet	24 months Range 17-34 months	Shows handedness	24 months Range 18-30 months
Kicking ball	24 months Range 18-30 months	Undresses self	36 months Range 30-40 months
Pedaling a tricycle	36 months range 30-48 months	Holds a crayon well	By 36 months
Skiping	By 5 years	Can turn rotating handle (i.e. doorknobs)	By 36 months
Able to start and keep a swing going ("pump")	By 5 years	Can use a scissors	By 4 years
Stand on one leg for at least 10 seconds	By 5-6 years	Can button/unbutton, buckle, & try to tie shoes	By 5-6 years

*Adapted from the National Network for Child Care (1994), see appendix for complete citation*

# Your Child and SOCIAL DEVELOPMENT

## Age-Appropriate Expectations

One of the biggest challenges that parents face is understanding what is developmentally appropriate behavior for their child. The reality is that there is a wide range of “normal” in early childhood development. Furthermore, it is important to recognize that children often act out to get their needs met in times of change, stress, or when they don’t have the words to express their thoughts or feelings. Children are not “miniature adults” - they are still learning how to recognize their thoughts and feelings and express them in a way that helps their caregivers to meet their needs. Therefore, it is important for caregivers to support children in their social and emotional development.

## Stages of Social Development

Erik Erikson developed a model depicting the Eight Stages of Psychosocial Human Development. Each of these stages is more complex than the previous ones. If a child’s needs are not met in the earlier levels, this impacts his/her ability to progress to the next level. The first four stages are shown below:

Erikson’s Stage	Developmental Period	Characteristics	Ways to Support Children in This Stage
Trust vs. Mistrust	Infancy (first year)	A sense of trust requires a feeling of physical comfort and a minimal amount of fear about the future. Infants’ basic needs are met by responsive, sensitive caregivers.	Caregivers should meet infants’ needs promptly and in a loving manner. They should express warmth and caring in every interaction with the child.
Autonomy vs. Shame and Doubt	Infancy (second year)	After gaining trust in their caregivers, infants start to discover that they have a will of their own. They assert their sense of autonomy or independence. They realize their will. If infants are restrained too harshly, they are likely to develop a sense of shame and doubt.	Caregivers should provide opportunities for the child to assert his independence, for example, allowing him to explore his environment in a safe manner. Rather than saying “no” all the time, caregivers should structure the child’s environment such that the child can play with virtually all items, thus supporting his development of skills and creativity.
Initiative vs. Guilt	Early Childhood (preschool years, ages 3-5)	As preschool children encounter a widening social world, they are challenged more and need to develop more purposeful behavior to cope with these challenges. Children are now asked to assume more responsibility. Uncomfortable guilt feelings may arise, though, if children are irresponsible and made to feel too anxious.	Caregivers should provide a variety of experiences for children of this age in order for them to continue to learn how the world works and how their actions affect people and things around them. Caregivers should support children in their developing abilities without expecting perfection or putting too much responsibility on them.
Industry vs. Inferiority	Middle and Late Childhood Years (elementary years, ages 6-puberty)	At no other time are children more enthusiastic than at the end of early childhood’s period of expansive imagination. As children move into the elementary school years, they direct their energy toward mastering knowledge and intellectual skills. The danger at this stage involves feeling incompetent and unproductive.	Caregivers should continue to nurture the child’s developing sense of self, providing a variety of experiences for the child to learn about his different skills and abilities. Caregivers should encourage children to try different activities and support them in their efforts, no matter what the end result. Caregivers should refrain from excessive criticism and not expect perfection.

*Chart adapted from Santrock, J.W. (1999). Lifespan Development: Seventh Edition. Boston: McGraw Hill College.*

Regression, or returning to an earlier stage of development, is a normal response for children in times of stress or change. Whenever a child regresses, he is communicating to the adults in his life that he needs to take a step backward to work through an issue or problem and needs the emotional support of the adult to help him manage this temporary setback. Usually, with a lot of support from caregivers, a child is able to regain his previous level of functioning after adjusting to the new event or stressor.

# Your Child and LANGUAGE DEVELOPMENT

## Language Development

Language Development is the category of development that refers to the ability to produce sounds and words, understand words and their meanings, and communicate in an effective manner with others (usually using words, sentences, etc.). Language skills are developed gradually throughout a child's life and some aspects of language, i.e. vocabulary, continue to change well into adulthood. Like other skills, learning to communicate using spoken language takes time and practice. Development of language skills depends on proper functioning of many body parts, and it can be affected with various disabilities. Typical development of language skills is described below.

Age	Language Milestones	Activities to Encourage Development
By Age 1	<ul style="list-style-type: none"> <li>Recognizes name</li> <li>May say 2-3 words besides "mama" and "dada"</li> <li>Imitates familiar sounds</li> <li>Understands simple instructions</li> </ul>	<ul style="list-style-type: none"> <li>Respond to your child's coos and babbling</li> <li>Talk to your child as you care for him or her</li> <li>Read colorful books to your child every day</li> <li>Tell nursery rhymes and sing songs</li> <li>Teach your child the names of everyday items and familiar people</li> <li>Take your child with you to new places/situations</li> <li>Play simple games with your child such as "peek-a-boo" and "pat-a-cake"</li> </ul>
Between 1 and 2 years	<ul style="list-style-type: none"> <li>Understands "no"</li> <li>Uses 10 to 20 words, including names</li> <li>Combines two words, such as "daddy bye-bye"</li> <li>Waves good-bye and plays pat-a-cake</li> <li>Makes the "sounds" of familiar animals</li> <li>Gives a toy when asked</li> <li>Uses words such as "more" to make wants known</li> <li>Points to his or her toes, eyes, and nose</li> <li>Brings object from another room when asked</li> </ul>	<ul style="list-style-type: none"> <li>Praise, reward and encourage early efforts at saying new words</li> <li>Talk to your child about everything you're doing while you're with him</li> <li>Talk simply, clearly, and slowly to your child</li> <li>Talk about new situations before you go, while you're there, and again, when you are home</li> <li>Look at your child when he or she talks to you</li> <li>Describe what your child is doing, feeling, etc.</li> <li>Let your child listen to children's music</li> </ul>
Between 2 and 3 years	<ul style="list-style-type: none"> <li>Identifies body parts</li> <li>Carries on 'conversation' with self and dolls</li> <li>Asks "what's that?" and "where's my?"</li> <li>Uses 2-word negative phrases—i.e. "no want".</li> <li>Forms some plurals by adding "s" —i.e. books</li> <li>Has a 450 word vocabulary</li> <li>Gives first name, holds up fingers to tell age</li> <li>Combines nouns and verbs—i.e. "mommy go"</li> <li>Understands simple time concepts—i.e. "last night," "tomorrow," etc.</li> <li>Refers to self as "me" rather than by name</li> <li>Tries to get adult attention—i.e. "watch me"</li> <li>Likes to hear same story repeated</li> <li>May say "no" when meaning "yes"</li> <li>Talks to other children and adults</li> <li>Answers "where" questions</li> <li>Names common pictures and things</li> <li>Uses short sentences, like "me want more" or "me want cookie"</li> <li>Matches 3-4 colors, knows big and little</li> </ul>	<ul style="list-style-type: none"> <li>Repeat new words over and over</li> <li>Help your child listen and follow instructions by playing games: "pick up the ball," "touch daddy's nose"</li> <li>Take your child on trips and talk about what you see before, during and after the trip</li> <li>Let your child tell you answers to simple questions</li> <li>Read books every day, perhaps as part of the bedtime routine</li> <li>Listen attentively as your child talks to you</li> <li>Describe what you are doing, planning, or thinking</li> <li>Carry on conversations with your child, preferably when the two of you have some quiet time together</li> <li>Ask questions to get your child to think and talk</li> <li>Show your child you understand what he or she says by answering, smiling, and/or nodding your head</li> <li>Expand what your child says. If he or she says, "more juice," you say, "Adam wants more juice."</li> </ul>

# Your Child and LANGUAGE DEVELOPMENT (cont.)

## Language Development (continued)

Age	Language Milestones	Activities to Encourage Development
Between 3 and 4 years	<ul style="list-style-type: none"> <li>• Can tell a story</li> <li>• Has a sentence length of 4-5 words</li> <li>• Has a vocabulary of nearly 1,000 words</li> <li>• Names at least one color</li> <li>• Understands "yesterday," "summer," "lunchtime," "tonight," "little," and "big"</li> <li>• Begins to obey requests like "put the block under the chair"</li> <li>• Knows his or her last name, name of street on which he or she lives, and several nursery rhymes</li> </ul>	<ul style="list-style-type: none"> <li>• Talk about how objects are the same or different</li> <li>• Help your child to tell stories using books and pictures</li> <li>• Encourage your child to play with other children</li> <li>• Read longer stories to your child</li> <li>• Pay attention to your child when he's talking</li> <li>• Talk about places you've been or will be going</li> </ul>
Between 4 and 5 years	<ul style="list-style-type: none"> <li>• Uses past tense correctly</li> <li>• Has a vocabulary of nearly 1,500 words</li> <li>• Points to colors red, blue, yellow, and green</li> <li>• Identifies triangles, circles, and squares</li> <li>• Understands "in the morning," "next," and "afternoon"</li> <li>• Can speak of imaginary conditions, such as "I hope"</li> <li>• Asks many questions, such as "who?" and "why?"</li> </ul>	<ul style="list-style-type: none"> <li>• Help your child sort objects and things (i.e. things you eat, animals )</li> <li>• Teach your child how to use the telephone</li> <li>• Let your child help you plan activities such as what you will make for Thanksgiving dinner</li> <li>• Continue talking with him about his interests</li> <li>• Read longer stories to him</li> <li>• Let her tell and make up stories for you</li> <li>• Show your pleasure when she comes to talk to you</li> </ul>
Between 5 and 6 years	<ul style="list-style-type: none"> <li>• Has a sentence length of 5-6 words</li> <li>• Has a vocabulary of around 2,000 words</li> <li>• Defines objects by their use (you eat with a fork) and can tell what objects are made of</li> <li>• Knows spatial relations like "on top," "behind," "far," and "near"</li> <li>• Knows her address</li> <li>• Identifies a penny, nickel, and dime</li> <li>• Knows common opposites like "big/little"</li> <li>• Understands "same" and "different"</li> <li>• Counts ten objects</li> <li>• Asks questions for information</li> <li>• Distinguishes left and right hand</li> <li>• Uses all types of sentences, for example, "let's go to the store after we eat"</li> </ul>	<ul style="list-style-type: none"> <li>• Praise your child when she talks about her feelings, thoughts, hopes and fears</li> <li>• Comment on what you did or how you think your child feels</li> <li>• Sing songs, rhymes with your child</li> <li>• Continue to read longer stories</li> <li>• Talk with him as you would an adult</li> <li>• Look at family photos and talk to him about your family history</li> <li>• Listen to her when she talks to you</li> </ul>

Source: "Speech and Language Development Milestones," Learning Disabilities Association of America. Reprinted with permission.

**Remember that all children develop at their own pace. If you are concerned about your child's development, please contact your child's medical doctor or another professional working with your child.**



# Your Child and EATING

## Typical Behavior

### Child:

- Likes to explore new foods, choose what he likes, and feed himself (using fingers first, then utensils; drinks from a cup; will begin to use a fork and knife with more accuracy as he gets older)
- Enjoys being a part of family mealtimes and “table talk”
- Eats less than an adult and may eat more some days and less on other days
- May want to eat the same foods all the time or may be open to trying many new foods
- May be very messy when eating— this will get better as the child gets older, but remember that accidents are common
- Will probably need gentle reminders about table etiquette

### Parent/caregiver:

- Offer a variety of healthy foods, allow your child to choose what and how much to eat
- Eat family meals together, keep mealtimes pleasant and unrushed
- Avoid using food for comfort, reward, or punishment
- Do not force a child to “clean his plate”
- Expect to provide gentle reminders and good role modeling about table etiquette

## Consider Assistance

### If your child:

- Wants to eat all the time and begs for food
- Refuses to eat or doesn't enjoy mealtimes
- Has temper tantrums about food
- Shows little interest in feeding herself

### Or if you, as the parent/caregiver:

- Have concerns or power struggles over your child's eating
- Are trying to force your child to eat certain foods
- Feel pressured to increase or decrease your child's weight
- Get upset when your child won't eat or makes a mess when eating
- Are worried about having enough money to buy food

## Some Ideas to Try....

- If your child likes to eat the same foods all the time, keep offering new foods. Consider having a “no thank you” bite rule where your child has to at least try one bite of the new food before saying “no thank you.”
- Try to keep to a consistent schedule for mealtime. Children cannot wait as long as adults can when they are hungry and will become cranky very quickly when hungry.
- Try to offer a variety of healthy foods—fruits, vegetables, grains, etc.—and limit fast food consumption. If you need help knowing what to feed your child, contact your child's doctor for advice.
- Eating at home is usually much cheaper than eating out, even if you are eating fast food. If you plan ahead each week, you can usually find enough time to plan a more nutritious and cheaper meal at home.
- If you find that your child only wants to eat one part of the meal (i.e. fruits only), offer that option last so that she eats some grains, meats, dairy, and veggies before filling up on that item.
- Do not let your child snack all day or close to mealtime as this may mean that she will not eat at mealtime and then will be hungry again sometime after dinner is done. At the same time, if dinner is running late, and your child is hungry, consider allowing him to start eating a portion of the meal to prevent him from getting too cranky. This is especially important for younger children and toddlers.
- While it is generally best for the whole family to sit down together for the meal and stay together until everyone is done eating, very young children may have trouble with this and they may become bored and cranky.
- Don't necessarily have dessert after every meal. Also, consider offering fruit, jell-o, or another healthier option, instead of cakes, ice creams, cookies, etc. If you only have dessert rarely, it is more of a treat.



# Your Child and TOILETING/SELF-CARE

## Typical Behavior

### Child:

- Wants to do some things for himself without help
- Feels good when she learns to wash her hands and face, brush her teeth, and dress herself (age 2 to 4)
- Shows that he is ready to learn how to use the toilet when: he knows the difference between wet and dry, can pull his pants up and down, gives some sign before wetting or having a bowel movement, and stays dry for 2 hours or more (usually around age 2 to 3)



### Parent/caregiver:

- Teach your child basic self-care skills (hand-washing, tooth-brushing, dressing), and help make these routines fun
- Encourage and praise him as he learns to make choices and grows more independent
- Support and assist your child if she returns to baby-like behaviors at times of change or stress; avoid shaming or criticizing
- Wait to begin toilet training until your child seems ready (shows signs listed above)
- Delay toilet training if major changes occur in your family (new baby, home, or child care)
- Deal with “accidents” calmly and with acceptance
- Avoid conflicts or struggles over self-care/toileting

## Consider Assistance

### If your child:

- Shows no interest in learning to wash and dress herself
- Has made little progress in self-care or toileting (by age 3)
- Is unable to control body functions or use the toilet (by age 3)
- Seems very afraid of using the potty or toilet
- Goes back to soiling herself for extended period of time after she has mastered use of the toilet
- Holds back or refuses to have bowel movements

### Or if you, as the parent/caregiver:

- Find it hard to let your child try doing things for himself
- Are having struggles with your child over self-care or toileting
- Worry that your child doesn't seem able to learn how to use the toilet
- Are pushing too hard (or feeling pressured) to toilet train your child
- Get very upset or punish your child when “accidents” occur

## Remember...

- Let your child try to do things on her own, even if it's messy. Also, unless it really matters what clothes your child is wearing and if they match, etc., let your child pick out his own clothes or set her own style. These are the first steps toward your child becoming an independent person.
- To promote success in self-care/ toileting, use stools and/or a potty or special toilet seat to make the sink and toilet accessible for kid-sized bodies. Consider a stool by the toilet for your child's feet in order to help her bear down.
- If your child wants to be independent and do everything himself, let him. Then check his success afterward by “checking” - try saying that you want to “shine” his teeth and then re-brush them, or want to “make sure all the bubbles are gone” and re-rinse your child's hair, etc.
- Don't shame your child if he has an accident. Just calmly help her change her clothes and clean up.
- To prevent accidents when toilet training, have your child use the toilet before an enjoyed activity, such as playing with you or going outside. Making this a part of his regular routine will cut back on the likelihood of temper tantrums.
- Send an extra set of clothes (or 2) to your child's preschool, daycare, etc. so that your child has a spare set in case of an accident.
- Know that it is common for children to be afraid of flushing the toilet or of the bath water draining away. If your child is afraid of these things, try flushing the toilet for him when he's standing just out of the room and then get him closer each time until he isn't afraid any more. If he's afraid of the bathtub draining, drain the water after he's out.
- It is also common for kids to be afraid of losing a part of themselves when they have a bowel movement and it falls into the toilet. Remind them that that is the part of their food that their body is done with or some other way of reassuring them that they don't need it.
- Make a family habit of washing hands before you eat, after you sneeze, cough or use the bathroom, after touching something messy or dirty, after being outside, etc. If everyone is washing their hands, your child will be more interested.
- Learning to use the toilet and other self-care items means your child will be in the bathroom more often—make sure that any dangerous chemicals, cleaners, etc. are stored out of sight and out of your child's reach.



# Your Child and SLEEP

## Typical Behavior

### Child:

- Has a regular bedtime routine (cuddles while listening to stories, goes to bed at the same time each night)
- Can usually settle herself down to sleep
- May hold a comfort object (soft toy, blanket)
- Sleeps through the night (see chart)
- May have nighttime fears like monsters in the dark

### Parent/Caregiver:

- Have a regular bedtime routine, cuddle while reading a bedtime story together
- Gently help your child learn how to soothe and settle himself for sleep
- Calm your child's fears, help him feel safe and secure
- Provide a safe, quiet place for your child to sleep (no loose bedding, waterbeds, or spaces where your child could fall or be trapped)

## Consider Assistance

### If your child:

- Has a hard time calming down at bedtime; needs a lot of help to fall asleep or stay asleep
- Refuses to go to bed or stay in bed
- Has strong nighttime fears or scary dreams

### Or if you, as the parent/caregiver:

- Have a hard time helping your child fall asleep or stay asleep
- Need help handling bedtime problems, night waking, or nighttime fears



## Average Sleep by Age

Age	Nighttime Sleep	Daytime Sleep *	Total Sleep
12 months	11 1/4	2 1/2 (2)	13 3/4
18 months	11 1/4	2 1/4 (1)	13 1/2
2 years	11	2 (1)	13
3 years	10 1/2	1 1/2 (1)	12
4 years	10 — 11	0 — 1 (0-1)	11 1/2
5 years	10 — 11	0 — 1 (0-1)	11
* number of naps in parentheses			

## Some Ideas to Try....

- If your child has trouble settling down at night, make sure to set a consistent, soothing routine. Some ideas include reading books, snuggling, bath, talking about the day, etc.
- TV and movie watching before bedtime has been shown to increase excitement in children; therefore, consider a quiet activity, such as reading or "tell about your day." See the following website for more information: [http://kidshealth.org/parent/positive/family/tv\\_affects\\_child.html](http://kidshealth.org/parent/positive/family/tv_affects_child.html)
- If your child frequently comes out of her room early in the evening, keep bringing your child back to her bed. Do not allow your child to play or watch TV, etc. This may encourage your child to continue this behavior.
- If your child often wets the bed at night, try any of the following: limit liquids in the evening, do not offer caffeinated beverages, make sure your child uses the bathroom before bed, have your child wear absorbent underwear, and/or consider waking your child when you go to bed to have him go to the bathroom. Also, if the bed-wetting continues past school-age, contact the medical professional working with your child for more suggestions and/or evaluation.

*Information adapted from Bright Futures Developmental Checklists  
([www.brightfutures.org](http://www.brightfutures.org))*



# Your Child and SLEEP (cont.)

## Nightmares and Fears

An increase in fears and nightmares in preschool children is common. This is often due to a child's inability to separate fantasy from reality. Children will likely outgrow these fears on their own; however, there are some suggestions for parents to help young children cope with specific fears:

- Read happy and positive books before bed and talk about positive things.
- Create a special nighttime routine that you follow every night. This routine helps children feel safe and secure.
- Try putting a nightlight in her room or leaving his bedroom door open and the hallway light on.
- Eliminate all inappropriately scary or violent TV, movies, or video games. Young children are often watching and listening to older children's and adults' TV and video games that are on in the common living area of the home. Be sure young children are in bed, asleep, or gone from the home when this material is being viewed.
- Ask children what they are afraid of or if something bad or scary has happened to them (assess for abuse, sometimes nightmares happen for a reason). Reassure them that they will not be in trouble for telling. Seek help from Social Services if abuse is suspected.
- Reassure them that they are safe and that it is the parent's job to make sure that nothing bad will happen to them.



- Use the child's imagination to 'protect' them. For example, use "magic spray" to ward off monsters or other bad things in their dreams. Magic spray can be made by filling an empty spray bottle with water and a small amount of scented liquid (lemon juice, mom's perfume, soap, etc). Magic spray can be sprayed under the bed, in the closet, etc. before the child goes to bed. The child can be told that monsters and other bad things do not like the smell and they will not come around.
- Stuffed animals can also be "trained" to stand guard around the child's bed or by the door to keep the child safe through the night.
- Dream catchers can also be used to help ward off bad dreams.
- Try to keep children in their own beds if this is where they have been sleeping. Lie down with them in their beds when they are frightened to help them feel safe and secure. It is sometimes difficult to get a child back in his or her own bed if they are allowed to begin to sleep with parents or in another room due to fears.
- Do not punish them for being scared and getting up in the middle of the night. Continue to reassure and encourage them to get back to their normal routine. If they get up in the middle of the night, walk them back to bed, check under bed, spray for monsters, reassure, give a kiss, and stay until they are asleep if necessary.
- Congratulate children on being brave if they sleep through the night in their own bed!



# Your Child and ATTACHMENT

## Attachment

Attachment describes a child's relationship with those around him/her. An attachment figure is a secure base from which the child is able to explore the world. The attachment relationship serves to protect the child from danger by keeping the child in close proximity and eventually provides a sense of security and trust for the child. Once a sense of trust and security is established, a child can actively explore the environment. The level of trust that is established in these relationships in infancy will help set the foundation for future relationships with other adults and peers.

## What It Looks Like

A secure attachment is important for every child, regardless of gender or age. Attachment begins in infancy, when a parent/caregiver responds in a loving manner to the child's needs. Attachment is further built through loving touches and contact, such as hugs, kisses, smiles, encouraging looks, looks of pride, etc.

Building a secure attachment begins by following your child's cues and interacting with him at his pace and in his preferred manner.



## Why It's Important

A child's relationship with his primary caregivers forms the basis for all of his other relationships in his life—relationships with peers, co-workers, other adults, etc. Therefore, your consistent, loving, reliable interactions with your child are of the utmost importance in that they set the stage for his interactions with others.

Having a secure attachment relationship with a caregiver also allows the child and the caregiver to be able to effectively read each other's cues and interpret their meaning. This relationship is also where the seeds of empathy are planted, along with mutual turn-taking and early language skills.

## Typical Behavior

### Child:

- Seeks out a familiar caregiver/parent when hurt, upset, crying, etc.
- May become upset when caregiver/parent leaves, but can be soothed upon return
- Uses you as a secure base when in a new situation—may join in the fun but look back at you or come to check in to make sure all is well

### Parent/Caregiver:

- Respond appropriately, promptly and consistently to the emotional and physical needs of your child
- Help your child to transition and regulate stress
- Provide a secure base from which your child can explore the rest of the world (secure base means a preferred adult is available to the child for him/her to "check in" or receive encouragement and/or support)

## Consider Seeking Assistance

### If your child:

- Rarely interacts with other people
- Does not seek out you (or another caregiver) when hurt, upset, crying, embarrassed, etc.
- Rarely makes eye contact with others
- Does not seem to show a preference for caregivers over strangers in unfamiliar situations

### Or, if you, as the parent/caregiver:

- Are having a hard time meeting your child's emotional, social, or physical needs
- Are unable to regulate your emotions or stress level
- Are feeling depressed or unable to care for your child
- Find yourself getting very angry or frustrated with your child
- Are having trouble being consistent with your child





# Your Child and ATTACHMENT (cont.)

## Ways to Nurture A Secure Attachment Relationship

- Meet your child's needs promptly and in a loving manner
- Spend time with your child, learning how various situations affect him emotionally—what makes him happy, sad, frustrated, scared, embarrassed, angry, jealous, disappointed, or proud?
- Hug your child and express your love for her as often as you can—you can't hug a child too much!
- Participate in activities with your child—don't be afraid to get a little dirty!
- Talk to your child, explaining how you feel in various situations or why you are acting in a particular way.
- Model behavior that you want your child to copy—and don't allow him to see you acting in a way you don't want him to act (for example, don't act violently around your child, use put-downs, hurt another person's feelings, etc.).
- Support your child in whatever she likes to do.
- Help your child to try new things and be patient as he does so. Do this without shaming, blaming, or frustration.
- Assist your child in identifying her feelings—this will help her to communicate with you more effectively when she is upset or happy.
- Develop special rituals with your child—a special song for bedtime, a special kind of bear hug, etc.—these help form a bond with your child.
- Let the little things go—focus on what really matters!
- Play together! Make funny faces, get dirty, color outside of the lines, play peek-a-boo, etc. Your child is only young for such a short time! Enjoy it!
- Praise your child for the little things she does.
- Laugh together—often!

## When a Secure Attachment Hasn't Occurred

There are many reasons that a child may not have built a secure attachment relationship. Some of these include:

- A history of abuse or neglect
- A temperament that is/was very difficult to parent
- A history of prolonged or chronic illness that made interaction, particularly physical affection, with the child difficult

## To Build Attachment:

If your child (or a child in your care) does not have a secure attachment relationship with a trusted adult, remember that building attachment begins by following your child's cues and interacting at her pace and in her preferred manner. Although attachment begins in infancy, it is possible to build attachment relationships later in most instances. To do so, consider implementing some of the previously mentioned tips in your interactions with your child. Or, consider seeking assistance from a professional, such as your child's doctor, an early childhood specialist, or a mental health therapist.



# Your Child and PLAY

## Play

Playtime is special. Not only is it fun, but it is also critical to children's development. Play is the "work" of children and their way of learning about the world around them. Through play, children try out new skills, explore their imagination and creativity, and learn about relationships with other people. Any activity can be playful to young children, whether it's having a tea party or doing laundry with you, and any type of play can offer multiple opportunities to learn and practice new skills.

## Why It's Important

Play is the first and foremost way for children to learn about the world. It allows for development of language skills, creativity, competence, self-control, boundary-setting, physical skills, self-confidence, social skills, and creative problem-solving.

## Typical Development



Developmental Stage	Play Stage	Ways to Support Children in This Stage
Infants (Birth through 1 1/2 or 2 years)	<ul style="list-style-type: none"> <li>• Body centered play (i.e. watching arms and legs, jumping)</li> <li>• Solitary (plays alone)</li> <li>• Imitative (includes contact with all senses)</li> <li>• Repetitive</li> </ul>	Children in this stage are figuring out what the world is all about. Caregivers should provide a variety of objects and settings that stimulate all of the senses (sight, touch, hearing, smell, taste). Children don't need special toys to learn; they enjoy looking at human faces most of all! Since children this young are not great at communicating, follow your child's lead to find out which types of toys he likes best and when she's getting frustrated or overwhelmed. Make sure to keep the play space safe and friendly for children. When playing, be willing to do the same thing over and over if that's what your child wants—it helps her build mastery and confidence.
Toddlers (Age 1 1/2 or 2 through 3 or 3 1/2)	<ul style="list-style-type: none"> <li>• Solitary play</li> <li>• Parallel (plays next to other children but not with them)</li> <li>• Toy-centered</li> <li>• Exploratory</li> </ul>	Children in this stage notice others near them while playing, but usually play on their own. Caregivers should continue to provide a variety of toys and safe play settings. Caregivers should provide space for active play (running, jumping, etc.) and space for quiet play (reading, drawing, etc.). Don't worry about buying lots of toys, be creative and use household objects (i.e. pans, cups, etc.) to entertain your child. When playing together, let your child choose the activity and the pace; don't pressure your child to play with a toy a certain way or do a certain activity in just the way you do it. When showing your child a new activity, hold off on "doing it for her" every time—encouraging her to try on her own helps her build confidence and motivates her to learn new things.
Preschool Children (Age 3 or 3 1/2 through 5 or 6)	<ul style="list-style-type: none"> <li>• Pretend play</li> <li>• Other-focused</li> <li>• Creative</li> <li>• Imaginative</li> <li>• Simple games with rules</li> </ul>	Children in this stage have a very active imagination and are starting to play together. Therefore, popular toys for this group include items for pretend play—i.e. dress-up clothes, costumes, toy telephone, kitchen items, etc. Caregivers should continue to provide a wide variety of play experiences, as well as time for playing with others. Games with children in this stage should have simple rules.
Elementary Children (Age 5 or 6 and on)	<ul style="list-style-type: none"> <li>• Structured games with rules and dramatization</li> <li>• Reciprocal play</li> <li>• Social play</li> <li>• Cooperative games and games with group effort</li> </ul>	Children in this stage will now play with others in a way that recognizes the other person's feelings/wants and shows that play is a way to be social with others. Caregivers should continue to offer plenty of opportunities for new experiences and time with others. When playing games, realize that it is okay and normal for your child to change the rules mid-game—call attention to it if you must, but let her have the power to change them if she wants to. Cheating to win is also a normal phase toward building mastery.

Information adapted from  
The Rainbow Connection ©

# Your Child and COOPERATION

## Conflict Resolution

Preschoolers often know what they want when they want it, but their brains are not yet fully capable of understanding another person's feelings or point of view. In addition, although preschoolers can understand what you mean when you say not to take something from others, they have a hard time keeping themselves from acting on their impulses. The ability to exercise greater self-control comes with time, brain maturation, practice, and with the help of caring adults.

### Ways to Build Conflict Resolution Skills and Impulse Control

- Talk to your child about conflict when it occurs and possible ways to solve the problem. Use words that she can understand and ask her for possible solutions as well.
- Recognize that if your child is not feeling well or is tired, he is much less likely to show good impulse control skills or work to resolve a conflict. Most likely, he will just have a meltdown or tantrum.
- Offer your child a choice, rather than just issuing a command. Make sure that the choice is really a choice—for example, don't ask, "Do you want to go to bed?" instead ask, "Would you like to read one more story or go to bed right now?"
- Use distraction or redirection to calm or avoid conflict.
- Teach your child to problem-solve.
  - State the problem. "You want to throw the crayons but that is against our rules."
  - Ask a question. "What else could you do with the crayons?" "Or what else could you throw?"
  - Try a solution. Offer two options, both of which are acceptable to you—perhaps suggest drawing with the crayons or stacking the crayons or throwing a ball or a frisbee. If she insists on the problem behavior, set a limit. "I'll put the crayons away until we can agree."
  - If the solution didn't work, try re-directing, i.e. put the crayons away and suggest a new activity.

### Siblings and Conflict Resolution

- Teach your children to respect each other's bodies, spaces, toys, etc. and not to touch anyone else's things without permission.
- If your children fight over toys, try storing each child's toys in a separate location or area in a room. Or, try using masking tape to label each child's toys (and a category for shared toys) - this way, if there's a dispute, you can simply turn the toy over and announce, "This toy belongs to \_\_\_\_\_, so let's not argue about it."
- Remember that you don't have to intervene in every conflict. As long as the children are not hurting one another, you should have them try to resolve the conflict on their own. Suggest strategies such as playing with the toy together, allowing one to play for a bit and then swapping, or doing another activity.

## Sharing

Around age 3, your child's social and emotional development should be reaching a point where sharing with others is more possible, due to increased understanding of others and of the concept of sharing. The parallel play of toddlers has changed into the more interactive play common to preschool-age children. However, even though your child is getting old enough to be able to share and play interactively, that doesn't mean he/she will necessarily be good at it or do it consistently. Below are some ways to help your child build sharing skills.

### Ways to Build Sharing Skills at Home

- Have play dates at your home. Before the friend arrives, determine with your child which of her toys will be available for her friend to use. Once your child decides, remind her that all of the toys she chose will be played with by her friend.
- Toys that aren't going to be shared should be kept out of view to prevent conflict. Remind your child that if he takes these toys out during the play date, he must be willing to share them with his friend.
- To encourage and support your child's sharing behaviors, watch the children during the play date and praise any cooperative efforts. This type of praise will help reinforce sharing and remind your child about desirable behaviors.
- Play games that require sharing pieces or parts. If you can't think of a game that requires sharing, make one up while playing with other toys.
- Since children learn from watching those around them, make sure to share whenever possible. Share with your spouse or significant other, other children, friends, family members, and anyone else you can think of. Make a big deal of the sharing and how great it feels to share and be shared with.
- Make sure to note examples of sharing in activities your family already enjoys. Also, consider participating in other events that involve sharing. For example, around the holidays, many communities or religious organizations share meals with others.

Remember that like any learned behavior, learning to share takes time, practice, and plenty of examples!





# Your Child and CURIOSITY

## Curiosity

Children are naturally curious, wanting to figure out how the world works. The more curious a child is, the more he learns. This is important to remember after a whole day of hearing “Why?” in response to everything you do or say!

Encouraging your child’s curiosity is one of the most important ways you can help your child become an avid learner. In order to do so, you don’t need to “push” your child to learn or even sign him up for special discovery classes. You also don’t need fancy “learning” toys—there are plenty of learning opportunities in basic household items. Your child’s natural curiosity will motivate him to seek out new experiences—all you have to do is provide your child with experiences that allow it to blossom.

## Strategies to Support Your Child’s Curiosity

### Be a role model of curiosity.

Be interested in what’s occurring around you and talk about this interest with your child. Point out the little things and other interesting things to your child—smell the flowers, look for shapes in the clouds, etc. Also, talk to your child about your interests and hobbies.

### Encourage your child’s developing interests.

A child is likely to learn more if she is participating in something that interests her and engages her imagination. If she likes dancing, dance with her. If he likes cars, involve him when you are working on the car.



Answer your child’s questions in a way that she understands and at an appropriate level. This means you should keep your answers short and simple and speak in language your child understands. Furthermore, you will obviously answer some questions differently if your child is a teenager versus a preschooler. Try asking your child what he thinks before giving your answer. Often the child will come up with a pretty good answer on his own or asking her thoughts may clarify the reason for her question, prior to you trying to answer it.

Don’t be afraid to be wrong or not know the answer. If you don’t know, admit it and let your child know that no one can possibly know the answer to everything. Work with your child to find out the answer and, in doing so, you will help him learn problem-solving skills.

### Talk to your child about his day/life and ask questions.

Asking questions that don’t have a right or wrong response and can’t be answered with simply one word, like yes or no, will help you understand your child more, help develop her critical thinking skills, and show you care about her. Some examples include: “What was \_\_\_\_ like for you?”, “Tell me what happened when....”, and “How do you feel about \_\_\_\_?”.

Provide a variety of experiences for your child. You don’t have to take your child to all the latest attractions or buy the latest toys to have interesting experiences. Provide many different types of toys and items for your child to experience in your home. Try to imagine what you might find interesting or exciting if you were your child’s age. For instance, shaving cream seems pretty boring to the average adult, but spread it on the kitchen table, put on a paint shirt, and let your child use her fingers to draw and create “masterpieces.” Or, use PlayDoh © or clay for a similar experience. Another idea is to go outside on a nature walk and look at all the animals, plants, etc. you see. One parent told about a time she and her daughter spent the afternoon following the ants from a colony in the sidewalk crack—watching them work, counting the different kinds, imagining how their home was built, etc.

Go to the library or a bookstore often! Books are one of the most important ways for your child to learn, and they offer a window into a wide variety of situations, environments, and characters. Books are one of the best ways for your child to foster his developing interests. Let your child pick his own books. It doesn’t matter what he’s reading, it just matters that he is reading.

### Instead of saying “No,” redirect your child’s interest.

To prevent having to discourage your child from doing something, structure her environment so that most or all things are safe and able to be explored. When she does get into something unsafe or unacceptable, try to offer a similar alternative. For example, if she really wants to play in your flowerbed, try teaching her how to pull weeds with you or give her a shovel and let her dig in another part of the yard or a sandbox. This experience will allow her to explore and will help teach her problem-solving skills.

Pretend, Imagine, Explore. During playtime, allow your child to do anything (safe and within reason) he wants with his toys. Try not to encourage only a specific type of play—if he wants to have his cars be a family instead of driving them around the track, let him. Provide toys that can be played with in many ways, such as boxes, blocks, sand, and pots and pans. When doing art projects, don’t worry about creating an exact replica of the boxed item. Let your child create his own masterpiece.

# Your Child and SEXUAL CURIOSITY

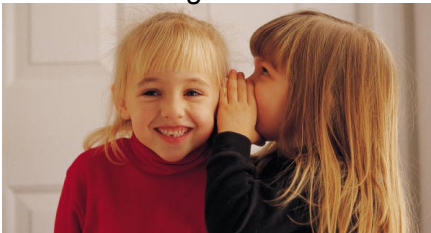
## Sexual Curiosity

Sexual curiosity is a natural and normal part of human development. Young children are curious about everything! They are trying to find out about the world, how it smells, tastes, works, and feels. This sense of wonder and curiosity applies to sexuality as well. Common areas of sexual curiosity for young children include: their own bodies, their genitals, buttocks, and breasts, others' bodies and genitals, differences between males and females, marriage, procreation, dancing, hugging, and touching. This interest comes and goes over time. As the child gets older, most sexual curiosity behaviors become private or stop as children learn improved social skills.

## Typical Behavior

### Child:

- Sexual curiosity is just one part of her general curiosity about the world
- May touch/rub own genitals when diapers are being changed, when going to sleep, when tense, excited, or afraid
- Is interested in the differences between males and females, boys and girls—asks questions about the differences, and about intercourse, babies, etc.
- Is curious about others' nude bodies
- May like to be nude and/or may show his/her genitals to others
- Is curious about bathroom functions, may want to watch others in the bathroom
- Boys may have occasional erections
- Is interested in having/birthing a baby
- Is interested in urination and defecation
- Plays doctor, inspecting others' bodies
- Puts something in genitals or rectum of self or other due to curiosity or exploration
- Plays house, acts out roles of mommy and daddy
- Thinks children of other sex are "gross" or have "cooties." Chases them
- Talks about having a girl/boyfriend
- Plays games with same-aged children related to sex and sexuality
- Draws genitals on human figures
- Wants to compare genitals with peer-aged friends
- Wants privacy when in bathroom or when changing clothes
- Interested in breeding behavior of animals



## Typical Behavior (continued)

### Parent/Caregiver:

- Recognize that sexual curiosity is a normal and natural part of human development; it is not "wrong" or "dirty"
- Allow your child to explore his own body, within limits—for example, at home in his own room, not in public, in a safe manner
- Answer your child's questions about sexuality and sexual development in an age-appropriate manner, giving as much information as your child needs to be satisfied
- Set limits on what is considered acceptable and unacceptable behavior and communicate this to your child without shaming
- Recognize that sexual play with same-aged peers is very common—be ready to intervene calmly if it occurs

## Consider Assistance

### If your child:

- Sexual curiosity seems to dominate the child's life
- Touches/rubs self in public or in private to the exclusion of normal childhood activities
- Talks about sex and sexual acts often
- Hates his own sex or genitals, or others' sex/genitals
- Forcibly tries to touch genitals of adults or children.
- Tries to make adults/children touch her sexually
- Asks people to take off their clothes or tries to forcibly undress them
- Has a sexual knowledge or vocabulary too advanced for age
- Painful, continuous, or frequent erections
- Refuses to wear clothes
- Repeatedly plays with or smears feces
- Urinates publicly or in inappropriate places
- Forces others to play games related to sex/sexuality
- Draws pictures of intercourse or group sex, or pictures in which genitals are the most prominent feature
- Has engaged in forced or mutual oral, anal, or vaginal sex
- Talks in a sexualized manner with unknown adults
- Becomes aggressive or tearful in demand for privacy
- Engages in sexual behaviors with animals

### Or, if you, as the parent/caregiver:

- Are feeling overwhelmed or unsure how to handle your child's sexual curiosity

*Information obtained from Johnson (2007)  
and professional knowledge*



# Your Child and SELF-CONTROL

## Temper Tantrums and Noncompliance

Temper tantrums are disruptive or undesirable behaviors or emotional outbursts that occur in response to extreme disappointment, anger, or frustration. Temper tantrums can occur because a child is tired, hungry, or feeling helpless. Children may also throw tantrums to get an adult's attention, to get their own way, to hurt back if they feel hurt, or to get others to leave them alone. However temper tantrums are defined, they are unpleasant for the child, the caregivers and others that have to witness them. They are also a normal part of childhood, but can be a symptom of a bigger problem for some children when they occur in greater frequency or intensity, and occur past a point that would be considered developmentally appropriate.

Noncompliance is when your child refuses to do something you ask or follow rules you have put in place. Your child may actively resist doing something you ask, saying "no" or breaking a rule on purpose, or may simply ignore your request or rule.

Temper tantrums and noncompliant behaviors are natural during early childhood development. Children have a normal and natural tendency to assert their independence as they learn they are separate beings from their parents.

## What tantrums look like

- Crying
- Whining
- Shrieking
- Pounding his hands, legs, or head on the floor
- Saying "no" to your requests
- Ignoring your request
- Disobeying your rules



## Typical Behavior

Tantrums generally begin around age 12-18 months, get worse between 2 and 3 years, then decrease rapidly until age 4, after which they occur less frequently. Tantrums can also reappear during times of stress or major changes. It helps to remember that tantrums are normal -- they are NOT your fault, you are NOT a bad parent, and your son or daughter is NOT a bad child.

## Preventing Tantrums and Noncompliance

- Being tired, hungry, or sick can make tantrums worse or more frequent. Keep your child's eating and sleeping schedules consistent each day. If your child no longer naps, it is still important for her to have some quiet time. Lying down for 15-20 minutes or resting with you while you read stories together at regular times of day can help prevent tantrums.
- Make sure your child does not get overly anxious, over stimulated, or unnecessarily frustrated.
- Do not be overly strict or so flexible that you fail to set any limits.
- Make rules count. Don't battle over unimportant things like which shoes your child wears or whether he or she sits in the high-chair or booster seat. Safety is what matters, such as not touching a hot stove, keeping the car seat buckled, not playing in the street, etc.
- Be firm about the rules you set and respond the same way each time your child violates a rule. Make attempts to have consistent behavioral strategies for your child with all adults who interact with your child.
- Model good problem-solving yourself. Children imitate your behavior, so if you yell and throw things when you are angry, expect your child to do so as well.
- Use an upbeat tone when asking your child to do something. Make it sound like an invitation, NOT an order. For example, "When you put your mittens and hat on, we'll be able to go out to play with your cousin."
- Offer choices whenever possible. For example, let your child pick what clothes to wear, stories to read, etc. A child who feels independent in many areas will be more likely to follow rules when it is a must. DO NOT offer a choice if one doesn't truly exist and DO NOT ask your child if he wants to do something he has to do, such as "Do you want to leave the park now?"
- Give your child lots of credit and praise when he shows self-control.
- Empathize with your child when she expresses an angry feeling. For example, when she whines at the store because she can't get a candy bar, acknowledge her feelings by saying, for instance, "You're angry that Daddy won't let you get a candy bar." This will help her feel understood and may prevent her from getting out of control. You may then go on to distract her with an activity that was previously planned. "Remember, we are going to play house when we get home. Let's hurry and get done shopping."
- Offer advance notice when an activity is about to end. Some children throw tantrums because they have a hard time with transitions from one activity to another, such as leaving the playground.
- Anticipate blowups. Gently remove your child from potentially explosive situations. Try redirecting him by getting him engaged in a different activity, or distract him with another toy.

# Your Child and SIBLING RIVALRY

## Sibling Rivalry

Maybe your preschooler is about to become a big brother or sister. Or maybe her sibling is already here — and she's less than thrilled about it. Either way, sibling rivalry is a tough issue for preschoolers and parents alike. Sibling rivalry is less about the relationship between your children and more about their relationship with you. Each of them wants you to love them. You set the stage by being fair, respectful, and demonstrating your unwavering love.

## What it looks like

Two of the most common signs of sibling rivalry among toddlers and preschoolers are emotional and physical regression. This regression rarely lasts more than a few weeks or months until the children understand that their parents still love them and will not abandon them. They'll then get back on track with their development.

Some ways your child may act:

- He may misbehave
- She may become more clingy or whiny
- Even though he's just been toilet-trained, he may start wetting his pants
- He may start sucking his thumb again
- She may sit in the baby's seat, try to drink from a bottle, or otherwise act like a baby
- He may take toys or bottles from the baby
- She may be aggressive or try to hurt the baby
- He may feel worried that you will abandon him for the new baby

## Time for Each Child

It can be difficult to find time to spend one-to-one time with your child due to busy schedules, single parenthood, multiple children, demands of work, etc. If you find that you are unable to physically spend 1:1 time with each of your children daily, building a strong emotional bond can also be done with just words and gentle touch.

Amidst your hectic schedule, find ways to single out your children with a hug, a pat on the back, making her favorite meal, acknowledging his special drawing, or simply listening to the stories of their day. These simple gestures are other ways that children can feel special in busy households.

Also, allowing children to “have their turn” for picking the bedtime story or what to make for dinner makes them feel special and an important part of the family. It also sets up a sense of fairness and respect within the family, since everyone gets a chance to choose sometimes.

## Tips to Remember

### • No Comparisons

Since competition for your attention is the primary reason for sibling rivalry, avoid comparing your children. Don't say things such as "Why can't you sit nicely and quietly like your brother?" or "Wow, you sure did a great job on this picture. I know your brother could never draw this well."

### • Value Their Differences

Encourage children to pursue their different interests, have their own friends, and respect each other's privacy.

### • Fair Doesn't Mean Equal

Remember that you don't need to give each child everything equal—for example, different age children will eat different amounts of cereal or ice cream—but it is best to be fair. Encourage the meeting of their needs rather than the idea that everything must be equal.

### • Time Alone with Parents

Try to give each child time alone with each parent every day if possible. Sometimes your child needs your complete attention, RIGHT NOW! When this happens, remember that nothing is as important as your child. The transition between daycare and home can be a stressful time each day. Try to sit with your children, one at a time, for at least 5 minutes right away when you get home, and cuddle, read a story, or talk about the day. This will give you both time to unwind before dinner.

### • Encourage Sibling Affection

Get the kids involved in doing nice things for each other. Don't force the issue, but if you involve them in things that you're doing too, they'll be more likely to participate.

### • Make Clear Rules

Be very clear about what behaviors are and are not acceptable. For example saying "please" and "thank you," and playing quietly while sister naps are expected. Not acceptable, however, are name-calling, tattling, hitting, pushing, punching, kicking, etc.

### • Dealing with Fighting

Make sure to acknowledge the feelings of both children. Older kids can feel frustrated when they are continually asked to make allowances for younger siblings. Younger siblings have it rough too since older siblings can do everything harder, louder, and meaner. Teach them to acknowledge their emotions in non-harmful ways.



# Your Child and ENERGY LEVEL

## Temperament

A child's temperament describes the way that he/she approaches and reacts to the world. It is your child's personal "style." Temperament influences a child's behavior and the way she interacts with others. One way of understanding temperament is to look at the following five characteristics: how active your child is (energy level), how emotionally intense your child is, how sociable your child is, how easily your child adapts to change, and how persistent your child is.

Understanding these five areas of temperament can help you to better understand your child's actions and parent your child in the best way possible. For example: How much energy is too much? How much is too little? The truth is that there is no "perfect" amount of energy — every individual has his/her own level.

## More Energy

Some children appear to have a whole lot of energy. They are "always on the go." This high activity level doesn't mean they are abnormal or "hyperactive"; it's just how they like to explore and learn about their world.

Kids who are "always on the go" look like:

- As babies, they may reach movement milestones early (i.e. rolling, crawling). They are always squirming and reaching and grabbing items.
- As toddlers, their high energy may tire you out! They are always moving and exploring, crawling, running, and climbing.
- They usually need a lot of supervision.
- They love places/spaces that allow for them to move.
- They may keep going until they drop (may resist naps and bedtime).
- They tend to touch everything they can reach and go anywhere they can fit/get to.

## Less energy

Some children are more content to be still. They are usually just as interested in the world around them as the more active children; they just prefer to explore the world in other ways.

Kids who are "still" look like:

- As babies, they may be content to just watch the world around them and may not be in any rush to learn to roll, crawl, etc.
- Sitting and playing quietly is normal for them.
- They explore the world by looking and listening.
- They can often focus their attention for long periods, for example, working on a puzzle.

**Most kids have an energy level in the middle.** They enjoy moving and high energy activities, but they can also enjoy a puzzle or a book.

## Tips for Parenting A Child with More Energy

- Don't expect long periods of stillness from your child. Make diaper/clothing changes quick, let her leave the table when she's done eating, read books at her own pace (you may not get through every page), and/or allow her to act out the story instead of reading a book quietly.

- Offer lots of active exploration time!

Make sure the environment is safe.

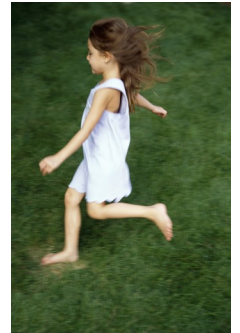
Consider obstacle courses, hide-and-seek, tag, and other active games.

- Harness your child's energy to help you with everyday activities. Have him help you set the table, rake the leaves, sort the laundry, etc.

- Recognize that your child's energy level is a gift—it allows her to explore every inch of her environment in every possible way and enjoy all of the different skills of her body.

- Expect that your child will need time to relax and wind down from the day's activities before bedtime. Make quiet activities the norm at least one hour before bedtime and 30 minutes before naptime to help him start to relax.

- Understand that your child isn't trying to be disrespectful or disobedient—she just needs to move.



## Tips for Parenting A Child with Less Energy

- Offer opportunities to do the things he enjoys—books, puzzles, dolls, cars, dress-up and pretend play, etc.—as long as he's getting the exercise he needs.

- If you're concerned she isn't getting enough movement or exercise, add movement to her activities. Have her act out the story, go on a pretend treasure hunt outside, walk to the library for storytime, or listen to music together and dance.

- Follow your child's lead and go at his pace when it comes to new experiences. If he wants to watch the other kids at the playground, let him. Consider encouraging him to try one new thing during each experience.

- Although your child may be content to sit and play by herself all day, interaction with others is beneficial and important for her development. Make sure to get down on her level and participate with her in activities she enjoys (or invent new ones), and make time for play with other children as well.

- View your child's energy level as a gift. It allows him to appreciate the small things and entertain himself long after others may be bored.



# Your Child and ENERGY LEVEL (cont.)

## Concerned about Hyperactivity?

Everyone has periods of time when they are more active than others. However, if your child is always on the go and never seems to sit still, you may be worried about your child being "hyperactive."

What hyperactivity may look like:

- Fidgets with hands or feet
- Difficulty sitting still and often "squirms" in seat
- Fails to remain seated when expected
- Runs about or climbs at inappropriate times and places
- Difficulty participating in leisure activities quietly
- Is always "on the go" or acts as if "driven by a motor"
- Talks excessively
- Seems restless
- Impatient
- Moves about excessively during sleep
- Has trouble relaxing
- Easily excitable
- Bothers other children with noises and movements
- Energetic but poorly directed
- Excessively touches objects or people
- Enhanced self-stimulation (humming, whistling, making noise, talking, etc.)
- Dislikes situations that require attention and being still

Even if your child fits many of these characteristics, hyperactivity may not be a BAD thing — you just need to figure out how to channel that energy into productivity. Try some of the tips in the next column.

## When to seek help

If your child's energy level is so high that he is having trouble in school, has trouble making friendships, and/or is difficult to parent at home, consider contacting your child's pediatrician or a children's mental health therapist.



## Strategies for Coping with Hyperactivity

1. Do not try to reduce your child's activity; just channel it into acceptable avenues: go for a walk, do a project, act out a story, set the table, etc.
2. Monitor when your child starts a project and when she stops; then try to increase this time gradually. Slowly increase her quiet periods.
3. Make sure your child is getting a change in activity frequently and is not working too long at one task.
4. Make sure your child gets some exercise every day. Studies show that engaging in aerobic activities, like running, for at least 20 minutes a day reduces problems with hyperactivity during the day.
5. When playing with your child, adapt the activity to help him learn to pay attention longer or be less impulsive. For example, play with blocks on the floor with your child. Ask the child to build a tower and allow him to knock the tower down. Make a game out of building and knocking down. Then build a tower and ask the child to wait until you count to 3 before knocking it down. Continue this game, increasing the time between building and knocking down the blocks for as long as the child is interested. You can challenge the child with taking turns knocking the blocks down, counting how many blocks are used to build, and how long you wait to knock the blocks down. This activity can build turn-taking skills, learning to wait your turn, cooperation, and sustained attention.
6. Alternate physical and mental activities.
7. Take/provide short breaks between tasks.
8. Invest in quiet time activities (books, coloring book & crayons, etc.). Bring these items to places where your child has to sit still for long periods, such as church or long car rides. Consider having "special" books/activities that can only be used in these places.
9. Allow your child to be active as often as possible.
10. Use physical activity and hands-on materials, if possible, when teaching your child a new skill.
11. Gear activities and outings so that your child has the opportunity to move around.
12. Give your child advance notice about future tasks/situations that will require extra control.
13. Help your child identify strategies and actions to take when she feels like moving but can't. For example, maybe she could tap her leg or pretend her legs are stuck in quicksand in the floor.
14. Be a positive role model to show your child how to act in different situations.



# Your Child and EMOTIONAL RESPONSE

## Emotional Response

Your child's emotional responses are a part of his/her temperament. A child's temperament describes the way that he/she approaches and reacts to the world. It is your child's personal "style." Temperament influences a child's behavior and the way he/she interacts with others. Understanding your child's typical emotional responses, and other aspects of your child's temperament, helps you to be a better parent because you are able to recognize patterns in your child's behavior and anticipate your child's actions in different situations.

### A child who has low intensity reactions:

- May seem less demanding than other children
- Is content in most situations and rarely upset/fussy
- Can handle a lot of stimulation
- Expresses emotions with little intensity—maybe just through a slight frown or other facial expression, tone of voice, or body movement
- May require extra work on the part of others to attract or keep his attention

### A child who has high intensity reactions:

- May seem very picky or sensitive to everything
- Can seem very moody at times
- Reacts strongly to stimulation—for example, may be very uncomfortable with a tag on a t-shirt or very bothered in a noisy room
- Expresses emotions with great intensity—may loudly squeal with delight when happy, may throw a huge tantrum when upset, or throw something when angry

Many children's emotional responses fit somewhere in the middle of these two categories. These children have fairly even moods – they smile when they are happy, they throw tantrums occasionally, and they have days where their moods are all mixed up.

## How Does Your Child React?

In thinking about your child's emotional reactions, consider the following:

- How does your child react to sensory stimulation (sights, sounds, textures, smells, and tastes)?
- How much stimulation can your child handle? Does he react to the smallest thing, does it take an earthquake to get him to respond, or is he somewhere in the middle?
- How does your child express her feelings—with high intensity or low intensity?
- Does your child need help to calm down? How often?
- Is your child "picky" about anything or distracted by particular things? Certain foods? Certain materials/fabrics? Clothing tags? Certain odors? Presence of sounds? Loud noises?

## Tips for Parenting a Child with Low Intensity Reactions

- Your child may be so tolerant of the world around her, it may be hard to attract her attention. Consider using music with a catchy beat or reading a story in a silly voice.
- Help your child figure out his interests. Then, encourage him in those interests and become involved with him, if possible.
- To get her engaged in the situation, play games that require movement and interaction with others.
- Let him try out different sensory stimulation—feel different textures and materials, try new foods, listen to different sounds, look at new things, etc. He may find he really enjoys, or dislikes, something!

## Tips for Parenting a Child with High Intensity Reactions

- Keep stimulation low. Have soft lighting, quiet sounds, comfortable clothing, etc. Keep play fun, but not over-stimulating.
- Prepare your child if you know he will be in situations that may be over-stimulating. For example, if you know that you will be in a noisy room for a party, talk over the situation with your child beforehand and try to come up with some ideas to help the event go more smoothly. Perhaps sitting by the door and taking frequent breaks to another location would help.
- Help your child know that you understand that specific things or situations are hard for her by acknowledging those situations and how she must feel during them. For example, say, "I know it's hard for you when we are in a crowded place."
- When your child is upset, be sure to offer comfort in a manner that is soothing for him. Remember that not all children like the same kinds of comforting touches and some may prefer to not be touched at all when they are already over-stimulated.
- Recognize that his reactions are a part of who he is—he isn't just being overly sensitive or picky. Celebrate your child's unique gifts and strengths!





# Your Child and PATIENCE & FRUSTRATION

## Patience & Frustration

Your child's ability to be patient and persistent amidst frustration is part of his/her temperament. A child's temperament describes the way that he/she approaches and reacts to the world. It is your child's personal "style." Temperament influences a child's behavior and the way he/she interacts with others. Understanding your child's ability to be patient, and other aspects of your child's temperament, helps you to be a better parent because you are able to recognize patterns in your child's behavior and anticipate your child's response to different situations.

Being patient and persistent means continuing to try and not giving up when dealing with a challenge. It is the ability to deal with frustration and keep trying. Some children are more able to cope with frustration and remain patient and persistent than other children.

### A child who is very patient and persistent:

- Is not easily frustrated
- Keeps trying when dealing with a challenge
- Doesn't have a meltdown the minute he doesn't get things "his way"
- Can wait to get what she needs (i.e. can wait for a snack when caregiver is answering the phone)

### A child who is not as patient and persistent:

- Is easily frustrated with a challenge
- Has a hard time remaining patient when things aren't going his way
- Is likely to stop trying or will do something else when feeling challenged by an activity
- Has a hard time waiting for what she needs or the attention of a caregiver (may act out or have a tantrum or meltdown)
- May show frustration through anger or aggression

Most children fall somewhere in the middle—they are able to be patient and persistent some or most days and during most situations, but may have times when they are easily frustrated and prefer to stop trying when facing a challenge. Supporting your child and being aware of his/her particular patterns will help everyone's lives go a bit more smoothly.



## Tips for Parenting a Child with More Patience

- Enjoy your child's patience! Give him plenty of opportunities to learn new skills and try out new things. Provide some things that you know will require extra effort and patience to accomplish, as your child will enjoy sticking with it.
- Make sure to spend time with your child, even though she may be so patient that she doesn't "require" much from you. Spending time together helps you build a strong bond with your child.
- Let your child know that it's okay to get frustrated and that everyone needs help sometimes. Your child may be so independent that he doesn't know how to ask (or doesn't want to ask) for help.
- Sometimes your child may have a hard time letting go of a situation or problem. Help her learn that sometimes you have to take a step back and think for a while, and that sometimes it's okay to quit something. This skill may also come in handy when your patient and persistent child really, really wants to watch the next three episodes of her favorite show!

## Tips for Parenting a Child with Less Patience

- Make an effort to understand how your child is feeling when she is frustrated. Let her know that you know it can be hard to not be able to accomplish something or not get her way right away. Say things like, "Building a huge tower can be hard! It makes you so angry when it keeps falling down before you are done!" Then, help her to accomplish the task by providing support and reassurance as she tries again. Try not to solve the problem for her—rather, help her think of strategies to solve it herself.
- If you are in a situation where your child is going to have to wait, talk to him about what is happening in order to help him be more patient. For example, say, "I know you are getting hungry. I'm cooking your dinner right now. Watch me make the noodles."
- Help your child learn how to deal with frustration. Sometimes, it helps to take a break from a frustrating puzzle or problem, do something else for a while, and then come back to it with fresh ideas.
- Help your child learn to divide problems into manageable parts.
- Be a good role model of how to handle frustration. When you find yourself frustrated, try to stay calm and talk out loud about how frustrating it is and consider asking your child for help.
- If all else fails, use humor. Laughing about a situation can often dissolve the frustration or help you see a new way to approach the problem.

# Your Child and CHANGE

## Reaction to Change

Your child's reaction to change is part of his/her temperament. A child's temperament describes the way that he/she approaches and reacts to the world. It is your child's personal "style." Temperament influences a child's behavior and the way he/she interacts with others. Understanding your child's reaction to change, and other aspects of your child's temperament, helps you to be a better parent because you are able to recognize patterns in your child's behavior and anticipate your child's response to different situations.

When faced with a change, some children have a hard time adjusting. These are the children that are very dependent on their routine and have difficulty with transitions. These **"routine" children**:

- React to even the smallest change—a new food, running an errand at a different time, etc.
- May act anxious, worried, cranky, or scared when things are different than usual
- Are happiest and feel most secure when they have a predictable routine and order to their days
- Need lots of support and reassurance before being comfortable in new settings or with new people
- May have many tantrums, often triggered by changes. These changes could be small (i.e. a new food) or larger (i.e. a new babysitter). These children may also have tantrums during transitions from one activity to the next (i.e. having to stop playtime for nap or another activity).

Other children are more laid-back when faced with change. They may even find it interesting to vary their schedule or routine every once in a while. These **"flexible" children**:

- Take change in stride
- Do okay with changes in their routine (although most children will recognize and note the change)
- Are happy and secure even if they have changes to their routine
- Are able to be flexible about most things, events, and situations



## Tips for Parenting a "Routine" Child

- Slowly ease into new activities. Talk about the new activity with your child, and allow your child time to get comfortable before the activity starts.
- Your child may transition more easily if she plays a role in the transition. Consider having her push the button to turn off the movie or sing a cleanup song and clean up the toys together.
- If your child is anxious in new settings, allow him to bring a familiar or comforting object, such as a teddy bear or blanket.
- Warn your child about transitions. Consider offering a 5 minute and 1 minute warning before the next activity. If your child does not yet understand time, tell her in words, such as "When this song is over, it's time to go home."
- Consider giving your child a choice about transitions in order to help her feel more in control. For example, tell her that she can do one more thing before leaving the playground and let her choose whether to slide down the slide or go across the monkey bars.
- Praise your child whenever he makes a transition or deals with a change. Try not to become upset with your child when he has a hard time with a transition; instead give him support and praise his efforts.

## Tips for Parenting a "Flexible" Child

- Provide plenty of opportunities for new experiences for your child. Check out a new playground, go to the local splash park, or visit the library.
- Even though your child is easy-going, most children still benefit from a general daily routine. This allows them to get a feel for how their day usually goes and what is coming next. Try to provide a fairly consistent routine and watch your child's signals in regards to change. If she is having difficulty with a transition or change, provide support for her.
- Tell your child about upcoming transitions and changes. He may want to talk about them or learn more about them.
- If you spend a lot of time on the go, make sure to also schedule some time for one-on-one quiet time with your child. It's interesting to experience new things, and it's also fun to spend some time with those we love.

# Your Child and OTHER PEOPLE

## Friendliness

Your child's reaction to new people, or friendliness, is a part of his/her temperament. A child's temperament describes the way that he/she approaches and reacts to the world. It is your child's personal "style."

Temperament influences a child's behavior and the way he/she interacts with others. Understanding your child's reaction to new people, and other aspects of your child's temperament, helps you to be a better parent because you are able to recognize patterns in your child's behavior and anticipate your child's response to different situations.

Some children are shy or uncertain around new people. These children are sometimes called "**slow-to-warm-up**." They tend to:

- Prefer being with you (or other caregivers) and people they know very well
- Need time to warm up and get used to the new person before they are comfortable enough to talk or play with that person
- May prefer to play on their own
- Need your support in new situations—these are the children that may hide behind your leg or insist on being held by you when around new people

Other children are eager and glad to meet new people—adults and children. These children are sometimes called "**outgoing**." They tend to:

- Enjoy meeting new people
- May interact with newcomers right away
- Like playing with others
- Seem very comfortable interacting with others—laughing, talking, etc.

Neither of these categories are better than the other—each just describes a different way of relating to the world. Most children fall somewhere in the middle—sometimes they are uncertain or shy around new people and sometimes they are outgoing and friendly. It may depend on the child's mood that day, who the new person is, or in what setting your child is meeting the new person. Supporting your child and being aware of his/her particular patterns will help everyone's lives go a bit more smoothly.



## Tips for Parenting a “Slow-To-Warm-Up” Child

- Know that your child looks to you for cues on how to relate to others. Try to show positive feelings toward others in your body language and facial expressions.
- Be a secure base for your child. When introducing your child to others, allow your child to hold your hand or be held by you, and if your child prefers to stay close to you, let her until she is reasonably comfortable.
- Communicate to others that your child needs time to warm up and be comfortable before they try to interact with him. Once your child is more comfortable, try letting the new person use your child's favorite book or toy as a way to connect.
- If you know you are going to be meeting new people, try to prepare your child before the event. Talk with her about the new people and what to expect in the new place/setting. Try to mention a link between something your child likes and the new person—for example, maybe the new person has a cat and your child loves cats.
- Consider reading books about new experiences such as going to a new school, meeting a new doctor, etc. These will help him get more comfortable with new situations before they happen.

## Tips for Parenting an “Outgoing” Child

- Give your child plenty of opportunities to meet new people and experience new things.
- Even though your child is outgoing and usually at ease in social situations, know your child's cues and be ready to provide support if he ever feels unsure. This will make sure that time spent with others is enjoyable for all.
- Sometimes your child may be so excited to meet new people, she may actually end up scaring another less outgoing child or hugging someone who doesn't want a hug. Talk to your child about personal space and manners and help her learn acceptable ways of greeting new people.
- Similar to less outgoing children, your child may also like to be prepared before meeting new people and know what to expect from the upcoming situation. Mentioning a link between something your child likes and the new person—for example, maybe the new person has a dog and your child loves dogs—can increase your child's enthusiasm and provide a starting point for conversation.
- Make sure to provide some time for your child to play alone as well. This allows time for him to use his imagination. Both playing alone and playing with peers are beneficial to his development.





# Special Topics



# Your Child and DIVORCE/SEPARATION

## Divorce/Separation

Divorce and separation are difficult for all members of the family. A child's reaction will depend on his/her age, temperament, and the circumstances surrounding the divorce or separation. Children often have trouble understanding what is happening and why. It is common for children to feel some mixture of sadness, frustration, anger, and anxiety. These feelings can cause them to act out.

Although divorce/separation can be a difficult experience for your child, with your support, your child can cope with the event much more effectively. If you are able to minimize the tension of the situation, be patient as your child adjusts, and respond honestly and appropriately to your child's concerns, you can help the transition go more smoothly. Furthermore, if you and your spouse/significant other are able to maintain a civil relationship, this will help your child even more.

## Talking With Your Child About Divorce/Separation

1. Talk with your child prior to making any changes in living situations. If possible, talk to your child with your spouse/significant other present.
2. Be honest but do not be critical about your spouse/significant other. Your child wants to understand what is happening, but he doesn't need to know the exact details.
3. Remind your child that you love him and will continue to provide for him.
4. Be respectful of your spouse/significant other when explaining why the two of you are separating/divorcing.
5. Tell your child that the problems leading to the separation/divorce are not her fault and she is not responsible for trying to fix them.
6. Inform your child about any upcoming changes. Be ready to answer questions like these:
  - Who will I live with? Where will I go to school?
  - Where will mom live and where will dad live?
  - Will I still get to see my friends?
  - Will I have to go to a different school?
  - Can I still do my favorite activities?
7. Remember that this experience is likely to be very frightening for your child—support him as best as you can through this time of adjustment and change.

## Strategies to Help Your Child Cope with Divorce/Separation

1. Recognize that the event has the potential to create stress on your child(ren) and that every child reacts differently to stress. Some kids withdraw, some act out. Encourage them to describe and express their feelings. Provide comfort and reassure them that they are loved.
2. Keep your child's schedule as close to normal as possible. Continuity and routine provide a sense of normalcy for children in times of stress or change.
3. Take care of yourself. This experience is likely to be tough on you as well. Make time to play with your children and be happy together. Provide and eat a balanced diet. Exercise together. Avoid unnecessary stressors and other big decisions.
4. Be emotionally available to your child. Even if your relationship with your spouse/significant other has been full of conflict, your child may still feel a deep sense of loss about the situation.
5. Treat your child with patience. This is a difficult situation for children to understand. Sometimes children do not understand the permanence of divorce. Reassure her that both parents will continue to love her and she is not responsible for the separation/divorce. Clarify any questions about custody or living arrangements.
6. Recognize that your child will probably express some form of anger about the situation at some point. This is normal. Give him opportunities to express his feelings. Listen to him and try not to get angry or take it personally.
7. If your child expresses fear or anxiety, listen patiently and respond supportively. Acknowledge that it might be a scary experience but that you are there to support her.
8. Provide choices for your child whenever possible. This allows him to feel a bit of control in a world which may feel very out-of-control during this time.
9. Ease into new living routines if at all possible.
10. Allow and encourage your child to talk about the situation and their feelings with other trusted adults. Sometimes kids have a hard time expressing what they are truly feeling with parents as they worry about getting into trouble or hurting their parents.
11. Watch your child carefully as you ease into the new routine. Be alert for drastic changes in behavior at home, school, with friends, eating and sleeping habits, etc. If your child continues to be sad, feel helpless, or hopeless, consider having her meet with a mental health professional. Sometimes children need additional outside help to cope with large changes.



# Your Child and DIVORCE/SEPARATION (cont).

## Effective Co-Parenting

Becoming a single parent after a divorce or separation can be tough for you and for your child. If you and your spouse/significant other are going to share parenting and/or custody arrangements, having two homes and two sets of parenting rules can further complicate things.

Co-parenting means sharing parenting responsibilities with someone living in a separate household. Having a cooperative relationship with your ex-spouse has been shown to help children adapt better to the divorce, reduce long-term negative effects of the divorce, increase children's problem-solving skills and flexibility, as well as provide a sense of security. Below are some strategies for co-parenting effectively.

1. It is important for you to allow yourself to feel and express your own feelings about the situation. However, it is not appropriate for you to have this sort of deep discussion with your child. Talk to a friend or seek assistance from a mental health professional. Managing your own strong feelings toward your spouse or significant other will help you to be more patient and understanding with your child through the experience.
2. If possible, try to provide consistency between households. Try to have the same routines, bedtimes, rules, etc. If this is not possible, recognize that you can only control your own home and your own behavior/parenting choices.
3. Do not undermine your spouse/significant other and his/her parenting choices or tell your child that they are "bad" or "wrong." Of course, intervene appropriately if these choices are clearly illegal or detrimental to the health of your child.
4. Set up a regular and predictable custody arrangement. Make drop-off and pick-up times consistent and safe. There are agencies in most communities that can help with these situations if, for some reason, you or your spouse do not wish to interact in the exchange.
5. Allow your child to love both of her parents. Both of you play an important role in her life and she can benefit from a relationship with each of you.
6. Don't grill your child about what happened at the other parent's house or what your spouse/significant other does, doesn't do, etc.
7. Do not put your child in the middle of the two of you. Don't have your child relay messages from one parent to the other or involve your child in conflicts between the two of you. This can create intense stress for a child.
8. Do not ask your child to choose between the two of you or ask questions like, "Where do you want to live?" These questions are incredibly difficult for a child to answer, especially since the child usually wants to be with both parents.
9. If your child reports negative comments about you from your spouse/significant other, do not put your child in the middle of the situation or comment negatively about the other person. Instead, say something like: "You have told me that your mom says bad words about me. I'm sorry about that. How does that make you feel? (sad, angry, mixed up, etc.) I know you love your mom. I also know that you love me. It is hard when kids hear people they love say something bad about someone else that they love. If it happens again, you can let her know that those words make you feel \_\_\_\_\_, and ask her to please not say them anymore."
10. Expect resistance or difficult behaviors if you or your ex-spouse find a new spouse/significant other. Support your child and be patient as he learns to blend into a new family structure. Don't expect your child to accept a step-parent as another parent right away. However, do set the expectation that your child treats this new adult (and any accompanying children, pets, etc.) with respect in the same way that your child respects teachers, coaches, and other adults.
11. Understand that it is normal for children to have fantasies about parents getting back together. If your child expresses these feelings, indicate that you understand why your child might feel that way but that this is a permanent situation.
12. Consider finding a support group for yourself and/or your child. These can help you connect with other people who understand the struggles you are facing.
13. Recognize that you are not perfect. There may be times when you lose your temper or say things that you might regret. If this happens, talk to your child about the situation and apologize for what happened. This helps your child to understand that the situation makes you upset as well and that adults make mistakes, too.
14. Above all, remember that you love your child. Spend time together amidst this difficult situation. Laugh together, play together, and enjoy each other's company.

# Your Child and GRIEF & LOSS

## Grief & Loss

The loss of a loved one through death, separation, or a relationship ending is difficult for all people. After all, humans are designed to be in relationship with others. Each of us may experience different reactions or emotions in response to loss. These differences in grieving responses are tied to many things—different personalities and temperaments, the nature of the relationship with the person who was lost, the nature of the loss itself, our own development and age, our previous experiences with loss, and many other factors.

Therefore, it is logical that children may experience and react to loss in different ways than adults. Young children may have difficulty understanding the loss and their subsequent feelings, while older children may worry about how the loss will impact their future. Furthermore, children do not usually know how to respond to death and how to cope with the related feelings and experiences.

## Common Childhood Reactions to Loss

- Repetitive play or talk about the loss
- May ask many questions, want exact details
- Tantrums, irritable outbursts
- May be whiny, fussy, tearful, or moody
- Increased fearfulness (i.e. monsters, the dark, being alone, etc.)
- “Magical thinking” (believing she caused the event or that the event can be undone)
- Excessive clinging to caregivers and trouble with separating
- Reemergence of earlier behaviors (i.e. bed-wetting, thumb-sucking)
- Increased aggression, anger and irritability
- Blaming themselves for the event
- Denying the occurrence of the event
- Changes in school performance or behavior, refusing to attend school, trouble with memory/concentration
- Concerns about physical health and physical complaints (e.g., stomachaches, headaches)
- Fear of future injury or death of other loved ones
- May be concerned that no one will be available to care for him
- May not participate in activities he used to enjoy
- May ask many questions, want exact details
- May be very concerned about how others are doing and about the “right” way to respond
- May experience death thoughts or say she wishes she were dead, as an expression of the desire to be with the one who died

## Talking about Grief & Loss

Just as there isn't one best way to grieve, there isn't one best way to help children through the process. Children tend to be very resilient, meaning they are able to go through challenges in life and come through them in a positive manner. Their ability to process what happened is influenced by their age and other factors. Adults can help children by encouraging open and honest conversations about feelings and concerns. Allowing children to talk about their worries and ask questions helps them to feel safe and less afraid. A good strategy is to follow the child's lead in talking about the loss by continuing to talk as long as the child is interested and allowing the conversation to end when the child is satisfied that his questions have been answered.

## Strategies for Helping a Child Cope With Loss

- As much as possible, stick with the child's normal routine. This will help the child feel a bit more settled amidst the chaos.
- Be patient with your child. This is a stressful time for every family member and your child will likely need a little extra love and support right now.
- Expect many questions. Be willing and available to answer them, even if the same question is asked repeatedly.
- Be honest with your child, but don't give her more information than she can handle. This can help the child gain some control over the situation. Knowledge is powerful, even for young children.
- Encourage your child to play—play is a great outlet for children's grief and may provide a chance for you to unwind as well.
- Encourage your child to express his feelings. Help your child to identify ways to express feelings like anger and sadness. Give examples and provide opportunities for different types of expression—i.e. drawing a picture, writing a note, playing soccer, yelling in a pillow, etc.
- Provide reassurance that things will get better.
- Provide plenty of nurturance and physical contact.
- Expect mood changes.
- Talk to your child about the different feelings people, including you, may experience.
- Organize time for your child to be with her friends and participate in enjoyable activities. This will help her cope more effectively.
- Take time for yourself. Being healthy yourself is the best way to help your child cope with the loss.
- Spend time together. Children are comforted by time with loved ones.

# Your Child and GRIEF & LOSS (cont.)

## Participation in Funerals, Memorial Services, etc.

While participation in funerals, memorial services, and vigils is a common way for individuals to remember the individual and grieve, these services may not always be appropriate or significant for a child. Remember that the funeral or memorial service is only one event in the goodbye process. As the caregiver of your child, consider the following as you decide whether your child should attend:

- **Your child's age:** Very young children may not have the attention span or ability to attend services. Consider having a known caregiver (relative, babysitter, etc.) act as the child's companion during the service or at home. This will allow your child to be comfortable and reduce your strain of caring for a child during this time.
- **Your child's desires:** Encourage participation in memorial activities according to your child's stated desires and on her timetable. Explain to your child that it is not bad or unloving if she chooses not to attend. It is not the only chance to say goodbye. Your child could do something different—i.e. write a poem or draw a picture to be put in the casket, visit the gravesite after the burial, etc.
- **The type of service, events, etc.:** In order to help your child decide whether to attend, tell him what will happen and what to expect in clear and simple language.
- **Take into account your own emotional state:** If you are distraught or feeling heavily burdened, consider having a relative help provide care for your child.

## The Anniversary of a Loss

Depending on the age of your child, the anniversary of a loss may be an opportunity for remembrance. Since it may also bring a variety of feelings, consider developing a plan for your child and family.

- As a family, or individually, come up with ways to honor the memory of the loved one. Remember that there is no one right way to do this!
- Recognize that as the day draws near, feelings may change and plans may need adjustment.
- If your child will be attending school on the date, consider letting her teacher know about the significance of the day and that your child's behavior may be different than usual.
- Recognize that this day may be unsettling for a child who was previously adjusting.
- Be calm and supportive.
- Make time to be together as a family and/or with other loved ones.

## When the Lost Individual is a Parent...

The death of a parent is considered one of the most significant and stressful events for children and their families. When a parent dies, it affects each family member and the nature of the family itself. The ability of the surviving parent to cope with the loss of his/her partner affects how well the children are able to work through the grieving process. Therefore, it is vitally important for the surviving parent to work through the grieving process and deal with his/her own feelings and grief issues in order to be a support to the children. There is help out there—for surviving parents and for grieving families—please seek assistance if you need it.

## When to Seek Assistance

Although the grieving process takes time, if your child's responses to the loss continue for more than six weeks or if your child seems to show increasing trouble with mood changes, school performance, or other emotional or behavioral problems, contact a mental health professional for assistance.

Also, contact a mental health professional if your child shows any of these warning signs:

- Persistent refusal to think about or talk about what happened
- Does not participate in activities she used to do
- Excessive worry about the health and safety of himself and his family
- Extreme or continued irritability
- Withdrawal from friends
- Continued nightmares
- Excessive feelings of guilt, sadness, or nervousness

For information on how to contact a mental health professional, see the resource list in the appendix of this booklet or talk to your child's medical doctor.

## Additional Resources

- National Center for Grieving Children & Families: <http://www.dougy.org>
- NYU Child Study Center—see Coping with Trauma and Grief section: [http://www.aboutourkids.org/families/keeping\\_kids\\_healthy/raising\\_healthy\\_kids](http://www.aboutourkids.org/families/keeping_kids_healthy/raising_healthy_kids)
- GriefNet: <http://www.griefnet.org>; kids' version of the site: <http://kidsaid.com>
- American Academy of Child & Adolescent Psychiatry Fact Sheet: [http://www.aacap.org/cs/root/facts\\_for\\_families/children\\_and\\_grief](http://www.aacap.org/cs/root/facts_for_families/children_and_grief)

# Your Child and MILITARY DEPLOYMENT

## Military Deployment and Return

Military deployment and return are stressful events for every member of a military family. Every member of the family may show this stress differently. Some children may act clingy and worried, others may have behavior problems and act out. Nevertheless, the things children need most during this time are support, patience, and reassurance from the loved ones around them. Below are some strategies to help children cope when a loved one is deployed.

## Coping Before Deployment

While it may not be easy to tell your child that a parent or other loved one will be deploying soon, it is important for children to have some advance notice, particularly if this deployment will create changes such as a move or a new caregiver.

- Use words your child can understand and be honest when talking about what the deployment means and how long it will last. Consider using a visual aid such as a calendar to show how long the individual will be gone—maybe create a ritual of crossing off the days once the family member has left.
- Reassure your child that the loved one is trained to do his/her job in the military and that every effort will be made to keep the loved one safe.
- Remind your child that she will be taken care of and protected. Your child may ask questions about this repeatedly and often—be patient and reassuring as you answer the questions each time. This is part of your child's process of understanding.
- Make a plan to stay connected with the loved one. Some ideas include emails or even just promising to think about each other at a certain time each day.
- Try not to add too much extra stress or responsibility to your child's life. Telling your child to be the "man (or woman) of the house" while one parent is away may create unnecessary stress for your child. Kids need to be kids, so instead ask your child to do the best she can and to be a helpful and active member of the family.
- Spend time together in the time prior to deployment. Although there may be other items to complete before the family member leaves, make sure to plan some one-on-one time with the family member and your child. Your child will hold on to these memories until the family member returns.

## Coping During Deployment

When deployment occurs, life will change and it may take a little while for things to settle down into your new "normal."

- Stick to a routine as much as possible. This predictability will help your child feel secure amidst the changes.
- Stay connected to the absent family member. Look at pictures, count down days on the calendar, find where the family member is on a map, etc. Find ways to keep the absent family member "present" in your child's life.
- Talk to and listen to your child often. Check in with your child regularly and find out how he is feeling and thinking. Being able to talk to you and have you listen and understand is very comforting to a child. Older children may like to keep a journal for the same reasons.
- Take time for yourself. It can be overwhelming and exhausting to take on extra responsibilities. The military offers many programs to help families get through these difficult times. Take advantage of these programs and offers of help from other people. Remember to renew yourself regularly as well—exercise, eat nutritious food, spend time with friends, relax, etc.

## What to Expect Upon Return

The return of the absent family member will be joyous and exciting. It will also bring a time of adjustment as all of you get used to having the returning family member back home again. Sometimes it can be hard for the returning member to get back into the typical rhythm of family life again. Time and patience will help make this process easier.

- Communication is key. A lot may have changed while the family member was away. The returning member may wonder where he/she fits in this "new" family. Honest communication is key to re-establishing a family routine.
- Be patient. Forget your expectations about how much time it takes to resume "normal." Take it one day at a time and be patient with one another.
- Spend time in fun activities that allow family members time to get to know each other again.
- Recognize that life may not be exactly as it was when the family member deployed. In fact, it is likely to be very different—after all, the children have been growing up, everyone has learned new things and had new experiences, etc. With time and patience, your family will develop a new "normal."

*Information adapted from Nemours Foundation (2008) (<http://kidshealth.org>)*



# Your Child and TRAUMA

## Trauma

Trauma is defined as an event that is powerful and dangerous enough to overwhelm a person's ability to cope. Children react to trauma in different ways. An individual child's reaction to trauma can depend on any of the following:

- The emotional availability of caregivers
- The nature of the attachment relationship with caregiver(s) prior to the traumatic event occurring
- Individual characteristics within the child including: developmental level, temperament, level of emotional stress the child was under when the traumatic event occurred, and history of past traumatic events
- The extent to which the child was directly impacted by the traumatic event will also determine his/her ability to handle the trauma

If a child is separated from his primary attachment figure or experiences other significant loss as a result of the trauma, he may be dealing with the trauma of the event as well as the grief of losing a significant loved one, his home, pet, or even a favorite toy or object. All of these can be upsetting to a child.

The effects of trauma can be even more upsetting to a child if the trauma is experienced more than once. In fact, if a child experiences a great deal of intense trauma at a very early age, these experiences can affect how his brain develops and his subsequent patterns of behavior, personality, ability to learn, etc. That makes it even more important to shield children from trauma as much as possible and to intervene early and effectively if it occurs.

## Examples of Trauma

The following are some events/situations which may be powerful enough to cause a traumatic response in a child. However, it is important to remember that different children will experience differing amounts of trauma in different circumstances, depending on the factors listed previously.

- A natural disaster (i.e. flood, hurricane, earthquake, blizzard)
- Loss of family member through death, divorce, moving out, etc.
- Death of a family pet
- A house fire or other situation in which there is loss of personal items
- Physical, emotional, verbal, or sexual abuse
- Neglect
- Witnessing abuse of a family member or other person

## Reactions to Trauma

The following are common reactions of children after experiencing some sort of trauma:

- Hypervigilance (being wary/worried that the event will occur again)
- Nightmares
- Regression
- Flashbacks
- Excessive fears
- Difficulties with separation from caregivers
- Traumatic play

## Helping a Child Cope With Trauma

In general, children with secure attachment relationships tend to handle and recover from both situational stress (a family move, the birth of a sibling, etc.) and traumatic events better than children without a secure attachment figure or who are more vulnerable.

Helping children develop good coping skills and being emotionally available to the child is typically what is necessary to help the child move past a stressful event. If children are unable to effectively recover from stressful life events, it likely speaks to bigger issues, or that the incident was likely not an isolated event, and the child may require professional assistance.

The following are ways caregivers can help a child cope with stressful or traumatic situations:

- Provide reassurance that things will get better.
- Provide age appropriate information about the event. This can help the child gain some control over the situation. Knowledge is powerful, even for young children.
- Provide a place to talk about the stressful event. Check in with the child on a regular basis. Be available to answer questions about a particular event. Help children identify and communicate their feelings.
- As much as possible, stick with the child's normal routine. This will help the child feel a bit more settled amidst the chaos.
- Provide nurturance and physical contact. Children are comforted when loved ones are close by.



# **Selected Mental Health Topics**



# Your Child and MENTAL HEALTH SERVICES

## Mental Health Diagnoses

If your child has been diagnosed with a mental health disorder, you may be experiencing a wide variety of emotions. Perhaps you are relieved to finally have a name for what has been happening or maybe you are worried about what this “disorder” really means. Maybe you have feelings of confusion, disbelief, guilt, or sadness. Maybe you aren’t even sure what you think or feel!

Parents often need time after hearing the news of their child’s diagnosis before they can begin to ask more questions and seek answers or support regarding treatment or intervention. If parents are confused about their child’s diagnosis, they are encouraged to request a follow-up appointment with their service provider to ask questions about diagnosis, treatment and intervention.

The following information will help you understand what a diagnosis is and how a service provider decides to diagnose your child with a particular mental health disorder. Then, in the rest of this booklet, you will find informational sheets covering a variety of specific diagnoses.

## What is a diagnosis?

A diagnosis is nothing more than a name that describes the symptoms or behaviors an individual is experiencing or has experienced in the past. In order to diagnose a mental health disorder, a mental health professional will meet with you and your child and discuss your child’s current and past behaviors and experiences, as well as any concerns you have. By providing a name for your child’s behavior, parents and service providers can better understand how to manage this behavior and how to help your child succeed. Furthermore, a diagnosis helps create a common language for all individuals who work with your child.

## Who can diagnose your child?

The only people who are qualified to diagnose your child with a mental health disorder are medical providers (MD, F-NP, C-NS, PA), psychiatrists, psychologists, and licensed clinical social workers (LICSW). Other people may give a name to a particular behavior of your child, but this name is not a diagnosis unless given by one of the providers listed above.

## Diagnostic Manuals

Those service providers who work in the mental health field have worked to develop manuals listing different mental health disorders, how to diagnose them, and how to help individuals who have those disorders. Two examples of these manuals are the DC: 0-3R and the DSM IV-TR.

- **DC: 0-3R**

The *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC: 0-3R), published by Zero To Three®, is a developmentally based system for diagnosing mental health and developmental disorders in infants and toddlers. Its categories were determined by a group of individuals from many different fields who are experts in early childhood development and mental health. The DC 0-3:R helps those working with your child to name/diagnose your child’s behavior as well as assess how your child is doing in his/her daily life.

- **DSM IV—TR**

The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM IV-TR) is another way for mental health professionals to classify or name your child’s behaviors and look at his/her functioning. The categories in the DSM IV-TR were determined by The American Psychiatric Association. This manual is also used to diagnose mental health disorders in older children and adults.

## The Diagnostic Process

You and your child will meet with the mental health professional and discuss your child’s current and past behavior and experiences. The mental health professional will also ask you about any concerns you have regarding your child’s development.

Following this process, the psychiatrist, psychologist, clinical social worker, or medical provider will create a “diagnostic assessment,” a report that summarizes all of the information you discussed, and states whether or not the mental health professional feels your child’s behavior, experiences, or concerns meet the requirements for a particular diagnosis.

This diagnostic assessment report can be shared with you (and your child) and any other agencies to whom you agree. Common agencies to share information are schools, clinics/hospitals, medical doctors, and other service providers with whom you may be working. The purpose of this sharing is to make sure everyone is aware of the same information when working with your child and family.



# **Your Child and MENTAL HEALTH SERVICES (cont.)**

## **Types of Mental Health Services**

If your child is receiving any sort of mental health services or educational services, you may find yourself confused by the different providers and services, and the language used by each. The following information is intended to clarify the various types of mental health services and providers.

## **Service Providers**

The following individuals and agencies represent mental health services your child and family may be receiving. They may not all apply to your child/family.

- **Clinical Psychologist**

A clinical psychologist is an individual who has a graduate degree (Ph.D, Psy.D, M.A.) in psychology and has completed the requirements for becoming licensed in your state. This person is able to provide therapy (i.e. counseling), psychological testing (i.e. assessment of IQ, achievement, memory, etc.), and research. This person is authorized to diagnose individuals with mental health disorders but is not able to write prescriptions for medication. Clinical psychologists differ from school psychologists in training and specialty areas. Also, school psychologists are able to perform psychological testing in the school setting but are not authorized to diagnose individuals with mental health disorders.

- **Psychiatrist**

A psychiatrist is an individual who has completed medical school to become a medical doctor (MD). His/her medical training focuses on mental health disorders (for example, depression). This person is authorized to diagnose individuals with mental health disorders as well as write prescriptions for mental health disorders.

- **Clinical Social Worker**

A clinical social worker (LICSW) has completed a graduate degree in social work and has obtained additional training in mental health services. This individual is able to provide mental health therapy for you or your family and to diagnose mental health disorders but does not have the ability to write prescriptions for medications.

- **General Medical Doctor (MD)/ Nurse Practitioner (F-NP)/ Clinical Nurse Specialist (CNS)/ Physician's Assistant (PA)**

The above medical providers have training in medical issues. They can write prescriptions for medications and provide mental health diagnoses. They do not provide mental health therapy but may refer individuals to other providers for these services.

## **Service Providers, Cont.**

- **Social Worker**

A social worker is an individual who has completed a college degree in social work (SW, LSW/LGSW). This person may be working with your family as a case worker, and may be helping your family by arranging different services or making sure you receive community services for which you qualify.

## **Service Entities**

- **Interagency Early Intervention Committee (IEIC)**

IEICs are mandated by state and federal law as part of the Individuals with Disabilities Educational Improvement Act (IDEIA) to: promote the early identification of children with medical or developmental concerns, assure these children receive the care and learning opportunities they need, and provide support to families of those children. These committees are made up of individuals from different agencies, such as schools, city/county officials, public health, department of health, and other agencies focused on helping young children and families succeed.

The IEIC will assess children and refer those who are discovered to have, or be at risk of developing, a condition or special need that may affect their development. Early intervention consists of services intended to reduce possible effects of this condition/need. Common people involved in early intervention are occupational therapists, physical therapists, speech-language pathologists, public health nurses, social workers, psychologists, and psychiatrists.

- **Special Education**

Special Education is designed to help children with special needs (usually those with learning disabilities, mental health disorders, and developmental and/or physical disabilities) achieve the greatest possible success in school and community. The services provided are based on the individual child's needs and may involve monitoring/arrangement of physical settings, special equipment, teaching or testing procedures, and other interventions.

- **County Case Management**

If your child has been diagnosed with a developmental delay/disorder (i.e. mental retardation or autism) or with a mental health disorder, you may be receiving case management services from your county human service office. This program helps coordinate all of the services you are receiving and ensures that your family is receiving all of the services for which you qualify.

- **Well Child Visits**

Well child visits are medical appointments at which your child's general health and development are checked. Typical ages for these to occur are: 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, and every year thereafter.

# Your Child and Attention Deficit Hyperactivity Disorder (ADHD)

## What is Attention Deficit Hyperactivity Disorder (ADHD)?

Attention Deficit Hyperactivity Disorder (ADHD) is the most common mental health disorder present in children, affecting 5-8% of the population. ADHD is characterized by **inattention**, **impulsivity**, and/or **hyperactivity**. ADHD can affect boys and girls, although boys are somewhat more likely to exhibit hyperactivity symptoms.

## Typical Behavior

A child diagnosed with ADHD may have difficulty with attention, impulsivity, hyperactivity, or any combination of these three. Some common behaviors of a child with ADHD include:

- Fails to pay close attention to detail or makes careless errors, or appears unaware of his/her surroundings
- Fails to finish tasks or remain focused in activities that require sustained attention
- Seems not to listen to what is said to him/her
- Is unorganized or messy
- Is easily distracted by activity around him/her
- Is forgetful or loses things often
- Always on the go—running around, climbing over things, etc.—and may put himself/herself in dangerous situations
- Has difficulty engaging in quiet activities or speaking quietly
- Has trouble staying in seat during meals, in the classroom, or in other places where being seated is expected
- Fidgets with hands or feet or squirms on seat
- Blurts out answers before the questions have been completed
- Has trouble waiting in line or waiting his/her turn during games
- Interrupts or intrudes on others
- Talks excessively

## Ways to Help Your Child Be Successful

1. Meet with the school to discuss the results of your child's mental health evaluation and make plans to implement strategies to help your child.
2. Consider reading the following book: [Taking Charge of ADHD](#), by Russell Barkley. This book is published by Guilford Press and is an excellent resource for parents and teachers.
3. Set clear and consistent expectations for your child. Your child has difficulty structuring his environment and requires extra effort on your part to provide this external structure for him. Check in with your child on a consistent basis to ensure that he is on the right track or working toward completion of a desired task. Your child is more likely than other children to get distracted from a task and start doing something else of more interest. Understand that these distractions are not necessarily a means of avoiding chores nor are they meant to disrespect parents.
4. Despite the fact that many of your child's behaviors are done without adequately thinking through the future ramifications of her actions, consequences for these actions must still be implemented on a regular basis. Natural and logical consequences for negative behaviors are necessary for your child to begin to recognize that her actions will be accounted for now, as they will be when she gets older.
5. Consistency across caregivers is necessary in order for your child to begin to learn from her mistakes.
6. Involvement in outside peer activities are recommended in order for your child to practice appropriate social skills while participating in enjoyable activities with same age peers.
7. Consider medication management for the purpose of controlling ADHD symptoms.

## For More Information

The following website provides helpful information about ADHD and tips for parents:

- Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)  
<http://www.chadd.org>

*Diagnostic information obtained from DSM IV: TR (2000)*

# **Your Child and Attention Deficit Hyperactivity Disorder (ADHD)**

## **(cont.)**

### **Strategies for Success At Home**

- During the morning rush:
  - o Allow enough time in the morning to complete all that is necessary.
  - o Create morning lists that the child can visually look at and then check off when the tasks have been completed.
  - o Arrange closets and drawers for easy use.
  - o Put out clothes the night before.
  - o Keep homework and book bags in the same place. Put the book bags in this place in the evening.
  - o Keep the TV off, avoiding unnecessary distractions.
  - o Pick and choose your battles and stay positive! Start the day on a positive note!
- During homework time:
  - o Work with the school to attempt to get most of the child's homework done within the school setting, either during time in the resource room or in after school programs such as Homework Helper.
  - o Have a good communication system with the school.
  - o Adjust the work amount and break homework into smaller parts. Sometimes children will get overwhelmed with a task that is too big.
  - o Provide regular routines in a quiet place to complete homework.
  - o Attempt to have fun with homework, take turns reading questions out loud and "play teacher."
- Increase your odds of success:
  - o Gain eye contact.
  - o Give one direction at a time.
  - o Don't ask if you aren't going to follow through.
  - o Ask the child to repeat the request.
  - o Clarify if necessary.
  - o Instead of using comments such as, "I want you to...", say instead, "(Child's name)...You need to..."
  - o Utilize positive reinforcement (praise your child when he/she does things correctly, rather than criticizing when he/she doesn't).

### **Strategies for Success At School**

- Due to your child's propensity to lose interest in activities, repetition of activities should be minimized during homework assignments. While most children find it useful to practice skills that they have just learned, such repetition in children with ADHD actually causes them to lose interest in the activity and to make more careless errors than other children.
- Homework and an explanation of assignments should be given in written format at the end of each day. Instructions should be clear and brief so that your child does not get confused by irrelevant details.
- A communication log should be established between parents and teachers in order to monitor your child's behavior and to signal potential difficulties before they become a problem.
- Your child will be able to pay attention more effectively if seated in the front of the classroom.
- If possible, allow your child to run errands for the teacher or do additional tasks if finished with classroom assignments in order to prevent a lot of 'down time', during which time children with ADHD tend to run into difficulties.
- Do not punish your child by taking away recess or other activities that allow him to burn off excess energy. These activities will actually make it easier for your child to focus more effectively throughout the school day.
- Establish a behavioral plan that allows your child to take responsibility for monitoring his behavior in the classroom. For instance, provide a checklist of daily responsibilities to provide added structure without continual reminders from the teacher.
- Have the teacher check in with your child throughout the day to prevent her from getting off track, failing behind, or getting overwhelmed.

### **How to explain Your Child's Behavior to Others**

1. Share this handout.
2. Encourage providers to focus on your child's individual strengths—no two children are exactly alike, even if they have similar difficulties.
3. Not all recommendations fit with every child or family. Find what works for you!
4. Be your child's advocate!

# **Your Child and AUTISM**

## **(and other Pervasive Developmental Disorders)**

### **What is Autism?**

Autism or Autistic Disorder is one classification of a group of disorders called Pervasive Developmental Disorders (PDD). Children with Pervasive Developmental Disorders can differ in many ways, including intellectual ability, production of language and in level of behavioral difficulty; however ALL children with PDD have impairments in communication and social interaction. Children with PDD are often categorized as being 'high' functioning or 'low' functioning and can often look and act quite different from one another, making diagnosis difficult at times. PDD can affect any child or family; however, there is a genetic component suggesting that PDD does run in families. Autism is 4 times more likely to occur in boys than in girls. No one knows for sure what causes PDD; although we do know that children with PDD have differences in various structures in their brain, likely occurring before the child was born.

### **Typical Behavior**

Common behaviors of a child diagnosed with PDD:

- Child's language skills may develop slowly, not at all, or stop developing as the child grows
- If child's language skills develop on time, the child may still show difficulty in his/her ability to begin and engage in conversations with others
- Child may have difficulty using and understanding nonverbal behavior; such as eye contact, facial expressions, body postures, and gestures when interacting with others
- Child may not be interested in interacting with his/her same-age peers or may have difficulty making friends
- Child may not share his/her accomplishments, experiences, and interests with other people
- Child may have difficulty understanding another person's viewpoint or emotions
- Child may not engage in imaginative play
- Child may engage in repetitive movements of his body (hand flapping) or repetitive use of objects
- Child may be consumed with a single item, idea, or person
- Child may have a hard time adjusting to change
- Child may exhibit non-functional routines or rituals
- Child may have frequent tantrums
- Child may exhibit aggressive or self-injurious behaviors
- Child may use language in a non-functional manner (babbling to himself or repeating words or phrases)

### **Categories of PDD**

Pervasive Developmental Disorders are considered spectrum disorders, with symptoms ranging from mild to severe. Spectrum disorders indicate that the level of developmental delay is unique to each individual. The following five diagnoses are given by a medical or mental health professional:

- Autistic Disorder (a.k.a. Autism)

Autistic Disorder is the most common form of PDD. In order to be given a medical diagnosis of Autistic Disorder, a child must have an impairment prior to the age of three in the following areas: social interactions with others (lack of eye contact; developmental delayed peer relationships, etc); delay or lack of language development; and stereotyped or repetitive motor movements or a strict adherence to routine, etc.

- Asperger's Disorder

A diagnosis of Asperger's Disorder is given when children have similar social interaction and stereotyped behaviors as children with Autistic Disorder; however, children with Asperger's Disorder may not have a delay in language development or intellectual ability. Often, children with Asperger's Disorder are diagnosed later in childhood and are described as rather precocious and intelligent individuals.

- Rett's Disorder

Rett's Disorder is a rare disorder identified in children who are born with normal development and head circumference until the age of 5 months. Between the ages of 5 to 48 months, deceleration of head circumference occurs along with the loss of previously acquired hand skills, poor social engagement, poorly coordinated gait, and severely impaired expressive-receptive language.

- Childhood Disintegrative Disorder

Childhood Disintegrative Disorder is also a rare disorder seen in children following at least two years of typical development. Between the ages of 2 to 10 years, the child shows a significant loss of skills in at least two of these areas: language, social skills or adaptive behavior, bowel or bladder control, or play or motor skills. Children with this disorder show similar language and social interaction problems as those with Autistic Disorder.

- Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)

This category is used when the child shows a severe impairment similar to those above, but does not meet all criteria for any one disorder.

*Diagnostic information obtained from DSM IV: TR (2000)*



# **Your Child and AUTISM**

## **(and other Pervasive Developmental Disorders) (cont.)**

### **Ways to Help Your Child Be Successful**

1. Learn about your child's diagnosis. The more you know about Pervasive Developmental Disorders, the better equipped you'll be to make informed decisions for your child. Learn about treatment options for your child, ask questions whenever you don't understand, and participate in decision-making.
2. Become an expert on your own child. You are the one who knows best what "triggers" your child and what his likes and dislikes are. The better you know your child, the easier it will be to prevent situations that could be challenging and to help solve problems if they occur.
3. Consistency is very important. Since your child may have difficulty with change or transitions, it is very important to keep things the same across settings. It is important to have all care providers be consistent in the way they interact with your child and deal with challenging behaviors.
4. Create a schedule and stick to it. Kids with PDD tend to do best when their days are the same. Set up a schedule with regular times for meals, play, school, bedtime, etc. Try to keep disruptions to a minimum, and if there must be a schedule change, prepare your child in advance.
5. When communicating with your child, be short and to the point. Do not use ambiguous or confusing language—for example, say "please sit down" rather than "take a seat."
6. Reward good behavior. Praise your child when she acts appropriately, rather than waiting and waiting to discipline when she displays a challenging behavior. Be very specific about the behavior for which you are praising her—for example, "You are doing a great job keeping your hands to yourself."
7. With your child, create an area in your home that is "safe" or "relaxing" for your child. Encourage him to go there when he feels he needs some space to himself.
8. Be patient. Children with PDD may feel that the world is an uncomfortable place with all of its changes and sensory stimulation.

9. Be optimistic. It is impossible to predict how your child's disorder is going to affect him. Don't jump to conclusions about how life is going to be.
10. Accept and love your child for who she is. Embrace her uniqueness, celebrate the successes, and don't compare her to other children.
11. Have fun with your child every day! All children need time to play. Don't worry about making every interaction "therapeutic;" instead, enjoy your child.

### **Partnering with the School**

1. Share information about your child's diagnosis with professionals at your child's school. Most school districts have access to an Autism Specialist who can ensure that your child can best succeed in the school setting and provide necessary services to help him succeed.
2. It is encouraged for children with Pervasive Developmental Disorders to be evaluated within the school district to determine if they meet criteria for special education services. If a child with PDD qualifies, they will be categorized under the 'Autism Spectrum Disorders' category. This can be confusing for parents, as this is sometimes a different label than that given by their physician or psychologist. Please remember that the school district is not 'diagnosing' your child; their job is to qualify your child for special education services. Therefore, your child may have an Asperger's Disorder diagnosis and still receive special education services under the Autism Spectrum Disorders criteria. This does not change your child's medical diagnosis.
3. Services that may be available for your child through the school district include: speech-language therapy, occupational therapy, physical therapy, paraprofessional support and more direct teaching in a resource or special education room.

### **For More Information**

The following websites provide helpful information about Autism Spectrum Disorders and tips for parents:

- Autism Society of America  
<http://www.autism-society.org>
- National Autism Center  
<http://www.nationalautismcenter.org>
- Autism Speaks  
<http://www.autismspeaks.org>

# Your Child and DEPRESSION

## What is Depression?

Depression is a disorder of a prolonged state of low mood, increased irritability and loss of pleasure/interest in things previously found enjoyable. Everyone has times when they are not happy for some reason or another, but when this low feeling and lack of interest lasts long enough to impact other parts of one's life and prevent the person from living enjoyably, a diagnosis of depression may be made. There is no single cause of depression. Depression can run in families or can occur without any family history. Depression can also affect children and, at times, can look more like a behavioral difficulty than a sad child.

## Typical Behavior

Common characteristics of a child diagnosed with depression include:

- Depressed or irritable mood more days than not—the child can either express the sadness directly or others observe it (i.e. child appears sad or is tearful)
- Angry for no reason— increase in aggression
- Change in behavior that cannot be tied to a specific event or situation
- Little or no interest in activities or play
- Overly sensitive—cries easily/often or easily upset
- Change in school performance
- Significant weight gain or loss or significant change in appetite
- Problems falling or staying asleep or sleeping more than is expected for a typical child that age
- Restlessness
- Subdued activity—i.e. just sits around all day
- Little energy
- Difficulty solving problems
- Difficulty with attention span
- Indecisiveness
- Seems “out of it”
- Feels nobody understands him
- Many illnesses or complaints of body aches or problems—i.e. stomachache, headache
- Self-harming behavior
- Speaking badly about himself/herself
- Comments, i.e. “It would be better if I were not here”

## Additional Resources

- National Institute of Mental Health's Depression site: <http://www.nimh.nih.gov/health/publications/depression/summary.shtml>

## Ways to Help Your Child Be Successful

1. Seek first to understand your child. She is not just being stubborn, resistant, or irritable—depression is a mental illness. With proper treatment, your child can get better.
2. Expect your child's mood to improve gradually—most people can't just “snap out” of depression. Sometimes it takes weeks before mood begins to improve.
3. Feed your child a healthy diet. Fresh foods are always better than processed, canned, or packaged foods. Good nutrition can improve mood.
4. Make sure your child gets the right amount of sleep. Provide a consistent bedtime routine and a comfortable environment for sleeping.
5. Encourage your child to play! Get down on the floor and play with her and invite peers over for playdates.
6. Provide a stable and loving home environment and be available to your child. Try to keep your home bright and cheerful. Play good music.
7. Encourage your child to be involved in things—sports, clubs, scouting, etc. Pleasurable activities can help lift mood. Your child may resist these activities at first, so don't add too much at once and be very supportive of your child's feelings and mood.
8. Encourage your child to talk about his feelings and help him learn to name them. Listen to your child's struggles or concerns. If you can remedy them, do so. If not, point out more hopeful things or explain to your child how you deal with those things in life.
9. Help your child see the good and fun things in life. Point out things that you find fun or exciting. Bring your child along on activities you enjoy. Seeing other people enjoying activities can often motivate a child to enjoy them as well.
10. If your child has difficulty with decisions and completing activities, help her learn to problem-solve. Show her how to break down activities into smaller steps and talk her through the solutions to problems. In time, she'll be able to do these things herself.
11. Monitor the TV shows, books, music, etc. that your child views. Discourage him from ones that seem to make him more depressed.
12. Try to get outside at least once a day. Try to get your child to engage in some sort of exercise—sunshine, fresh air, and physical activity improve mood.

*Diagnostic information obtained from DSM IV: TR (2000)*

# Your Child and ADJUSTMENT DISORDER

## What is an Adjustment Disorder?

An adjustment disorder is given when a child displays a reaction to a life event or stressful incident that is longer in duration and more significant than would be considered typical for the situation and for the child's developmental age. The life event or stressful incident may include a significant family change, such as a move, divorce, or birth of new family member, or a stressful incident, such as abuse of a child, natural disaster, or car accident. Symptoms of adjustment disorders vary greatly, and can include depression, anxiety and/or acting out behaviors that were not seen before the life event or stressful incident occurred and are not alleviated by normal means such as comforting or redirecting the child. Without treatment, adjustment disorders can lead to more significant mental health difficulties, such as clinical depression or generalized anxiety disorders. Treatment for adjustment disorders is usually brief and the child is expected to return to a normal level of functioning.

## Typical Behavior

Possible behaviors of a child with an Adjustment Disorder include:

- Depressed or worried mood
- Feelings of hopelessness
- Behavior problems at home and school
- May seem more "clingy" than usual
- Lack of interest in things he used to like to do and/or may seem less playful, happy, etc.
- Cries easily or seems easily upset
- Difficulty going to sleep, repeated night waking, and/or nightmares
- Difficulty concentrating
- May seem watchful or fearful all the time
- More irritable/angry/fussy, and/or having more temper tantrums than usual
- May regress—i.e. starts having accidents even though she was potty-trained, acts like a "baby," and/or becomes more whiny or clingy than she was prior to the event
- Many illnesses or complaints of body aches or problems—i.e. stomachache, headache, digestive problems
- Needs to talk about stressful event excessively or avoids situations related to stressful event
- Increase in aggressive behavior or non-compliance following the stressful event

## Ways to Help Your Child Be Successful

1. Provide a consistent and stable home environment for your child and be available to your child.
2. Try to resume your child's schedule/routine as soon as possible. Routines bring normalcy and help children feel secure.
3. Recognize that your child may regress (or go back in development) for a time. Support her in this regression, rather than becoming upset about it. For example, she may start wanting you to help her with everything or may start wetting the bed again. Know that most children get back to their previous level of functioning pretty quickly once they feel safe and secure again.
4. Explain to your child that you love him and that it's okay to feel upset/angry/sad etc.
5. Allow your child to cry, be sad, talk about feelings, write about feelings, draw pictures, etc.
6. Help your child to develop coping skills—these are skills that help people make it through tough situations without getting overly upset about them. One way to do this is to role-model your own coping skills—talk with your child about how you cope with stress (maybe exercise, talking to someone else, drawing/writing, etc) and if you find yourself in a stressful situation, talk to your child about how you are using your coping skills to make it through the situation.
7. Recognize that your child's emotions may be all over the place or very mixed up for a little while. Help him to name these feelings and provide safe situations for venting them. For example, if your child is very angry, allow her to yell in a pillow, or if she is very worried, help her write down her worries so you can talk about them.
8. If your child has trouble sleeping, give him extra attention, let him sleep with the light on, or let him sleep in your room or with a sibling.
9. Help your child feel in control—let her choose her clothes, her meals, and make decisions, when possible.
10. If your child's behaviors or emotions do not seem to be getting back to normal, contact the professionals working with your child and family. It may be that your child needs further assistance.

*Diagnostic information obtained from DSM IV: TR (2000)*

# Your Child and FETAL ALCOHOL SPECTRUM DISORDERS

## What are Fetal Alcohol Spectrum Disorders (FASD)?

Fetal Alcohol Spectrum Disorders (FASD) refer to a range of disorders caused by the effects of maternal alcohol consumption during pregnancy. Two of the most commonly diagnosed disorders on this spectrum are Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). Other disorders on this spectrum include: Alcohol-Related Neurodevelopmental Disorder (ARND) and Alcohol-Related Birth Defects (ARBD).

Fetal Alcohol Spectrum Disorders have physical, mental, and behavioral effects. Many children with FASD have characteristic facial features and growth problems and almost all have a varying degree of challenging behaviors and learning difficulties. Children with FASD vary dramatically and will have different strengths and areas for growth.

## Typical Behavior

Although all children with FASD are different, some common characteristics are:

- Child may have low birth weight, small size for age in height and weight, small head size, and failure to thrive (lack of growth, weight gain)
- Child may have distinct facial characteristics (short or droopy eyelids, widely spaced eyes, flat or smooth area between the nose and lip, thin upper lip, and small jaw)
- Child may have behavior problems including impulsivity, hyperactivity, and irritability
- Child may have problems with reasoning (thinking things through) and decision making
- Child may have sleep difficulties
- Child may be sensitive to touch or sounds
- Child may have difficulty with change
- Child may have trouble staying organized and carrying out multi-step directions
- Child may have trouble with math, spelling, language, reading, and other school subjects
- Child may seem immature, especially in the area of social skills
- Child may be easily influenced by peers and peer pressure
- Child may have trouble learning from past experiences and may need to be re-taught things over and over again

## Ways to Help Your Child Be Successful

1. Know your child well—know his likes and dislikes, what over-stimulates him, what helps him calm down, etc. This will help you immensely in times of stress or when your child has difficulty communicating.
2. Meet with any other people who care for your child (i.e. childcare providers, school personnel) to discuss your child's particular strengths and needs and make plans to implement strategies to help your child.
3. Set clear and consistent expectations for your child. Your child has difficulty structuring his environment and requires extra effort on your part to provide this external structure for him. Check in with your child on a consistent basis to ensure that he is on the right track or working toward completion of a desired task. Your child may be more likely than other children to get distracted from a task and start doing something else of more interest. Understand that these distractions are not necessarily a means of avoiding chores nor are they meant to disrespect parents.
4. Despite the fact that many of your child's behaviors are done without adequately thinking through the future effects of her actions, consequences for these actions must still be implemented on a regular basis. Natural and logical consequences for negative behaviors are necessary for your child to begin to recognize that her actions will be accounted for now, as they will be when she gets older.
5. Consistency across caregivers is necessary in order for your child to begin to learn from her mistakes.
6. Involvement in outside peer activities are recommended in order for your child to practice appropriate social skills while participating in enjoyable activities with same-age peers.
7. Children with FASD have a high co-occurrence of Attention Deficit Hyperactivity Disorder (ADHD) and sleep difficulties. Medication management may be helpful for controlling symptoms of these related conditions. Consult with a mental health professional for appropriate diagnosis.

*Diagnostic information obtained from  
Minnesota Department of Health FASD booklet*



### **Strategies for Success At Home**

- Keep your home and your child's room calm, quiet, comfortable, and uncluttered. This will help your child if he is hypersensitive to sensory things (like noise, lights, etc.).
- Provide a place where your child can go if over-stimulated or overwhelmed. Going to this location should not be seen as a punishment, rather as a means to calm down.
- Provide consistency in any way that you can—planning for meals, playtimes, etc. to occur at the same times each day. Also, having a consistent bedtime routine can help your child relax for bed and improve sleep.
- If your child has problems eating or eating well, reduce distractions at mealtimes. Have food ready when your child shows hunger signs and allow enough time for your child to finish eating. Serve frequent, small meals if that helps her eat better. If you are concerned about nutrition, consider contacting a nutrition professional.
- Set reasonable expectations and limitations for your child. Consistency is important as your child may have trouble learning from his mistakes. Positive disciplinary strategies should be incorporated as soon as your child acts out, as children with FASD often have trouble connecting cause and effect. Teach and encourage positive behavior.
- Since your child may have trouble with impulsive behavior, you may need to provide more supervision than that required for peers without this diagnosis. Make sure your home is child-proof to prevent injury.
- Praise your child often to help build self-esteem. Be specific with your praise to show your child that you notice her good qualities and skills and to help your child develop self-awareness.
- Your child may not have any sense of danger around them so you may need to be alert and aware of his whereabouts at all times. Make sure your child's other care providers know this as well.
- While giving your child choices helps his development, too many choices may increase frustration. Limit choices to prevent this.
- Teach your child acceptable ways of recognizing and dealing with any emotions.
- As with all children, monitor what your child hears and watches as she may copy undesirable behavior.

### **Strategies for Success At Home (cont.)**

- Your child may have difficulty transitioning from one activity to another—try to lessen this by telling her what is going to happen next and giving her reminders before changes.
- Provide opportunities for your child to play with other children. He can benefit from playing with peers, but sometimes he may be more comfortable playing with younger children. Teach him concepts like sharing and what to do with friends. Supervise and structure playtime in order to help him build friendships.
- When giving directions, keep them short, clear, and to-the-point to increase the chance your child will follow through. Pause between sentences to give your child time to understand.

### **Specific Strategies for Success At School**

- Homework and an explanation of assignments should be given in written format at the end of each day. Instructions should be clear and brief so that your child does not get confused by irrelevant details.
- A communication log should be established between parents and teachers in order to monitor your child's behavior and to signal potential difficulties before they become a problem.
- Your child will be able to pay attention more effectively if seated in the front of the classroom.
- Establish a behavioral plan that allows your child to take responsibility for monitoring his behavior in the classroom. For instance, provide a checklist of daily responsibilities to provide added structure without continual reminders from the teacher.
- Have the teacher check in with your child throughout the day to prevent her from getting off track, failing behind, or getting overwhelmed.

### **Additional Resources**

- Fetal Alcohol Spectrum Disorders Center for Excellence site: <http://www.fascenter.samhsa.gov/>
- National Organization on Fetal Alcohol Syndrome: <http://nofas.org/>
- Center for Disease Control and Prevention FAS site: <http://www.cdc.gov/ncbddd/fas/>

# **Your Child and POST-TRAUMATIC STRESS DISORDER (PTSD)**

## **What is Post-Traumatic Stress Disorder (PTSD)?**

Post-Traumatic Stress Disorder is a type of persistent emotional/psychological stress that occurs after experiencing a single traumatic event (i.e. a natural disaster, a violent crime, an accident), a series of connected traumatic events (i.e. child abuse, witness to domestic abuse), or chronic, enduring stress situations (i.e. living in a war zone). Although it would be natural to experience some stress following one (or more) of these experiences, a diagnosis of PTSD is made if the child's stress lasts long enough and is severe enough as to impact his/her daily functioning.

## **Typical Behavior**

Children with PTSD often exhibit the following symptoms:

- The child's play and overall conversation may be overly focused on the traumatic event. The child may enact the same situation over and over again and be less imaginative or playful than usual. He/she may or may not seem upset during this play.
- Child may be more hypervigilant (aware of surroundings, cautious), and have an exaggerated startle response.
- The child may have repeated nightmares, which may or may not seem linked to the event.
- If reminded of the event, the child may become anxious, regress, avoid, or show other signs of distress.
- The child may have flashbacks (or feel like he/she is reliving the event again) especially if some sort of trigger similar to that event occurs (i.e. hearing a siren).
- The child may 'dissociate' or retreat into his/her own world. The child may seem "out of it" or "spacey" during this time.
- Overall changes in sleep, behavior and energy level.
- Behavioral changes (i.e. increase in irritability).
- The child may regress in many ways—i.e. starts having accidents even though she was potty-trained, acts like a "baby," and/or becomes more whiny or clingy than she was prior to the event.
- Child may have difficulty separating from caregivers.

## **Ways to Help Your Child Resume Previous Functioning**

1. Seek out a therapist knowledgeable in play therapy to help your child to effectively work through the traumatic event in a healthy manner.
2. Ensure that the child is truly safe. A child cannot heal from past trauma if there is any child abuse or unsafe situation that is on-going.
3. Provide a consistent and stable home environment for your child.
4. Be present—physically there and emotionally available—for your child. Allow him to talk to you about the event/experience but do not force him to do so.
5. Identify and express your own feelings about the event with another adult—this will allow you to be more helpful to your child.
6. Resume your child's previous schedule as soon as possible following the experience.
7. Alert others who care for your child about the situation and how they can help your child feel secure.
8. Recognize that your child may regress (or go back in development) for a time. Support her in this regression, rather than becoming upset about it. For example, she may start wanting you to help her with everything or may start wetting the bed again. Know that most children get back to their previous level of functioning pretty quickly once they feel safe and secure again.
9. Explain to your child that you love him, the event was not his fault, you will take care of him (but only if you can, be honest) and that it's okay to feel upset.
10. Allow your child to cry, be sad, talk about feelings, write about feelings, draw pictures, etc.
11. Don't expect your child to be "brave" or "tough" and don't get angry if she shows strong emotions.
12. If your child seems to be on "red alert" all the time and never relaxed, try to plan some relaxation time into each day. During this time, do something together that is quiet and relaxing and unrelated to the traumatic experience (i.e. read books together, listen to music, snuggle).
13. Recognize that your child's emotions may be all over the place or very mixed up for a little while. Help him to name these feelings and provide safe situations for venting them. For example, if your child is very angry, allow her to yell into a pillow, or if she is very worried, help her to choose a stuffed animal to keep her safe.

*Diagnostic information obtained from DSM IV: TR (2000)*

# Your Child and REACTIVE ATTACHMENT DISORDER

## What is Reactive Attachment Disorder (RAD)?

Reactive Attachment Disorder (RAD) is a complex mental health disorder that is seen in children who have experienced extreme cases of abuse, neglect, or have had multiple or inconsistent caregivers within the first five years of life. This disorder is characterized by significant disruption in the child's ability to interact in social situations and difficulty with emotional attachments (or bonding) with others. Children with RAD are classified into two distinct types: Inhibited and Disinhibited.

## Typical Behavior

Some common behaviors of a child with RAD include:

- Can move from one caregiver to the next with seemingly no reaction, even if in a long term placement
- Lack of appropriate social skills
- Issues with food—may hoard food, refuse to eat, etc.

### Disinhibited:

- Overly friendly/affectionate with strangers
- Desires to control everything and everyone
- Exhibits signs of hyperactivity and impulsivity
- Quick to anger or argue, even if the topic/thing is silly or unimportant
- Frequent and easily provoked tantrums or rage episodes
- Attaches too quickly to unfamiliar people
- Demanding of parents/caregivers
- Seems to lack morals or knowledge of right and wrong (no conscience)
- Cruelty to others and/or animals
- Lying and/or stealing
- Destructive to property or self
- May be fascinated with fire, blood/gore, evil, weapons, etc.
- May like to pit people against each other or manipulate them
- May exhibit sexualized behavior

### Inhibited:

- Constantly watchful, gives a frozen stare
- Problems with eye contact in everyday activities
- Keeps to himself, distrustful of others
- May appear 'autistic like' at times
- Resists comforting from others

## Ways to Help Your Child Be Successful

1. Educate yourself about RAD and consider finding other caregivers of children with RAD from whom to get and give support. Acknowledge your own strong feelings about your child's diagnosis and behaviors.
2. Understand that because your child has not built a strong attachment with a primary caregiver, he may have trouble with many skills (see the behaviors list for examples). These skills can be re-learned, with a lot of support and encouragement of caregivers and mental health professionals.
3. Seek first to understand your child's behaviors before you discipline or give a consequence. For example, is your child hiding food because he's not sure he can count on food always being available? Instead of punishing, try letting him keep canned goods in his room for as long as he needs to do so.
4. Try to be as consistent and calm as possible when setting and enforcing rules, discipline, etc. Do not make threats. If you find yourself becoming overwhelmed, take some time to yourself and then come back to your child.
5. Sometimes your child is able to follow rules/limits easier if they are "the rules" rather than "my rules" or "our rules." Consider stating "The rule says no hitting" rather than, "I told you not to hit."
6. Provide your child with his own space where he can keep his things, be alone, etc.
7. Participate as much as possible in any treatments or interventions your child receives. This will help you and your child build an attachment relationship.
8. Be a role model of how to express feelings to other people. Allow your child to observe you expressing a wide range of feelings.
9. Try to maintain a parental hierarchy of control in your household. Children with RAD often seek control through arguing and expression of strong feelings. When your child tries to argue with you, resist the urge to defend your position—instead, indicate that you understand how he is feeling, but that the consequence follows the behavior (i.e. "I can see that it makes you very angry that I will not let you ride your bike. That is the consequence of not following the rules earlier."
10. Have fun with your child whenever possible! Do things she enjoys! Invite her to do things you enjoy!
11. Praise your child often and tell him you care for him. Even if he doesn't reciprocate, it's important for him to know you care.

*Diagnostic information obtained from DSM IV: TR (2000), Hughes (1997), and professional knowledge*

# Your Child and SELECTIVE MUTISM

## What is Selective Mutism (SM)?

Selective Mutism is a mental health disorder, most commonly found in young children, identified by a failure to speak in certain settings that lasts more than one month in duration. These children understand spoken language and are able to speak. In fact, they usually speak at home with parents, siblings, etc. and may speak to a few others. Some parents even describe these children as outgoing or talkative at home! However, most choose not to speak at school and in other social settings due to anxiety, fear, shyness, and/or embarrassment. In order to communicate in these settings, the child may nod her head, point, or just wait for someone to guess what she needs. No one knows for sure what causes Selective Mutism. It affects approximately 1 out of 1,000 children and girls are slightly more likely to be affected than boys.

## Typical Behavior

Common behaviors of a child with Selective Mutism include:

- Child is able to speak and understand language
- Child speaks when around or with familiar individuals, such as family members or familiar peers
- Child may speak more freely with peers than adults
- Child may seem very shy in social settings, even if she is outgoing at home
- Child may not talk to other children often or only talk to peers he knows well
- Child may talk easily on the phone to people, but not be able to talk face-to-face
- Child may often seem shy, afraid, or anxious/worried
- Child may resist going to school, play-dates, or other social situations
- Child is usually able to perform other age-appropriate expectations

## Additional Resources

- Selective Mutism Group ~ Child Anxiety Network  
<http://www.selectivemutism.org/>
- American Speech-Language-Hearing Association  
<http://www.asha.org/about/publications/leader-online/archives/2002/q3/020924ftr.htm>
- Selective Mutism Foundation, Inc.  
<http://www.selectivemutismfoundation.org/>

## Ways to Help Your Child Be Successful

1. Meet with the school to discuss the results of your child's mental health evaluation and make plans to implement strategies to help your child. It is usually best to keep your child in regular classes rather than removing him to an alternate location due to his struggles with speaking.
2. Recognize that your child is uncomfortable, afraid, or too shy to speak in social situations. Gentle encouragement, support, and reassurance are likely to be the most helpful actions you can take.
3. Provide plenty of opportunities for your child to speak in settings in which he is comfortable. This may involve inviting familiar people to your home to interact with your child.
4. Provide opportunities for your child to watch you (and other familiar people) talking with others in relaxed settings, such as with neighbors, at school gatherings, ordering food at a restaurant, etc.
5. If your child does attempt to speak in a public situation, don't put a lot of emphasis on this. Simply act as though this is a normal interaction and go about the rest of your outing. Since it is likely that your child does not like all the attention on him, if you do offer verbal praise, say it at a later time.
6. Although it may be very frustrating, do not force your child to talk or become upset that she will not speak. Any attempts to pressure, bribe, trick, punish, or shame your child into speaking will most likely backfire and make your child even more reluctant to speak in these settings.
7. Avoid talking to others about your child's Selective Mutism if your child is present. This may make him feel even more anxious or embarrassed.
8. Know that many children with Selective Mutism will begin to speak in new places after they become familiar with the people present.
9. Some children with Selective Mutism have learned that they can get their needs met by exclusively using non-verbal communication (i.e. nodding, pointing). Even in settings where they feel safe (i.e. childcare), children still may choose not to use language to communicate. Once a child is comfortable in the surroundings, it will be important to encourage speech whenever possible. Children can first be expected to use one word responses to communicate what they want from caregivers. Once they learn that this is safe, more elaborate responses can be encouraged.

*Diagnostic information obtained from DSM IV: TR (2000)*

# Your Child and SEPARATION ANXIETY DISORDER

## What is Separation Anxiety Disorder?

While experiencing separation anxiety (being fearful or anxious when separated from a primary caregiver) is a normal part of infant and toddler development, sometimes a child's separation anxiety becomes so severe or lasts so long, that it begins to interfere with the child's functioning. If this occurs, the child may be diagnosed with Separation Anxiety Disorder.

## Typical Behavior

### Developmentally Appropriate Separation Anxiety:

- Usually begins within the first year of a child's life and peaks before 18 months.
- In response to separation, the child may cry or whine, be clingy (holding hand or leg, wanting to be held, hiding behind parent), act shy, be silent (instead of constant talking or babble), and/or be unwilling to interact with others, even if they are familiar.
- The child usually "outgrows" this behavior and will interact with others, be soothed by others, etc.

### Separation Anxiety Disorder:

- The infant, toddler, or young child cries continually and inconsolably and refuses to be soothed by a substitute caregiver when the primary caregiver leaves.
- The child may engage in aggressive behavior or self-injury when separated from primary caregiver (i.e. hitting the babysitter or banging own head).
- The child may have frequent, excessive worry about losing a primary caregiver or about that caregiver experiencing some sort of harm.
- The child may have frequent, excessive worry that some unlikely event (i.e. getting lost, being kidnapped) will lead to separation from caregiver.
- The child may be fearful of or refuse to go to childcare, school, or elsewhere out of fear of separation.
- The child may be fearful/reluctant to be alone or without the caregiver, even in the home.
- The child may be fearful or refuse to go to sleep without the presence of the caregiver or experience repeated nightmares about separation.
- The child may experience physical symptoms when separation from primary caregivers occurs or is anticipated. For example, the child may complain of headaches or stomachaches. A very young child may vomit, hiccup excessively, or drool.

## Ways to Help Your Child Be Successful

1. Spend time with your child as often as you can.
2. For very young children, playing peek-a-boo can be a way for your child to learn that even if you disappear, you will reappear.
3. Give your child time to "warm up" to people prior to inviting them to interact with him/her.
4. Explain to your child ahead of time what is going to happen so he/she knows what to expect.
5. Explain where you will be and what you will be doing while you are away. State these things simply and in a matter-of-fact manner so your child knows that it is not open to negotiation.
6. If your child goes to another location while you are apart (i.e. daycare, preschool), visit that location a few times before she starts going there regularly. This will allow your child time to get used to the care providers, other children, the routine, etc.
7. Avoid the morning rush as this may leave your child anxious, even prior to the separation. This may be difficult as all family members may need to get ready in limited time. A chart of what has to be done in the morning may help your child learn to get himself ready and packing lunches and/or diaper bags the night before could help as well.
8. Avoid rushing the separation. If possible, take time to read a book to your child or play for a few minutes before saying goodbye. Set a limit on how long you will stay—i.e. you will read one book or play with the blocks for 5 minutes. Make sure to do this if you tell your child you will.
9. Create a special goodbye ritual—i.e. a kiss on the nose and a hug.
10. Some children feel more secure if they have something of yours to hold on to during the day, such as a picture of you in her lunch bag or cubby.
11. Let your child know when you will be back, using language he will understand, for example, "I will be back after you have lunch or after your afternoon nap."
12. Don't linger too long or return after saying goodbye. Encourage your child to wave goodbye in the window. NEVER sneak out without saying goodbye as this may increase your child's anxiety as he may feel he never knows when you're going to leave.
13. If for some reason, your return time has to change, call the substitute caregiver as soon as possible and have him/her explain to your child that although you may be late, you will be returning.
14. Overall, understand that overcoming separation anxiety takes time, love, and consistency.

*Diagnostic information obtained from DSM IV: TR (2000)*



# Your Child and SENSORY PROCESSING DISORDER

## What is Sensory Processing Disorder?

Every child has a unique way of taking in and responding to information from the environment, just as every child's environment is unique (different family members, house, clothing, etc.). The ways in which a child takes in, responds to, and organizes the various forms of sensory information she receives is referred to as sensory processing.

Sensory Processing Disorder (SPD), also called Sensory Integration Dysfunction (SID), is a neurological disorder in which the individual has difficulty processing information from the five senses (vision, hearing, touch, smell, and taste), the sense of movement (vestibular system), and/or the sense of position (proprioception). It is important to note that for those with SPD/SID, sensory information is sensed in a normal way but processed by the brain in a way that causes distress or confusion. This is different than those who have vision or hearing problems, as individuals with those disorders are unable to sense sensory information accurately.

## Types of SPD/SID:

SPD/SID can be categorized into three groups of characteristics: sensory-seeking, sensory-avoiding, and motor control behaviors.

- Sensory-Avoiding Behaviors

Children with sensory-avoiding behaviors respond to stimuli with aggression or withdrawal. Children in this category notice the lightest touch and the smallest noises. They are usually cautious and don't like to try new things or take risks. They are uncomfortable in loud or busy environments and may be "picky" eaters.

- Sensory-Seeking Behaviors

Children with sensory-seeking behaviors seek out stimulation and need a high level of stimulation in order to respond. These are the children who may not notice a light touch or even small amounts of pain. They may unintentionally be overly aggressive or rough with other people or animals. They may engage in acts that are dangerous without knowing, since their sensory system doesn't register unless the stimulus is large.

- Motor Control or Dyspraxic Behaviors

Children with motor control problems or dyspraxia (a disorder of planning movements and actions to reach a goal) have difficulty with motor skills. They may have posture problems, weakness, difficulty imitating movements and coordinating different parts of their body together, and trouble with balance.

## Typical Behavior

Below are some of the common characteristics of children diagnosed with SPD/SID:

- In response to noise: May react strongly to the smallest noise (cry or startle), or may remain calm even if a siren is going off
- Typical Development: May be delayed in areas of development due to issues with sensory processing—i.e. may not crawl because child doesn't like to touch the carpet with hands or knees
- Eating: May have trouble with new textures, new tastes, particular utensils, the feeling of sitting in the high chair, may seem very "picky" about foods
- Sleeping: May have trouble self-soothing, may have an unpredictable sleep schedule, may wake frequently, may have trouble going to sleep and staying asleep
- Play: May not engage in play without prompting, may be very active all the time (i.e. may seem to never slow down, do dangerous things, etc.), may want to do one thing all the time (i.e. swing or twirl in circles)
- Behavior patterns: May appear defiant, may have trouble with change or transitions, may appear very picky, may seem inattentive or withdrawn, may be very distractible, may have many tantrums, may seem fussy or irritated a lot without a known reason
- Motor patterns: May be very "floppy" or "stiff," may have trouble with fine motor skills, may have poor balance, may seem very clumsy or uncoordinated, may seem weak, speech may be difficult to understand
- Touch: May react to even the smallest touch or may require a deep, firm touch to respond, may be sensitive to different fabrics, may prefer to not wear clothing at all, may avoid teeth-brushing or hair-combing, may not enjoy snuggles or hugs
- In school: May have difficulty staying in seat to learn, may be easily distracted, may avoid or have trouble with fine motor tasks, may have trouble respecting others' personal space, may be easily overwhelmed at recess/gym/music time, may be slow to learn
- Peers: May have difficulty making friends, may seem very different developmentally from peers

*Diagnostic information obtained from  
Williamson & Anzalone (2001), and  
Sensory Processing Disorder Foundation (2008)*

# **Your Child and SENSORY PROCESSING DISORDER (cont.)**

## **Ways to Help Your Child Be Successful**

1. Early intervention is very important. Once your child is diagnosed with this disorder, begin treatments as soon as possible. Usually, occupational therapy is the standard approach to assisting with sensory concerns.
2. Be patient and try to understand. Know that sensory difficulties affect every area of your child's life. Your child is not just being picky or difficult; he is genuinely having trouble making sense of his world.
3. Modify your home to meet your child's sensory needs whenever possible. Consider the lighting, temperature, noise level, fabrics used, etc.
4. Provide clothing, foods, and other items that are pleasing to your child in a sensory manner. These small things will help your child be more comfortable when dealing with the rest of the sensory world.
5. Watch your child's behavior through the lens of her sensory experiences. Try to understand that what she is feeling influences what she is doing. Maybe your child gets upset and flustered more easily when in a loud room? Or in a bright room? Or when wearing certain clothing?
6. Don't force your child to experience things that he finds unpleasant. While it is probably not possible for you to make all situations perfectly sensory-friendly, allowing your child to be in a more pleasing environment may make life a bit easier.
7. Sensory difficulties may have made it hard for you to bond with your child. Perhaps your child doesn't enjoy the snuggling or rough-and-tumble play other children enjoy. Know that it is not too late to build a strong relationship with your child—you just need to learn how to interact in ways your child enjoys.
8. Recognize that your child may get frustrated very easily. Try to anticipate these frustrations and help your child learn ways to cope.
9. Make sure your child's classroom teacher knows of your child's sensory processing difficulties. Meet with the teacher and school staff to set up a plan to help your child succeed.
10. Your child may have difficulty forming friendships. Help your child with this skill by inviting children over for playdates and role-modeling polite behaviors.
11. When considering discipline for your child, be aware of his sensory characteristics. If he reacts strongly to loud noise, recognize that if you get upset at his behavior and raise your voice, he will most likely react in an intense manner. Similarly, if your child needs a firm touch to respond, remember that a gentle touch on the shoulder will not be a very effective tool for redirection.
12. Check in with your child often. Ask her how she is feeling, how the day is going, etc. Learning more about how her world is and feels will help you to be an even better parent to her.
13. Your child will probably feel different or "weird" at some point due to his sensory difficulties. Help him remember that, despite these challenges, that he is a unique individual with special gifts to offer. Reinforce his gifts and talents.
14. If your child needs a lot of movement, try to schedule activities with this in mind. Consider having some active play time before going to a sit-down activity. Conversely, if your child needs a lot of prompting to engage in activity, consider doing a warm-up movement exercise or an invigorating stretching routine before going outside to play or to another high movement activity.
15. To help your child sleep better at night, create a bedtime ritual that incorporates all of the sensory activities which are calming and soothing for your child. For some children, this may include soft music or white noise; others may enjoy a warm blanket or a vibrating mattress/blanket; still others may like heavy blankets or tight covers.
16. Continue to offer new sensory experiences to your child. It is possible that your child may become less reactive to some items over time and with intervention, so "try, try again" may be a good phrase to keep in mind.

\* Although there have been a lot of research and intervention strategies to address Sensory Processing Disorders, this is not a formal diagnostic category in the Diagnostic and Statistical Manual-IV (DSM-IV), which is typically used by mental health professionals to diagnose mental health disorders. However, it should be noted that sensory integration difficulties are often found in children diagnosed with other mental health disorders, such as Autism, Asperger's Disorder, and ADHD.

## **Additional Resources**

- Sensory Processing Disorder Foundation  
<http://www.spdfoundation.net>
- Sensory Nation.com  
<http://www.sensorynation.com>



# Appendix







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# AREA RESOURCES

RESOURCE	KITTSON COUNTY	MAHNOMEN COUNTY	MARSHALL COUNTY
<b>Community Action Programs</b>	Northwest Community Action (218) 528-3227	Mahube Community Council (218) 847-1385	Marshall – West County Tri-Valley Opportunity Council (218) 281-5832/ (800) 584-7020  Marshall – East County Northwest Community Action (218) 528-3227
<b>Child Care Resource and Referral</b>	Tri-Valley Opportunity Council, Inc. (800) 543-7382	Mahube Child Care Resource & Referral (800) 450-1385  White Earth Child Care (218)-983-3285	Tri-Valley Opportunity Council, Inc. (800) 543-7382
<b>ECFE</b>	Kittson Central ECFE (218) 386-3231  Lancaster ECFE (218) 762-5400  Tri-County ECFE (218) 436-2971	Mahnomen ECFE (218)-935-2211 ext. 331  Waubun-ECFE (218)-473-6163  White Earth ECFE (218)-983-3285 ext. 1280	Greenbush-Middle River ECFE (218)-782-2231  Grygla ECFE (218) 294-6155  Marshall County ECFE (218)-874-8805  Stephen/Argyle Central ECFE (218)-437-6616  Warren Elementary ECFE (218)-745-4441
<b>Financial Resources</b>	Kittson County Social Services (218) 843-2689  Minnesota Comprehensive Health Assoc. (866) 894-8053	Mahnomen County Human Services (218) 935-2568  Minnesota Comprehensive Health Assoc. (866) 894-8053	Marshall County Social Services (218) 745-5124  Minnesota Comprehensive Health Assoc. (866) 894-8053
<b>Head Start</b>	Northwest Community Action, Inc. 218-528-3227	Mahube Community Council, Inc. (218) 847-1385  White Earth Head Start (218) 983-3285 ext. 1270	Tri-Valley Opportunity Council, Inc. (218)-281-5832  Northwest Community Action, Inc. (218)-528-3227
<b>Human Services</b>	Kittson County Welfare Department (218) 843-2689	Mahnomen County Human Services (218)-935-2568  White Earth (218)935-5554 ext. 212 or (800)763-8629	Marshall County Social Services (218)-745-5124
<b>IEIC</b>	Kittson County IEIC (218) 843-3662	Bemidji Regional Interdistrict Council (218) 751-6622 / (888) 473-2742 ext. 110	Marshall County IEIC (218) 745-5154
<b>Medical</b>	Kittson Memorial Health Care (218) 843-3612 / (218)843-2165 Clinic	EMS-Mahnomen Health Center (218) 935-2511/Emergency 911	Altru Home Svc North Valley (218) 745-4211/ Emergency 911
<b>Mental Health</b>	Northwestern Mental Health Center (218) 281-3940 Main Office (218) 282-5005 Crisis Toll-free (800) 985-0228	Northwestern Mental Health Center County Court House (218) 935-2207	Northwestern Mental Health Center (218) 281-3940 Main Office (218) 282-5005 Crisis Toll-free (800) 985-0228
<b>Public Health</b>	Kittson Memorial Home Health (218) 843-3662	Multi-County Public Health Nursing (218)847-9224	Marshall County Public Nursing Svc (218)-745-5154
<b>WIC</b>	Quin Community Health Service (218) 874-7845 or (800) 223-1591	White Earth Health Center WIC Prog. (218) 983-6232 or (800) 477-0125	Quin Community Health Service (218) 874-7845 or (800) 223-1591

Source: Minnesota Department of Health, <http://www.health.state.mn.us>

## AREA RESOURCES (cont.)

RESOURCE	NORMAN COUNTY	POLK COUNTY	RED LAKE COUNTY
<b>Community Action Programs</b>	Tri-Valley Opportunity Council (218) 281-5832 / Toll-free (800)584-7020	Polk – East County Inter-County Community Council (218) 796-5144/ FAX (218) 796-5175  Polk – West County Tri-Valley Opportunity Council (218) 281-5832 / Toll-free (800)584-7020	Inter-County Community Council (218) 796-5144/ FAX (218) 796-5175
<b>Child Care Resource and Referral</b>	Tri-Valley Opportunity Council, Inc. (800) 543-7382	Tri-Valley Opportunity Council, Inc. (800) 543-7382	Tri-Valley Opportunity Council, Inc. (800) 543-7382
<b>ECFE</b>	Ada-Borup ECFE (218) 784-5303  Norman County East ECFE (218) 584-5151  Norman County West ECFE (218) 861-6738	Climax-Shelly ECFE (218) 857-2818  Crookston ECFE (218) 281-2854  Fertile-Beltrami ECFE (Mentor) (218) 945-6953  Fisher ECFE (218) 891-4105  Fosston ECFE (218) 435-1909  Win-E-Mac (Erskine-McIntosh) ECFE (218) 563-3763	Oklee ECFE (218) 796-5136  Plummer ECFE (218) 698-4449  Red Lake Falls ECFE (218) 253-2161  Red Lake Falls ECFE (218) 253-2161
<b>Financial Resources</b>	Minnesota Comprehensive Health Association (866) 894-8053  Norman County Social Services (218) 784-7136	Minnesota Comprehensive Health Association (866) 894-8053  Polk County Social Service Center (218) 281-3127  Supplemental Security Income (800) 772-1213	Red Lake County Social Service Center (218) 253-4131  Minnesota Comprehensive Health Association (866) 894-8053
<b>Head Start</b>	Tri-Valley Opportunity Council, Inc. (218) 281-5832	Inter-County Community Council, Inc (218) 796-5144	Inter-County Community Council, Inc (218) 796-5144
<b>Human Services</b>	Norman County Social Service Ctr. (218) 784-7136	Polk County Social Service Center (218) 281-3127	Red Lake County Social Service Ctr. (218) 253-4131
<b>IEIC</b>	Norman County IEIC (218) 784-5425	Polk County IEIC (218) 281-3385	Red Lake County IEIC (877) 294-0846
<b>Medical</b>	Norman County EMS (218) 784-5226 / Emergency 911  Twin Valley Rescue (218) 584-5201	Riverview Hospital (218) 281-4682  Altru Clinic (218) 281-9100	Altru Clinic (218) 253-4343
<b>Mental Health</b>	Northwestern Mental Health Center (218) 281-3940 Main Office (218) 282-5005 Crisis Toll-free (800) 985-0228	Northwestern Mental Health Center (218) 281-3940 Main Office (218) 282-5005 Crisis Toll-free (800) 985-0228	Northwestern Mental Health Center (218) 281-3940 Main Office (218) 282-5005 Crisis Toll-free (800) 985-0228
<b>Public Health</b>	Multi-County Public Health Nursing (218) 784-5425	Polk County Public Health (218) 281-3385	Inter-County Nursing Service (218) 681-5950
<b>WIC</b>	Multi-County Public Health Nursing (218) 847-9261 or (888) 818-4511	Polk County Public Health (218) 281-1673	Quin Community Health Services (218) 874-7845 or (800) 223-1591

Source: Minnesota Department of Health, <http://www.health.state.mn.us>

# HELPFUL BOOKS

## TYPICAL DEVELOPMENT:

### Motor Development

*Ten Little Fingers* By Annie Kubler  
*Head, Shoulders, Knees and Toes* By Annie Kubler  
*Row, Row, Row Your Boat* By Annie Kubler

### Social Development

*The Way I Feel* By Janan Cain  
*Baby Mood Swings* By David Maisner  
*Fox Makes Friends* By Adam Relf

### Language Development

*Baby Signs* By Joy Allen  
*My Little Word Book* By Roger Priddy

### Eating

*No More Bottles for Bunny* By Bernette Ford and Sam Williams  
*Eating the Alphabet: Fruits and Vegetables from A-Z* By Lois Ehlert  
*Bread and Jam for Frances* By Russell Hoban

### Sleep

*Bedtime for Frances* By Russell Hoban  
*How Many Kisses Do You Want Tonight?* By Varsha Bajaj and Ivan Bates  
*Ready for Bed* By Stacey Kaye

### Toileting/Self-Care

*Diapers Are Not Forever* By Elizabeth Verdick  
*No More Diapers for Ducky* By Bernette Ford and Sam Williams  
*Everyone Poops* By Taro Gomi and Amanda Mayer Stinchecum

### Attachment

*The Kissing Hand* By Audrey Penn  
*No Matter What* By Debi Gliori  
*How Many Kisses Do You Want Tonight?* By Varsha Bajaj and Ivan Bates  
*I Love You Through and Through* By Bernadette Shustak

### Cooperation

*Words are not for Hurting* By Elizabeth Verdick  
*Little Miss Bossy* By Roger Hangreves

### Curiosity

*Why? The Best Question and Answer Book about Nature, Science and the World Around You* By Catherine Ripley and Scot Ritchie

### Play

*Baby Games: Let's Play!* By DK Publishing  
*Look and Play* By Amanda Wood, Fiona MacMillian and Emma Dadd

### Self-Control

*Teeth Are Not For Biting* By Elizabeth Verdick  
*Hands Are Not For Hitting* By Martine Agassi

### Sexual Curiosity

*It's My Body* By Lory Freeman

### Sibling Rivalry

*A Pocket Full of Kisses* By Audrey Penn  
*Our New Baby* By Heather Maisner

### Energy Level

*Harriet, You'll Drive Me Wild* By Marla Frazee  
*Little Miss Fun* By Roger Hangreves  
*Sometimes I Drive My Mom Crazy, But I Know She's Crazy About Me: A Self-Esteem Book for Overactive and Impulsive Children* By Lawrence Shapiro

### Emotional Response

*If You're Angry and You Know It* By Cecily Kaiser

### Patience & Frustration

*Llama, Llama Mad at Mama* By Anna Dewdney  
*Llama, Llama Red Pajama* By Anna Dewdney

### Change

*Bye-Bye Time* By Elizabeth Verdick  
*Clean Up Time* By Elizabeth Verdick  
*When Lizzy was Afraid of Trying New Things* By Inger Maier  
*Ready for the Day* By Stacey Kaye

### Other People

*Little Miss Shy* By Roger Hangreves



# HELPFUL BOOKS (cont.)

## Special Topics:

### Divorce & Separation

*Was It The Chocolate Pudding? A Story for Little Kids About Divorce* By Sandra Levins  
*When Mom and Dad Divorce* By Emily Menendez-Aponte  
*Dinosaurs Divorce* By Laurene Krasny and Marc Brown  
*Why Are You So Sad?* By Cheryll Putt

### Grief & Loss

*The Tenth Good Thing About Barney* By Judith Viorst  
*The Fall of Freddy the Leaf: A Story of Life for All Ages* By Leo Buscaglia  
*After a Traumatic Loss* By William Steele

### Military Deployment

*A Paper Hug* By Stephanie Skalmaski  
*I Miss You! A Military Kid's Book about Deployment* By Beth Andrews

### Trauma

*Relax* By Catherine O'Neill  
*A Safe Place to Live: A Story for Children who have Experienced Domestic Violence* By Michelle Harrison

## Selected Mental Health Topics:

### Mental Health Services

*A Child's First Book About Play Therapy* By March Nemiroff and Jane Annunziata

### Attention Deficit Hyperactivity Disorder (ADHD)

*Shelley, The Hyperactive Turtle* By Deborah M. Moss  
*Sometimes I Drive My Mom Crazy, But I Know She's Crazy About Me: A Self-Esteem Book for Overactive and Impulsive Children* By Lawrence Shapiro

### Adjustment Disorder

*Kids are Important: A Book for Young Children in Foster Care* By Julie Nelson  
*Rosie's Family: An Adoption Story* By Lori Rosove

### Autism Spectrum Disorders

*To Be Me* By Rebecca Etlinger (Asperger's Disorder)  
*Taking Autism To School* By Adrianna Edwards  
*Russell is Extra Special* By Charles Amenta

### Depression

*Alexander and the Terrible, Horrible, No Good, Very Bad Day* By Judith Viorst  
*Misery Moo* By Jean Willis and Tony Ross  
*Summer Fun* By Larry Dane Brimner

### Fetal Alcohol Spectrum Disorders

### Post-Traumatic Stress Disorder

*Brave Bart* By Caroline Sheppard  
*You Are Not Alone* By William Steele  
*After a Traumatic Loss* By William Steele

### Reactive Attachment Disorder

*A Mother for Choco* By Keiko Kasza

### Selective Mutism

*Buster: The Very Shy Dog* By Lisze Bechtold

### Sensory Regulation Disorders

*Arnie and His School Tools: Simple Sensory Solutions That Build Success* By Jennifer Veenendall (Also for Children with Autism and ADHD)

### Separation Anxiety Disorder

*The Kissing Hand* By Audrey Penn  
*When Lizzy was Afraid of Trying New Things* By Inger Maier  
*I Don't Want To Go To School: Helping Children Cope with Separation Anxiety* By Nancy Pando





