



DAY
Five

Wes, Emily, & Charlie...

Wes and Emily have been Resource family two years. Although the family is Caucasian, they are open to caring for children of any race. In assessing their support system at the time of initial licensure, they felt their support system, i.e. friends, church, neighborhood, was comprised of diverse populations, allowing for a child of any race to feel comfortable in their care. Their very first placement after becoming licensed was an African-American male named Charlie. He was three years old at the time he was placed in the home and had been diagnosed with Fetal Alcohol Syndrome (FAS). They hit the ground running!!!!Charlie displayed a tremendous amount of energy which for some is seen as “bouncing off the walls”, “ADHD-like behavior”, or “not paying attention”. Wes & Emily never once felt this way. Instead, they recognized Charlie needed to be kept busy playing outside, riding his bike, coloring, or playing with toys. Wes & Emily never utilized time-out or taking away privileges because Charlie couldn’t sit still for long periods of time, including at the dinner table. They educated themselves on the effects of FAS and realized in order to build Charlie’s self-esteem and encourage success, they needed to take a calm, patient approach and not become frustrated due to Charlie’s considerably short attention span. They never felt the need to discipline him for being too active. If something needed to be addressed, redirection was their tool. They once stated, “How can you discipline a child for having a lot of energy?”.As time wore on and Charlie’s case plan goal changed from reunification to adoption, the family began discussing their level of commitment to adopting a child of different race. They knew they could not make that commitment unless they could keep Charlie connected to his culture throughout his entire life. While fostering him, Wes & Emily took the time to learn appropriate skin care, hair care, etc. regarding children of the African-American race, and Charlie always had the opportunity to interact with children and adults of his race due to the make-up of the family’s support system. When they were at the point of considering adoption, Emily & Wes took things one step further. Before making their final decision to proceed with adopting Charlie and becoming his forever family, they discussed the matter with friends of theirs, an African-American family. They asked the family to commit to being Charlie’s mentors throughout his life, as they are aware Charlie will continue to explore his cultural identity as he continues to grow. The family made the commitment to Charlie and continues to maintain their relationship with him now that he is adopted.

Charlie is now six years old, and through his eyes, sees no difference in the color of his skin. When Charlie points out his parents to his classmates, they look at him and say “that’s not your mom”, “that’s not your dad”; Charlie merely responds back by stating “yes it is”. Emily & Wes are aware that Charlie and they as a family will continue to have those kinds of reactions, but they feel equipped, educated and supported enough to face any situation. They feel Charlie completes their family, and together, they will be able to continue to grow together.

DAY Five

DAY Two of 21st Century Caregiving: Foster VC Kids Resource Family Training focuses on building a healing home that promotes a sense of safety and well-being. During this session, much emphasis will be placed on how childhood trauma impacts behavior and how emotional regulatory healing can guide effective behavior management and growth for children and families. You will examine the issues that impact a child's behavior and what to expect at different developmental stages. You will also review Foster VC Kids' behavior management philosophy and will review effective techniques and resources for managing behaviors while providing support for the child in healing and recovery from trauma and loss of attachment. Additionally, you will explore how the team works together to address behavior management and support your positive parenting effort.



Today's OBJECTIVES

- 1 Factors Impacting Child Behavior and Reasons for Behavior.** Identify the factors that impact a child's behavior and describe the underlying reasons behind a child's behavior.
- 2 Behavior Management.** Identify the goals of effective behavior management.
- 3 Trauma and Emotional Regulatory Healing.** Revisit how childhood trauma impacts behavior and how emotional regulatory healing can guide effective behavior management and growth for children and families.
- 4 Behavior Management.** Articulate the behavior management requirements, including prohibited and acceptable methods of behavior management and explain how the behavior management policy affects your role as a caregiver.
- 5 Managing Behaviors and Providing Support.** Identify effective techniques and resources for managing behaviors while providing support for the child in healing and recovery.

family culture

Family Rules and Customs

1

What family rules do you have that focus on physical needs?

2

What family rules do you have that focus on social needs?

3

What family rules do you have that focus on interacting with the world?

“If we want our children to possess the traits of character we most admire, we need to teach them what those traits are and why they deserve both admiration and allegiance. Children must learn to identify the forms and content of those traits.”

– William Bennett , American Author and Politician

Worksheet

4

How can you convey your values, customs and rules without overwhelming children with restrictions?

5

What are some adaptations you can make to your family rules and customs given what you now know about caring for a child who is facing profound loss and transition?

6

How can you manage your own feelings about the need to adapt your family rules and customs? Have you identified any new deal-breakers?

understanding the meaning of CHILD BEHAVIOR



QUESTIONS TO ASK YOURSELF...

Is this a growth or developmental stage?

Each new phase of growth or development brings challenges for the child and the child's caregivers. For example, growing independence in the child's second year is often accompanied by challenging behavior (such as the "No!" phase). Feeding and sleeping problems may occur during developmental transitions, and it helps if caregivers are extra patient and loving in their responses. It's best to give the child choices, use humor, and be firm but supportive.

Is this an individual or temperament difference?

Not all children of a certain age act the same way. Some progress developmentally at different rates, and all have their own temperaments that may account for differences in behavior. Being aware of a child's tendency to be shy, moody, adaptable, or inflexible will help you better understand the child's behavior in a specific situation and impact the way you approach the behavior.

Is the environment causing the behavior?

Sometimes the setting provokes a behavior that may seem inappropriate. An overcrowded living or childcare environment, lack of toys, too much TV, insufficient one-on-one time can all lead to an increase in aggression, jealousy, and other challenging behaviors. Look around your home to evaluate the environment from a child's viewpoint.

Does the child know what is expected?

If a child is in a new or unfamiliar territory or is facing a new task or problem, he or she may not know what behavior is appropriate and expected. Perhaps this is the first time a two-year-old without siblings has been asked to share a toy. Developmentally he/she

does not truly understand the concept of sharing, so it is up to the parent to explain calmly how other children will react. Patience and repeating the message over and over again are necessary as children rarely learn or master a new response on the first try.

Is the child expressing unmet emotional needs?

Emotional needs that are unmet are the most difficult cause of behavior to interpret. If a particular child needs extra love and attention, rather than withhold that from him/her, it will be helpful to find ways to validate and acknowledge the child more frequently.

STRUGGLING WITH BEHAVIOR: The Questioning Process

1

Is this normal for a child of this age?

3

Does it link to trauma?

2

Is it medical or easily explained reason?



Stages of grief

Remember that these children are experiencing many different feelings and are going through the grief process. **Every child handles the stages of grieving differently.**

During this grieving process, you might see:

- Emotional outbursts
- A regression in behaviors
- Withdrawal
- Aggressiveness
- Attention-seeking



Junk Behavior or Emotional Dysregulation?

Children in your care may seem like they are trying to push you and push your buttons. They are testing their boundaries and trying to see if they can trust you.

Remember most of the other important adults in their life have let them down. What is going to make you different?

Trauma-sensitive care assumes something different...

that when children who have been traumatized are triggered to have anxiety, fear, or strong emotions, their brains go into a different and 'hijacked' mode. Therefore the behavior we see may impact us but is most likely a result of emotional dysregulation rather than negative intent.

Children will usually display one of two behaviors at placement:

The child will start off with problematic behavior at the initial time of placement. The parents then will see a decline in the frequency and severity of the behavior in a fairly short period of time.

The child will seem to be very withdrawn, quiet and well behaved. This is sometimes called the honeymoon period. The child will then start to act out in a few days or weeks. Younger children can have emotional outbursts with amazing energy.



Trauma Triggers

Problem behaviors can usually be linked to a trigger. When your child acts out, think about what happened before the behavior began. Watch for a pattern in the behavior. For example the child might misbehave right after a visit with their Biological Parents or if a project at school has to do with their family. By observing your child and even documenting your child's behavior pattern, you can start to identify your child's triggers.

understanding the meaning of **CHILD BEHAVIOR**

Reference

Excerpted from training
Arousal-Relaxation
cycle based on the
work of Vera Fahlberg
MD, author of A Child's
Journey Through
Placement.

Arousal-Relaxation Cycle



*Cause and effect
and teaching
works best
when people are
operating with
both emotional
and intellectual
perspectives. We
must help children
gain mastery and
regulation over
themselves simply
to stay present,
first, so they
can then apply
rational thought
and awareness
of emotions
for optimal
functioning.*

One model for explaining and understanding behavior is based on work by Vera Fahlberg, who used a cycle of Arousal-Relaxation to help explain the needs that drive behavior.

The Arousal-Relaxation Cycle is based on our understanding that trust, security and attachment are strengthened when a consistent adult caregiver repeatedly meets a child's needs.

As the child moves through the cycle, which occurs multiple times, the child expresses a (need), experiences tension (arousal), receives comfort, which relieves tension and promotes contentment (relaxation).

For example, children feel a need, such as hunger, discomfort from being wet, etc., and use signals to express their needs. When a child's need is met rather quickly, or when it is a minor need, the expressions (arousal) may be small and short: a whimper rather than a wail, a calling out cry rather than a tantrum and the child reaches relaxation. When, however, needs are high and the response is not or timely, children begin to lose emotional regulation. The arousal stage of the cycle becomes more and more pronounced.

As a Caregiver, trauma-sensitive care is the first, and most important, tool in your positive parenting toolbox.



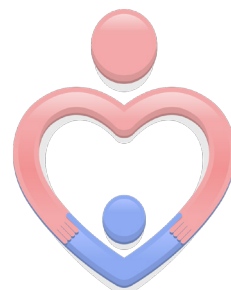
"I think I can trust you. You say you can accept me, but I just have to check for sure..."

NEEDS DRIVE BEHAVIOR

Children who have experienced trauma may develop junk behavior as a way of working or struggling through their own arousal and relaxation cycle. Needs drive behavior, but needs are not always evident, or logical, or easy to understand struggle to identify and understand the needs beneath behavior. And when needs, understood and conscious, or mysterious and unconscious, show up, children’s behavior can erupt in the state of arousal. Behavior can be unpredictable. Emotions become dysregulated, and the cycle repeats until the needs are met, the arousal is soothed or the child is exhausted.

TRAUMATIC RESPONSE TO AROUSAL: HOW A CAREGIVER CAN HELP

For most children with a traumatic response to arousal, re-wiring oneself is too much, but as a caregiver you can help. Behavior that comes out of the arousal state may be desperate and extremely dysregulated; children’s behavior may have a desperate note to it based on the compelling needs children have to resolve their aroused and uncomfortable state. Some triggered behavior is unconscious. Helping children to manage their emotions, when they are reacting from a primal emotional response and based on wiring, requires that we Stop, Drop, and Roll, and that we serve as an emotional container for the child’s experience.



LEARNING THE DANCE OF ATTACHMENT

Learning the dance of attachment requires overriding the brain’s wiring and being able to manage unmanageable emotion and dysregulation.

We need to remember that our first assumption should be that the child is afraid, means well and is struggling to cope and manage unmanageable experiences.

And behavior may escalate as children become more a part of the family: indicating a deeper need and question:

"I think I can trust you. You say you can accept me, but I just have to check for sure..."

Stop

Stop reacting, take a personal check of your reactions, and then re-focus yourself on the needs of the child in your care.

Drop

Lower the threat you seem to pose to the child: including getting on a level below him or her, or simply finding another way to stay present but not to appear threatening.

Roll

Roll with the needs of the child. Putting yourself aside, think of what the child is needing from you: calm, safety, support, presence, and oftentimes, the right mix of presence and space.

Developmental STAGES & BEHAVIOR

Reference

This section excerpted from Child Development resources at the Centers for Disease Control and Prevention (CDC) website and Milestones Moment Booklet. For more info, go to www.cdc.gov/ncbddd/child/

Ages 0-9 Months (Infants)

2 Months Checklist

Social/Emotional

- Can briefly calm himself/herself (may bring hands to mouth and suck on hand).
- Smiles at people.
- Attempts to look at parent.

Language/Communication

- Coos, makes gurgling sounds.
- Turns head towards sounds.

Cognitive (learning, thinking, problem-solving)

- Pays attention to faces.
- Begins to follow things with eyes and recognize people at a distance.
- Begins to act bored (cries, fussy) if activity doesn't change.

Movement/Physical Development

- Can hold head up and begins to push up when lying on tummy.
- Makes smoother movements with arms and legs.

Signs of Possible Delays at 2 Months:

- Doesn't respond to loud sounds.
- Doesn't watch things as they move.
- Doesn't smile at people.
- Doesn't bring hands to mouth
- Can't hold head up with pushing up when on tummy.

Signs of Possible Delays at 4 Months:

- Doesn't watch things as they move.
- Doesn't smile at people.
- Can't hold head steady.
- Doesn't coo or make sounds.
- Doesn't bring things to mouth.
- Doesn't push down with legs when feet are placed on a hard surface.
- Has trouble moving one or both eyes in all directions.

4 Months Checklist

Social/Emotional

- Smiles and laughs, especially at people.
- Copies some movements and facial expressions like smiling or frowning.
- Likes to play with people and might cry when playing stops.
- Waves arms and kicks legs to show excitement.

Language/Communication

- Coos ("ooo" or "aaa") when you talk to him.
- Babbles with expression and copies sounds they hear.
- Cries in different ways to show hunger, pain, or being tired.

Cognitive (learning, thinking, problem-solving)

- Lets you know if she is happy or sad.
- Responds to affection.
- Reaches for toy with one hand.
- Uses hands and eyes together such as playing peek-a-boo.
- Follows moving things with eyes from side to side.
- Watches faces closely.
- Recognizes familiar people and things at a distance.

Movement/Physical Development

- Holds head steady, unsupported.
- Pushes down on legs when feet are on a hard surface.
- Brings hands to mouth.
- Can hold a toy and shake it and swing at dangling toys.
- When lying on stomach, pushes up to elbows.



6 Months Checklist

Social/Emotional

- Knows familiar faces and begins to know if someone is a stranger.
- Likes to play with others, especially parents.
- Responds to other people's emotions and often seems happy.
- Likes to look at self in mirror.

Language/Communication

- Makes sounds to show joy and displeasure.
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds.
- Copies sounds.
- Responds to own name.
- Begins to say consonant sounds (jabbering with "m," "b").

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby.
- Shows curiosity about things and tries to get things that are out of reach.
- Brings things to mouth.
- Begins to pass things from one hand to the other.

Movement/Physical Development

- Rolls over in both directions (front to back, back to front).
- When standing, supports weight on legs and might bounce.
- Begins to sit without support.
- Rocks back and forth, sometimes crawling backward before moving forward.

Signs of Possible Delays at 6 Months:

- Doesn't try to get things that are in reach.
- Doesn't respond to sounds around him.
- Has difficulty getting things to mouth.
- Shows no affection for caregivers.

Signs of Possible Delays at 9 Months:

- Doesn't bear weight on legs with support.
- Doesn't sit.
- Doesn't babble ("mama", "baba", "dada").
- Doesn't play any games involving back-and-forth play.
- Doesn't respond to own name.
- Doesn't seem to recognize familiar people.
- Doesn't look where you point.
- Doesn't transfer toys from one hand to the other.

9 Months Checklist

Social/Emotional

- May be afraid of strangers.
- May be clingy with familiar adults.
- Recognizes family members.
- Has favorite toys.

Language/Communication

- Makes a lot of different sounds like "mamamama" and "bababababa".
- Expresses emotions while making sounds.
- Understands "no".
- Copies sounds of others.
- Uses fingers to point at things.

Cognitive (learning, thinking, problem-solving)

- Watches the path of something as it falls.
- Looks for things he/she sees you hide.
- Plays peek-a-boo.
- Transfers things smoothly from one hand to the other.
- Experiments with simple cause-and-effect (banging, rattling, dropping things).
- Puts things in his/her mouth.
- Picks up things like cereal o's between thumb and index finger.

Movement/Physical Development

- Stands, holding on.
- Sits without support.
- Crawls.
- Can get into sitting position.
- Pulls to a stand.

- Seems very floppy, like a rag doll.
- Doesn't roll over in either direction.
- Doesn't make vowel sounds ("ah", "eh", "oh").
- Doesn't laugh or make squealing sounds.
- Seems very stiff, with tight muscles

Developmental STAGES & BEHAVIOR

Positive Parenting Tips Ages 0-9 Months

Age 2 Months

- ✓ Cuddle, talk, and play with your baby during feeding, dressing, and bathing.
- ✓ Help your baby learn to calm himself/herself. It's okay for them to suck on their fingers.
- ✓ Begin to help your baby get into a routine such as sleeping at night more than in the day and have regular schedules.
- ✓ Getting in tune with your baby's likes and dislikes can help you feel more comfortable and confident.
- ✓ Act excited and smile when your baby makes sounds.
- ✓ Copy your baby's sounds sometimes, but also use clear language.
- ✓ Pay attention to your baby's different cues so that you learn to know what he/she wants.
- ✓ Talk, read, and sing to your baby.
- ✓ Play peek-a-boo. Help your baby play peek-a-boo, too.
- ✓ Place a baby-safe mirror in your baby's crib so he/she can look at himself/herself.
- ✓ Hold and talk to your baby; smile and be cheerful while you do.
- ✓ Look at pictures with your baby and talk about them.
- ✓ Lay your baby on his/her tummy when they are awake and put toys near them.
- ✓ Encourage your baby to lift his/her head by holding toys at eye level in front of him/her.
- ✓ Hold a toy or rattle above your baby's head and encourage him/her to reach for it.
- ✓ Hold your baby upright with his/her feet on the floor. Sing or talk to your baby as he/she is upright.

Age 4 Months

- ➔ Hold and talk to your baby; smile and be cheerful while you do.
- ➔ Set steady routines for sleeping and feeding.
- ➔ Pay close attention to what your baby likes and doesn't like; you will know how best to meet his/her needs and what you can do to make your baby happy.
- ➔ Copy your baby's sounds.
- ➔ Act excited and smile when your baby makes sounds.
- ➔ Have quiet play times when you read or sing to your baby.
- ➔ Give age-appropriate toys to play with, such as rattles or colorful pictures.
- ➔ Play games such as peek-a-boo.
- ➔ Provide safe opportunities for your baby to reach for toys and explore his/her surroundings.
- ➔ Put toys near your baby so that he/she can reach for them or kick his/her feet.
- ➔ Put toys or rattles in your baby's hand and help him to hold them.
- ➔ Hold your baby upright with feet on the floor, and sing or talk to your baby as he/she "stands" with support.



Age 6 Months

- ✓ Play on the floor with your baby every day.
- ✓ Learn to read your baby's moods. If they are happy, keep doing what you are doing. If they are upset, take a break and comfort your baby.
- ✓ Show your baby how to comfort himself/herself when they are upset. They may suck on their fingers to self soothe.
- ✓ Use "reciprocal" play—when he/she smiles, you smile; when he/she makes sounds, you copy them.
- ✓ Repeat your child's sounds and say simple words with those sounds.
- ✓ For example, if your child says "bah," say "bottle" or "book."
- ✓ Read books to your child every day. Praise them when he/she babbles and "reads" too.
- ✓ When your baby looks at something, point to it and talk about it.
- ✓ When he/she drops a toy on the floor, pick it up and give it back. This game helps him/her learn cause and effect.
- ✓ Read colorful picture books to your baby.
- ✓ Point out new things to your baby and name them.
- ✓ Show your baby bright pictures in a magazine and name them.
- ✓ Hold your baby up while he/she sits or support them with pillows. Let them look around and give them toys to look at while balancing.
- ✓ Put your baby on his/her tummy or back and put toys just out of reach. Encourage him/her to roll over to reach the toys.



Age 9 Months

- ➔ Pay attention to the way he/she reacts to new situations and people; try to continue to do things that make your baby happy and comfortable.
- ➔ As he/she moves around more, stay close so he/she knows that you are near.
- ➔ Continue with routines; they are especially important now.
- ➔ Play games with "my turn, your turn."
- ➔ Say what you think your baby is feeling. For example, say, "You are so sad, let's see if we can make you feel better."
- ➔ Describe what your baby is looking at; for example, "red, round ball."
- ➔ Talk about what your baby wants when he/she points at something.
- ➔ Copy your baby's sounds and words.
- ➔ Ask for behaviors that you want. For example, instead of saying "don't stand," say "time to sit."
- ➔ Teach cause-and-effect by rolling balls back and forth, pushing toy cars and trucks, and putting blocks in and out of a container.
- ➔ Play peek-a-boo and hide-and-seek.
- ➔ Read and talk to your baby.
- ➔ Provide lots of room for your baby to move and explore in a safe area.
- ➔ Put your baby close to things that he/she can pull up on safely.

Developmental STAGES & BEHAVIOR



Ages 1-2 (Toddlers)

1 Year Checklist

Social/Emotional

- Is shy or nervous with strangers.
- Cries when mom or dad leaves.
- Has favorite things and people.
- Shows fear in some situations.
- Hands you a book when he/her wants to hear a story.
- Repeats sounds or actions to get attention.
- Puts out arm or leg to help with dressing.
- Plays games such as “peek-a-boo” and “pat-a-cake”.

Language/Communication

- Responds to simple spoken requests.
- Uses simple gestures, like shaking head “no” or waving “bye-bye”.
- Makes sounds with changes in tone (sounds more like speech).
- Says “mama” and “dada” and exclamations like “uh-oh!”
- Tries to copy words.
- Begins to talk in a way that is like a conversation.

Cognitive (learning, thinking, problem-solving)

- Explores things in different ways, like shaking, banging, throwing.
- Finds hidden things easily.
- Looks at the right picture or thing when it’s named.
- Copies gestures.
- Puts things in a container, takes things out of a container.
- Bangs two things together.
- Starts to use things correctly; for example, drinks from a cup, brushes hair.
- Lets things go without help.
- Pokes with index finger.
- Follows simple directions like “pick up the toy”.

Movement/Physical Development

- Gets to a sitting position without help.
- Pulls up to stand, walks holding on to furniture (“cruising”).
- May take a few steps without holding on.
- May stand alone.

Signs of Possible Delays at 1 year:

- Doesn’t crawl.
- Can’t stand when supported.
- Doesn’t search for things that she sees you hide.
- Doesn’t point to things.
- Doesn’t learn gestures like waving or shaking head.
- Doesn’t say single words like “mama” or “dada”.
- Loses skills they once had.



Signs of Possible Delays at 18 Months:

- Doesn't point to show things to others.
- Can't walk.
- Doesn't know what familiar things are for.
- Doesn't copy others.
- Doesn't gain new words.
- Doesn't have at least 6 words.
- Doesn't notice or mind when a caregiver leaves or returns.
- Loses skills

18 Months Checklist

Social/Emotional

- Recognizes self in mirror.
- Likes to hand things to others as play.
- May have temper tantrums.
- May be afraid of strangers.
- Shows affection to familiar people.
- Has a full range of emotions, such as happy, sad, angry.
- Plays simple pretend, such as feeding a doll.
- Clings to caregivers in new situations.
- Points to show others something interesting.
- Explores alone but with parent close by.

Language/Communication

- Understands almost everything said to him/her.
- Points to show someone what he/she wants.
- Says several single words.
- Says and shakes head "no".
- Points to things in a book.

Cognitive (learning, thinking, problem-solving)

- Knows what ordinary things are for; for example, telephone, brush, spoon.
- Solves a puzzle with circular puzzle pieces.
- Shows interest in a doll or stuffed animal by pretending to feed.
- Points to get the attention of others.
- Scribbles on his/her own.
- Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down".

Movement/Physical Development

- Walks alone.
- Pulls toys while walking.
- Climbs up and down on furniture.
- Can help undress himself/herself.
- Drinks from a cup.
- Eats with a spoon.

2 Years Checklist

Social/Emotional

- Copies others, especially adults and older children.
- Laughs at unusual words for things; for example, calling a nose an ear.
- Gets excited when with other children.
- Shows more and more independence.
- Shows defiant behavior (doing what he/she has been told not to do).
- Play begins to include other children such as playing tea party or chase games.

Language/Communication

- Points to things or pictures when they're named.
- Knows names of familiar people and body parts.
- Says sentences with 2 to 4 words.
- Follows simple instructions.
- Repeats words overheard in conversation.
- Is understandable to others half the time.

Cognitive (learning, thinking, problem-solving)

- Finds things even when hidden under two or three covers.
- Begins to sort shapes and colors.
- Points to one body part.
- Plays simple make-believe games.
- Builds towers of 4 or more blocks.

Movement/Physical Development

- Stands on tiptoe.
- Kicks a ball.
- Begins to run.
- Climbs onto and down from furniture without help.
- Walks up and down stairs with help.
- Throws a ball overhand.
- Makes or copies straight lines.

Signs of Possible Delays at 2 Years:

- Doesn't know what to do with common things, like a brush, phone, fork, spoon.
- Doesn't copy actions and words.
- Doesn't point to body parts.
- Doesn't follow simple instructions.
- Doesn't use 2-word phrases (for example, "drink milk").
- Doesn't walk steadily.
- Loses skills

Developmental STAGES & BEHAVIOR

Positive Parenting Tips Ages 1-2 years

Age 1 Year

- ✓ Give your child time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your child.
- ✓ In response to unwanted behaviors, say “no” firmly. Do not yell, spank, or give long explanations. A time out for 30 seconds to 1 minute might help redirect your child.
- ✓ Give your child lots of hugs, kisses, and praise for good behavior.
- ✓ Spend a lot more time encouraging wanted behaviors than punishing unwanted behaviors (4 times as much encouragement for wanted behaviors as redirection for unwanted behaviors).
- ✓ Talk to your child about what you’re doing. For example, “Mommy is washing your hands with a washcloth.”
- ✓ Read with your child every day. Have your child turn the pages. Take turns labeling pictures with your child.
- ✓ Build on what your child says or tries to say, or what they point to.
- ✓ If he /she points to a truck and says “t” or “truck,” say, “Yes, that’s a big, blue truck.”
- ✓ Give your child crayons and paper, and let your child draw freely. Show your child how to draw lines up and down and across the page. Praise your child when he/she tries to copy them.
- ✓ Play with blocks, shape sorters, and other toys that encourage your child to use his/her hands.
- ✓ Hide small toys and other things and have your child find them.
- ✓ Ask your child to label body parts or things you see while driving in the car.
- ✓ Sing songs with actions, like “The Itsy Bitsy Spider” and “Wheels on the Bus.” Help your child do the actions with you.
- ✓ Give your child pots and pans or a small musical instrument like a drum or cymbals. Encourage your child to make noise.
- ✓ Provide lots of safe places for your toddler to explore. (Toddler-proof your home. Lock away products for cleaning, laundry, lawn care, and car care. Use a safety gate and lock doors to the outside and the basement.)
- ✓ Give your child push toys like a wagon or “kiddie push car.”



Age 18 Months

- ➔ Provide a safe, loving environment. It's important to be consistent and predictable.
- ➔ Praise good behaviors more than you punish bad behaviors (use only very brief time outs).
- ➔ Describe his/her emotions. For example, say, "You are happy when we read this book."
- ➔ Encourage pretend play.
- ➔ Encourage empathy. For example, when he/she sees a child who is sad, encourage him/her to hug or pat the other child.
- ➔ Read books and talk about the pictures using simple words.
- ➔ Copy your child's words.
- ➔ Use words that describe feelings and emotions.
- ➔ Use simple, clear phrases.
- ➔ Ask simple questions.
- ➔ Hide things under blankets and pillows and encourage him to find them.
- ➔ Play with blocks, balls, puzzles, books, and toys that teach cause and effect and problem solving.
- ➔ Name pictures in books and body parts.
- ➔ Provide toys that encourage pretend play; for example, dolls, play telephones.
- ➔ Provide safe areas for your child to walk and move around in.
- ➔ Provide toys that he/she can push or pull safely.
- ➔ Provide balls for him/her to kick, roll, and throw.
- ➔ Encourage him/her to drink from a cup and use a spoon, no matter how messy.
- ➔ Blow bubbles and let your child pop them.

Age 2 Years

- ✓ Encourage your child to help with simple chores at home, like sweeping and making dinner. Praise your child for being a good helper.
- ✓ At this age, children still play next to (not with) each other and don't share well. For play dates, give the children lots of toys to play with. Watch the children closely and step in if they fight or argue.
- ✓ Give your child attention and praise when he/she follows instructions. Limit attention for defiant behavior. Spend a lot more time praising good behaviors than punishing bad ones.
- ✓ Teach your child to identify and say body parts, animals, and other common things.
- ✓ Do not correct your child when he/ incorrectly. Rather, say it correctly. For example, "That is a ball."
- ✓ Encourage your child to say a word instead of pointing. If your child can't say the whole word ("milk"), give her the first sound ("m") to help.
- ✓ Over time, you can prompt your child to say the whole sentence — "I want milk."
- ✓ Hide your child's toys around the room and let him/her find them.
- ✓ Help your child do puzzles with shapes, colors, or farm animals. Name each piece when your child puts it in place.
- ✓ Encourage your child to play with blocks. Take turns building towers and knocking them down.
- ✓ Do art projects with your child using crayons, paint, and paper. Describe what your child makes and hang it on the wall or refrigerator.
- ✓ Ask your child to help you open doors and drawers and turn pages in a book or magazine.
- ✓ Once your child walks well, ask him/her to carry small things for you.
- ✓ Kick a ball back and forth with your child. When your child is good at that, encourage him/her to drink from to run and kick.
- ✓ Take your child to the park to run and climb on equipment or walk on nature trails. Watch your child closely.

Developmental STAGES & BEHAVIOR

AGES 3-5 (Preschoolers)

3 Years Checklist

Social/Emotional

- Copies adults and playmates.
- Shows affection for playmates without prompting.
- Takes turns in games.
- Cares about others' feelings.
- Understands the idea of "mine" and "his" or "hers".
- Shows a wide range of emotions.
- Separates easily from mom and dad.
- Gets upset with major changes in routine.

Language/Communication

- Follows instructions with 2 or 3 steps.
- Can name most familiar things.
- Understands words like "in," "on," and "under".
- Says first name, age, and sex.
- Names a friend.
- Talks well enough for strangers to understand most of the time.

- Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats).
- Carries on a conversation using 2 to 3 sentences.

Cognitive (learning, thinking, problem-solving)

- Can work toys with buttons, levers, and moving parts.
- Plays make-believe with dolls, animals, and people.
- Does puzzles with 3 or 4 pieces.
- Understands what two means.
- Copies a circle with a pencil or crayon.
- Turns book pages one at a time.
- Builds towers of more than 6 blocks.
- Screws and unscrews jar lids or turns door handle.

Movement/Physical Development

- Climbs wall.
- Runs easily.
- Pedals a tricycle (3-wheel bike).
- Walks up and down stairs, on foot on each step.

Signs of Possible Delays at 3 years:

- Falls down a lot or has trouble with stairs.
- Drools or has very unclear speech.
- Can't work simple toys (such as peg boards, simple puzzles, turning a handle).
- Doesn't understand simple instructions.
- Doesn't speak in sentences.
- Doesn't make eye contact.
- Doesn't play pretend or make-believe.
- Doesn't want to play with other children or with toys.
- Loses skills they once had.

Signs of Possible Delays at 4 Years:

- Can't jump in place.
- Has trouble scribbling.
- Shows no interest in interactive games or make-believe.
- Ignores other children or doesn't respond to people outside the family.
- Resists dressing, sleeping, and using the toilet.
- Doesn't understand "same" and "different".
- Doesn't use "me" and "you" correctly.
- Doesn't follow 3-part commands.
- Loses skills they once had.

4 Years Checklist

Social/Emotional

- Enjoys doing new things.
- Is more and more creative with make-believe play.
- Would rather play with other children than by himself/herself.
- Gets scared easily by unfamiliar things.
- Plays cooperatively.
- Plays "Mom" and "Dad".
- Often can't tell what's real and what's make-believe.
- Describes what he/she likes and what he/she is interested in.

Language/Communication

- Tells stories.
- Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus".
- Knows some basic rules of grammar, such as correctly using "he" and "she".
- Can say first and last name.

Cognitive (learning, thinking, problem-solving)

- Says the word for some colors and some numbers.
- Understands the idea of counting.
- Starts to understand time.
- Remembers parts of a story.
- Starts to copy some capital letters.
- Draws a person with 2 to 4 body parts.
- Uses scissors.
- Understands the idea of "same" and "different".
- Names four colors.
- Plays board or card games.
- Tells you what he/she thinks is going to happen next in a book.

Movement/Physical Development

- Hops and stands on one foot up to 2 seconds.
- Pours, cuts, and mashes own food.
- Catches a bounced ball most of the time.

5 Years Checklist

Social/Emotional

- Wants to please friends.
- Wants to be like friends.
- More likely to agree with rules.
- Likes to sing, dance, and act.
- Shows concern and sympathy for others.
- Is aware of gender.
- Can tell what's real and what's make-believe.
- Shows more independence (for example, may visit a next-door neighbor by himself/herself).
- Is sometimes demanding and sometimes very cooperative.

Language/Communication

- Speaks very clearly.
- Tells a simple story using full sentences.
- Uses future tense; for example, "Grandma will be here."
- Says name and address.

Cognitive (learning, thinking, problem-solving)

- Counts 10 or more things.
- Can draw a person with at least body parts.
- Copies a triangle and other geometric shapes.
- Can print some letters or numbers.
- Can tell a simple story.
- Knows about things used every day, like money and food.

Movement/Physical Development

- Stands on one foot for 10 seconds or longer.
- Hops; may be able to skip.
- Can do a somersault.
- Uses a fork and spoon and sometimes a table knife.
- Can use the toilet on his/her own.
- Swings and climbs.

Signs of Possible Delays at 5 Years:

- Doesn't show a wide range of emotions.
- Shows extreme behavior (unusually fearful, aggressive, shy, or sad).
- Unusually withdrawn and not active.
- Is easily distracted, has trouble focusing on one activity for more than 5 minutes.
- Doesn't respond to people, or responds only superficially.
- Can't tell what's real and what's make-believe.
- Doesn't play a variety of games and activities.
- Can't give first and last name.
- Doesn't draw pictures.

Developmental STAGES & BEHAVIOR

Positive Parenting Tips Ages 3-5 Years

Age 3 Years

- ✓ Go to play groups with your child or other places where there are other children, to encourage getting along with others.
- ✓ Work with your child to solve the problem when he/she is upset.
- ✓ Talk about your child's emotions. For example, say, "I can tell you feel mad because you threw the puzzle piece." Encourage your child to identify feelings in books.
- ✓ Set rules and limits for your child, and stick to them. If your child breaks a rule, give him/her a time out for 30 seconds in a chair or in him/her room
- ✓ Praise your child for following the rules.
- ✓ Give your child instructions with 2 or 3 steps. For example, "Go to your room and get your shoes and coat."
- ✓ Read to your child every day. Ask your child to point to things in the pictures and repeat words after you.
- ✓ Give your child an "activity box" with paper, crayons, and coloring books. Color and draw lines and shapes with your child.
- ✓ Play matching games. Ask your child to find objects in books or around the house that are the same.
- ✓ Play counting games. Count body parts, stairs, and other things you use or see every day.
- ✓ Hold your child's hand going up and down stairs. When he/she can go up and down easily, encourage him/her to use the railing.
- ✓ Play outside with your child. Go to the park or hiking trail. Allow your child to play freely and without structured activities.

Age 4 Years

- ➔ Play make-believe with your child. Let him/her be the leader and copy what he/she is doing.
- ➔ Suggest your child pretend play an upcoming event that might make him/her nervous, like going to preschool or staying overnight at a grandparent's house.
- ➔ Give your child simple choices whenever you can. Let your child choose what to wear, play, or eat for a snack. Limit choices to 2 or 3.
- ➔ During play dates, let your child solve him/her own problems with friends, but be nearby to help out if needed.
- ➔ Encourage your child to use words, share toys, and take turns playing games of one another's choice.
- ➔ Give your child toys to build imagination, like dress-up clothes, kitchen sets, and blocks.
- ➔ Use good grammar when speaking to your child. Instead of "Mommy wants you to come here," say, "I want you to come here."
- ➔ Use words like "first," "second," and "finally" when talking about everyday activities. This will help your child learn about sequence of events.
- ➔ Take time to answer your child's "why" questions. If you don't know the answer, say "I don't know," or help your child find the answer in a book, on the Internet, or from another adult.
- ➔ When you read with your child, ask him/her to tell you what happened in the story as you go.
- ➔ Say colors in books, pictures, and things at home. Count common items, like the number of snack crackers, stairs, or toy trains.
- ➔ Teach your child to play outdoor games like tag, follow the leader, and duck, duck, goose.
- ➔ Play your child's favorite music and dance with your child. Take turns copying each other's moves.

Age 5 Years

- ✓ Continue to arrange play dates, trips to the park, or play groups. Give your child more freedom to choose activities to play with friends, and let your child work out problems on his/her own.
- ✓ Your child might start to talk back or use profanity (swear words) as a way to feel independent. Do not give a lot of attention to this talk, other than a brief time out. Instead, praise your child when he/she asks for things nicely and calmly takes “no” for an answer.
- ✓ This is a good time to talk to your child about safe touch. No one should touch “private parts” except doctors or nurses during an exam or parents when they are trying to keep the child clean.
- ✓ Teach your child their address and phone number.
- ✓ When reading to your child, ask him/her to predict what will happen next in the story.
- ✓ Encourage your child to “read” by looking at the pictures and telling the story.
- ✓ Teach your child time concepts like morning, afternoon, evening, today, tomorrow, and yesterday. Start teaching the days of the week.
- ✓ Explore your child’s interests in your community. For example, if your child loves animals, visit the zoo or petting farm. Go to the library or look on the Internet to learn about these topics.
- ✓ Keep a handy box of crayons, paper, paint, child scissors, and paste.
- ✓ Encourage your child to draw and make art projects with different supplies.
- ✓ Play with toys that encourage your child to put things together.
- ✓ Teach your child how to pump him/her legs back and forth on a swing.
- ✓ Help your child climb on the monkey bars.
- ✓ Go on walks with your child, do a scavenger hunt in your neighborhood or park, help him/her ride a bike with training wheels (wearing a helmet).



Developmental STAGES & BEHAVIOR

Ages 6-8 (Middle Childhood)

Developmental Milestones

Middle childhood brings many changes to a child's life. By this time, children can dress themselves, catch a ball more easily with only their hands, and tie their shoes. Developing independence from family becomes more important now. Events such as starting school bring children this age into regular contact with the larger world. Friendships become more and more important. Physical, social, and mental skills develop rapidly at this time. This is a critical time for children to develop confidence in all areas of life, such as through friends, schoolwork, and sports.

Here are some changes your child may go through during middle childhood:

Emotional/Social Changes

- More independence from parents and family.
- Stronger sense of right and wrong.
- Beginning awareness of the future.
- Growing understanding about one's place in the world.
- More attention to friendships and teamwork.
- Growing desire to be liked and accepted by friends.

Mental/Cognitive Changes

- Rapid development of mental skills.
- Greater ability to describe experiences and talk about thoughts and feelings.
- Less focus on one's self and more concern for others.

Positive Parenting Tips

- ✓ Show affection for your child. Recognize his/her accomplishments.
- ✓ Help your child develop a sense of responsibility—ask him/her to help with household tasks, such as setting the table.
- ✓ Talk with your child about school, friends, and things he/she looks forward to in the future.
- ✓ Talk with your child about respecting others. Encourage him/her to help people in need.
- ✓ Help your child set his/her own achievable goals—they will learn to take pride in themselves and rely less on approval or reward from others.
- ✓ Make clear rules and stick to them, such as how long your child can watch TV or when he/she has to go to bed. Be clear about what behavior is okay and what is not okay.
- ✓ Help your child learn patience by letting others go first or by finishing a task before going out to play. Encourage him/her to think about possible consequences before acting.
- ✓ Do fun things together as a family, such as playing games, reading, and going to events in your community.
- ✓ Get involved with your child's school. Meet the teachers and staff to understand the learning goals and how you and the school can work together to help your child do well.
- ✓ Continue reading to your child. As your child learns to read, take turns reading to each other.
- ✓ Use behavior management to guide and protect your child, rather than punishment to make him/her feel badly about themselves. Praise your child for good behavior.
- ✓ Support your child in taking on new challenges. Encourage him/her to solve problems, such as a disagreement with another child, on his/her own.
- ✓ Healthy eating habits and physical activity begin early.

Developmental Milestones

Your child's growing independence from the family and interest in friends might be obvious by now. Healthy friendships are very important to your child's development, but peer pressure can become strong during this time. Children who feel good about themselves are more able to resist negative peer pressure and make better choices for themselves. This is an important time for children to gain a sense of responsibility along with their growing independence. Also, physical changes of puberty might be showing by now, especially for girls. Another big change children need to prepare for during this time is starting middle or junior high school.

During this time, your child might:

- Form stronger, more complex friendships and peer relationships. It becomes more emotionally important to have friends, especially of the same sex.
- Experience more peer pressure.
- Become more independent from the family.
- Become more aware of his or her body as puberty approaches. Body image and eating problems sometimes start around this age.
- Face more academic challenges at school.

Positive Parenting Tips

You can help your child become independent, while building his/her sense of responsibility and self-confidence at the same time. Here are some suggestions:

- ✓ Spend time with your child. Talk with him/her about friends, accomplishments, and what challenges they will face.
- ✓ Be involved with your child's school. Go to school events; meet your child's teachers.
- ✓ Encourage your child to join school and community groups, such as a team sport, or to take advantage of volunteer opportunities.
- ✓ Help your child develop his/her own sense of right and wrong. Talk with them about risky things friends may pressure them to do, like smoking or dangerous physical dares.
- ✓ Help your child develop a sense of responsibility—involve your child in household tasks. Talk to your child about saving and spending money wisely.
- ✓ Meet the families of your child's friends.
- ✓ Talk with your child about respecting others. Encourage your child to help people in need. Talk with him/her about what to do when others are not kind or are disrespectful.
- ✓ Help your child set his/her own goals. Encourage him/her to think about skills and abilities he/she would like to have and about how to develop them.
- ✓ Make clear rules and stick to them. Talk to your child about what you expect when no adults are supervising. If you provide reasons for rules, it will help your child to know what to do in those situations.
- ✓ Use behavior management to guide and protect your child, instead of punishment to make him/her feel badly about themselves.
- ✓ Talk with your child about the normal physical and emotional changes of puberty.
- ✓ Encourage your child to read every day. Talk with him/her about homework.
- ✓ Be affectionate and honest with your child, and do things together as a family.

Developmental STAGES & BEHAVIOR

Ages 12-14 (Early Adolescence)

Developmental Milestones

Middle childhood brings many changes to a child's life. By this time, children can dress themselves, catch a ball more easily with only their hands, and tie their shoes. Developing independence from family becomes more important now. Events such as starting school bring children this age into regular contact with the larger world. Friendships become more and more important. Physical, social, and mental skills develop rapidly at this time. This is a critical time for children to develop confidence in all areas of life, such as through friends, schoolwork, and sports.

Here are some changes your child may go through during middle childhood:

Emotional/Social Changes

- More independence from parents and family.
- Stronger sense of right and wrong.
- Beginning awareness of the future.
- Growing understanding about one's place in the world.
- More attention to friendships and teamwork.
- Growing desire to be liked and accepted by friends.

Mental/Cognitive Changes

- Rapid development of mental skills.
- Greater ability to describe experiences and talk about thoughts and feelings.
- Less focus on one's self and more concern for others.

Positive Parenting Tips

- ✓ Be honest and direct with your teenager when talking about sensitive subjects such as drugs, drinking, smoking, and sex.
- ✓ Encourage your teenager to get exercise. He/she might join a team or take up an individual sport. Helping with household tasks such as mowing the lawn, walking the dog, or washing the car also keeps your teen active.
- ✓ Meal time is very important for families.
- ✓ Eating together helps teenagers make better choices about the foods they eat, promotes healthy weight, and gives your family time to talk to each other.
- ✓ Meet and get to know your teenager's friends.
- ✓ Show an interest in your teenager's school life.
- ✓ Help your teenager make healthy choices while encouraging him/her to make their own decisions.
- ✓ Respect your teenager's opinions and take into account their thoughts and feelings. It is important that he/she knows you are listening to them.



Developmental Milestones

Middle adolescence is a time of physical, mental, cognitive, and sexual changes for your teenager. Most girls will be physically mature by now, and most will have completed puberty. Boys might still be maturing physically during this time. Your teenager might have concerns about her body size, shape, or weight. Eating disorders can also be common, especially among females. During this phase of development, your teenager is developing his/her unique personality and opinions. Peer relationships are still important, yet your teenager will have other interests as he/she develops a more clear sense of identity. Middle adolescence is also an important time to prepare for more independence and responsibility; many teenagers start working, and many will be leaving home soon after high school.

Emotional/Social Changes

- Increased interest in the opposite sex.
- Decreased conflict with parents.
- Increased independence from parents.
- Deeper capacity for caring and sharing and the development of more intimate relationships.
- Decreased time spent with parents and more time spent with peers.

Mental/Cognitive Changes

- More defined work habits.
- More concern about future. educational and vocational plans.
- Greater ability to sense right and wrong.
- Sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, thoughts of suicide, and other problems (Note: Problems at school, alcohol and drug use, and other disorders can also lead to feelings of sadness or hopelessness).

Positive Parenting Tips

- ✓ Talk to your teenager about his/her concerns and pay attention to any changes in behavior. Ask if they have had suicidal thoughts, particularly if they seem sad or depressed. Asking about suicidal thoughts will not cause these thoughts, but it will let them know that you care about how he/she feels. Seek professional help if necessary.
- ✓ Show interest in your teenager's school and extracurricular interests and activities and encourage him/her to become involved in activities such as sports, music, theater, and art.
- ✓ Compliment your teenager and celebrate his/her efforts and accomplishments.
- ✓ Show affection for your teenager. Spend time together doing things you enjoy.
- ✓ Respect your teenager's opinion. Listen to him/her without playing down his/her concerns.
- ✓ Encourage your teenager to volunteer and become involved in civic activities in the community.
- ✓ Encourage your teenager to develop solutions to problems or conflicts. Help your teenager learn to make good decisions. Create opportunities for them to use their own judgment, and be available for advice and support.
- ✓ If your teenager engages in interactive Internet media such as games, chat rooms, and instant messaging, encourage them to be disciplined and respectful about the amount of time they are involved with it.
- ✓ If your teenager works, use the opportunity to talk about expectations, responsibility, and other aspects of behaving respectfully in a public setting.
- ✓ Talk with your teenager and help them plan ahead for difficult or uncomfortable situations. Discuss what he/she can do if he/she is in a group and someone is using drugs, under pressure to have sex, or offered a ride from someone who has been drinking.
- ✓ Respect your teenager's need for privacy and to eat healthy, balanced meals.
- ✓ Encourage your teenager to have meals with the family. Eating together will help your teenager make better choices about the foods he/she eats, promote healthy weight, and give family members time to talk with each other. In addition, a teenager who eats meals with the family is more likely to have better grades and less likely to smoke, drink, or use drugs. They are also less likely to get into fights, think about suicide, or engage in sexual activity.

“ If there is anything *we wish to change in the child*, we should first examine it and see whether it is not something that *could better be changes in ourselves*. “

-Carl Jung (1875-1961)

5-6 months later

CHILDREN'S STORIES UPDATES

The children have been in our care for five-six months now. During this session, we will explore how to behavior management strategies while continuing to provide them with the support they need to heal. Within the system of care, this is the time for a judicial review.



Jessamyn (15 months)

Jessamyn

Jessamyn has been in your home for about 5 months. Jessamyn has become a little more attached to the family and seems to specifically seek you out when she is hungry or needs a new diaper, however she still does not cry or express herself verbally. Jessamyn continues to go with anyone who reaches out to her.

Recently, Jessamyn has been working with a new medical team and has become a favorite in the clinic. Ironically, one

of Jessamyn's father's aunts, Julia, is a nurse on the clinic team and has begun to offer you extra support and respite care.

Miguel & Marisol

Miguel and Marisol have been with you for about 5 months. Miguel seems to be struggling recently in your home. He has been wetting the bed, on average, three nights a week. He has also had a few accidents in school, which has led him to be teased. You and the school and the therapist have been working together, but Miguel seems to be more and more reactive.

Miguel

Miguel has continued to be closely supervised at school. He has also continued in family therapy for two months. Today you got a call from the school stating that Miguel would be spending the rest of the day with the assistant principal. Apparently during class time, someone made fun of him for wetting his pants, and he attempted to punch the child. Luckily the teacher was able to separate the boys, but Miguel has been more aggressive lately in general.

The other challenge that Miguel is having is that he cannot read. Initially, the school thought he was further ahead than he is. They are questioning whether Miguel can be maintained in the school. On the plus side, Miguel seems to have built a closer relationship with the family and has been able to talk about missing his mom and worrying for her. The therapist who comes to the house says that the children have made good progress. Although you are not sure what that means, you are glad that they are willing to meet with her.



Miguel (5) & Marisol (7)

Marisol

Marisol has continued to struggle with placement. She continues to tantrum when she is frustrated. Most recently, she wanted to stay up until 11 and when told she had to go to bed, her tantrum lasted 25 minutes, during which she threw all of her clothes and belongings all over the room. In other ways, Marisol is trying to be helpful to the family. Sometimes she is too helpful and tries to take over for you by directing the other children. In addition, last weekend, she attempted to spank Miguel when he spilled his juice. Her fear of men continues, and you now understand from the therapist that some men who remind her of her father cause her extreme distress. This is challenging for her at school, where she seems to have a strong aversion to the male computer teacher. The school has noticed that she tends to ask

Birdy

go to the nurses office just before that class. Birdy has been with you for six months, and you are getting to know her better. You have learned that in her childhood, she was exposed to many illegal drugs and was smoking marijuana in middle childhood. You also understand that when she was removed, in her medical evaluation, the nurse found that she had scars on her inner arms and thighs indicating that she had engaged in 'cutting', or self-injury.

In your home, you have not seen any signs of substance use or of self-injury. Birdy still tends to keep to herself and to be more interested in music than in people. Recently, Birdy's dad had a setback in his treatment and his visits were limited. Birdy seemed to take the news alright but you notice she has been a little quieter than usual.



Birdy (13)

“Whenever I held my newborn baby in my arms, I used to think that what I said and did to him could have an influence not only on him but on all whom he met, not only for a day or a month or a year, but for all eternity -a very challenging and exciting thought for a mother.”

- Rose Kennedy

Behavior Management & Support Plan

Worksheet



Jessamyn (10 months)

1

Which behaviors did Jessamyn display? What were possible motivations for that behavior?

2

What does Jessamyn need: behavior management, support, or both?

3

How do you best meet Jessamyn's needs by applying effective behavior management techniques?

4

How you could work with the team to effectively provide intervention and healing for Jessamyn?

1

Which behaviors did Miguel display? What were possible motivations for that behavior?

2

What does Miguel need: behavior management, support, or both?

3

How do you best meet Miguel's needs by applying effective behavior management techniques?

4

How you could work with the team to effectively provide intervention and healing for Miguel?



Miguel (5 years)

Behavior Management & Support Plan

Worksheet



Marisol (7 years)

1

Which behaviors did Marisol display? What were possible motivations for that behavior?

2

What does Marisol need: behavior management, support, or both?

3

How do you best meet Marisol's needs by applying effective behavior management techniques?

4

How you could work with the team to effectively provide intervention and healing for Marisol?

1

Which behaviors did Birdy display? What were possible motivations for that behavior?

2

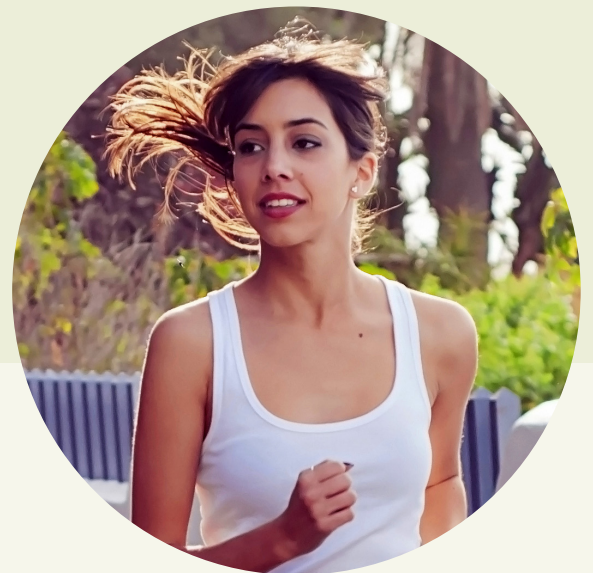
What does Birdy need: behavior management, support, or both?

3

How do you best meet Birdy's needs by applying effective behavior management techniques?

4

How you could work with the team to effectively provide intervention and healing for Birdy?



Birdy (13 years)



Trauma Sensitive Care Resources

ORGANIZATIONS, WEBSITES, BOOKS, ARTICLES AND MORE...

For a more complete list of child development resources, visit the **National Child Traumatic Stress Network** at <http://nctsn.org/resources>

The National Child Traumatic Stress Network. (<http://www.nctsn.org>) This network was established to improve access to care, treatment, and services for traumatized children and adolescents exposed to traumatic events.

The National Child Traumatic Stress Network Learning Center. (www.nctsn.org) This website provides continuing education, learning collaboratives and special topics and will help to expand your knowledge on the subject of child and adolescent trauma.

Child Trauma Academy. (www.childtrauma.org) A major activity of the CTA is to translate emerging findings about the human brain and child development into practical implications for the ways we nurture, protect, enrich, educate and heal children.

Caring for Children Who Have Experienced Trauma. This workshop for resource parents by the National Child Traumatic Stress Network (www.nctsn.org) was the source for much of this day of training.

Coaching for Life. (www.coaching-forlife.com). This website, from trainer Juli Alvarado, provides information geared toward the maximization of human potential through relationship. Juli Alvarado's Emotional Regulatory Healing and Trauma-Informed Model were used throughout this training.

Hope and Healing: A Caregiver's Guide to Helping Young Children Affected By Trauma. This book by Kathleen Rice and Betsy Groves is a guide for early childhood professionals who care for children in a variety of care settings.

Working with Traumatized Children: A Handbook for Healing. This handbook by Kathryn Brohl (2007) is a practical guide for anyone who works with traumatized children and provides needed information to understand and guide a child through to recovery.

Trauma Through a Child's Eyes: Awakening the Ordinary Miracle of Healing. This book by Peter Levine and Maggile Kline (2006) is an essential guide for recognizing, preventing and healing childhood trauma, from infancy through adolescence—what parents, educators and health professionals can do.

Sometimes Youth Just Want to Be Heard (http://nctsn.org/sites/default/files/assets/pdfs/youth_want_to_be_heard.pdf) and **Youth Speak** (http://nctsn.org/sites/default/files/assets/pdfs/youth_speak.pdf). These two booklets grew out of the participation of youth trauma survivors in an NCTSN meeting on youth and family engagement. In **Youth Speak!** young people use words and pictures to communicate their experience accessing treatment, working with therapists, and dealing with stigma. **Sometimes Youth Just Want to Be Heard!** offers young survivors' advice to therapists, parents, and peers. Both resources were developed by the Partnering with Youth and Families Committee of the NCTSN, with leadership from La Rabida Children's Hospital - Chicago Child Trauma Center.

A Child's Journey Through Placement (<http://www.amazon.com/Childs-Journey-Through-Placement/dp/0944934110>) This book provides tools to caregivers, in supporting children for whom the journey through out-of-home care becomes part of their road to adulthood. This book contains the bulk of the material Dr. Fahlberg presented in her attachment-focused trainings for consumers and professionals throughout the world.

Behavior Management & Support



Teach ways to prevent and solve problems.

Behavior management is not something you do when a child does something unacceptable. Behavior management involves teaching a child to solve problems by modeling and learning from previous experiences. It includes structuring an environment to prevent problems from occurring.

Maintain and build the parent/child relationship.

Children grow through nurturing, accepting, trusting relationships with adults important to them. Methods used as part of the behavior management process should not damage this crucial ingredient to healthy growth and development

Goals of Effective Behavior Management

Protect and nurture children's physical and psychological well-being.

This ensures that children do not experience physical pain or discomfort, and that their self-concept, of which self-esteem is a part, is protected and enhanced.

Advance children's development.

This includes enhancing the child's physical, emotional, intellectual, social and moral development, as well as considering the child's uniqueness and development status.

Meet children's needs.

Needs are what drive people to behave. Behavior management should be focused on helping children meet their needs in an acceptable way.

Help children develop self-control and responsibility.

Behavior management should provide children with the capacity to control impulses, to use their internal rules for governing conduct, to make decisions, and to encourage them to take responsibility for their actions.

Produce the desired behavior.

Adult intervention should result in the effect that is desired. It should not contribute to avoidance behavior, fear, or the opposite of what is considered to be the goal of the disciplinary process.



Ventura County Children & Family Services

Foster VC Kids expects that caregivers will use behavior management strategies that treat children with kindness, patience, consistency and understanding, and with the purpose of helping the child develop responsibility and self-control. They must help each child learn that he/she is responsible for his/her behavior by teaching the natural and learned consequences of behavior.

Prohibited Methods of Behavior Management

The following methods of behavior management are prohibited, and will likely be considered a violation of RFA written directives and/or the child's rights:

- Using corporal punishment (spanking, slapping, pinching, shaking, etc.).
- Delegating behavior management or permitting punishment of a foster child by another child or adult not known to the child.
- Withholding meals, clothing or shelter.
- Allowing children to be subjected to verbal abuse or derogatory remarks about themselves and family members.
- Using time outs in a constraining, locked, poorly lit or poorly ventilated room for an excessive period of time.
- If separation from others (time out) is used as a method of behavior management, it is in an unlocked, lighted, well-ventilated room at least 50 square feet, which is within hearing distance of an adult. The time limit must not exceed fifteen (15) minutes for any child age 6 to 11, and thirty (30) minutes for children age 12 and over. Time out for a child age 5 and under should not be outside the presence of other family members and should not exceed 15 minutes.
- Subjecting children to cruel, severe, humiliating or unusual punishment.
- Interference with the implementation of the case plan, or any other case plan as punishment.
- Denying a child contact or visits with his/her family as punishment.
- Using physical exercise as punishment that is excessive and/or may endanger a child's health, or so extensive as to impinge on time set aside for schoolwork, sleeping or eating. Kneeling, standing with arms outstretched, pushups.
- Threatening a child with removal or with a report to their social worker, the Judge, or other authorities as punishment.
- Punishing children for bedwetting or errors that occur during a toilet training process. Techniques for working with children who are not yet toilet trained should be discussed with the social worker prior to accepting an untrained child. Problems in training should be communicated to the social worker if they occur.
- Punishing children for accidents in the home, such as unintentional damage.

Acceptable Methods of Behavior Management

REINFORCING ACCEPTABLE BEHAVIOR, for example: praise, special privileges and treats, extra hugs and kisses, additional time spent with the child, stars, smiley faces on a door or bulletin board.

VERBAL DISAPPROVAL OF THE CHILD'S BEHAVIOR, never the child, for example: "I don't like ball throwing in the house."

LOSS OF PRIVILEGES, for example: taking a toy away, restriction from television viewing.

TIME IN WITH THE CHILD. Help the child by taking a break with you so that you can support him/her in calming down. Practice breathing or relaxation with the child.

REDIRECTING THE CHILD'S ACTIVITY, for example: removal of a sharp object and replacement with a safe toy.

Behavior Management & Support

THREE CATEGORIES OF EFFECTIVE BEHAVIOR MANAGEMENT

PROMOTING POSITIVE BEHAVIOR

- ✓ Listen to children
- ✓ Ask questions
- ✓ Provide encouragement
- ✓ Model
- ✓ Praise desired behavior
- ✓ Reward appropriate behavior

PROMOTING SELF-CONTROL

- ✓ Set rules and state expectations
- ✓ Develop schedules and routines for getting tasks done
- ✓ Prepare children for stressful situations
- ✓ Modify the environment

RESPONDING TO A LACK OF SELF-CONTROL

- ✓ Give yourself a time-out
- ✓ Establish consequences
- ✓ Explore alternatives
- ✓ Make commands or requests
- ✓ Remove child from the situation
- ✓ Give the child a time-in



The behaviors children manifest while in your care may well have their root either in normal developmental phases or in the specific impact and re-experiencing of trauma effects.

As a result, as a Caregiver, your role will be both to

- manage the behavior you see, and
- support the child in healing and recovery from traumatic events or disrupted attachment.

Managing the Behavior.

This includes creating an environment that is already conducive to healing and to helping traumatized children 're-wire' themselves to be able to live with others in a safe and peaceful manner, where they will not be harmed, harm others, nor be exploited.

Supporting the Child in Healing and Recovery.

This includes helping the child work towards being able to self-calm and to build strong and durable attachments with you and with other caregivers and family members.



Child Development Resources

ORGANIZATIONS, WEBSITES, BOOKS, ARTICLES AND MORE...

For a more complete list of child development resources, visit the Child Development site at The Center for Disease Control and Prevention at <http://www.cdc.gov/ncbddd/child/links.htm>.

The Center for Disease Control & Prevention.

(<http://www.cdc.gov/ncbddd/child/>)

This site provides comprehensive information on cognitive, social and emotional development for children from birth to 17 years of age and provides tips for positive parenting and safety.

First Signs (<http://www.firstsigns.org>)

A national non-profit organization dedicated to educating parents and physicians about the early warning signs of autism and other developmental disorders. This site offers information on screening, development, referral, treatment, and resources for parents.

Zero To Three (www.zerotothree.org)

Zero to Three is a national non-profit that provides parents, professionals, and policymakers the knowledge and know how to nurture early development.

The Institute For Safe Families

(www.instituteforsafefamilies.org/materials/amazing-brain) The Amazing Brain series of booklets provides information on brain development, trauma, teen brains, and discipline.

DAY Five

Thoughts, Feelings & Actions NOTES



Day Five Homework

For this week's assignment, you will plan a family/household meeting including anyone who is extended family who is in your home often or plays a family role in the household. * Note: this may include only those of you who are in training together. If you are currently a household of one, try to do this activity with some who was in your family of origin or who is a close friend, just try to figure out if there are additional rules or customs you have not noted.

1. Interview the group about what they would describe as rules and customs.

2. Ask the group to tell you "why" you have each rule or custom.

Be ready to discuss your meeting with the group in our next session. We will use this list to think about how to build our safety plan with children as they transition into our homes.