

Child Care Today

Child Care Applications: Challenges for Early Childhood Professionals

Contents

| | |
|---|----|
| Challenge 1—Helping Children Cope with a Move | 3 |
| Challenge 2—Helping Children Cope with Divorce | 6 |
| Challenge 3—Helping Children Cope with Death | 9 |
| Challenge 4—Chemical Dependence in the Family | 13 |
| Challenge 5—When You Suspect Child Abuse | 16 |
| Challenge 6—Children & Violence | 20 |
| Challenge 7—Helping Stressed Children | 23 |
| Challenge 8—Helping Fearful Children | 26 |
| Challenge 9—Helping Angry Children | 28 |
| Challenge 10—Helping Physically Aggressive Children | 31 |
| Challenge 11—Using Positive Touch | 34 |
| Challenge 12—Locating Community Resources | 37 |
| Challenge 13—Maintaining Order | 40 |
| Challenge 14—Managing Group Activities | 43 |
| Challenge 15—Using Cool-Down Moments | 46 |
| Challenge 16—Handling Parent Conferences | 49 |
| Challenge 17— Becoming a Role Model | 52 |
| Challenge 18—Helping Children Cope with Disasters & Emergencies | 54 |
| Challenge 19— Helping Children Overcome Learning Disabilities | 57 |
| Challenge 20—Understanding Attention Deficit Disorder | 60 |
| Challenge 21—Understanding Oppositional Defiant Disorder | 63 |
| Challenge 22—Communication Among Parents & Child Care Professionals | 65 |
| Challenge 23—Promoting Cultural Diversity Among Children | 68 |
| Challenge 24—Planning for Emergencies with Children | 70 |
| Challenge 25—Managing Time & Work-Related Stress | 73 |

(Continued on next page)

Challenge 26—Providing End-of-Life Care for Children 76
Challenge 27—Reducing Young Children’s Risk of Obesity..... 79
Challenge 28—Creating a Portfolio of Children’s Development 82
Challenge 29—Providing Families with Referrals 84
Challenge 30—Creating a Family Newsletter 87
Challenge 31—Planning a Parent Education and Support Meeting 89
Challenge 32—Parent’s Evaluation of Child Care Services..... 91
Challenge 33—Selecting an Advisory Board 93
Challenge 34—Reflecting Classroom Diversity 94
Challenge 35—Reinforcing Parent-Infant Attachment 96
Challenge 36—Limiting Children’s “Screen Time” 98
Challenge 37—Responding to Children’s Bullying 101

Helping Children Cope with a Move

Challenge

1

Nearly everyone has had the experience: You walk into the room and not one face is familiar to you. You are the new person—in school, in your neighborhood, perhaps even in town. An uncomfortable feeling takes over. It may take a long time to adjust.

Moving is not easy, especially for children. A change in home, neighbors, and friends—elements that bring stability to life—affects a child's sense of security. If adults are anxious, children pick up on these feelings, adding to their own fears and insecurities.

A Mobile Society

Today's children are growing up in an increasingly mobile society. Every year, an estimated 20 percent of the population in the United States changes residence. As an early childhood professional, you are likely to care for many children as they adjust to moving. Some will be new arrivals; others will leave your program. With sensitivity and awareness, you can help children cope.

Techniques That Help

You will notice different reactions in children as they cope with moving. In some, you may see fear and uncertainty. Shyness is typical of the child who is new to the group. When children have moved repeatedly, problems may be more serious. They may avoid closeness and friendship because nothing ever seems to last for them.

Whatever the situation, you can use several specific techniques to ease children through the difficult times. Here are some ideas:

- **Encourage children to talk.** Some children may want to talk about the move repeatedly.

By listening as children express their fears, concerns, and feelings of loss, you show respect for their emotions. As you listen, provide reassurance and have children think of good things about the move. Encourage positive self-talk, such as "I'll miss my friends, but I can make new ones" and "I like my home, but I will like my new one too."

By listening as children express their fears, concerns, and feelings of loss, you show respect for their emotions.

- **Use books and stories about moving.** Stories that deal with moving help children realize that others share the same concerns and fears. Stories about friends who have been left behind help children adjust when their friends move away. They may also be more open to meeting new neighbors.
- **Help children make a memory scrapbook.** Encourage children who are moving to draw pictures of the home, school, and friends they are leaving. Ask them about specific events they would like to remember. Then write these down as stories.
- **Each child in a group could make a drawing for a departing child.** These mementos bring back memories when children get to their new home. They show children that the past is not abandoned just because the present brings change. Children who are new to a group may benefit by drawing and explaining pictures of the home and surroundings they left behind.

(Continued on next page)

Challenge**1***Continued*

- **Have children say good-bye.** Saying good-bye to teachers, friends, and familiar surroundings helps children bring closure to the experience of leaving. A special treat at snack time and a few words of farewell can turn a departure into a ceremony. Without dismissing the child's sadness, keep the mood as upbeat, and even humorous, as possible.
- **Formally welcome new children.** In the same way, have a ceremony when a child enters your group. This makes the child feel welcome and helps him or her become part of the group. Team the child with a buddy, who can help familiarize the newcomer with the facility and the routine.
- **Let children help with the packing.** When possible, children should help pack and unpack the boxes with their toys and clothing. If some things must be discarded, let children help make these decisions. This allows them to feel involved in the move and gives them a sense of control. Letting them carry a small bag or box of their most precious items reassures children that they will have what is most important to them in their new home.
- **If possible, follow familiar routines and schedules in the new home.** This reduces the number of changes children have to cope with at once. Familiar activities, such as trips to the movies or Sunday night pizza, help children feel more at home.

Suggestions for the Family

As a child care professional, you can help children who are moving, but you cannot do it all. Much of the responsibility lies with the family. When you can, offer them suggestions, such as the following:

- **Give children advance notice of the move.** Children do not like unexpected change. Give children plenty of notice before the move, so they can come to terms with what will be happening.
- **Provide information about the new place.** Introduce the child to the new location ahead of time, either with a visit, with pictures and written materials, or through conversation. Familiarity can counteract fear of the unknown.

A Positive Attitude

Moving provides an opportunity for discovery and growth. With this attitude, early childhood professionals and families help children anticipate a move rather than fear it. Feelings of concern may even give way to curiosity and excitement.

Moving presents a big change in life, yet it is not the only one that children will ever face. Experiencing new places, people, and circumstances is common for everyone. Children who learn to cope with a move acquire skills that will help them manage change throughout life. A child care professional who understands and listens, yet talks in positive terms, can help children gain these skills.

(Continued on next page)

THE REAL CHALLENGE

Scottie Woodson's mother came in one day to talk to Janet Storm, Scottie's preschool teacher. She told Janet that the Woodson family would be moving across the country in about six weeks. She added that the decision to move had been a difficult one. She and her husband were lifetime residents of Portland. Most of their extended family was still there. When Janet asked how Scottie was handling the news, Mrs. Woodson replied that he did not know. They planned on telling him two weeks before the move. She asked that Janet not tell him anything before then because she did not want him to worry.

Janet had noticed that Scottie seemed tense recently. He was also fighting more often with the other children over toys. She asked whether he was having any problems at home. Mrs. Woodson said that lately he had been more uncooperative and difficult to control.

Your Analysis

1. Do you think Scottie knows about the pending move? Explain your answer.
2. What might be the cause of Scottie's recent misbehavior at preschool and at home?
3. Do you agree with Mrs. Woodson's decision to keep the move a secret from Scottie?
4. How should Janet handle this situation?
5. How should Janet deal with Scottie's current stress and misbehavior?

Challenge 2

Helping Children Cope with Divorce

Josie never knew what it was like to live with both parents. Her parents had divorced when she was only a few months old. Still, she always held out hope that her father would live with them someday, a dream that would never come true.

Divorce is difficult—even when children are spared the trauma of arguments and disruption. Although divorce can be used to eliminate abuse and turmoil from children’s lives, it seldom occurs without leaving scars. As divorce continues to touch the lives of so many children, concern grows for them and for the society in which they live.

How Children React

As you work with children, you will see many different reactions to divorce. Much depends on the parents’ handling of the situation.

Because young children are egocentric, they see themselves as the center of the family. Therefore, they may reason that they are to blame for the family falling apart. Of course, this is not true.

Young children see divorce as a parent leaving them, rather than parents leaving each other. The separation from one parent causes children to feel abandoned. They live in fear that the other parent might also leave. Losing love is another worry. A child may reason, “If my parents can stop loving each other, will they stop loving me too?”

Stress accompanies divorce. A feeling of loss, worry about what will happen, financial problems, a move to a new home—all can cause stress. Behavior problems may result. You might encounter children who are clingy and anxious. Some become angry and aggressive. Sleep problems are possible, as are bed-wetting and toileting accidents.

Older children are often hostile, fighting with friends and posing a challenge for caregivers. Children may become depressed and have trouble concentrating, causing their schoolwork to suffer.

The Right Response

Respond carefully to children who are troubled by divorce. Remember that they may be expressing fear and anxiety through misbehavior because they lack the skills to do otherwise. Negative reactions from you would only add to their misery. The best approach balances understanding with guidance.

**The best approach
balances understanding
with guidance.**

Here are some ways to support children and build their self-confidence during a divorce:

- **Remind children that the divorce is not their fault.** Reassure children that divorce is a problem between the parents. Help them see that they are not the cause.
- **Encourage children to talk about their feelings.** You might say, “It can be really sad when a daddy doesn’t live with the mommy and children anymore. How does that make you feel?” Help children with the words if they do not have the vocabulary to express themselves.
- **Allow children to grieve.** The breakup of the family is a loss, much like death is. Children need to know that it is all right to mourn for their former family, to be sad, and to cry.

(Continued on next page)

- **Teach positive self-talk.** Encourage children to talk to themselves optimistically when they are upset, saying things like “I’m sad now, but things will get better” or “I’ll do the best I can.” Repeating these simple statements helps children focus on what they can and should do rather than the pain they feel.
- **Read books and stories that deal with divorce.** Doing this helps young children realize that others are coping with the same problems that they are facing.
- **Provide opportunities for creative expression.** Allow children to express their feelings through activities such as painting, drawing, dramatic play, or dance.

Suggestions for the Family

Although you cannot stop parents from divorcing, you can offer advice on making the breakup less difficult for the children.

You might begin by saying, “I know you want to spare your children as much pain as possible.” Then suggest these ways to help children cope with the family situation:

- **Keep parental conflict from the children.** Parents should not deny that conflict exists, but children should not see or hear their parents fighting. They need protection from bitterness and anger and especially from physical aggression. The conflict that precedes divorce is often more damaging than the divorce itself.

Although you cannot stop parents from divorcing, you can offer advice on making the breakup less difficult for the children.

- **Be honest with children.** Children should be prepared for the possibility of separation, not told at the last minute. Otherwise they are apt to lose trust in their parents. Divorce is most stressful for children who incorrectly believe their parents’ marriage is happy. Parents should be honest about their own feelings as well. Knowing that parents share the pain can make children feel less isolated.
- **Make it clear that the problem is a parental one and not one caused by the child.** Parents should explain that there are different kinds of love. They love their children differently than they loved their spouse. They may no longer love the spouse, but they will always love the child.
- **Spend extra time with the children.** Parents may be so overwhelmed with their own problems that they neglect day-to-day parenting responsibilities. This lack of attention can increase children’s fears of abandonment. Extra time with them gives support and reassurance.
- **Do not involve children in the conflict.** Children need to love both parents. It is cruel to force them to choose sides. Custody battles are especially damaging to children.
- **Maintain previous parenting styles.** Divorcing parents may let children have their own way to make up for the pain and stress the children feel. Experts say, however, that children do not see permissiveness as an expression of love. Instead they view it as further evidence of abandonment. “Mom must not love me anymore,” the child reasons. “She doesn’t care what I do.” In a stressful situation, children need consistent discipline.

(Continued on next page)

Challenge**2***Continued*

- **Maintain as much structure and order in life as possible.** Divorce brings many unsettling changes to family life. Making sure that children obey the same rules and follow their regular daily routine as much as possible provides order and stability. Children feel more secure if they can continue to live in the same home, attend the same school, and play with the same toys.

Give It Time

For children, coping with divorce is a long-term process. Although the time immediately before and after divorce is most difficult, emotional distress may continue for a year afterward. It usually takes about five years before children are completely adjusted. During this time, they need extra patience and support from people who truly care.

THE REAL CHALLENGE

Holly was always a good-natured and cooperative child in Michelle Jackson's preschool class of four-year-olds. A few months into the school year, however, she began acting irritable and defiant. She was frequently assigned cool-down moments for biting. She lost enthusiasm for playing with other children and would not participate in activities without encouragement from an adult.

One day Michelle looked at a picture Holly had drawn during art time. Holly said it was a picture of her family. The mother and father were huge; they filled most of the paper. The child was tiny, only as tall as the parents' shoes.

Michelle decided it was time to call Holly's mother, who talked about problems with her marriage. She said that Holly was being very good at home, however, so they did not think Holly realized anything was wrong.

Your Analysis

1. Why might Holly be good at home but irritable and uncooperative at preschool?
2. What might Holly's picture of her family signify?
3. Should Michelle encourage Holly to continue drawing pictures of her family? Why or why not?
4. How should Michelle handle Holly's uncooperative behavior?
5. What might Michelle do to help Holly and her family?

Helping Children Cope with Death

*Challenge***3**

When people talk about death, they can use many different terms. They might say, “Uncle Merle passed on” or “Grandma Blaine is in a better place now,” instead of saying that the person died. A young child might not know how to interpret statements like these.

Children have a limited, and sometimes distorted, understanding of the world. They learn from adults. When people are uncomfortable with talk about death, they easily pass discomfort and confusion along to children.

When people are uncomfortable with talk about death, they easily pass discomfort and confusion along to children.

Death may even take on the quality of make-believe to children. Think about what they see on television. Death is often violent and unrealistic. What children see may compound their fear and confusion.

How Children View Death

A child’s understanding of death depends on the messages received, as well as age and maturity. Children younger than age three or four see death as separation. For them, the dead have simply gone away. Children do not focus on what has happened to the missing person.

As they grow a little older (ages three to five), children still tend to think of death as temporary and reversible, like sleep. Their awareness and understanding, however, are gradually increasing.

Sometime between ages five and seven, children begin to see death as permanent. During this time, they usually believe that death is something that happens to other people and families.

Around age 10, most children reach the understanding that death is final and unavoidable for all living things. By then they may have experienced death personally, even if it is only the loss of a pet.

The process of learning and trying to understand can be difficult for children. Because each child is different, the level of understanding reached at any point in time may not be clear to you. This is especially true if a child’s thoughts are not readily expressed.

Stages of Adjustment

Once children understand the reality of death, they respond to it in the same way that adults do. A three-stage process has been identified that describes what happens in most situations. Learning to recognize these stages will allow you to help children work through them:

- **Disbelief.** A person’s first reaction is usually denial that death has occurred. When young children appear to be unconcerned, remember that they simply do not understand what has happened. Their apparent lack of caring can be distressing to grieving family and friends. Older children may show denial through anger or disobedience.
- **Despair.** When the reality of death does set in, people typically are overwhelmed with grief. When they are old enough to understand what has happened, some children become withdrawn and unhappy; they lack enthusiasm for life. Some become uncooperative and regress in behavior. Others cry easily.

(Continued on next page)

Challenge**3***Continued*

- **Reorganization.** As children work through their grief, they begin to go on with life without the dead person. They transfer their love and trust to others. They make necessary emotional and practical adjustments. This stage usually begins one to two months after the death.

Guiding Parents

Parents may ask you whether children should attend the funeral of a loved one. Child psychologists believe children should be allowed to attend if they wish. The funeral is a way to say good-bye and begin the grieving process. Children should not be forced to go, however, or made to feel guilty or “bad” if they choose not to attend.

Encourage parents to explain briefly what will happen at the funeral. They should tell the child that some people will be sad and crying. Also suggest that parents find someone who can leave the service with the child if he or she becomes frightened or disruptive.

Techniques That Help

Families and early childhood professionals use several techniques to help children cope with death. You need to understand them so that you can use them yourself as you help children and guide families:

- **Be honest and direct.** Use specific, truthful vocabulary, such as the words “*died*” and “*cancer*.” Avoid euphemisms (YOO-fuh-mih-zuhms) (words that try to make something sound better than it really is), such as “*passed away*” and “*asleep*.” Children often take these phrases literally, which may create fears or unrealistic hopes that the dead person will return.
- **Keep it simple.** Children do not need long explanations. Tell them that no living thing lasts forever. If they want to know what “*dead*” is, tell them that it means the body has stopped working. It does not breathe, move, see, or feel anymore.
- **Encourage children to talk and ask questions.** Death is often difficult for parents to discuss with children, especially when they themselves are grieving. You may be the child’s only sounding board or source of information. Even if they do not respond at first, remind children that you are there if they ever want to talk or have questions.
- **Accept children’s emotions.** Grief is a healthy, natural reaction to the death of a loved one. The hurt is often expressed as anger. Children may be angry with the person who has died or at other adults for not being the person they have lost. This is especially true with the death of a parent. Children may accuse adults of “letting” the death happen. Accept grief, anger, and other emotions. Help the child express them in a positive, healthful way.

You may be the child’s only sounding board or source of information. Even if they do not respond at first, remind children that you are there if they ever want to talk or have questions.

(Continued on next page)

Challenge
3
Continued

- **Address children's concerns about adults' emotions.** Children realize that adults are upset over the death of a loved one but may still be frightened by a parent's tears or anger. If this happens, you might say, "When your daddy cries, he is showing how sad he is that your brother died. He's not upset with you."
- **Respect the beliefs about death that the child has been taught.** Parents will teach their children what to believe about death. You must respect those beliefs, even if they are not your own. If children press you for reasons or explanations, you might say, "Different people believe different things. Some people believe that dead people go to heaven. Others think the body is gone, but the spirit lives on." Tell parents that their children have questions that need answers.
- **Reassure children that the death is not their fault.** Children who have had angry thoughts about someone who later died may feel that they caused the death. Tell them that thoughts and words do not cause death. Remind them of those times when they wished for good things, but the good things did not happen. This can help them see that wanting something does not cause it to occur.
- **Reassure children that they are not likely to die.** Children who have experienced death often become fearful of dying themselves. A simple response might be, "Everyone dies sometime, but most people die when they are old or very sick. You are young and healthy. I think you have a very long time to live."
- **Allow creative or dramatic play related to death.** Children may be preoccupied with playing funeral, hospital, or car crash after a death. This type of play lets children try to understand and deal with what has happened.
- **Encourage children to remember the dead.** When a loved one's death causes heavy pain, children may try not to think about the person at all. Tell them to remember their loved ones because eventually they will be able to think about the good times without feeling so sad. If they wish, children can draw pictures or have you write their stories of the happy times.
- **Read books related to death at story time.** Many children's books are available to help children better understand and cope with death and grief.
- **Take advantage of opportunities to teach about death.** Children may find a dead bird on the playground or a dead grasshopper while on a neighborhood walk. Point out the dead animal to the children and say that you are sad that it has died. If children ask why the animal died, answer as honestly as you can.
- **Encourage grieving children to participate in the daily routine.** The structure and normalcy will give them stability as they work through their sorrow.

Allow Time for Healing

Like adults, children do not recover from the death of a loved one as they do from an illness. Bouts of sadness, especially around holidays and other special times, are still likely. Early childhood professionals who take an honest but knowledgeable and compassionate approach can help children emerge from the event emotionally and psychologically stronger.

(Continued on next page)

Challenge**3***Continued***THE REAL CHALLENGE**

Four-year-old Erin lived with her mother and grandmother until her grandmother died. When Grandma Willis died, Erin's mother kept her home for a week to help her daughter cope with the death.

On her first day back at Arcadia Child Care Center, Erin did not seem like her usual self. She was very quiet and did not seem interested in playing with her friends. She brought a stuffed rabbit from home and carried it around with her all day. Although she normally took a long nap in the afternoon, she refused to lie down on her mat. She did sit quietly in a rocking chair during nap time but never fell asleep.

When it was time to go home, her teacher said, "Erin, are you ready to go home?" Erin replied, "Mama cries."

Your Analysis

1. As a four-year-old, what is Erin likely to understand about death?
2. What might explain Erin's refusal to lie down and take a nap?
3. What might be some advantages and some disadvantages of keeping Erin out of child care for a week after the death?
4. What do you think is the significance of Erin's remark? Why did she need to tell her teacher?
5. In trying to comfort Erin, someone said to her, "Your grandma is in a better place. She's happier now." Do you think this was appropriate? Why or why not?
6. If you were Erin's teacher, what would your response be?

Chemical Dependency in the Family

*Challenge***4**

*“Alcoholism isn’t a spectator sport.
Eventually the whole family gets to play.”*
—Joyce Rebeta-Burditt.

This statement is sad but true. When a family member is chemically dependent, the entire family pays a price.

The Chemically Dependent Person

Chemically dependent people use alcohol or other drugs to get through the day. They rely physically or mentally on the effects of drugs. They lose touch with reality, often not realizing that they have a problem. Chemically dependent people do not see how their own behaviors and thinking have changed in ways that cause harm to their loved ones.

People who are chemically dependent tend to ignore their responsibilities. Where children are concerned, they may overlook the need for good nutrition, medical care, educational opportunities, and emotional support.

The mental state of a chemically dependent person is inconsistent, depending on the degree of drug influence at any time. As a result, discipline is also likely to be inconsistent and unpredictable. In some very serious situations, children are neglected and abused.

The Effects on Children

Chemical dependency can affect children even before birth. A mother who uses drugs or alcohol during pregnancy may give birth to an infant with mental or physical disabilities, some quite severe.

As they grow older, these children often have shortened attention spans. They are easily distracted and highly active. The children have difficulty learning the concept of cause and

effect. As a result, they often use poor judgment because they are unable to predict the consequences of their behavior.

Children who grow up with chemically dependent parents are likely to develop emotional problems. In turn, behavior is affected. The effects are not the same for every child. The nature of the child and the influence of other people help determine the outcome. A look at one child’s reaction will give you an idea of what can happen.

James has an alcoholic mother. Because of what has happened in his home, James now struggles with self-discipline and self-control. He does not care about controlling himself—and sometimes he just cannot do so. In preschool, James has a hard time paying attention. When information is presented, he often misses it. Sometimes he simply cannot absorb it. James does not adapt well. Behaving as he is supposed to in different situations is difficult for him. He is impulsive and aggressive.

Many children of alcoholics and drug abusers have low self-esteem. If a parent becomes outraged when upset, the child may continually try to please the parent to avoid the upsetting episodes. Making others happy, or keeping the peace, becomes a primary concern in life, first as children and later as adults. Such children sacrifice their own interests and ambitions, along with any sense of identity or individuality, rather than cause conflict.

**Many children of alcoholics
and drug abusers have low
self-esteem.**

(Continued on next page)

Challenge**4***Continued*

As you can see, the children of chemically dependent parents may present a challenge in the early childhood care setting. You will need knowledge, compassion, and a strong determination to help them.

Supporting Children

As an early childhood professional, you need to identify children who are struggling with the problems just described. Then use the suggestions that follow to support them:

- **Establish a stable and predictable environment.** Home life for these children is often chaotic. The security of the same caregiver and a regular routine helps offset the instability at home.
- **Provide consistent support for the children.** These children may not have had much experience with involved, supportive adults. Caregivers may need to build their trust. Simply being there every day sends the message that not every adult will disappoint them. Your praise and enthusiasm further tells children that most adults do care about them.

Care professionals may need to build trust. Simply being there every day sends the message that not every adult will disappoint them.

- **Be firm but fair.** Because these children are prone to impulsiveness and overreaction, they may need extra attention and guidance.

Remember, however, that limits and expectations may be new to them. Make sure the children understand your rules before insisting that they follow them.

- **Focus on each child as an individual.** Emphasize to each child that he or she is a distinct individual. Help the child explore interests and discover talents to develop a sense of self.
- **Plan activities that build self-esteem.** As a result of the problems at home, these children often have low self-esteem. Conduct activities that allow them to experience success.
- **Work with children on the concept of cause and effect.** Set up activities that let children experiment with various actions and their consequences. Choose specific actions that create obvious results. For example, what happens to water when it freezes? How does heat affect an egg?
- **Teach personal relationship skills.** Chemically dependent parents are often poor role models for interpersonal skills. Demonstrate and be specific about what children need to know and do to get along with others. Be sure to praise them for desired behavior.
- **Be positive.** Help children focus on what they can do.

A Patient Approach

It may take a long time to reach children who are the innocent victims of chemical dependency. At times you may feel frustrated. Do not give up, however. You can make a difference. The children feel it, and eventually they will show it.

(Continued on next page)

THE REAL CHALLENGE

As soon as three-year-old Leigh enrolled at Cramer Child Care Center, she became a challenge to the staff. She rarely listened to Terry Maxwell, her teacher, and others on the staff. Leigh was restless, unable to sit still for even the shortest time. When she tried an activity, she was easily frustrated and responded by screaming and throwing whatever was in reach. She was aggressive toward other children—hitting, scratching, and biting them. Mia, one of Terry’s coworkers, suggested that Leigh might be mentally impaired.

Leigh’s grandmother always picked her up from the center. When the older woman was sick one week, Leigh’s mother picked her up instead. Terry tried to chat with her, but she did not seem interested in discussing her daughter. On two afternoons she was late, once by almost an hour. Terry noticed several things that concerned him. At the end of the week, he told the director that he thought Leigh’s mother had a substance abuse problem.

Your Analysis

1. What evidence contributed to Terry’s conclusion?
2. What else might Terry have noticed to arouse his suspicions?
3. If Terry is right, should he make sure that Leigh follows the same rules and routine as the other children? Explain your answer.
4. Besides an inability to pay attention, why else might Leigh resist listening to her teachers?
5. Might Leigh be mentally impaired? What would be one possible cause?
6. Terry believes that helping Leigh develop her attention span would also help with some of her other behavioral problems. How might this be true?

Challenge 5

When You Suspect Child Abuse

Child abuse is a problem that cuts across social lines. It is not bound by economic class or heritage, or by color or creed. More than two million cases of abuse and neglect are reported in the United States each year.

Forms of Child Abuse

Child abuse includes any action, or lack of action, that results in harm or risk of harm to a child. It comes in several forms.

With *physical abuse* the child receives physical injury that is not accidental. Many bumps and bruises of childhood, of course, are routine. These usually occur to bony areas, such as elbows, knees, chins, noses, and foreheads.

Frequent bruising of soft tissue, however, should arouse suspicions of physical abuse. The face, buttocks, upper arms, and thighs, for example, have soft tissue, where such injuries might be noticed. Other questionable injuries are repeated burns, bites, pokes, cuts, bone fractures, twisted limbs, and internal injuries.

Child abuse includes any action, or lack of action, that results in harm or risk of harm to a child.

Signs of physical abuse may indicate *sexual abuse*. This occurs when a child is subjected to sexual behaviors. This form of abuse may be very hard to recognize because physical injuries can be less apparent and children are often intimidated into secrecy.

While all forms of abuse harm children emotionally, *verbal abuse* is directed at their psychological selves. Imagine the long-term effect on children when they are repeatedly rejected by adults or when a family member calls them names and tells them they are worthless and unwanted. These actions all destroy a child's self-esteem.

Another form of abuse involves inaction. With *neglect*, the child's basic need for food, clothing, or shelter is not met. Lack of proper medical care and education may also reach the level of neglect. Parents leaving their young children home alone is a form of neglect.

What Happens to Children?

Children who are abused have a wide range of behavioral problems, from complete withdrawal to uncontrolled aggression. Most have low self-esteem. Their feelings of incompetence and worthlessness trigger behavior problems.

Children are often afraid to report abuse. Thinking they will be blamed or that no one will believe them can cause their silence. Sometimes they worry about getting the abuser in trouble, especially if it is a parent. With their damaged self-esteem, children may even believe that they deserve what is happening. In cases of sexual abuse, the abuser often keeps the child quiet by threatening harm to the child or someone in the child's family.

People who abuse children are often skillful at keeping their actions hidden. This is one reason why abuse may go undetected for a long time. Child care professionals need to be alert and knowledgeable, so they can take appropriate action when necessary.

(Continued on next page)

Taking Action

Child abuse and neglect must be stopped if children are to learn and grow as they should. All states legally require early childhood professionals to report any signs of abuse. Penalties are imposed when they do not. Each state has a social service or child welfare agency to contact in cases of suspected abuse. Many have a 24-hour, toll-free hot line.

Child care professionals make notes on their observations if they suspect abuse. These notes will help in completing the written form when a report is made. They may also be helpful to the professionals who investigate the report.

If you need to talk to a child about suspected abuse, use caution. You can do harm by suggesting answers or giving information as you try to help the child tell what happened. Abuse cases have been dismissed from court because victims were prompted to give certain answers, even if the action was unintentional.

Abuse cases have been dismissed from court because victims were prompted to give certain answers, even if the action was unintentional.

When talking to children, ask open-ended questions. Do not suggest answers. You might say, "That burn looks like it hurts. How did it happen?" Do not say, "It looks like somebody burned you with a cigarette. Is that what happened to you?" Avoid asking "why" questions. There is no good reason for abuse; trying to find one is frustrating and confusing to children.

In making a report, a child care professional could be asked to provide the following information:

- Child's name, address, age, and present location.
- Parents' names and addresses.
- Names and ages of brothers and sisters.
- Type and extent of injuries noted.
- Any details about the family, such as difficulty with language, that might help the investigator.
- Any information about the possible abuser.
- Reporter's name, location, and relationship to the child.
- Names of other possible reporters.

Proof of abuse is not needed before making a report; reasonable suspicions are enough. Reports are confidential, and the names of reporters are not revealed. Trained members of a social service staff investigate each case in a professional manner and determine whether abuse has actually occurred.

Helping Children Cope

The early childhood professional's obligation goes beyond simply reporting suspected abuse. Caring adults help children cope with the effects of abuse and try to overcome them. The following standard care practices are especially important:

- **Make sure children know they are wanted and accepted.** Greet them warmly each day. Tell them you are glad that they are there.
- **Show children by your actions that they are secure and safe.** Be available for appropriate physical and emotional comforting. Never hit or threaten to hit children.

(Continued on next page)

Challenge**5***Continued*

- **Provide a predictable environment.** As with children of stressed or chemically dependent parents, abused children need the feeling of security that familiar surroundings and a regular routine provide.
- **Explain what happens next.** Abused children may have frequent experiences with disappointment and unpleasant surprises. They may view the unexpected with fear and suspicion. In routines and activities, let children know what is going to happen.
- **Plan activities that ensure success.** Abused children often dread failure and displeasing adults. They have learned that it brings terrible consequences. Avoid activities that pressure children to perform or put them in situations they do not have the skills to handle. Choose cooperative rather than competitive games.
- **Praise children when they show competence or positive behavior.** This builds self-esteem and encourages positive behavior among children who may not see it at home.
- **Give children time and space to comfort themselves.** When not taken to an extreme, quiet and solitude can be beneficial for healing. Allow children the comfort of a blanket or a teddy bear. If they show a need for space, do not crowd them in with others.
- **Keep children from getting overly excited.** Abused children may find noise and activity frightening. If an activity gets too rowdy, redirect children into a calmer one.
- **Model positive behavior and language.** Abused children are often abusive toward others. Your example of how to speak and behave shows children that there are other ways to act.

Your example of how to speak and behave shows children that there are other ways to act.

- **Be honest with the child.** Learning that their parents are harming them can be devastating to children. They must realize, however, that the abuse is not their fault. Do not dwell on blaming the parent; emphasize the child's strength instead.
- **Control your reactions toward abusive parents.** Remember that the parents' actions may be a result of abuse directed at them in the past. Although nothing excuses their behavior, help is available for them to help them stop the cycle of abuse.

Bewildering but True

People often wonder why anyone would deliberately harm a child. There is no simple answer. The reality, however, is this: if people who are in contact with children every day do not step in when necessary, the situation will not improve. Children's lives and well-being are at stake.

In any situation concerning possible child abuse, the welfare of the child should be your first concern. It takes courage to get involved, but your action may be a child's best hope for a happy, healthy life.

(Continued on next page)

THE REAL CHALLENGE

Glen was a quiet, well-mannered student in Anna Turner's preschool class. His parents were both well-paid, well-respected professionals. Nearly every week, Anna noticed new bruises on Glen's arms and face. When Anna asked about them, he said, "I tripped on some steps" or "I fell off my bike."

One day Glen was wearing a long-sleeved shirt, even though it was quite warm. While playing in the sun, he pushed up his sleeves to the elbow. Anna saw a large red welt that looked like a burn. When she asked Glen how he got it, he could not answer. He began to cry and pleaded with Anna, "Don't tell my mom!"

Your Analysis

1. What do you think Anna may be thinking?
2. Does Anna have enough evidence to report suspected child abuse? Explain.
3. Would Glen's good behavior make him an unlikely candidate for abuse? Why or why not?
4. How believable are Glen's explanations for his bruises?
5. What bearing, if any, should the parents' income have on the possibility of abuse?
6. If she suspects child abuse, does Anna meet her legal obligation by telling her director? Explain your answer.

Challenge 6

Children & Violence

Even if you have not experienced violence firsthand, you have no doubt seen and heard about it in the news and on television. Violence has been around for a long time, but it has reached alarming proportions today. The realization that so many children grow up in settings where violence is an everyday occurrence is sobering.

Violence in Society

Unfortunately, violence is coming closer to everyone. Everything from increased security in schools to children not being able to play outdoors in their neighborhoods points to the problem.

Terrorist attacks have prompted increased security measures across the country. School shootings have forced administrators to take additional precautions with students. Street violence has also become a growing concern. Violence of all kinds forces people, both victims and bystanders, to seek protection, and people begin to feel they have no control over their own safety in everyday life.

The realization that so many children grow up in settings where violence is an everyday occurrence is sobering.

In many cases, home is not even a safe haven. Many children experience violence behind their own doors. They see one parent hurting the other. They see family members fighting with each other and outsiders. Violent behavior may even be directed at children from parents, siblings, or friends.

Aggression and violence are common themes in movies and television programming. In most cases, such violence is rewarded.

“Good guys” use it to attain “justice.” Painful deaths and grieving families are often ignored. Vivid sights, sounds, and actions that attract the attention of young children usually accompany media violence. They do not see how violence relates to motive, character, or plot. Young children cannot distinguish between fantasy and reality. Increased exposure makes violence seem routine and acceptable.

The Effects on Children

All of this can have a damaging effect on children. Violence may frighten them at first. After prolonged viewing—preschoolers average more than four hours a day in front of the television—children often become less sensitive to the suffering of others. They are more likely to see and use aggression as a way to solve problems. Sometimes they imitate specific types of violent behavior that they have learned from watching television.

The effects of real-life violence on children are also harmful. Children have an immediate, physical stress reaction—their muscles tense and their breathing and heart rates quicken. Even after a violent episode has ended, they may remain intensely alert and watchful, scanning their surroundings for signs of danger. Other children respond by withdrawing. They become psychologically numb, as if going into emotional shock.

Witnessing violence may produce more lasting stress symptoms as well. Children may have trouble sleeping or concentrating. They may suffer from headaches or stomachaches. Some show anger and irritability. These symptoms are most common among children who were physically near the violent act, who knew the victim, and who had experienced violence firsthand.

(Continued on next page)

Some children relive a violent event through repetitive play, dreams, or flashbacks. These flashbacks are usually vivid and frightening. Physically and emotionally, children react as if the event were occurring again. Some children avoid people, places, and situations that remind them of the event. This interferes with their interest in normal activities and relationships. As a result, the children you see in an early childhood care setting may have trouble getting along and following the daily routine.

Helping Children Cope

There are things you can do to help with the problem of violence. As an early childhood professional, you can teach children better ways and give them hope. Here are some suggestions:

- **Continue the familiar routine.** Try to keep the child with the same teacher, peers, and schedule of activities. This brings a sense of security to the environment.
 - **Provide reassurance.** Witnessing violence can leave a child badly shaken. Be ready with encouragement and comfort. You might say, "I know it is hard to play when you are scared. Let's get some blocks so you can sit beside Leroy and help him build a castle."
 - **Provide opportunities for forming meaningful relationships with caring adults.** Children who have been exposed to violent adults need to learn that adults can also be helpful and supportive.
- Children who have been exposed to violent adults need to learn that adults can also be helpful and supportive.**
- **Establish firm limits and positive expectations.** Children who come from chaotic homes especially need the structure of clear rules and boundaries. They must also feel that good behavior is still possible and expected of them.
 - **Give children a sense of hope for the future.** Those who live in an atmosphere of violence often feel hopeless. Refer to positive events in the future, saying, "Friday will be fun; that's when the firefighter comes" or "Next year you'll be learning to read this book yourself."
 - **Encourage children to see themselves as survivors, not victims.** Help them see that they can survive and rise above the violence. They need not let it destroy their lives. Tell them, "I'm proud of how you handled yourself in such a frightening time."
 - **Provide activities that build self-esteem.** Children with high self-esteem feel in control of their lives. They are better able to cope with the trauma of violence. Offer activities that bring success. Show appreciation for positive efforts. You could say, "I'm glad you are here to help pick up. You know where all the toys go."
 - **Help children relax.** Provide comforting experiences, such as rocking, singing, and listening to soothing music or familiar stories. To calm an upset child, you might say, "Why don't you give Raggedy Rabbit a long hug and a rock in the rocking chair?"
 - **Provide opportunities for children to vent emotion and physical tension.** Use creative activities, such as dancing, storytelling, and drawing, to help children express tension or fear. Activities like running and climbing help release physical energy.
 - **Encourage children to talk about their experiences.** Talking helps relieve tension and make the experience seem more manageable.

(Continued on next page)

Challenge**6***Continued*

Stay calm and reassuring, even when the stories are very frightening. Accept feelings of anger and even hate. Reassure the child that he or she is safe.

- **Use television wisely.** Be sure that programs you show children are not violent. If violence occurs unexpectedly, point out that television shows just tell a story; they are not real. In the case of news programs, be honest with children. Discuss the harmful effects of any violence they observe. Show your disapproval of televised aggression by saying, “I wish they would learn to solve problems without hurting each other.”
- **Have children who are experiencing flashbacks breathe deeply and refocus on the present.** Touch the child gently. You might say, “The shooting is over. You are just remembering. It is not real and cannot hurt you. You are safe now.” Encourage the child to take deep “tummy” breaths.

- **Teach children survival skills.** Having specific actions to take in unsafe situations fosters feelings of positive coping. Tell children to leave the scene when violence occurs or to lie on the floor if they hear gunshots.
- **Do not permit violent or aggressive behavior toward other children or adults.** Because children imitate what they see, they may act violently toward others. Calmly and firmly tell children that hurting others will not be tolerated.

Part of the Solution

Until values and attitudes about violence change, it will remain part of children’s lives. Your influence, however, can help them learn to deal with violence as well as change the attitudes that produce and accept it. Taking the right steps with children makes you part of the solution to a serious problem in society.

THE REAL CHALLENGE

Like many of the other children at Groves Child Care Center, Anthony and Tammy live in a high-crime neighborhood. When their older brother was critically injured in a drive-by shooting, the children were acutely aware of what had happened. After returning to child care, Anthony would not speak to anyone. He sat on the floor in a corner the whole morning. Tammy was full of energy—constantly talking, moving, and looking around. She could not stick with one activity for more than five minutes. Several times she used her finger to “shoot” other children, screaming, “Get down, get down, I’ve got a gun!” Her activity agitated her classmates, including many who knew the children’s older brother.

Your Analysis

1. Are Anthony and Tammy reacting in a typical manner? Explain.
2. Should the teacher discipline Tammy for upsetting the other children? Why or why not?
3. Which would be a better activity to help Anthony come out of his withdrawal, playing with modeling clay or joining a game of tag? Which activity would be more helpful for Tammy? Why?
4. What might the teacher say to the class to explain Anthony’s and Tammy’s behavior and to help them cope with what happened?
5. What do you see as the early childhood care professional’s role in working to reduce violence in society? What is your personal role?

Helping Stressed Children

Challenge**7**

Stress is not just for adults. Unfortunately, children have it, too. Problems for anyone can cause negative feelings known as stress. If these feelings are lasting and strong enough, physical and emotional symptoms may result.

Symptoms of Stress in Children

Before you can help a child with stress, you need to recognize the symptoms. Stress can cause headaches and stomachaches. Ignored or mishandled, stress can lead to ulcers, even in children. Stress can also aggravate allergies, asthma, and other previously existing conditions. Additional indicators of stress in children may include:

- Unusual aggression or apathy.
- Complaints of a pounding heart. This may be caused by elevated blood pressure. Child care professionals should suggest that parents have their child's blood pressure checked by a doctor.
- Unusual anxiety or fear.
- Nervous tics or habits, such as twisting hair.
- Stuttering or other speech difficulties that have not been present earlier.
- Trouble falling asleep or staying asleep.
- Changes in appetite or regular complaints about an upset stomach.
- Unwillingness to try new things.
- Displaying a sense of hopelessness.

Excessive stress can also produce negative emotions, including fear, confusion, and anger. The way two children show negative emotions, however, can be just the opposite. Children who respond passively, or withdraw, spend much time alone, perhaps watching television or daydreaming. They may watch other children at an activity but not join in. They seem to be saying, "I have had enough, and I cannot risk adding any more stress to my life."

Other children respond with aggression. They lash out physically and verbally, by fighting, spitting, cursing, yelling, or ordering others around. This is their attempt to vent emotions and exert some control over an out-of-control life.

Causes of Stress in Children

You have to remember that children do not understand things the way an adult does. Children feel a strong reliance on others to care for them and make them feel good and worthwhile. If something gets in the way of a child's sense of security and well-being, the child may become fearful and worried—or stressed.

Like adults, children have different capacities for handling stress. What bothers one child may not affect another. Some situations, especially ones that involve family problems and violence in the home or neighborhood, are likely to cause trouble for any child. When family members are stressed, children easily pick up on this, sometimes taking on stress themselves. Children who face strong pressures to achieve or be competitive often feel stress too.

Supporting the Family

When you see symptoms of stress, helping the child hinges on identifying the cause. Take note of what the child's life is like beyond the child care setting. Regular communication with family members is informative.

During parent conferences, you can discuss the child's progress and behavior and any outside factors that may affect both. Daily conversations as adults drop off and pick up children can give clues about stressful events and situations in the child's life. Be receptive to what family members say but do not pry.

(Continued on next page)

Challenge**7***Continued***When you see symptoms of stress, helping the child hinges on identifying the cause.**

If you do become aware of problems, you can be a resource. With a fresh perspective and even possible remedies, you can support the family by showing that you will work with them to help the child. You may be able to direct the family to more specialized professional help, if appropriate. Even just listening with a sympathetic ear makes people feel less alone.

Helping the Child

Every day early childhood professionals work with children who are troubled. Although they may not be able to solve all of the problems, skilled and caring professionals can help children cope with stress. Here are some ways:

- **Encourage stressed children to talk.** Talking helps children vent their anger, frustration, and distress. Listen and watch for verbal and nonverbal clues to the child's emotional state. Communicate your understanding in simple, sympathetic ways.
- **Provide opportunities for play.** Children often work through their problems during play. Active physical play allows them to work off tension. Dramatic and creative play gives them a chance to control an environment and understand an experience. Child psychologists often use play therapy in dealing with emotionally disturbed children. Early childhood professionals do not have the training for play therapy, but they can provide the needed time and materials to make play beneficial.

- **Give children time to rest.** Stress can be physically exhausting because it may prevent the body from relaxing enough to rest or sleep well. Make sure rest and nap times are peaceful and refreshing.
- **Teach children to relax.** To relax the body takes specific skills and practice. Relaxation techniques include deep breathing (from the diaphragm), imagery (picturing peaceful scenes), and sensory awareness. A variety of resources, including the library and the Cooperative Extension Service, can help you find specific instructions for these techniques.

Stress can be physically exhausting because it may prevent the body from relaxing enough to rest or sleep well.

- **Build children's self-esteem.** People under stress often feel inadequate. Children need to participate in activities that help them feel in control, competent, and needed. Have children practice skills and help with tasks they have mastered and can feel good about doing.

Maintaining Your Own Balance

As you work with children, try to separate your own life from the problems that children face. This may seem like a mixed message, and one that is also easier said than done. You care about children. You are supposed to do your best to help them. But you need to achieve a balance in your perspective that allows you to be empathetic and understanding without adding to your own stress. If you do, your attitude and spirit can stay strong, making your work more enjoyable over time.

(Continued on next page)

THE REAL CHALLENGE

Five-year-old Andre Cole, who lives with his father, has attended Ryder Family Child Care for more than a year. Until recently, Stacy Ryder, his caregiver, found him to be an active, cheerful child. Andre has always enjoyed helping in the classroom. He especially likes caring for Goldie, a pet fish in the classroom. Lately, however, Stacy has noticed a change in Andre's behavior. He has become quiet and moody. He joins in activities at Stacy's prompting but soon drops out. Whenever Stacy asks if he feels okay, he says he is tired. He even seems to have lost interest in caring for Goldie.

One morning when Mr. Cole brings Andre to day care, he tells Stacy that the check he owes her for the month will be a few days late. Later that morning, Stacy overhears Andre arguing with two children as they play with dolls in the housekeeping area. "Daddy's don't all work," he declares. "My daddy doesn't work."

Your Analysis

1. What signs of stress is Andre exhibiting? What is a possible cause of his stress?
2. How might Stacy approach the problem with Mr. Cole?
3. How could Stacy use Goldie to help Andre deal with stress?
4. How else could Stacy help Andre?

Challenge**8****Helping Fearful Children**

It has been said that children are born with just two fears: the fear of falling and the fear of loud noises. Everything else, they learn.

How Children Learn Fear

Children learn the fears they have in different ways. Some fears are typical, healthy reactions to life experiences. A child may touch a hot dish on the table, for example, and learn to be more careful of steamy serving dishes in the future.

Less reasonable fears, such as those of storms and darkness, are also typical. They result from a child's incomplete understanding of the world. Older children and adults can comfort themselves with knowing that there is nothing in the dark that is not there in the light. For young children, this reasoning is difficult or impossible. Fortunately, such fears usually disappear as a child's intellect develops.

Some events are more traumatic and produce greater, more generalized fears. Children may have been hospitalized for an operation, bitten by an animal, or survived a fire or car crash. Children can be frightened by seeing parents struggle to find money for food and housing. More children experience violence in the home or neighborhood; many others are exposed to violence through television shows, including news programs. These situations can lead to anxiety.

Some children are more prone to fear than others. Sensitive and highly imaginative children are often fearful of situations that more placid children take in stride. Children with fearful parents or siblings tend to learn similar responses. Illness, fatigue, and low self-esteem can also contribute to fearful behavior in children.

Some children are more prone to fear than others. Sensitive and highly imaginative children are often fearful of situations that more placid children take in stride.

Helping Children Overcome Fear

All fears, valid or not, can be damaging if children do not learn to deal with them and keep them in perspective. Early childhood professionals have several methods of helping children when they have fears. They can:

- **Prepare children for upcoming activities.** This helps when children face new situations or the unknown. You can explain and reassure children about what is going to happen. You might say, "When we walk to the playground, we will be on the sidewalk. We do not have to cross any streets. You will hold hands with your buddy and follow me. It will be easy and we will have fun playing."
- **Let children act out feelings or practice for upcoming events through play.** If children are going to a petting zoo, stuffed animals might be placed around the room and children coached on how to approach animals, pet them, and feed them. Specific suggestions and the chance to role play may help children who are afraid of animals.
- **Read books that describe fearful events that children may experience.** A story and a thoughtful discussion about a fictional character is a nonthreatening way to address children's fears. It can also help them understand fears that they do not have but their classmates do.

(Continued on next page)

Challenge

8

Continued

- **Encourage children to deal with the object of their fears directly.** If a child is afraid of water, gradually expose him or her to situations involving water. Encourage—but do not force—the child to participate in water play. Demonstrate how you and the other children enjoy the experience. Try to make water play so attractive that the child will want to participate.
- **Provide empathy and support to fearful children.** Children need to know that adults recognize their fears. Showing disapproval or amusement only leaves them feeling inadequate and frightened. Invite children to talk about their fears. This in itself can bring the comfort and confidence needed to overcome the fear. However, do not encourage them to dwell on their fears or “reward” them for being afraid by giving them extra attention.
- **Encourage positive “self-talk.”** Explain to children that, just as thinking scary thoughts can make them more frightened, thinking confidently can make them feel better.

A child who is afraid of storms can repeat, “That lightning is far away. It can’t hurt me.”

- **Stay calm.** When children are frightened, adults need to remain calm and in charge. Provide reassurance and a sense of stability. If you show that you are upset, you will make the children more frightened.

If you show that you are upset, you will make the children more frightened.

Keeping a Balance

You cannot—and should not—eliminate all fear from children’s lives. Instead, strive for a reasonable balance. Give children knowledge to help them see that some fears are unfounded. Teach them to understand, however, that certain things can be harmful. Help them see that when they learn the right skills, they can deal confidently and rationally with frightening situations.

THE REAL CHALLENGE

Martha Norton, a teacher at the Busy Bee Child Care Center, was concerned about Robert, one of the children in her care. Robert was visiting his grandmother in California when an earthquake struck her town. Her home suffered extensive damage. After returning from his trip, Robert seemed very timid and frightened. He talked about the quake every day. He wondered whether an earthquake could happen in his hometown and described how everything in the child care center would be gone when the quake struck.

Your Analysis

1. Is Robert’s anxiety a typical childhood fear that he will outgrow? Explain your answer.
2. Should Martha try to get Robert to stop talking about his experiences in the earthquake? Explain your answer.
3. What might Martha say to Robert to show that she understands his fears?
4. What activities could Martha plan for the children to teach them about earthquakes and help Robert cope with his fears?
5. If you were Martha, would you talk to Robert’s parents about his fears? Why or why not?

Challenge 9

Helping Angry Children

Suppose a child in your care is very angry. Knowing how to react to children's anger can make life more pleasant for you and for the children with whom you work.

A Common Emotion

Anger is a common emotion, just like joy and fear. Everyone needs to know that it is okay to feel emotions. However, it is not okay for an emotion to become excessive and cause problems. Steps need to be taken to manage the emotion and reactions so that no harm is done.

Everyone needs to know that it is okay to feel emotions. However, it is not okay for an emotion to become excessive and cause problems.

What Triggers Anger in Children?

Anger is a strong feeling of displeasure. Knowing what triggers anger in children will help you react appropriately.

Because children have so much to learn, they easily become frustrated. Anger is a typical result of their frustration. The lower the child's frustration tolerance, the more likely it is that anger will occur.

Children probably become frustrated so easily because of their lack of development.

Because children are still developing emotionally and intellectually, their ability to understand and manage emotions is immature. A child who is just learning to share toys, for example, may not want to at first. Being told to give up a toy can cause frustration and maybe even an angry outburst directed at the other child.

Physically, children are not able to do all the things they try to do. When the upper blocks on the tower keep falling off, for example, you might see the child angrily knock the whole tower over. If the child is tired, an angry reaction is even more likely. As children develop, the number of circumstances that cause frustration and anger tends to decrease.

For some children, anger has other causes. Deeply rooted feelings about themselves and their lives are the source. Such feelings often stem from serious family problems, such as abuse and divorce. Children feel anxious because they have no control over the situation. Anger, which becomes a defense against feelings of pain and isolation, becomes routine for the child.

Responding to Anger

Angry feelings can produce aggression. Aggression is hostile behavior that may attempt to hurt people or destroy property. As an early childhood professional, you cannot allow anger to progress to this level. You need to guide children. Your goal should be to protect and teach children rather than punish them. Helping them learn to channel anger constructively is part of their emotional development.

Practicing Prevention

If you can stop anger before it starts, so much the better. Try these ideas to control the number and severity of angry episodes:

- **Catch the child being good.** Tell the child what behaviors please you. For example, you might say, "I like the way you shared the crayons with the other children."

(Continued on next page)

- **Provide opportunities for physical outlets.** Allow plenty of time for physical exercise and movement. These activities help children use energy that might otherwise result in angry outbursts.
- **Express interest in the child's activities.** A child who appears ready to use a toy or tool in a destructive way may be distracted if you express interest in having him or her show it to you. Very young children and those who are emotionally deprived seem to benefit most from this kind of intervention.
- **Encourage children to see their strengths as well as their weaknesses.** Help them see that they can reach their goals.
- **Set limits.** Limits should be clearly stated and enforced. Let children know that they are free to function within the boundaries of those limits but no further.
- **Tell children that you accept their feelings; then offer other suggestions for expressing them.** Teach children to put angry feelings into creative or productive activities, such as drawing or building at the sand table. Say things like, "I know that you are angry, but hitting is not allowed. Let me tell you what some children do in a situation like this."
- **Build a positive self-concept.** Encourage children to see themselves as both valued and valuable people.
- **Model appropriate behavior.** Child care professionals should be aware of the powerful influence of their actions on a child's behavior.

Children, like adults, feel comforted when someone recognizes their distress.

Taking Action

Despite your best efforts, children do become angry. When this happens, you can try these suggestions:

- **Ignore inappropriate behavior that can be tolerated.** Do not ignore the child, just the behavior. Children usually lose interest in behavior that causes no response. Eventually they learn that it is inappropriate. For example, if Alicia stomps her foot angrily when she cannot have another cracker, it might be best to ignore it. By calmly continuing the next activity, you show Alicia that foot stomping gains nothing, not even a reaction from the teacher.
- **Get close.** Moving physically closer to a child can lessen angry impulses. Having an adult nearby is often calming to children. A gentle hand on a child's shoulder can be a subtle reminder of your presence and your rules about behavior.
- **Ease tension through humor.** Humoring a child out of an angry outburst offers the child an opportunity to save face. Be sure, however, that you are amused by the situation and not the child's anger. Do not use *sarcasm*, which is teasing that ridicules.
- **Explain situations.** Children may not understand what causes their frustration. They often react more positively when you help them identify the source. You might say, "You were so proud of finding that beautiful flower. The wind blew it away, and now you cannot show it to your mom." Children, like adults, feel comforted when someone recognizes their distress.
- **Use physical restraint.** Occasionally children may lose control so completely that they must be physically restrained or removed from the situation to prevent injury to themselves or others. The purpose of such action is to tell a child, "You cannot do that." It should not be viewed as a form of punishment.

(Continued on next page)

Challenge**9***Continued*

- **Use discipline cautiously.** Always remember that discipline should be used only to educate, never to cause pain.

The Choice Is Yours

When dealing with anger in children, you have two options. One, you can make the effort to guide children, or, two, you can let anger go unchecked. Think about what might result from each choice.

Teaching children to manage anger is not easy. Many children today have anger that stems from troubled lives. Helping them, however, makes your job easier in the long run. Watch how experienced early childhood professionals use a calm and loving, but clear and firm, manner with children. The environment is a much more pleasant one when such efforts are made.

THE REAL CHALLENGE

Five-year-old Tyler, who was in Cindy Clark's preschool class, seemed troubled. Cindy noticed that Tyler had changed. He was more aggressive toward the other children than he used to be. Sometimes he wandered off by himself and would not play with anyone else. Cindy made notes on Tyler's behavior in preparation for a talk with his mother.

One day, Tyler got into a fight with another boy. When Cindy pulled the two boys apart and asked what happened, Tyler burst into tears. He said that the other boy was teasing him. Apparently, the other child did not believe what Tyler said about his father taking him fishing for sharks. Cindy asked the aide to manage the class and took Tyler to another room to talk.

During their conversation, Tyler talked to Cindy about his father. Although he had not seen his father for a year, Cindy discovered, Tyler often pretended that his father was still around. Sometimes Tyler made up stories about spending time with his father. He told Cindy that his mother was getting married soon, but this man could not be his father because he already had one. "He doesn't like me anyway," Tyler added.

Your Analysis

1. Describe what you think is happening to Tyler.
2. What might have been some consequences if Cindy had disciplined Tyler without talking to him?
3. Should Cindy try to use humor with Tyler? Why or why not?
4. Should Tyler be punished for his behavior? Explain your reasoning.
5. What actions should Cindy take to help Tyler?

Helping Physically Aggressive Children

Challenge 10

When you work with physically aggressive children, you need to separate the child from the behavior.

Physical aggression is hostile behavior that hurts people in a physical way or destroys property. Children who are physically aggressive may bite, hit, kick, scratch, fight, and pull hair. Their behavior occurs for specific reasons, not just because they want to cause trouble. When you understand why aggressive behavior happens, it is easier to remain calm, be accepting of the child as a person, and work with the child to manage the behavior.

When you work with physically aggressive children, you need to separate the child from the behavior.

Natural Aggression

Some aggressive behavior in a very young child is natural. Between the ages of two and four, children are starting to interact more with others, yet their verbal and personal skills are undeveloped. When frustrated or fearful, they may react aggressively. Conflicts over toys or privileges may cause aggression, as might tiredness or hunger.

Most children start to become less physically aggressive between ages four and seven. By then they are learning to use words and other socially acceptable ways of expressing displeasure. They still feel negative emotions, but they are learning how to control them more acceptably.

Children at any age may show some aggressive behavior. You might notice more at the start of the school year, for example, as children struggle to adjust to a new school, teacher, or peers. Those children with a strong temperament may react more aggressively than those who are calm. Even seeing aggressive acts on television or in peers may cause children to mimic the behavior.

Symptoms of a Problem

For some children, aggression goes beyond natural. It has deeply rooted causes. When a pattern of disturbing events occurs in a child's life, emotional and social development suffer. There are many kinds of circumstances that cause difficulties, such as abuse of any kind, violence in the home, excessive punishment, or family problems.

As children try to deal with difficult situations, they often become aggressive. If they crave adult attention, they may find that misbehavior helps them get it. If they feel that life at home is out of control, they may try to gain control through inappropriate behavior. If they feel stress or rejection, they may take their feelings out on others.

The reasons behind aggressive behavior are complicated. In some cases, a physical explanation, such as a chemical imbalance, may explain the behavior. Whatever the explanation, people who work with children are challenged by increasing incidents of aggression. Combining compassion and understanding with knowledge is the best approach to dealing with aggression.

Prevention

As an early childhood professional, what should you do about aggression? Your first defense is to prevent it from happening. To discourage children from aggressive behavior, you can:

(Continued on next page)

Challenge 10 Continued

- **Emphasize verbal communication.** Encourage children to ask permission before taking an object another child is using. Stress that talking lets others know what you want and vice versa.
- **Teach children to be assertive rather than aggressive.** They need to learn how to communicate without causing fights or hurting feelings. Teach them to describe the situation, explain their feelings, and then make a request. For example, suggest that they say things like, “You’ve had the bucket a long time. I’m getting mad because I want to play with it. Will you share with me?” Be patient. It may take children a long time to use assertive behavior effectively.
- **Help children learn self-talk that discourages aggressive behavior.** Create slogans, such as “Talk, do not hit,” “Stop and think,” and “Count to 10.” Encourage children to repeat these slogans to themselves when they are angry or frustrated.
- **Plan and supervise play.** In group child care settings, aggression occurs less often when play is structured.
- **Anticipate problems.** If you know that two children often end up fighting when they play together, provide more supervision of their play. If anger or frustration arises, separate the children before they begin to fight. You may need to cut down on the time an aggressive child is allowed to play unsupervised.
- **Monitor television programs shown to children.** Programs that include frequent or casual aggression may cause children to act aggressively.
- **Provide adequate play and work materials for children.** This will prevent conflicts from arising when two children want the only doll or wagon.
- **Provide opportunities for active play.** Strenuous outdoor play can help release tension that might otherwise be expressed in aggression.

- **Expose children to music.** Music can have a soothing and relaxing effect on children.
- **Look for and reward cooperative behavior.** Express your pleasure when children are playing together peacefully. You might say, “I really like it when I see Donnell and Chelsey working on the puzzle together.”

Taking Action

Despite your best attempts at prevention, aggressive behavior will occur. An immediate and appropriate response can help keep it from happening again. Here are some suggestions:

- **Set a good example.** Never use physical aggression to discipline a child. To punish by hitting tells children that hitting is an acceptable way of getting others to do what you want. In addition, children who are physically punished usually become angry and frustrated, resulting in further aggression.

To punish by hitting tells children that hitting is an acceptable way of getting others to do what you want.

- **Keep your message firm but brief.** Look directly into the child’s eyes and say, “Stop hitting. We do not allow hitting here. It hurts.”
- **Encourage children to consider the consequences of their actions.** Point out that biting and hitting hurt people. Tell them that doing these things may cause other children to dislike them.
- **Redirect children to more solitary activities.** Suggest something less active that does not involve sharing. For example, you could say, “Lowell and Rachel, I have a couple of really nice picture books over here. Let’s look at them for a while.”

(Continued on next page)

- **Ignore the aggressive child.** Because hitting and biting are often attention-getting devices, devote your attention to the child who has been hurt. Say something like, “I am so sorry that Nathan bit you. I know that must hurt.”
- **Assign the child to a cool-down moment.** When other techniques are not effective, it may be best to isolate the aggressive child. You can say, “Amy, since you still feel like kicking, a cool-down moment will give you a chance to stop and think of something better to do.”
- **Physically restrain the child.** While this does not deal with the cause of the aggression or demonstrate more acceptable behavior, it may be the fastest way to stop a child from striking or throwing things.

For Serious Problems

- When the following conditions exist, children need professional help.
- The child is old enough to know better.
 - You are spending too much time trying to deal with the behavior.
 - The behavior is a problem for other children.
 - You have documented and discussed the situation with staff members and with the child’s family.

Handle with Care

Where aggressive children are concerned, the wrong approach can become part of the problem. You, too, can benefit by using the slogans you teach to children. “Stop and think” and “Count to 10” are helpful reminders that it pays to think before you act when working with troubled children.

THE REAL CHALLENGE

When three-year-old Diana Sams entered the Northrup Hills Preschool, her mother told the teacher, Loren Hunt, that Diana had been difficult to handle since her baby brother’s birth in July. She said she spanked Diana and swatted her hands when she misbehaved, but it did little good.

Loren soon found that Diana was physically aggressive at school as well. She rarely talked to him or to her classmates. She pushed them to get to the front of the line. She hit other children who had toys that she wanted. Understandably, the others had learned to avoid her.

Diana spent much of her free-play time in the doll corner with an infant doll. Usually she played calmly, but sometimes she would hit the doll, pull its hair, and bite it. Lately she had been picking on Justin, a small, quiet classmate. Diana’s aggressive behavior frightened Justin, which seemed to make her even more determined to play with him. Things came to a head one day when Diana started hitting Justin with a plastic bat because he would not play ball with her.

Your Analysis

1. What possible reasons can you identify for Diana’s aggression?
2. What should Loren do immediately if he sees Diana hit Justin?
3. What might Loren say to each of the children?
4. Identify specific actions Loren could take to help prevent Diana’s aggressive behavior.
5. What approach should Loren take with Diana’s mother to begin solving Diana’s problem?

Challenge**11****Using Positive Touch**

Studies have shown that positive touching is necessary for healthy psychological development. Children who are held, hugged, patted on the head or shoulder, and touched gently and appropriately are more likely to grow up feeling of value. They know they are wanted, which builds their self-esteem.

Studies have shown that positive touching is necessary for healthy psychological development.

Some children seem to need more touching than others do. The reasons for this are varied. Temperament is one explanation. By nature, one child may simply enjoy contact more than another one does.

On the other hand, children who withdraw from any touching or who crave it continually are signaling a problem. Without ignoring others, you may need to pay particular attention to helping these children.

Children Who Withdraw

There are many things that could be going on in a child's mind or life that could cause the child to withdraw from touching. Children who receive little or no affection may not know how to respond to it. They may feel uncomfortable with contact or feel unworthy of it.

Some children just need encouragement. Insecurity may diminish if you begin with short, gentle pats on the shoulder or arm. Eventually, the child may be willing to give and receive a hug—and feel good because of it.

Sometimes the child who does not seem to want to be touched is the one who needs it the most. A seriously withdrawn child may need professional evaluation and help with the situation that is causing the problem.

Children Who Crave Contact

On the opposite side of the spectrum is the child who needs extraordinary doses of contact. Like some withdrawn children, these children may not have had their need for closeness met at home.

Home life is not necessarily bad when children crave attention. A new baby at home could cause a child to feel neglected. Parents who have a heavy workload may have a limited amount of time to spend with the child. A child who has experienced a death in the family may feel abandoned. In situations like these, you can make the difference. As circumstances improve at home, the child may feel less need for your attention.

In contrast, some children live with serious problems that do not improve. An alcoholic parent, for example, may not even realize that he or she is emotionally neglecting a child. An emotionally abusive parent may show a child contempt rather than love. Children in these situations need you—and often they need professional counseling, too.

Children who are starved for affection may turn to a close adult to meet their needs. In the early childhood setting, it could be you. The child may even be competitive with other children to be the one who sits next to you and obsessively strives for hugs and closeness.

Responding to Children

Responding to children in an affectionate way requires good judgment and sensitivity from early childhood professionals. With a full schedule each day, it is easy to overlook this part of child care, yet children need contact and personal attention to thrive.

(Continued on next page)

Appropriate handling means making sure that all children feel comfort and warmth from you even though some limits are set. Here are some helpful tips to follow:

- **Make caring attention and affection part of the routine.** Try to talk individually with each child at some time every day. Over time, give each child the chance to hold your hand on a walk or sit close to you during story time.
- **Avoid using affection as a reward.** Give affection to show caring, not just when a child has done something special. For example, a hug given as the child arrives is better than one given because the child wiped up some spilled paint. If you give physical signs of affection only as rewards for desired behavior, children may become anxious when they do not receive any. They may view affection as reassurance that they are good. Likewise, do not withhold affection as a punishment.

Responding to children in an affectionate way requires good judgment and sensitivity from early childhood professionals.

- **Redirect the child as appropriate.** For example, if a child demands too much closeness, encourage play with dolls or stuffed animals so that the child can express a need for cuddling and hugging. Rather than let one child always hold your hand when the group takes walks, pair the children and have them hold hands with each other.
- **Seek help.** If a child's demands for attention seem excessive and unhealthy, talk with the parents. Ask whether this behavior is usual for the child or if they know of some event or circumstance that is causing the behavior. Professional help for serious problems is also a possibility.

Using Good Judgment

Although most of the people who work with children are caring, trustworthy people, a few are not. You may have heard news reports about incidents in which caregivers were charged with sexually or physically abusing children. One report is enough to make families wary of what can happen.

For this reason, all early childhood professionals must use good judgment as they work with children. To protect against false accusations of abuse, take the following precautions:

- **Do not be alone with a child.** If you need to talk to a child in private, go someplace where you will not be overheard but where others can easily see you. For example, a child care professional might take a child outdoors to one side of the play yard, in view of classroom windows and other children and teachers who are outdoors. Do not use a private room with the door shut when interacting one-on-one with a child.
- **Keep children in the public areas of the child care facility.** Do not take children to the staff area of an early childhood center or preschool or to the family bedrooms in a family child care home.
- **Report or record unusual behavior.** A child may show unusually explicit knowledge of violent or sexual acts. If this occurs, write down objective details of the incident. Discuss it with the director. Your records will be evidence if any false accusations are made against you.
- **Supervise private activities with another adult.** There may be situations, such as a swimming outing, where children must change clothes or take showers. In these cases, it is best to have two adults of the same gender as the children supervise them. In many programs, all activities are supervised by at least two adults.

(Continued on next page)

Challenge**11***Continued*

- **Keep touches on the arms and shoulders.** For example, give a child a hug around the shoulders. Lift a child from under the arms, rather than from the hips or knees. If possible, give hugs and other touches only when another adult is present.
- **Report anything out of line that you observe.** If you see a coworker behaving inappropriately with a child, report this to the director.

Be Sensitive

Hugging, ruffling the hair, and other signs of affection are a natural, healthy part of child care. To avoid these would be a disservice to the children in your care. You can use good judgment, however, and still be sensitive to the emotional needs of children. That is the best approach.

THE REAL CHALLENGE

Mitch, a three-year-old in Ginger's group at Dillon Day Care Center, seems to crave physical touching. He constantly reaches up for hugs. He tries to climb on Ginger's lap whenever she is seated. When Ginger helps Mitch dress for outdoor play, he grabs her hand and does not want to let go. Although Ginger is affectionate with Mitch and the other children, she is concerned about Mitch's unusual need for closeness. Because of his demands, Ginger feels that she is shortchanging some of the other children.

Your Analysis

1. What might be some causes of Mitch's desire for physical contact? Why might this information be important to Ginger?
2. Do you think Ginger needs to make written notes about Mitch's behavior? Why or why not?
3. What could Ginger do at story time to enable another child to sit in her lap instead of Mitch?
4. What message might Ginger be unintentionally sending Mitch and the rest of the class if she always gives in to his demands for affection?

Locating Community Resources

Challenge 12

Finding solutions to problems is easier when you know where to go for help and answers. As an early childhood professional, the more you know about community resources, the better able you will be to help children and their families.

As an early childhood professional, the more you know about community resources, the better able you will be to help children and their families.

Nearly every community has resources for those in need. To learn about what is available in any community where you live or work, first check the yellow pages of the telephone book. Look under the heading “social service organizations.” The library can also be a source of information. Large cities often have information and referral services that keep up-to-date listings of resources. Their job is to link people in need with appropriate organizations.

Community services are of two general types, depending on how they are financed. Some services are provided by the government at federal, state, and local levels. Others are provided by private organizations.

Government Programs

Government programs, whether local, state-wide, or national, are usually administered locally. They are supported by tax dollars. These programs fall into four general categories: income maintenance, nutrition, health, and social services. The following list gives a sampling of programs that are available in many communities:

- **Aid to Families with Dependent Children (AFDC).** This is an income maintenance program run jointly by the national and state governments. It provides financial assistance to low-income families, so they can continue to meet their children’s basic needs.
- **Supplementary Security Income (SSI).** The Social Security Administration runs this income assistance program. It serves those who have little or no income because conditions prevent them from gainful employment. Children with disabilities may be eligible.
- **General Assistance.** Also called General Relief, this income assistance program is administered by state or local government. Qualifications and the type of assistance vary from state to state.
- **Women, Infants, and Children Supplemental Food Program (WIC).** This is a federal nutrition program that serves eligible pregnant women, nursing mothers, and children under age five. It provides supplemental foods, nutrition education, and referrals for ongoing health care.
- **Food Stamp Program.** This federal nutrition program provides low-income families with coupons to purchase specified food products in regular retail stores.
- **Medicaid.** This is a combined federal and state program that provides medical services to those unable to afford them.
- **Child and Family Services.** These programs may be sponsored by any level of government. The U.S. Department of Health and Human Services is the major federal agency responsible for child and family services; however, there are more than 20 separate federal agencies that provide some type of service for children. One of the main responsibilities of these agencies is the prevention and investigation of child abuse and neglect.

(Continued on next page)

Challenge 12 Continued

- **Community mental health centers.** Federal, state, and local governments share the costs of these centers. Clients are usually charged on a sliding scale, with payment based on income. Services provided may include alcohol and drug treatment, counseling and therapy for individuals and families, and emergency services, such as 24-hour crisis hot lines. These often are geared to those contemplating suicide.
- **Workforce Implementation Act (WIA).** To meet the employment needs of a community, this federal program provides unemployed and underemployed people with skill training.
- **Legal Services Corporation.** This federal, community action program offers low-income people legal advice on such issues as tenant-landlord problems, Social Security, consumer issues, and health care.
- **Cooperative Extension Service.** Specialists are available to help with aspects of parenting and family life through this program. Topics included are financial counseling, food budgeting, low-cost meal preparation, parent education, and child development.
- **Shelters for battered women and children.** Shelters for abused women offer emergency housing and counseling for them and their children.
- **Shelters for the homeless.** These shelters provide beds for individuals and families who do not have homes.
- **Soup kitchens.** Free meals for homeless and low-income people are provided in soup kitchens.
- **Thrift shops.** These secondhand stores offer bargains on clothing and household items.
- **Religious charities.** Many religious denominations sponsor charitable organizations that provide aid to those in need. Religious charities may sponsor homeless shelters, thrift shops, food pantries, soup kitchens, counseling, and other assistance.
- **Disease-related support groups.** These groups provide support for those who have a particular disease or disability. They may sponsor medical research, provide public education, offer financial or other kinds of assistance, and organize support groups. Examples include the American Cancer Society®, the Muscular Dystrophy Association®, the United Cerebral Palsy (UCP)TM, the Easter Seals SocietyTM, the American Foundation for the BlindTM (AFB), and the National Dissemination Center for Children with Disabilities (NICHCY). Addresses of most national organizations can be found at the library or on the Internet. Contact the national organization to find out about services and groups in your area.
- **Youth and social welfare organizations.** These groups provide chances for children to broaden their life experiences. Examples are the Boy Scouts of America (BSA)® and Girl Scouts of America (GSA)®, the Boys' and Girls' Clubs (BGCA), 4-H, Big Brothers and Big Sisters (BBBS)®, and the YMCA® and the YWCA®.

Private Programs

In addition to publicly funded programs are those provided by private agencies, including religious and service organizations. Some are nonprofit agencies that provide services at no charge or on a sliding scale. Others are for-profit groups that charge fees for their service. Some private agencies do receive government money, but most of their support comes from private sources. Private organizations may operate on a national or local basis. Some offer immediate help in times of crisis, while others offer more long-term assistance. Examples of private programs are:

- **Food pantries.** Emergency food supplies for those who are unable to buy food are provided through these facilities.

(Continued on next page)

- **Anonymous groups.** These are support groups for people who seek help in coping with destructive behaviors. Parents Anonymous offers crisis intervention to those who are in danger of abusing their children. Alcoholics Anonymous (AA)[®] provides peer support for those who have an alcohol problem. Two associated organizations, Al-Anon[®] and Alateen[®], counsel those who live with an alcoholic. Narcotics Anonymous[™] and Overeaters Anonymous[®] are other support groups targeted at specific problems.

Be Prepared

The possibilities for help in a community are abundant. When you have information about available programs, you are equipped to seek help for children who have specific problems and pass along information to families.

Stay current in your information. Read the newspaper and pay attention to public bulletin boards. Notice displays and booths that organizations set up at fairs and malls. Talk to people about services they provide or have used. Pick up pamphlets whenever you see them and read about the services offered. Keep extra pamphlets on hand to give to families who could use them.

THE REAL CHALLENGE

Charlotte Greenberg teaches four-year-olds at Madre Leone Preschool. One morning she arrived at her classroom to find the mother of one of her children waiting for her. Amanda Miller's mother was obviously upset. Her left eye was swollen and her wrist was wrapped in a bandage. Charlotte had noticed bruises on Mrs. Miller's arms and face several times before, which had caused her to wonder. Now the truth about Mr. Miller's abusiveness was about to be confirmed.

As Mrs. Miller spoke to Charlotte, the words came slowly and carefully. "He's hit me for the last time," she said. "When he started shoving Mandy around last night, that was it. This morning before he got home from work, I packed a suitcase for me and Mandy and left. I figured I could leave Mandy here today and go to work like usual, but I don't know what I'm going to do after work." Mrs. Miller's voice broke as she stared down at the floor. "I've got nowhere to go. I'm afraid Jim will find us and force us to come back. I don't know how I can support Mandy and me on my salary, but I just had to get us out of there. I'm so scared. I can't believe I'm actually doing this."

Your Analysis

1. What community resource should Charlotte recommend for Mrs. Miller and Mandy's immediate needs? Why?
2. What government programs might Charlotte suggest to help Mrs. Miller financially?
3. Would it be appropriate for Charlotte to recommend the Workforce Implementation Act (WIA) to Mrs. Miller? Why or why not?
4. What types of agencies might Charlotte recommend to help Mrs. Miller and Mandy emotionally?
5. What might happen if Charlotte is not equipped to provide Mrs. Miller with the information she needs?

Challenge 13

Maintaining Order

A person is not likely to stay long in a child care professional job if the children are always out of control. A chaotic atmosphere is unpleasant and wearing, especially when it takes place on a daily basis.

For the most part, people need order. Order is a sense of peacefulness that comes from managed behavior and a set of rules that guide that behavior. People strive for order at home, on the job, and in society. With order, there is less confusion and more cooperation.

How Children Benefit

Children need order in the early childhood setting. Order benefits them in several ways:

- **Order has a calming effect that prevents troublesome behavior from escalating.** Children readily adopt the behavior of those around them. When some children are noisy and rowdy, others become so too.
- **Order provides a sense of security.** In an orderly environment, activity fits into patterns and routines. Children know what to expect and what is expected of them.
- **Learning is facilitated when there is order.** Distractions are fewer. Noise levels are reasonable. Time can be spent on worthwhile activities rather than trying to manage behavior. As a result, children learn more easily.
- **An orderly environment is likely to be a safer one.** When behavior is out of control, accidents can happen. Children feel less threatened when there is order and they know the child care professional is in charge.

The Key Element

Order does not happen automatically. Early childhood professionals know how to implement order by using a key element—rules.

As behavior guidelines, rules are used by families, by people on the job, and in many aspects of society. Rules make living, working, and getting along with others much easier.

When children spend time in an early childhood program, they learn about rules. They discover what rules are, why people have them, and how to follow them. This is knowledge they can take with them and use throughout life. They see that rules and order go hand in hand. When rules are well implemented, one long-term outcome is that children gain an appreciation for their purpose and usefulness.

When rules are well implemented, one long-term outcome is that children gain an appreciation for their purpose and usefulness.

Implementing Rules

To make rules work well, choose them carefully. Then enforce them skillfully. The suggestions that follow will help with both of these aims:

- **Be selective.** If you burden children with too many rules, they may lose sight of which ones are truly important for their well-being. All rules become equal. If no rules govern their behavior, children may lose their spontaneity and feel frightened or be out of control. To strike the right balance, choose a few rules regarding safety and daily routines that are important and teach these to children.

(Continued on next page)

- **Be consistent.** When rules change frequently or are enforced only part of the time, children lose respect for authority and rules. They become confused about what is positive, desirable, and important. If a rule is valuable enough to be established, it is valuable enough to be enforced at all times.
- **Be specific.** In stating a rule, let the child know exactly what to do and when. Rules that are vague are hard to enforce. You could say, “Put the tricycles back in the storage shed now,” rather than “It is time to clean up before lunch.”
- **Keep rules short.** Rules that are to the point are easy to remember and are more apt to be followed.
- **Give reasons for rules.** In simple language, explain to the child why the rule is important. You might say, “When you play outside, you get germs on your hands. Germs can make you sick. That is why we wash our hands after playing outdoors.”
- **State rules impersonally.** Present the rules as though they exist on their own and must be obeyed. This removes the element of judgment and some possibility of a power struggle between child and adult. Say, “The rule is we may each have one cracker,” rather than “I want you to take just one cracker” or “It is not nice to take more than one cracker.”
- **State rules in a positive way.** Emphasize the desired behavior instead of focusing on the negative. This gives children a specific action to achieve. It also helps prevent the attitude that rules are a series of “don’ts.” For example, “The rule is that we walk when we are inside” is more positive than “The rule is no running.”
- **Behave as though you expect children to obey.** Children have a way of living up to—and down to—what is expected of them. If you act as though you expect them to follow the rules, they probably will.

Children have a way of living up to—and down to—what is expected of them.

- **Enforce rules in a calm and matter-of-fact manner.** Some children like to excite or upset adults. To them, it is a way of exerting control and showing independence. If you show anger in your words, manner, or tone of voice, you may cause conflict. Calmness signals to children that you are positive toward them and confident that they will follow directions. If they continue to resist, you must continue to remain calm. Otherwise, you reward the resistant behavior. The result is a circle of greater anger and resistance.
- **Repeat the rules as many times as needed.** Children usually need help in realizing that the same rules can be used in different situations. They may not be mature enough to understand the reasoning behind a rule, which makes it harder for them to apply it whenever it is appropriate. For example, children who do not understand why they should be gentle with a kitten might be rough with a hamster.
- **Adjust rules and be flexible when possible.** Some children need more structure and rules, yet others can handle more freedom. Adjust the rules to fit the maturity of the children involved. Be careful, though, about bending the rules. If you find yourself bending a rule often, it should be restated or eliminated.
- **Set appropriate consequences.** Consequences for breaking a rule should have some logical connection with the rule itself. This helps children see why the rule is important. Use the smallest consequence that you think will work. That way, you have room to increase the negative consequences later if needed.

(Continued on next page)

Challenge
13
*Continued***The Right Start**

One thing you will learn as you work with children is that recovery is difficult when you make mistakes with rules. For example, Theresa had so much to remember and do when she first started working with preschoolers that she often ignored the rule about using quiet voices indoors. As the noise level in her area became more troublesome, Theresa realized that she should have been dealing with the rule consistently from the beginning. Getting the children to conform to her “new” attitude about the rule was not easy. Habits had formed, and the children were either unsure or unconcerned about what Theresa wanted.

Managing rules is a skill that becomes easier with time. You make mistakes and learn by them. You spend extra effort to cure any resulting problems with one group of children and then start fresh with another group, using improved techniques.

Planning ahead can help. When you have a clear idea of what you want from children and then convey your expectations to them, you get off to a better start, even as a first-time child care professional.

THE REAL CHALLENGE

Natalie Stark teaches at Longfellow Preschool. When she first started three months ago, she was so busy that she paid little attention to managing behavior. Signs around the room listed simple rules for the children to follow, but Natalie figured the children knew them already, and she had activities to plan and conduct as well as a schedule to learn.

As the weeks went by, Natalie had a harder time getting things accomplished with her group of four-year-olds. She seemed to be spending more time settling the children down for an activity than doing the activity itself. As her frustration level increased, the children became antagonistic. When Natalie finally started to point out the rules to the children, few of them paid attention. Their active play became rough and uncontrolled. Children often ran into one another and disrupted other children. The children talked freely during story time and wandered out of the lunchroom during meals. As order gradually got out of hand in her area, Natalie's enthusiasm for the job dwindled.

Your Analysis

1. What mistake do you think Natalie made?
2. Why did she make this mistake?
3. What advice do you have for Natalie?
4. State two rules Natalie might give the children for active play.
5. What might be an appropriate consequence for children who talk during story time? Why would this be a fitting consequence?
6. How do you think the children will react to any new rules Natalie gives them? How should she respond?

Managing Group Activities

Challenge 14

Working with only one child at a time does not happen often in the early childhood setting. For practical and economic reasons, you will usually find yourself in charge of a group of children.

From what you know about child development, you can easily see why a group of young children present a challenge to care professionals. Children are full of energy. They are still learning to do simple things, such as sit still and pay attention. They have varied personalities and temperaments that may clash with others as they explore what does and does not work in social settings. Because they are self-focused, children often act in ways that suit them but not anyone else. Moreover, many children have problems in their personal life that affect behavior. For these and other reasons, children in groups need skillful management.

Because they are self-focused, children often act in ways that suit them but not anyone else.

Suggestions That Work

People who handle groups of children with success are able to do so mainly for two reasons. One, they have learned through experience, and two, they know the techniques that work. Time will help you gain the experience you need. The following ideas will help you practice the right techniques:

- **Plan a full schedule.** Children have less time to become bored and disruptive when they are busy and they know what comes next.
- **Allow time for rest.** Children are more likely to cause trouble when they are tired and cranky.
- **Allow for regular, nutritious snacks and meals.** Hunger can be the basis for problem behavior. If children are undernourished, problems may be even worse. Children who have poor meals at home may need special help.
- **Plan and sequence activities carefully.** Alternating quiet and active times is usually best. This provides a balance that prevents over-stimulation and exhaustion. Children may have trouble settling into story or rest time if they have just been involved in a noisy game. If children have been physically active, schedule a transition activity to help them quiet down.
- **Keep activities short, interesting, and lively.** Do not give children the chance to get bored. Be thoroughly prepared so that activities run smoothly. Be sure that what you have planned for a group of children is suited to their developmental level.
- **Be sure there are enough toys and supplies for activities.** If you have only enough materials for some of the children, plan something for the others to do while they wait. Watching and waiting are invitations to mischief.
- **Make sure children understand the procedure and the rules for group activities.** Explain to them what is going to happen and how they should proceed and behave. For example, you might tell children, "We are going to paint at the easels today. The rule is that you are to stay at your easel until you are done painting. When you are done, I will help you take off your painting smock and clean up. Then you will go to the book corner and look at books until lunch time." You may need to repeat these instructions several times during the activity.

(Continued on next page)

Challenge**14***Continued*

- **Reinforce appropriate behavior.** Commend the child who is behaving as you wish. You might say, “I really like the way Courtney is waiting quietly for her turn to use the glue.”
- **Use a buddy system.** Tell children that the buddy system enables each of them to have a special helper. Pair up children and ask them to help each other get from one activity to the next all day. Have them sit together and participate together in activities when appropriate.

This system has several benefits. First, you can pair children with different personalities so that each can benefit from the other. The quiet, withdrawn child has a calming influence on the active, outgoing child. The more sociable child encourages the shy one to participate. You can also separate children who do not get along or who tend to encourage mischief in each other.
- **Keep potentially disruptive children near you.** Certain children may not have the social or intellectual skills to participate well in group activities. Keep these children close to you. Your presence will help them focus on the activity and remind them of the rules. You are then in a position to positively reinforce desired behavior and to redirect them if needed.
- **Recruit overactive children and those with short attention spans as helpers.** Some children, for physical, emotional, or other reasons, simply cannot sit still. Channel their energy by using them as helpers in organizing or conducting an activity. For example, Bryan has a short attention span and needs to be active. When his preschool class was dramatizing a favorite book, Bryan was asked to supply the actors with their props and set them aside when the children were done with them. This not only kept him from disrupting the activity, but it also made him feel useful.

One caution, however, is needed. Do not forget to let all children be helpers on occasion. Allow all children to be involved to reinforce the concept of fairness.

Do not forget to let all children be helpers on occasion. Allow all children to be involved to reinforce the concept of fairness.

- **Call on children whose attention is wandering.** During such activities as show-and-tell and story time, a child’s attention may wander easily. Calling on the child helps refocus attention on what is happening in the group. For example, if you notice that Maria is not paying attention, you might say, “Maria, what do you think about Tory’s new game? Do you think you would like to play it with her?”

Be Observant

Any group of children is likely to have one or more children who have difficulty staying focused and following directions. They are likely to be your biggest challenge in making the group function well. These children may distract the other children. They also take your time away from the group.

Always remember to take a calm approach when working with disruptive children. Remind yourself of the reasons for their behavior. If you are frustrated, look to more experienced people for ideas. Watching them and asking for their advice are two ways to increase your own skill. In this way, your management of group activities can lead to success and pleasure for you as well as the children in your charge.

(Continued on next page)

THE REAL CHALLENGE

William could tell that this was going to be a difficult activity for young Evan and Kelsey. The four-year-olds were already squirming in their seats, and William had not even begun. William Decker's preschoolers had just joined him at the science table after coming in from outdoor play and washing their hands. They had been playing with the new outdoor equipment, and he could tell that Evan and Kelsey were not ready to quit, even though they had been given extra time. "What do I have on the table?" William asked the children.

"Eggs!" they responded.

"And where do eggs come from?" he asked.

"Chickens," Adam said.

William looked at Evan. "Before we begin, let's all walk around the table like chickens," he suggested, and they did so three times, strutting and clucking as they went. "When chickens get ready to lay an egg, they sit quietly on their nests. Now, all you chickens, settle down onto your nests and get comfortable." As the children wiggled into their seats, William asked, "What do you think these eggs are like inside?" While they talked, William took Evan's hand and carefully placed an egg in it. "Kelsey, do you like eggs for breakfast?" he asked. As Kelsey began to speak, William smiled at Evan, who was staring at the cold, smooth egg he carefully held in his hand. The lesson had begun.

Your Analysis

1. What basic problem with his group does William face as the children return from outdoor play?
2. How does William respond to the problem?
3. Do you think Evan and Kelsey should be seated next to each other? Why or why not?
4. How would you evaluate William's skill in working with a group of children? Give specific examples that illustrate your evaluation.

Challenge 15

Using Cool-Down Moments

One commonly used image of traditional discipline is a child sitting on a high, three-legged stool and facing the corner of a room. When early childhood professionals use the cool-down technique with children today, some think it is simply the same old method of discipline but with a new name. Those who use cool-down moments appropriately would say it is not.

Understanding Cool-Down Moments

During a cool-down moment, a child whose behavior is out of control is required to go to a designated location and spend a little time separated from others. Where the child sits will vary but it should be in clear sight of the teachers.

During a cool-down moment, a child care professional requires a child whose behavior is out of control to go to a designated location and spend a little time separated from others.

Cool-down moments have two purposes. First, they take away the reward of misbehavior, which is the attention of the teacher and classmates. Second, they give the child an opportunity to regain control of emotions.

Attitude Makes the Difference

Cool-down moments should not be considered a punishment. If children believe that it is, they miss an important lesson—self-control. As punishment, cool-down moments are something negative that children dislike. As a learning tool they are something positive from which children can benefit.

Attitude makes the difference in how children view cool-down moments. When the teacher is calm and positive, not angry, while administering cool-down moments, children can accept that cool down is useful to them. They see the benefits of stopping their misbehavior before it becomes worse. As they grow in this way, you might not even have to set a definite time limit. You could simply say, “Take a cool-down moment until you are ready to play with the blocks without throwing them.”

Making It Work

To make cool-down moments work, child care professionals use specific principles as their guide, as summarized here:

- **Make sure children understand the purpose of a cool-down moment.** Explain that it is not a punishment. Tell them that it is a way of helping children calm down and gain self-control. It helps teach them how to get along with others. Explain that you even take cool-down moments once in a while. Each cool-down moment should include an initial and follow-up discussion between the teacher and the child to ensure that the child understands what behavior is expected.
- **Use cool-down moments with older toddlers and preschoolers.** Children ages three to five years old benefit most from cool-down moments. Younger children do not have the intellectual abilities, including attention span, to learn from the experience. Older children may feel degraded and humiliated by it. School-age children who are frequently aggressive or disruptive may have deeper emotional problems that cool-down moments cannot solve. Cool-down moments may not be appropriate for some children with special needs.

(Continued on next page)

Challenge
15
Continued

- **Choose an appropriate location.** A quiet place away from the other children with few distractions, but within view of the teacher, is best. Remove anything a child might destroy in a fit of anger. But do not make the place unnecessarily frightening, unpleasant, or embarrassing. The spot used for cool-down moments should vary so that children do not view it as a 'trouble' spot. This helps prevent others from labeling a child in cool-down as a trouble maker.
- **Choose an appropriate length of time.** A general rule is to begin with one minute for every year of the child's age. However, cool-down moments should never last more than five minutes. Use a timer to be accurate. If the child leaves the area before time is up, reset the timer and begin again. If the misbehavior continues after the cool-down moment, use another one, one minute longer than the first. If the problem persists after two cool-down moments, it may be more serious than can be solved with this technique.
- **Use cool-down moments as a last resort.** Cool-down moments should be used only when other techniques have been ineffective. Reserve cool-down moments for behaviors that cannot be ignored, such as aggression or repeated disruptions that prevent you from conducting an activity. If you overuse cool-down moments, children may lose sight of their purpose. Also, they are not the best response to every behavior problem.
- **Administer cool-down moments quickly and quietly.** Initiate a cool-down moment as soon as the misbehavior occurs. Calmly tell the child what rule has been broken and the consequences. Explain how the child is expected to behave after the cool-down moment. To avoid the link with punishment, do not say, "I want you to sit and think about what you have done wrong." Instead, offer these suggestions: "Try

to think about how a person should act during . . ." or "Think of a better way of showing how you feel when . . ." Be sure to have a follow-up discussion after the cool-down moment, once the child has regained composure. The same teacher who takes the child to the cool-down area should also bring the child back to the class activities for consistency.

Sometimes a child resists going to the cool-down area. If this occurs, calmly offer a choice: "Would you rather take a cool-down moment on your own, or shall I help you go there?" Lead the child to the cool-down area, if necessary. If the child has a tantrum, patiently wait it out. Then repeat, "You are going to take a three-minute cool-down moment." Do not add time for the tantrum since that is not the behavior—in this case—that you are trying to correct.

- **When a cool-down moment is over, put it behind you.** Remind the child of the rule that was broken. Reinforce that you like the child, but you do not like the misbehavior. Otherwise, do not dwell on the misbehavior. Show the child that you are always willing to give a second chance.

It Can Work for You, Too

Like children, you also may need a cool-down moment once in a while. Stress, fatigue, and challenging children can all lead you to feel on edge. Overreacting by saying or doing something you will later regret is preventable. You can tell yourself to take a cool-down moment.

Like children, you also may need a cool-down moment once in a while.

(Continued on next page)

Challenge
15
Continued

Some child care professionals call this “going to the balcony.” When you feel as though you are in danger of losing control, imagine that you and the child are performers on a stage. Mentally remove yourself from the stage and go to the balcony. Imagine watching the scene between you and the child as an objective viewer. This can help you regain your perspective and judgment and act rationally.

Once you realize that cool-down is a tool for anyone, including you and the children,

administering it is easier. You are simply teaching children a skill, in the same way that you teach them to solve problems and make decisions.

If you can get children to take a self-enforced cool-down moment whenever it is needed, they will have a much easier time getting along in life, and you will have been quite successful in using the cool-down technique. They will then be able to use this technique throughout their lives.

THE REAL CHALLENGE

One day, while working with four-year-olds, Dana Jackson had some problems during story time. Dana noticed that Kyle and Ashley were pinching each other. Dana told Kyle to sit next to Patrick. Kyle then began pinching Patrick, who shrieked and pushed Kyle away. When Dana told Kyle to sit next to him, Kyle refused loudly. As Dana took Kyle’s hand to lead him gently to the space next to Dana’s chair, Kyle began screaming and trying to kick him. “Kyle,” Dana said, “everyone is supposed to listen during story time. It will be easier for you to listen and allow others to listen after you take a cool-down moment.”

Your Analysis

1. Do you think Dana was correct in using a cool-down moment? Explain your reasoning.
2. How long might Dana tell Kyle to spend in his cool-down moment? Why?
3. In what way did Dana make the cool-down moment a tool rather than a punishment?
4. When Kyle’s cool-down moment has ended, should Dana use it as an example to warn the rest of the class? Why or why not?

Handling Parent Conferences

Challenge 16

Parents and early childhood professionals need to work hand in hand. If they do not, children will not sense continuity between home and the early childhood classroom. The key to building a strong link is good communication.

Casual Conversation

Much of the communication between parents and early childhood professionals is casual and frequent. Parents and caregivers share brief bits of information when a child is picked up or dropped off.

For example, a child care teacher might say to a parent who is picking up a child, “You might want to keep a close eye on Jerome tonight. He didn’t seem as cheerful as he usually is, and he acted tired all day. He might be coming down with the flu that has been going around.”

A mother might comment, “Heather’s father is out of town this week, and she really misses him.” This lets the child care professional know what is happening in the child’s life and that Heather may need some extra attention.

The Purpose of a Conference

While informal sharing of information is important, parent conferences are needed too. They should be scheduled regularly, not just when a problem arises.

Conferences provide a structured way for parents and child care professionals to discuss the behavior and development of the child in detail and in private. They form a partnership that benefits the child.

Children often act differently at home than in other settings. Conferences allow the adults to put both sides of the picture together and come away with a clearer understanding of what is going on in the child’s life.

Conferences provide a structured way for parents and child care professionals to discuss the behavior and development of the child in detail and in private.

Unfortunately, some conferences are stressful for both parties. Early childhood professionals may need to point out problems, which is not easy to do. Parents who are troubled by some information or resistant to it may feel uncomfortable. On the other hand, many conferences go well because both sides are willing to listen and act in the child’s interest, even when some of the messages are negative.

As a professional, you are the leader of the conference. You must do what you can to make each one a positive, productive experience.

Planning a Conference

When arranging a conference, encourage both parents to attend if they can. If there is another or a different primary caregiver, that person should attend.

The key to a successful parent conference is preparation. Before you can talk with parents, you need to be familiar with background information about the child. Review the child’s records prior to the conference.

Then assemble current information about the child. Form a mental picture of the child’s general development in terms of daily activities, attitude, interaction with children and adults, and skills and knowledge. Have this information written down, along with a list of topics to be discussed and specific points under each one.

(Continued on next page)

Challenge 16 Continued

Conducting a Conference

Experience makes conducting conferences easier. The following suggestions will help you conduct successful meetings:

- **Make parents comfortable.** Parents who are at ease will be more receptive to what you have to say and more apt to express their questions and concerns. Be casual but professional.
- **Thank parents for coming.** Compliment them on their interest in the child. Explain that you want to build a working relationship between you and them for the benefit of the child.
- **Stress the positive.** Point out the strong qualities of the child and the progress made. Use a positive approach in discussing any problems, such as unacceptable behavior. Refer to this as an area to be worked on. Ask for help and suggestions from parents so that you can work together to solve any problems. For example, you might say, “Lisa often does not eat well at snack and lunchtime. Is there anything you do at home to encourage her that we might try here?”
- **Be honest but do not blame.** Most parents do the best they can. They want to help children with their problems, but often they do not know how. Remember this if you must question some of their practices. Use an approach that asks parents to work with you to help their child.
- **Listen to parents.** Even when you disagree with parents, they still deserve the chance to express their concerns and opinions. A conference is an opportunity for sharing ideas, not for a one-sided lecture.
- **Present specific materials related to the child.** Show parents examples of their child’s work to illustrate activities involving the child. Share your written notes about progress and problems. This information should be presented in an objective, professional manner.

Referring to your notes, you might tell parents, “A few days ago, Josiah pinched a girl when she would not give him the guitar she had been playing with. Yesterday, he shoved a boy who asked to play with some blocks he was no longer using. It seems as though Josiah has a problem with sharing and using words to express himself.” Contrast this approach with saying, “Josiah is very pushy and selfish.” Subjective comments like this do not give the information needed to take action to improve Josiah’s behavior. They are more likely to offend parents than inspire them to help you solve the problem.

- **Give parents suggestions for ways to work with their children at home.** Children learn faster if parents reinforce information and behavior taught in the group setting. If the preschool class is studying manners, for example, you could mention to parents that you are teaching children to say “please” and “thank you” and ask if parents might like to promote the use of these words at home, too. The same applies to discouraging undesirable behaviors.
- **Emphasize the importance of parents’ support and involvement with their children.** Sometimes parents get so busy in the day-to-day routine that they overlook how important they are to their children. Suggest that parents talk to children about what happens in the group care setting. Encourage parents to spend one-on-one time with children each day, even if only a few minutes. This time reassures children that they are important to parents.

Encourage parents to spend one-on-one time with children each day, even if only a few minutes. This time reassures children that they are important to parents.

(Continued on next page)

- **Be calm and professional.** If you or your methods are criticized, be calm. Show your understanding of parents' concerns but explain why you do what you do. Do not talk down to parents. Do not respond with a personal attack or let the disagreement grow to include other points of conflict. Remember that parents may hold their beliefs as strongly as you hold yours. Avoid a battle of wills.
- **Set a time for follow-up.** If issues require follow-up, plan for an additional conference or agree to a telephone consultation. If you are working together to solve a child's problem, several follow-up contacts may be needed. You might say, "We will work on having Reggie put away toys this week here at day care. I will call you next week and see what has been happening at home when you have him help with clean-up."
- **End on a positive note.** Thank parents for their participation and suggestions. Tell them you are available to answer any questions or discuss any ideas they have before the next conference.

Learn and Inform

Your ability to help a child develop properly is strengthened when you have an idea about what the child's life is like during the entire day. Parent conferences enable you to get to know the family better and develop a picture of the child's home life. This knowledge helps explain the child's behavior. As a result, you have a clearer idea about what the child and the family need from you.

What you discover about a family situation is confidential. You may share information with other professionals who have a direct interest in the child. However, that is as far as it should go. Diplomacy and good judgment should always be foremost in your thinking and your actions as you do what is best for the children in your care.

THE REAL CHALLENGE

Leona Gorton teaches three-year-olds at Eastside Preschool. When the parents of Andy Maras came for a conference, Leona began by offering them some tea or coffee. She then described some of the activities she had been conducting with Andy's class. After showing them some of Andy's artwork, she commented on his creativity. She mentioned that he was learning to share art supplies and other materials and toys.

Glancing at her notes, Leona then told Mrs. and Mr. Maras, "Something does concern me, however. Last week Andy became angry at how a picture had turned out, and he tore it up. Yesterday, he was playing a game with another child. When I told him to put the game away and wash his hands for snack time, he refused and started throwing game pieces at me. I think we need to help him find other ways of expressing disappointment."

Your Analysis

1. Do you think Leona was prepared for the conference? Support your answer with examples.
2. Did Leona effectively arrange the topics she wanted to discuss? Explain.
3. Describe Leona's manner of explaining Andy's behavior. Did she do a good job of this?
4. If you were Andy's parents, how would you feel about the conference so far?

Challenge
17**Becoming a Role Model**

When you work with children, many of the lessons you teach them are unplanned. You might not even be aware of them.

Modeling

Children learn just by watching you. They are great mimics. When children admire someone, they readily copy the person's behavior and characteristics. This is called modeling.

When children admire someone, they readily copy the person's behavior and characteristics. This is called modeling.

Role Models

The people that children imitate are called role models. Anyone can be a role model, but children usually choose to model those who are close to them.

Role models generally have certain qualities. First, children see them as powerful or in control. Also, role models tend to be warm, rewarding, and affectionate rather than cold and distant. Finally, children see a likeness between the model and themselves. When people have these qualities, children are likely to imitate them.

People who commonly become role models for children are family members, peers, neighbors, and people or characters on television. Teachers and other early childhood professionals are also role models. They are powerful figures in the early childhood care setting, and they control activities. Good teachers are warm and nurturing. Girls tend to imitate female teachers because they identify with them, and boys imitate male teachers because of the similarities they notice.

Responsibilities in Child Care

Modeling is both good and bad, depending on the behavior and qualities the child imitates. Any act of kindness—or aggression—has the potential to be copied by children. When children see an adult strike a child, they learn that hitting is acceptable. That is why people who work with children have a serious responsibility when they become role models.

Any time you work with children, you need to assume that they are watching and learning. Children notice clothing, speech, manners, and attitudes. If there is a difference between what an adult says and does, the message sent by the action is stronger than the one given with words. When what you say agrees with what you do, children are more apt to hear, observe, and learn.

Tips for Role Modeling

To take a serious approach to role modeling, early childhood professionals need to be aware of their actions at all times. Here are some tips that can help you become a strong role model:

- **Model manners you want children to learn.** You need not learn every rule of etiquette. However, you should show respect for yourself and others in your words and actions. Say “please” and “thank you” to children and to other adults. At mealtimes, model the correct use of napkins and utensils.
- **Use language appropriately.** In your speech, model correct grammar. Speak correctly but simply so that children can use the same language in their interactions with each other. For example, when you go to a table where several children are drawing, you might say, “That looks like fun. May I sit down with you?” This gives children an example to imitate when they want to join a group. Avoid slang and street language, and swearing.

(Continued on next page)

Challenge
17
Continued

- **Treat children as you want them to treat each other.** Having authority over children does not mean treating them with disrespect. Show children that you are glad they are there. Express appreciation for their individual qualities and differences. Do not belittle or use sarcasm with children. Be calm and patient. Never punish them physically.
- **Control your emotions.** Working with children can sometimes be frustrating. You may get upset with children and other adults. Do not deny that you are angry. Instead, use the opportunity to show children how to handle the emotion. You might say, “I get very angry when paint spills on the carpet. It will take a lot of work to get it off. I might even have to pay someone else to come and do it. I know that Mark did not mean to spill the paint, and I am not angry with him. I am just frustrated because the carpet has paint on it.” A child care professional who loses control and screams at the children only creates fear and more hostility in return.
- **Follow the same rules about clothing that you set for the children.** If children must wear aprons for painting or snacks, make sure you wear one also. When children must wear coats and hats to play outdoors, adults wear them too.
- **Be positive.** All day long you have opportunities to show children how to act. Your comments to staff, children, and parents and your enthusiasm for your work and for life will be noticed. If your spirit is upbeat, the children are likely to learn how to be that way too.

Improvement Is Catching

Role modeling can provide a strong incentive to be the best that you can be as an early childhood professional. Look for ways to improve your own attitudes and behavior. Then the children in your care will improve as well. By acquiring new, more positive habits, you become a better role model—and a better teacher.

THE REAL CHALLENGE

Laura Sanders is the director of a preschool. While supervising outdoor play one day, she heard two children using foul language. When she told them that such words were not allowed, they said, “Mr. Tyler says them.” Nick Tyler was a new teacher at the preschool.

Laura spoke to Nick about the incident. He admitted that he sometimes swore but only when he got upset. He added, “I always apologize afterwards and tell the children not to do it.”

Your Analysis

1. Which has a greater effect on the children, Nick’s use of profanity or his apology afterwards? How can you tell? Why do you think this is so?
2. What additional message does Nick send by swearing when he is angry?
3. Why is modeling appropriate language important in the early childhood care setting? What might be some consequences of modeling inappropriate language?
4. Evaluate Nick’s handling of his responsibilities as a role model. Does he understand the impact of role modeling? Explain your reasoning.

Challenge 18

Helping Children Cope with Disasters & Emergencies

You hear the siren coming closer. You wonder if it is a fire truck, police car, or ambulance. You wonder where it is going and if someone is in trouble or hurt. You want to know what happened.

When you consider the types of disasters and emergencies that people can experience, it is overwhelming to think about how many children are affected by them. Disasters take many forms. There are natural disasters, such as tornadoes, blizzards, hurricanes, floods, and earthquakes. There are man-made emergencies, such as traffic accidents and shootings. There are also emergencies connected with health problems, such as cancer, AIDS, and heart attacks.

Regardless of the type of disaster or emergency, all are capable of causing significant damage to a child's way of life. To effectively serve the children in your care, you will need to know how to help them cope with these types of situations.

Understanding Reactions

Adults often have difficulty absorbing the shock felt after a disaster or emergency, but the fears and feelings that children must bear are even worse.

Following disasters and emergencies, children are often confused by what has happened. They look to adults to minimize their fears and make them feel safe again. To do that, you must be aware of their typical fears. According to the American Academy of Pediatrics, following a disaster or emergency, children frequently fear:

- The event will occur again.
- Someone that they know and love will be injured or killed.
- They will be separated from their families.
- They will be left alone.

Recognize Symptoms

While you may be able to help children dismiss many of these fears, you will first need to recognize that the children in your care are truly feeling afraid and overwhelmed.

Following a disaster or emergency, you may notice children are:

- Upset by the loss of a favorite toy or blanket.
- Angered easily and throw tantrums.
- More active or restless than usual.
- More quiet or withdrawn than usual.
- Reverting to behaviors of younger children, such as thumb sucking or bed-wetting.
- Less productive in school.
- Unable to eat and sleep well.
- Haunted by nightmares.
- Afraid of being left alone.
- Showing signs of illness.
- Talking as if they caused the disaster.
- Reluctant to leave their parent's side.
- Afraid of loud noises or other things that remind them of the disaster.

Offer Support

Children who are struggling with the aftermath of a disaster or emergency may look to you for support, sympathy, and understanding. As a child care professional, there are many things you can do to help children feel more secure.

The easiest and most important thing you can do is listen. Encourage children to talk openly, and then try to understand their feelings and fears.

**The easiest and most important
thing you can do is listen.**

(Continued on next page)

Once a child starts sharing, be prepared to offer simple, accurate answers to his or her questions. If you are unable to provide answers, be honest and tell the child your own feelings about the event.

Following a traumatic event, children also need extra comfort and reassurance. Close contact, such as touching and hugging, is a great way to help a child feel safe and loved.

Following a traumatic event, children also need extra comfort and reassurance.

Although these tips are tactics that can also be taken by parents, early childhood professionals are in a unique position to identify problems and help children work through their feelings following a disaster or emergency.

Encourage the children in your care to paint and draw pictures that represent the event. Artwork is a great way for children to express their feelings. Music is also beneficial. Creating tunes and using drums or rhythm toys is a fun way for children to relieve stress.

You may also encourage children to write a story about the frightening event. You may start them out and create the story together or ask them to write their own versions. To help children move past the event and their fears, ask them to end the story on a happy note.

Inform Parents

Children often spend more time each day with early childhood care professionals than with their own parents; so early childhood care professionals are more likely to observe concern, anger, and fear among children.

When you observe uneasiness in children, it is your responsibility as a child care professional to inform the parents. Encourage parents to both listen to and talk openly with their children about the traumatic event.

Remind parents that their reactions have a great impact on how their children will react. If parents act scared or alarmed, children are likely to act similarly.

When you observe uneasiness in children, it is your responsibility to inform the parents.

A return to everyday life is very helpful for children following a disaster or emergency. Urge parents to resume their normal household routines as soon as possible.

Finally, if children seem overwhelmed with fear, or seem to be taking a long time to recover from an event, encourage parents to seek professional counseling for their children.

(Continued on next page)

Challenge**18***Continued***THE REAL CHALLENGE**

Jason is an energetic four-year-old who brings joy to the days of his child care teacher, Laurie. Jason is always willing to help. He is always happy. He loves everything about the child care center—the other children, art time, playtime, and even lesson time. However, when Jason's house burned down, his attitude completely changed.

Laurie knew Jason's family lost everything in the fire. Jason even lost his favorite bedtime teddy bear. The fire left Jason cranky and uncooperative. He now does not eat at lunchtime. He does not play with the other children. He is a completely different boy. Laurie also noticed a change in Jason's parents. They used to drop off Jason at the child care center and talk with Laurie frequently about what they had been teaching Jason at home and what kinds of goals they set for him to achieve before he begins kindergarten in the fall. Lately, they have not even come inside the classroom. They simply drop off Jason at the classroom door and leave.

Your Analysis

1. Is Jason angry? Sad? Depressed? Scared? How can you tell?
2. How can Laurie get Jason to open up about his feelings?
3. How could Jason's parents react differently to help their son?
4. How can Laurie help Jason and his parents move past their disaster?

Helping Children Overcome Learning Disabilities

Challenge 19

Many famous, successful people—such as Albert Einstein, Walt Disney, and Thomas Edison to name just a few—endured learning disabilities. They are not alone. The U.S. Department of Education estimates that more than one in six children will have a problem learning to read during the first three years of school.

Learning disabilities (LD) have been identified as contributing factors in the failure of some students. Learning disabilities may also be at the root of some behavior problems that lead to crime and juvenile delinquency. However, with proper education, many individuals with LD can learn to compensate for their differences and conquer their learning problems.

That is what Albert Einstein did. He did not speak until he was three years old, and even in adulthood Einstein struggled for words. Math was difficult for him, and he had trouble using written communication. Few believed Einstein harbored any intelligence until he and others realized he excelled by visualizing processes and objects rather than writing or speaking.

With the proper education, many individuals with LD can learn to compensate for their differences and conquer their learning problems.

Types of Learning Disabilities

The term learning disabilities encompasses a wide variety of educational hurdles. Some of the disorders that fall into the category of learning disabilities include:

- **Dyslexia (dihs-LEK-see-uh).** Dyslexic individuals have difficulty using and understanding language.
- **Dysgraphia (dihs-GRAH-fee-uh).** Individuals with dysgraphia have difficulty using writing utensils and writing legibly.
- **Dyscalcula (dihs-KAL-kew-luh).** Mathematical processes and symbols are difficult to understand for individuals with dyscalcula.
- **Dyspraxia (dihs-PRAHK-see-uh).** Motor skills and body movements are difficult for individuals suffering from dyspraxia.
- **Auditory discrimination.** Those dealing with auditory discrimination have trouble processing speech sounds and arranging those sounds into meaningful words.
- **Nonverbal learning disorder (NLD).** Individuals with NLD usually excel at reading, writing, and speaking but have difficulty with coordination and social skills.
- **Visual perception disability.** Processing visual information is difficult for those with visual perception disability. They may have trouble focusing or perceiving depth and distances.
- **Speech and language disability.** Expressing verbal language is difficult for individuals with this disability.
- **Organizational disabilities.** Individuals with organizational disabilities may have trouble arranging supplies, estimating time, mentally outlining tasks, or they may have trouble with all these skills.

Learning Disability Symptoms

Each child is unique, and there are no clear-cut symptoms that indicate an immediate diagnosis of a learning disability. However, as an early childhood care professional, you are likely to be among the first people to observe learning variances and problems in young children. It is important to be aware of the variety of LD symptoms that may be noticeable.

(Continued on next page)

Challenge 19 Continued

As an early childhood care professional, you are likely to be among the first people to observe learning variances and problems in young children.

Preschoolers with learning disabilities may have trouble:

- Pronouncing words and speaking clearly.
- Learning the alphabet.
- Counting and learning numbers.
- Rhyming words.
- Using scissors, crayons, or paints.
- Remembering the names of colors.
- Learning routines and following instructions.
- Tying, buttoning, and zipping.
- Interacting with others.
- Dressing themselves.
- Walking up and down stairs.
- Paying attention.

Elementary school students with learning disabilities may have trouble:

- Speaking in complete sentences.
- Remembering freshly learned information.
- Holding writing utensils correctly.
- Learning basic math concepts.
- Learning to read clocks and understand time.
- Comprehending what is read.
- Following directions.
- Speaking at acceptable volumes.
- Organizing notes and school supplies.

- Playing with others.
- Conveying thoughts orally or in writing.
- Spelling and using letters in correct sequences.
- Managing time and completing assignments on time.

All children may show some of these symptoms from time to time; however, those with learning disabilities will show one or more of the symptoms repetitively and consistently.

Dealing with Learning Disabilities

If you suspect a child may have a learning disability, kindly and carefully discuss your concerns with the child's parents. Thereafter, you may suggest the child undergo standardized testing to compare his or her level of ability to that of peers. A pediatrician may help the parents decide if further evaluation is necessary. Language assessment, eye exams, hearing tests, and psychological exams are all options for further evaluation.

Once a disability is diagnosed, there are many options for assistance. The federal *Individuals with Disabilities Act* (IDEA) requires that schools enter into written agreements with parents to ensure the special needs of children with learning disabilities are met. These written agreements—an *Individualized Education Plan* (IEP) and an *Individualized Family Service Plan* (IFSP)—describe present levels of academic performance, outline short-term educational goals, establish annual academic goals and criteria for measuring progress, and offer plans for transitioning students to higher levels of schooling.

Once a disability is diagnosed, there are many options for assistance.

(Continued on next page)

Challenge
19
Continued

As an early childhood care professional, you may also suggest that parents solicit the assistance of other professionals.

- **Educational therapists** manage programs for children with learning disabilities.
- **Learning disabilities specialists** are teachers trained to provide individualized educational services.
- **Neurologists** are medical doctors who can look for variances in brain development.
- **Occupational therapists** help people develop and improve motor skills.
- **Pediatricians** are doctors who specialize in child medicine. They can assess overall growth as well as behavioral and academic development.
- **Psychiatrists** diagnose and treat behavior and emotional problems that may contribute to learning disabilities.
- **Speech and language therapists** can help correct language and speech disorders.

THE REAL CHALLENGE

John enjoys preschool. His classmates like him. In many ways, John is a typical energetic four-year-old. However, his teacher, Mrs. Thompson, has noticed John struggles with some aspects of learning. His classmates have learned to hold their writing utensils correctly, but John cannot seem to abandon his firm, fist-like grip. When asked to print the alphabet, his classmates sit upright in their chairs and intently print the letters onto their lined tablets. John, on the other hand, leans his head on the desk and watches as his hand tries to slowly form the letters. He squeezes his pencil so tightly that his knuckles turn white under the pressure. Printing the alphabet takes John twice as long as his peers. His letters are uneven and do not sit correctly on the tablet lines. Mrs. Thompson thinks John may have a learning disability that affects his small motor skills.

1. With what type of learning disability may John be struggling?
2. How could Mrs. Thompson confirm her suspicions?
3. How should Mrs. Thompson approach John's parents?
4. What types of suggestions may Mrs. Thompson offer John's parents?
5. Should John see a specialist? If so, what type of professional may be able to help him?

Challenge 20

Understanding Attention Deficit Disorder

You are watching a movie. It is starting out rather slowly. You let your mind wander to the new video game you bought a couple of weeks ago. You get restless and start fidgeting in your seat as you think about the game. A couple of minutes have passed before your mind returns to the movie. Uh-oh, you missed the plot.

We have all had our minds wander from time to time, but similar scenarios play out in the minds of those with attention deficit disorder (ADD) on a frequent or continual basis.

What Is ADD or AD/HD?

Attention deficit disorder (ADD) has become the publicly accepted term for the official clinical diagnosis of *attention deficit/hyperactivity disorder* (AD/HD). Today, most people use AD/HD. According to the Attention Deficit Disorder Association, AD/HD takes one of three forms: predominantly inattentive type, predominantly hyperactive-impulsive type, and combined type.

Distractibility, impulsivity, and hyperactivity are the most common symptoms of AD/HD. Although everyone shows these symptoms occasionally, individuals must show these symptoms excessively for at least six months before being diagnosed with AD/HD. The behaviors must also be present prior to seven years of age. However, the condition typically sticks with people throughout adulthood. The Attention Deficit Disorder Association reports that approximately one-half to two-thirds of children with AD/HD will continue to have difficulty with symptoms and behaviors throughout their lives.

What Are the Symptoms?

ADD's primary symptoms of distractibility, impulsivity, and hyperactivity show themselves in a number of ways. Children may demonstrate some or all of these symptoms.

Distractibility, impulsivity, and hyperactivity are the most common symptoms of AD/HD.

Children with AD/HD frequently:

- Make careless mistakes.
- Do not pay close attention to detail.
- Do not seem to listen when spoken to directly.
- Do not follow through on instructions.
- Has difficulty sustaining attention to tasks.
- Lose or forget important things.
- Feel restless.
- Fidget and move around restlessly.
- Exhibit seemingly endless energy by running and climbing.
- Talk excessively and at inappropriate times.
- Blurt out answers before hearing the whole question.
- Has difficulty taking turns.

What Causes AD/HD?

Several theories exist regarding the cause of AD/HD. One theory indicates that refined sugars and food additives cause hyperactivity and reduced attention spans in children. According to scientists at the National Institutes of Health, this theory may pertain to approximately five percent of children with AD/HD. Young children and children with food allergies are most likely to be affected by sugars and food additives.

A more accepted theory states that AD/HD may be caused by biological factors that influence activity in certain parts of the brain. Studies show that people with AD/HD use less glucose in the areas of the brain that control attention. Lower glucose usage also indicates

(Continued on next page)

reduced activity in those areas. The reduced activity is believed to cause inattention and other AD/HD symptoms.

Following the biological factor theory, scientists also believe AD/HD may have genetic links. When one family member is diagnosed with ADD, there is a 25 to 35 percent probability that another family member also has the disorder. That percentage is very high in comparison to the 4 to 6 percent probability that a member of the general population has ADD.

When one family member is diagnosed with ADD, there is a 25 to 35 percent probability that another family member also has the disorder.

What Treatments Are Available?

A combination of medication and therapy is the most effective form of ADD treatment for children, says the Attention Deficit Disorder Association. Prescription stimulant medications, such as Ritalin (RIH-tuh-lihn), Dexedrine (DEK-suh-dreen), and Adderall (ADD-ur-ahl), help regulate brain activity. In addition, professional or cognitive therapy helps individuals adjust behaviors and deal with the emotional symptoms of AD/HD.

What Can a Child Care Professional Do?

There are many things an early childhood care professional can do to assist children with AD/HD.

- **Ask children if they need help.** The children may be the best source for guidance on what may help them relax and pay attention.
- **Provide structure.** Routines, directions, and repetition are all helpful for children with ADD.
- **Praise them.** Children with AD/HD need frequent feedback and approval.
- **Simplify tasks.** Easy-to-follow directions, choices, and schedules are best.
- **Make eye contact.** A glance or touch can help a child refocus on the task at hand.
- **Explain expectations.** Do not assume the child understands subtle messages.
- **Separate children accordingly.** Do not segregate a child with AD/HD. Instead, find a group in which the child can excel.
- **Observe with interest.** Showing your interest in an activity can help keep children with AD/HD focused.

(Continued on next page)

Challenge
20
*Continued***THE REAL CHALLENGE**

Brian is an energetic four-year-old. At home, he will not sit still. During dinner, Brian frequently leaves the table. He hops, skips, and runs around the kitchen. His parents repeatedly ask him to sit down, but Brian pays little attention. This behavior has been going on for almost a year. His parents no longer know what to do with him. To give his mother a break, Brian's parents decided to enroll him in the local preschool program that Marcy teaches.

Each morning, Marcy starts the day with a lesson on numbers. With the children seated around a small table, Marcy shows cards with different items on them and then asks the class to tell her how many items are on the card. When she held up the card showing three apples, Brian and the others raised their hands. When she held up the card showing two frogs, again the children raised their hands. When Marcy did not call on Brian the third time she held up a card, he left his seat and ran to the play area. She managed to regain his attention by directly asking him how many butterflies were on the fourth card, but she continued to have similar problems with Brian throughout the day. When asked to write the alphabet, Brian got to "G," then began drawing a picture instead.

Your Analysis

1. Do you think Brian may have ADD? Give evidence to support your opinion.
2. What role will observation play in Marcy's analysis of Brian's behavior?
3. What types of professional help could Marcy recommend for Brian?
4. What can Brian's parents do to minimize his activity during dinner?
5. What can Marcy do to help Brian focus on activities in preschool?

Understanding Oppositional Defiant Disorder

Challenge 21

You have probably seen it happen: You are walking down the candy aisle at your local grocery store, and a child is asking his mother for a treat. The mother looks at her watch and says, “It is almost dinner time. You will ruin your appetite. Maybe we can get candy the next time.” At one time or another, similar reasoning has sent almost every child into an uncontrollable tantrum of screaming, name-calling, and begging.

Fortunately for most parents, scenes like the candy-aisle tantrum are relatively few and far between. However, for parents of children who have *oppositional defiant disorder* (ODD), these types of scenes play frequently and repetitively throughout their daily lives—often for no apparent reason.

What Is ODD?

Although children are naturally uncooperative from time to time, those with ODD show more frequent and more severe outbursts than their peers. ODD includes an ongoing pattern of disobedience, defiance, negativity, and hostility that lasts for six months or more.

Children with ODD show more frequent and more severe outbursts than their peers.

Individuals with ODD frequently:

- Lose their temper.
- Argue with adults.
- Disobey adult rules and requests.
- Annoy or upset others intentionally.
- Blame others for their own mistakes.
- Become easily annoyed.
- Use mean or hateful language when upset.
- Have low opinions of themselves.
- Show anger and resentment.

Children with ODD usually begin showing symptoms before the age of eight. Although the condition is more common in boys than girls prior to puberty, the rates equal out after puberty. Percentages vary greatly, but experts estimate that 5 to 15 percent of children have ODD.

Although the symptoms of ODD seem obvious, diagnosis can be complicated because ODD is often accompanied by other disorders. Conduct disorder, attention deficit hyperactivity disorder (ADHD), anxiety, and depression are among the disorders that frequently complicate ODD.

What Causes ODD?

Nobody knows for sure what causes ODD; however, ODD seems to occur more frequently in families and homes that are also facing other problems.

- **Heredity.** ODD sometimes occurs more than once in a family tree, which may indicate there is a genetic link to the disorder.
- **Imbalance.** Some medical experts believe ODD may be caused by a chemical imbalance in the brain.
- **Conditioning.** ODD may be caused by adult and familial response to a child’s misconduct. Those who receive attention based on their poor behavior may become conditioned to continue behaving inappropriately.
- **Neurology.** Some medical experts believe nervous system problems may cause ODD. For instance, a head injury may make a child more susceptible to the disorder.

ODD may be caused by adult and familial response to a child’s misconduct.

(Continued on next page)

Challenge**21***Continued*

- **Dysfunction.** ODD occurs more frequently in dysfunctional or abnormal environments. In other words, ODD is more likely to occur in children if their parents fight chronically, abuse alcohol or drugs, or have mood or conduct disorders themselves.

What ODD Treatment Options Exist?

Research indicates that ODD is very difficult to overcome. In fact, there is no magical cure for ODD. Children who are diagnosed with ODD are likely to have the problem years later.

However, because ODD is frequently accompanied by other disorders, including anxiety, depression, and ADHD, some of the medications used for those disorders may be helpful in treating ODD.

Aggressive treatment of ODD also includes individual, group, and family counseling. *Parent management training* (PMT) is one specific type of therapy that may be useful in managing ODD because ODD often occurs in situations where parents are not providing consistent discipline and attention to children.

Through PMT, parents learn that they may inadvertently reinforce their children's disruptive behavior by giving large amounts of negative attention to their children. PMT teaches parents that changing their own behaviors can alter their children's behaviors. PMT encourages parents to have frequent positive interactions with their children. By providing children with praise and warmth when they demonstrate positive behaviors as opposed to punishing them when they behave poorly, parents are more likely to reinforce the good behaviors.

THE REAL CHALLENGE

"I do not want to watch movies anymore. Let's do something else," five-year-old Kyle told his mother, Nicole, after the movie had been running for less than five minutes. Just minutes before, he had screamed at Nicole to start the DVD and told her that the toy soldier she bought for him was stupid and that he wished she would go away. Feeling dejected and at the end of her rope after hours of trying to find an activity that would entertain Kyle for more than a few minutes, Nicole yelled at Kyle, threw the toy soldier in the trash, and sent him to his room.

Although Kyle's parents divorced recently after years of screaming and bickering, they believed their devotion to Kyle had never wavered. Nicole and Kyle's father, Jim, shared custody of Kyle and allowed him to continue doing many of the things that he loved. For instance, he still spent holidays with Jim's parents as he had enjoyed so much in years past.

Lately, however, Kyle seemed unhappy everywhere he went. During the last holiday dinner, he told his grandma that her cooking tasted awful and that he did not want to come back again.

Your Analysis

1. Do you think Kyle may have ODD? Why? What role does observation play in helping to determine ODD?
2. From what other disorder may Kyle be suffering? What makes you think so?
3. What may have caused Kyle to develop ODD?
4. What, if anything, did Nicole do that may promote Kyle's ODD?
5. What sorts of treatment options may help Kyle and his family overcome his problem?

Communication Among Parents & Child Care Professionals

Challenge 22

“They seem like little things to talk about, children, but little things often make up the sum of human life—little things often produce great things.” —Mark Twain

Mark Twain was right. We should talk about children. Careful communication among parents and child care professionals is essential to ensure the welfare and development of children.

Careful communication among parents and child care professionals is essential to ensure the welfare and development of children.

Most children today spend an average of 20 to 50 hours per week in school or early childhood care programs. Involving parents in their child’s school or care facility, as well as talking with parents about child development goals, is becoming increasingly important for early childhood care professionals.

Parental Involvement

Even though children are spending more time in early childhood facilities than they have in the past, parents are still the best source for information when it comes to the growth of their children. That is why it is extremely important for early childhood professionals to partner with parents to create individualized child development goals.

To ensure healthy partnerships among care professionals and parents, programs should:

- **Welcome parents.** Parents should have open access to child care facilities. Encourage parents to visit frequently.

- **Educate parents.** Child care facilities may share valuable information on family time management, child development, nutrition, and safety.

It is extremely important for early childhood professionals to partner with parents to create individualized child development goals.

- **Plan family outings.** Carnivals, potlucks, ice cream socials, and other social gatherings are great for increasing communication among parents, staff, and children.

Forms of Communication

Communication among early childhood professionals and parents typically takes one of two forms—informal or formal.

Informal communication is essential and generally consists of day-to-day verbal communication. You may greet parents each morning when they leave their children in your care. During these types of greetings, it is important to find out about a child’s time away from your facility. Problems at home may affect a child’s performance and behavior.

In addition to face-to-face communication, you may also choose to send a short note home on a daily or weekly basis. This written communication may discuss a child’s eating habits, behavior patterns, and participation in activities.

Formal communication may take a more focused approach. For example, a parent-teacher conference may be scheduled to discuss child development setbacks. These types of interactions are usually planned and prepared. You may share your written observations on child behavior with parents and try to determine what caused particular problems.

(Continued on next page)

Challenge**22***Continued*

Many early childhood professionals also try to schedule at least one in-home visit with children and their parents each year. In-home interactions offer early childhood professionals an opportunity to observe differences in child upbringing, while giving parents an opportunity to interact in a setting that is more comfortable for them.

Communication Tips

As an early childhood professional, you will be interacting with parents on a variety of important subjects. One day you may be talking about practical things, such as fees, hours, late charges, and feeding schedules. The next day you may be expressing your concern about a touchy subject, such as behavior problems, toilet training, or even trouble at home that may be adversely affecting a child's development.

Regardless of the subject, it is important to put parents at ease. Let them know that you have their child's best interest at heart. Together, you and a child's parents form a team that makes healthy child development its number one goal.

Together, you and a child's parents form a team that makes healthy child development its number one goal.

To ensure lines of team communication remain open:

- **Be quiet.** The greatest aspect of effective communication is the ability to listen.
- **Be prepared.** Before discussing touchy subjects with parents, put yourself in their shoes. Prepare your message in a way that they can appreciate and understand.
- **Be focused.** When communicating with parents, avoid confusing details. Instead, be brief and to the point.
- **Be approachable.** Avoid being defensive. State the facts and use appropriate body language to display calmness.
- **Be sensitive.** When tough questions or topics come up at inappropriate times, suggest that an appointment be set up to discuss details further.
- **Be flexible.** You may have a great idea for solving a child development dilemma, but it is important to remain open to parental suggestions as well.
- **Be available.** Make time for parents when they drop off or pick up children.
- **Be observant.** Note differences in backgrounds, cultures, and family values. Try to incorporate appropriate toys, books, activities, and learning materials to build on those differences.
- **Be positive.** You should always have at least one positive statement to share with parents during each interaction.

(Continued on next page)

THE REAL CHALLENGE

Wee Ones Child Care Center employees greet parents and arriving children each morning, then report child care problems and illnesses to the facility owner, Kathy, when she arrives around 8:00 a.m. In the past, this schedule has worked well; however, when Kathy arrived Monday morning she was greeted by several baffled employees.

Kathy's team of early childhood professionals could not figure out why three-year-old Jenny had been crying nearly nonstop since her father quickly dropped her off 30 minutes earlier. Jenny was relatively new to Wee Ones, but she had become an outgoing addition to the facility since her family moved into the area a few months earlier. She usually enjoyed laughing and playing with the other children, but today she simply sat quietly when she was not sniffing and wiping tears from her eyes.

Kathy was not able to contact Jenny's parents and relatives at the telephone numbers they had provided for her file, nor was she able to gather information from Jenny through frequent questioning. Kathy and her staff deduced that Jenny was not ill, but they could not determine a reason for her sadness. All that was left to do was comfort Jenny as well as they could while attending to the other children. When Jenny's father returned around 5:00 p.m. that afternoon, Kathy told him about Jenny's tearful day. He explained that Jenny's mother was out of town on business for a few days.

Your Analysis

1. Why was Jenny so upset?
2. How can the staff at Wee Ones ensure similar problems do not occur in the future?
3. What questions should Wee Ones staff members ask parents each morning when the children arrive?

Challenge 23

Promoting Cultural Diversity Among Children

“Different strokes for different folks.”

“It takes all kinds to make the world go around.”

Think about the true meaning behind these common sayings. Both statements focus on cultural diversity and how differences among people should be appreciated and valued. If everyone in the world were the same race, religion, color, and creed, life on Earth would be very dull.

Some people choose not to recognize this fact. Instead of learning from and appreciating people with backgrounds and beliefs that are different from their own, they spend their energy insulting and downgrading others. To ensure that future generations do not follow in those footsteps, early childhood professionals need to understand their responsibility in teaching children the value of diversity.

Showing Respect

A person’s heritage is a valuable part of his or her existence. This is even true with young children. Unfortunately, some Americans tend to look at differences, especially accent and speech differences, as handicaps to education. Negative attitudes toward non-English-speaking children can diminish their ability to grasp the English language as well as their first language.

Even though early childhood care professionals may not understand the language or culture of some children, they have a responsibility to children and their families to respect their heritage. They should support children in using their primary language but also encourage them to learn English. This type of approach will not only offer reassurance to children but also demonstrate respect to their parents and strengthen ties between families and early childhood programs.

Even though early childhood care professionals may not understand the language or culture of some children, they have a responsibility to children and their families to respect their heritage.

Involving Parents

Parents are the key to gaining a better understanding of children’s backgrounds and cultures. To ensure you are providing adequate support to the children in your care, while simultaneously demonstrating your interest to their parents, ask questions and discuss beliefs.

Often parents do not have much time to spare when they drop off and pick up their children. You can allow them to contribute on their own time by simply sending a questionnaire home with the children. You may ask parents to provide you with information about:

- **Culture.** Aside from the United States, what country do you consider the place of origin for your family? What race or nationality do you claim as your own?
- **Foods.** Are there any ethnic foods that are traditional for your nationality? If so, what are they?
- **Customs.** Does your family observe any special traditions or customs relative to your heritage?
- **Celebrations.** Does your family participate in any special celebrations because of your heritage? Does your family observe any special holidays or rituals? If so, explain.

(Continued on next page)

Promoting Diversity

Once you have learned about children's backgrounds, you can incorporate cultural information into your daily teaching. You can use pictures, posters, and flags to show children differences in culture. You can gather brochures from travel agents and discuss geography and customs. You can use magazines to educate children about different countries and traditions. You can introduce children to differences in currency, food, weather, names, and so on.

To further ensure you are introducing children to ample amounts of cultural influence, consider the following techniques:

- When communicating with non-English-speaking children, learn and use key words from their primary language.
 - When working with non-English-speaking families, strive to provide written communication that is written in their first languages.
 - Hire interpreters or bilingual employees to minimize communication problems, if possible.
- If you work in an area that is highly populated with people from a specific cultural background, hire employees who are from that culture or have an understanding of those customs.
 - Select films and videos that show people from differing races and cultures.
 - Incorporate toys that reflect cultural differences.
 - Encourage children to bring show-and-tell items that illustrate their heritage.
 - Avoid teaching values that may conflict with family or cultural ideals.
 - Discourage children from using ethnic slurs and stereotypes.
 - Screen books, movies, and other materials for negative cultural influences.
 - Identify religious or cultural beliefs that may influence medical treatment for a sick or injured child.
 - Realize and respect that parents are the ultimate decision makers for their children's care.

THE REAL CHALLENGE

Sarah's father accepted a new job far away from her birth home. They moved to the big city of Los Angeles from a small community. Sarah had very little exposure to people from different countries and cultures.

On Sarah's first day at Happy Kids preschool, she noticed many of the children speaking different languages to their parents and teachers as they were dropped off for the day. Occasionally throughout the day, the preschool teachers and aides would speak with these children in their primary languages. Observing this made Sarah somewhat fearful. She was quiet most of the day, but had a behavioral outburst with Mrs. Johnson, one of the teachers, late in the afternoon.

"I just don't understand why a lot of the other kids don't talk the same as I do," Sarah shouted at Mrs. Johnson. Then Sarah began to cry.

Your Analysis

1. How should Mrs. Johnson handle Sarah's outburst? What can she tell the other children? What can she say to Sarah?
2. Should Mrs. Johnson tell Sarah's parents what happened?
3. How can Mrs. Johnson help Sarah learn to respect and understand differences among people?

Challenge 24

Planning for Emergencies with Children

“The following is a test of the Emergency Alert System. [BEEP] This station is testing its Emergency Alert System equipment. If this had been an actual emergency, an official warning or alert information would follow the attention signal you have just heard. This concludes this test of the Emergency Alert System.”

You have probably heard this announcement while listening to a radio or watching television. In most cases, there is no need for alarm. It truly is just a test. However, in the event of a real emergency, you need to know what to do. More importantly, as a child care professional, you need to know how to protect the children in your care.

The first step toward protecting children in the event of an emergency is knowing what types of emergencies could occur in your area. You can find this out by contacting your local American Red Cross chapter or Emergency Management office.

The first step toward protecting children in the event of an emergency is knowing what types of emergencies could occur in your area.

Once you know what you are up against, you can start planning your response. While it may be difficult to prepare for things like national security events, you can prepare yourself and your staff for natural disasters, such as hurricanes, tornados, and blizzards. You can also prepare for fires and floods.

Plan Ahead

As an early childhood care professional, you are responsible for ensuring the safety of the children in your care. Normally that responsibility does not seem especially heavy.

However, in the case of an emergency or disaster, you may feel like you are carrying the world on your shoulders. To prepare yourself for this extra weight, consider the following questions:

- How will you ensure children understand the situation and minimize their fear?
- If you must seek shelter, where will you take the children?
- If you must evacuate, where will you go? Do you have adequate transportation in place?
- How will you contact parents and authorities?
- Will you be able to save children’s records?
- What will you do if phone lines are not working?

Pack Supplies

Emergencies that require you to take cover or evacuate warrant special planning. In addition to determining a safe place for relocation, you will also need to be prepared for the possibility of separation from others. In case authorities are unable to rescue you and the children in your care, you will want to pack an emergency supply kit. Consider including:

- Cell phone.
- List of emergency phone numbers.
- Water.
- Canned food and a manual can opener.
- First aid supplies.
- Blankets.
- Flashlights.
- Radio.
- Premoistened antibacterial wipes.
- Diapers, food, and formula, if necessary.
- Coloring books, puzzles, or small games.
- Copies of children’s records.

(Continued on next page)

Prepare Staff & Children

Once you have determined how you will cope with a particular emergency, you must make sure your staff and children also understand.

To ensure the readiness of your staff, consider placing them in training and emergency preparedness courses, such as those offered through the American Red Cross. You will also want to conduct annual training meetings to review emergency plans, staff roles, and necessary supplies.

To prepare children for potential emergencies, conduct monthly drills. Remind them of what they should do in the event of a fire, tornado, hurricane, earthquake, and other emergencies. The key to drill training is to teach children to treat the drills as actual emergencies. Teach them to remain calm throughout the drills and to follow instructions closely.

The key to drill training is to teach children to treat the drills as actual emergencies.

Prepare Families

Although you cannot ensure the safety of children after they leave your facility, you can encourage children and their families to prepare for emergencies in their own homes. There are a number of ways you can do this.

When conducting drills and training exercises at your early childhood facility, remind the children of the importance of having similar plans in place at home. You can offer short parental classes or send flyers home with children outlining tips for creating a family disaster plan.

Tips for parents should include:

- Understand your local warning sirens.
- Place emergency phone numbers near every telephone in your home.
- Teach children when, who, and how to call for help in an emergency.
- Choose a family contact, preferably someone who lives out of town and is not likely to be affected by your local emergency.
- Educate each member of the family to check in with the family contact in the event that he or she becomes separated from others involved in the emergency.
- Stock first aid materials, food, and water to supply family members for up to three days.
- Designate safe areas in your home for the various emergencies and disasters that could happen in your area.
- Plan several escape routes from your home.
- Contact your local shelter or veterinarian to plan emergency care for your pets.
- If ordered to evacuate, leave quickly, lock your home, and listen to a battery-powered radio for further instructions. If there is time, you may leave a note instructing rescuers of your whereabouts.

Just as your facility should practice emergency responses, you should also encourage parents and children to do the same at home. At least every six months, families should go over their disaster plans to ensure everyone knows where to go and what to do. Remind families to check their smoke alarms monthly and replace their smoke alarm batteries annually.

(Continued on next page)

Challenge
24
*Continued***THE REAL CHALLENGE**

Jane operates a small early childhood care facility in a remote Kansas town. Jane lived in Kansas until she was eight years old. Then her family relocated to Miami when her father received a job transfer. She had always wanted to return to Kansas to be near her grandparents, and now she was finally living her dream.

Jane did not remember much about the weather during her first eight years of life. She had not given the weather much thought until she looked out the front window of her business one spring afternoon and noticed the sky had turned a very eerie shade of green. The children were just finishing up art time when the town's emergency siren went off. While Jane was not sure what was happening, the children definitely knew. A tornado had been spotted. The children began to scream, and Jane began to panic.

Your Analysis

1. What should Jane have done to prepare herself for emergencies in Kansas?
2. What can she do now?
3. How can she prepare for events like this in the future?
4. What weather events should you prepare for in your area?

Managing Time & Work-Related Stress

Challenge
25

“There just are not enough hours in the day.” You have undoubtedly heard that phrase and felt that way yourself from time to time. You work as hard and as fast as you can but still cannot seem to get everything done that you had hoped to complete in a set amount of time. For many Americans, including early childhood care professionals, that stressful feeling is a daily panic.

In fact, the feelings of stress can be compared to those of fear. When you are under stress, all systems, including your heart, blood vessels, lungs, digestive tract, sensory organs, and brain, go on alert in preparation for perceived danger. Unlike our cave-dwelling ancestors who felt these symptoms occasionally when they faced dangerous animals, humans today have honed the fight-or-flight response to activate during traffic jams, long lines at the grocery check-out counter, and other emotional situations.

As people’s bodies respond to perceived danger more frequently, they put themselves at risk for a number of diseases and ailments, including immune deficiencies, heart attacks, ulcers, muscle pain, depression, and anxiety. Families, friends, coworkers, and clients are also at risk for bearing the brunt of child care professionals’ stress-related meltdowns, which are sure to occur if health-promoting precautions are not taken.

As people’s bodies respond to perceived danger more frequently, they put themselves at risk for a number of diseases and ailments.

Sources of Stress

Every profession carries its own set of on-the-job stresses; educating and caring for children is no exception. As an early childhood professional, you will have to contend with many of the following stresses and more:

- **Conflict.** Try as you might to avoid conflict, it will occur. Tension among stressed parents and child care professionals can lead to confrontation.
- **Noise.** When you work with children, there is bound to be an abundance of it. Sure there will be laughing and singing, but there will also be screaming and crying.
- **Relationships.** Interactions with coworkers, clients, and children can be stressful.
- **Capacity.** Staff shortages and unmanageable child-to-caregiver ratios can result in caregiver burnout and the individual needs of children being neglected.
- **Time.** When there are not enough hours in a day to attend to tasks, child care professionals may become overwhelmed.

Tension Tamers

When work-related stress gets the better of you and the fight-or-flight response kicks in, it is not too late to tame the tension. There are a number of ways to address feelings of stress. You can try to become more accepting of circumstances beyond your control, learn to say no, get more sleep, or exercise tension away. However, therapists believe that one of the best ways to reduce tension is through relaxation.

(Continued on next page)

Challenge**25***Continued*

Therapists believe that one of the best ways to reduce tension is through relaxation.

Deep breathing is a great tension releaser. To practice deep breathing, place a hand on your chest and one on your abdomen; then take a deep breath. Shallow chest breathing is not relaxing. When you take deep, cleansing breaths, your abdomen will rise each time you inhale. Once you learn to breath from your diaphragm, take several slow, deep breaths and then blow the air out gently. As you concentrate on the calm, repetitiveness of your breathing, tension will naturally fade away.

Another form of relaxation focuses on muscle tension. When you purposely tense various muscles in your body, then release the tension, the result is relaxation. The National Network for Child Care suggests the following steps to muscle relaxation:

1. **Forehead.** Wrinkle your forehead into a frown. Hold the tension for five seconds, and then relax.
2. **Eyes.** Squeeze your eyes shut tightly for five seconds. Relax.
3. **Hands.** With your arms extended in front of you, clench your fists for five seconds. Relax.
4. **Shoulders.** Shrug your shoulders upward for five seconds. Relax.
5. **Feet.** Bend your feet toward your body for five seconds. Relax.
6. **Toes.** Clench your toes under tightly for five seconds. Relax.

Against the Clock

Although relaxation is a great tension releaser, it cannot tame the constant ticking of time. Time constraints are major contributors to job-related stress. People who successfully manage their time are generally better able to negotiate other stressors.

To effectively manage time, consider the following tips:

- **Environment.** It is difficult to function in a cluttered space. File and clear away materials that are not relevant to the task at hand.
- **Time of day.** Some people are morning people; others are night owls. Tackle projects during the time of day when you are most efficient.
- **Concentration.** Attention spans vary. If you find yourself staring into space, you may have exhausted your attention span. Try an alternate activity to refresh your brain, and then go back to your original task.
- **Prioritization.** As an early childhood professional, you will have multiple tasks to accomplish each day. Pick the tasks that are most important and tackle them first.
- **Motivation.** It may be the perfect time of day to complete your most important task in your organized office without interruption, but still you may not feel like dealing with it. Princeton psychologist Dr. David Burns suggests you should do it anyway. Once you have started something, you may find that you begin feeling more motivated to continue.
- **Delegation.** As an early childhood professional, you may be in a position to supervise others. If so, assign them tasks that they can effectively complete to free your time for more difficult tasks.

(Continued on next page)

THE REAL CHALLENGE

Debra manages the ABC Preschool Center. She enjoys many aspects of her job but dreads billing her clients each month. She knew today was the day; however, instead of preparing the invoices, Debra spent most of the day observing her employees. She followed them through story time, then art activities, then lunchtime, then play period. She had put off the inevitable until it could not be put off any longer. Now she was pressed for time. If she did not get the bills out by the end of the day, she would not receive the payments in time to pay the facility's phone and utility bills. She had been late paying the last three phone bills. Aside from facing late charges, her phone service provider was threatening to cancel her service. The workday was nearly over when she sat down at her desk and prepared to tackle the task. As she opened her computer invoicing program, her face heated, her heart raced, her back ached, and her teeth clenched.

Your Analysis

1. Is Debra ill? Why is her body showing signs of distress?
2. How could she reduce her stress symptoms?
3. What mistakes did Debra make throughout the day that contributed to her billing stress?
4. How should Debra prepare for next month's billing cycle?

Challenge 26

Providing End-of-Life Care for Children

Because of his mother's illegal drug use, an unborn child contracted AIDS. Now, eight years later, he is in your care. One day as you are helping him with his medications, he turns to you. With tears in his eyes, he says, "I'm scared. I don't want to die."

According to Children's Hospice International, approximately one million children are suffering from serious illnesses and progressive medical conditions in the United States, and approximately 75,000 to 100,000 children die each year. Considering the enormity of these figures, there is a very real possibility that, as a childhood care professional, you may be faced with helping children and their families cope with terminal illness.

Terminal illnesses that affect children may include cancer, AIDS, neurological disorders, and genetic defects. When children suffer from these conditions, parents, doctors, and other personnel want to do everything in their power to save the child. However, there comes a point when parents and early childhood professionals must realize death is likely. At that point, the care focus shifts from curing the child to providing comfort and relieving the child's symptoms.

As you provide end-of-life care for children and their families, you will need to consider many factors.

Levels of Understanding

Children's ability to understand the scope of their illnesses is largely dependent on their age. For instance, children up to two years of age have no understanding of death. However, they are affected by the emotional and physical state of their families. They become uneasy when parents and care professionals are not nearby. Encourage parents and other loved ones to stay with their very young children as much as possible.

Children's ability to understand the scope of their illnesses is largely dependent on their age.

From ages three to five, children may feel responsible or guilty for their illnesses or the illnesses of others, believing that their bad thoughts or actions caused the disease.

Parents and care professionals should assure these children that they are not being punished with illness. Children at this age also need parents or other loved ones to remain nearby as much as possible.

Feelings of guilt may follow children through the age of nine. To assure these children that they did nothing to cause their illnesses, talk with them openly and honestly about the medical conditions. Involve them in planning and completing treatment as much as possible.

Between the ages of 10 and 12, children have a very realistic view of death. They also place a great deal of value on their peers and privacy. Treat these children with respect. Offer them privacy and an opportunity to participate in making decisions regarding their own care.

Throughout the teen years, children understand the concept of death but have trouble accepting that they may die. They worry more about their ability to attract dates and maintain friendships. Offer teens the opportunity to interact with friends frequently. Talk with them openly about their condition and offer them the opportunity to make choices about their treatment.

Psychological Needs

Coping with a terminal illness is difficult regardless of the patient's age. Like adults, children have specific psychological needs that should be considered by parents and care professionals.

(Continued on next page)

- **Culture.** Respect children’s spiritual and cultural beliefs and adapt care tactics to fit the needs of children and their families.
- **Childlike activities.** Even when suffering from a terminal illness, children need to be children. Encourage young patients to play and participate in other age-related activities.
- **Communication.** Forget the old cliché “children should be seen and not heard.” Children need to talk about their fears, angers, and joys. Listen and reassure them often, but do not force children to talk.
- **Granted wishes.** If your organization or another in your area is able, consider fulfilling a child’s last wish. Some children have life goals, such as meeting a professional athlete or going to an amusement park before they die. Help them meet those goals when possible.
- **Permission to die.** Children often fear leaving their families more than dying. They may cling to life through pain because they do not want to let their parents down. Encourage parents and other loved ones to let children know it is okay for them to let go of life when the time comes.
- **Parental guidance.** Even terminally ill children need to be parented. Encourage parents to continue setting limits for appropriate behavior.
- **Companionship.** Nobody wants to die alone. Assure children that someone will be with them when their time comes.

Physical Needs

Aside from meeting the psychological needs of terminally ill children, care professionals also must be committed to addressing various physical needs.

- **Sleep.** Visitors, illness symptoms, fear of not waking, and other factors may interfere with children’s ability to sleep. Encourage patients to sleep whenever they can.

- **Nutrition.** Reduced appetite, nausea, diarrhea, and other factors may affect nutritional intake. High-protein shakes may help some patients meet their nutritional needs. Other patients may need to be fitted with feeding tubes or intravenous lines.
- **Skin.** Poor nutrition, immobility, and other factors may cause dry skin and open wounds. Use lotions, creams, and other medications as needed to minimize skin discomfort.
- **Respiration.** As illnesses progress, children may have difficulty breathing. Physicians often prescribe oxygen tubes and masks which may make breathing easier.

Pain Management

Arguably the most important part of end-of-life care is providing physical comfort by minimizing pain. Most health care professionals believe every effort should be made to eliminate the dying child’s pain. Depending on the child’s symptoms, as well as cultural beliefs, care professionals and families may choose pharmacological or nonpharmacological methods to reduce pain.

Pharmacological (far-muh-kuh-LAH-jih-kuhl) pain management involves the use of drugs or medications that are provided orally; intravenously, through a catheter in the spine; or through a medicinal patch. This type of pain management may include analgesics, sedatives, and anesthetics.

Most health care professionals believe every effort should be made to eliminate the dying child’s pain.

(Continued on next page)

Challenge**26***Continued*

Nonpharmacological pain management encourages patients to change their thoughts to decrease pain. Often times, psychologists, psychiatrists, and social workers will help patients with this type of pain management. Nonpharmacological pain management can take numerous forms.

- **Psychological methods.** Educating patients on what will be happening to them can help to minimize anticipation and stress. Explain procedures using pictures or diagrams. Allow children to meet with surgeons and others who will be performing procedures on them. Have children tour rooms containing operating and diagnostic equipment. Show videos to older children or use dolls to illustrate and explain procedures to small children.
- **Imagery.** Through imagery, care professionals introduce children to imaginary mental images. Images transfer attention from pain to soothing sights, sounds, tastes, smells, and feelings.
- **Distraction.** Songs, stories, books, videos, and television may divert thoughts away from pain.
- **Relaxation.** Deep breathing and muscle tension exercises may help minimize feelings of pain.

THE REAL CHALLENGE

Larry is six years old. He was diagnosed with leukemia when he was just three. He was in remission for two years, but the cancer is back now. His parents have tried their best to educate Larry about his disease, but they are so scared of losing him that they have been avoiding his questions lately. Larry realizes he may die, but he is not really sure what that means.

Larry went through one round of chemotherapy that made him very sick. Doctors plan to do a bone marrow transplant tomorrow. Larry's father is the marrow donor. Larry tried to convince his parents to tell him about the procedure, but his mother just cried and his father tried to change the subject. When his parents went to eat in the cafeteria, Larry asked his nurse to help him understand what is happening to him.

Your Analysis

1. How can the nurse help Larry?
2. Should his nurse encourage Larry's parents to talk with Larry about his disease and the bone marrow transplant? If so, how?
3. How can Larry's nurse educate him about the procedure he is having done?

Reducing Young Children's Risk of Obesity

Challenge 27

One of the biggest health hazards children face today is obesity. Overweight children tend to suffer from lower self-esteem as well as face serious health risks, such as diabetes.

Many factors influence children's weight gain, including genetics. But there are ways to help combat excess weight-gain and obesity in children.

Weight gain is a matter of taking in more calories than one burns—whether a child or adult. Matching a child's quantity of nutrient-filled calorie intake with their daily physical activity helps reduce the risk of obesity. Early childhood professionals can help children enjoy regular physical activity and eat more wisely so those wellness habits become second nature as adults.

Increase Physical Activity

A child who is active on a regular basis not only burns more calories when active but also when at rest. Increased active play and movement in children's daily life plays a major role in their weight management.

Children need daily activity that engages both large and small muscles and requires balance and coordination. It will build their body, mind, and self-esteem. Following are tips to put into practice:

- **Be a good role model.** If you want children to be physically fit, they need to see you working toward that, too.
- **Resist excessive sedentary entertainment.** The sedentary pastimes children experience regularly undermines health. Too many hours sitting in front of a computer playing games (or passively watching TV at home) rob children of chances to develop bones, muscles, physical competence and good body image.
- **Get around by foot more often.** If you live in a safe area for pedestrians, walk on field trips to your local library or grocery store. Visit places where fresh healthy food can be found, such as a farm, orchard, or farmer's market.
- **Involve children in physically active classroom chores.** Foster fitness and teamwork by including kids in duties, such as watering indoor plants, caring for outdoor flowers or a garden, raking leaves in a play yard then jumping in them, or feeding classroom pets.
- **Identify safe active play spaces.** Create "green space" in the play yard where children can run, jump, hop, and participate in overall exercise. Include developmentally appropriate equipment that allows children to put physical skills to good use. Indoor play areas for large movement are also important, especially in areas with extreme temperatures in summer or winter.
- **Plan for active play in all kinds of weather.** Bad weather should not rob your students of exercise. Ask parents to send children with appropriate protective outer wear so children can enjoy active play even during chilly, windy, or snowy weather. Consider having children bring swimsuits in hot weather and allowing them time to play in the sprinklers in the play yard.
- **Offer fun active play opportunities.** Leisurely pursuits are the best way to lead children to increased active play. Focus on fun game play, rather than emphasizing skill building alone. Play a wide variety of games to broaden children's interests, such as pretending to be frogs leaping from one lily pad to the next, riding tricycles, or playing the circle chase game of "duck-duck-goose."

(Continued on next page)

Challenge**27***Continued***Encourage Wise Eating Habits**

Guiding children down the path of good nutrition habits and eating routines is another aspect of weight management. Try the following:

- **Build positive attitudes toward all foods by being a good role model.** Eat what you want children to eat. Demonstrate moderation so they learn to eat until satisfied, not stuffed.
 - **Set a predictable, scheduled time for meals.** Offering breakfast, lunch and supper daily, and at regular times, is important. A low fat protein, a whole grain item, fruit and vegetables, and a glass of milk (skim for ages two years and older) is a great meal for kids. A sugary dessert would merely add low nutrient calories.
 - **Plan for small, regular snacks between meals.** Keep snack portions modest and avoid high fat & high sugar snacks. Choose fresh fruits and vegetables and whole grain products (such as crackers or bagels) whenever possible.
 - **Keep food in perspective.** Teach children food is fuel for the body. It provides nutrients we need to grow. Food is a birthright, not a special privilege; never use food as a reward or as punishment.
- Food is a birthright, not a special privilege; never use food as a reward or as punishment.**
- **Offer cooking activities at least weekly.** Find a variety of nutritious, “child-friendly” recipes that children can help prepare for your snack times. Children are more likely to try new foods if they help make them.
 - **Encourage children to drink more water.** Do not serve sugar-filled soft drinks at child care. Too much 100% fruit juice can also contribute to calorie overload.
 - **Provide a variety of nutrient-filled foods.** At snacks or meals, offer a wide variety of foods. Introduce one new food at a time, not several.
 - **Serve foods using a variety of cooking methods.** Instead of deep-frying foods, serve them raw, steamed, broiled, baked, roasted, or toasted.
 - **Do not serve huge portions.** Model eating proper portions. An early childhood nutritionist or pediatrician can suggest proper serving sizes.
 - **Do not force children into finishing all the food on their plates.** Focus on eating until satisfied.
 - **Collect nutritious recipes.** Include them in your family newsletter.
 - **Help parents learn about good child nutrition and weight management.** Use your Web site, to provide links that help parents learn more about nutrition and combating childhood obesity. Post brochures of local resource agencies on your family bulletin board.
 - **Plant a vegetable garden and fruit trees in your play yard.** Children are more likely to try foods they plant, care for, and harvest.
- **Make mealtimes welcoming.** Make togetherness and relaxed conversation the focus of meal times, rather than just eating as fast as one can.

(Continued on next page)

THE REAL CHALLENGE

According to the healthy height/weight charts of the local Health Department, one of your three-year-olds, Sara, is about 15 pounds overweight for her height. She tends to sit at a picnic table coloring outside, rather than playing active games with the other children. You have overheard other children calling her names like “fatty.”

Your Analysis

1. What might be the cause of Sara sitting, even when outdoors?
2. What are ways you could encourage her to participate in active play?
3. How would you respond to children calling Sara names? How would you respond to Sara?
4. Explain how you'd approach Sara's parents about her weight and its affect on her current and future health?
5. What resources or tips would you share with Sara's parents regarding her weight??

Challenge**28****Creating a Portfolio of Children's Development**

Portfolios are organized, carefully chosen samplings of children's work that are collected over time. The collection helps reveal a child's unique developmental growth and its pace.

Teachers create portfolios to document children's beginning and emerging skills, abilities, and applied concepts. Portfolios are used when planning individualized activities for children's unique needs. They are also used during parent-teacher conferences to give parents actual illustrations of their children's development in a variety of areas.

Teachers should set time aside each week to make sure they are gathering a variety of portfolio materials for each child in their classroom. Portfolios, like other important information about children, are confidential and are to be shared with others only with the parents' written permission.

Teachers should set time aside each week to make sure they are gathering a variety of portfolio materials for each child in their classroom.

What to Include

Below is a listing of items a teacher may include in a child's portfolio.

Artwork & Creative Expression

- A variety of drawings, paintings, and sketches using different media and topics
- Self-portraits
- Photos of hard-to-store artwork, such as murals, three-dimensional clay sculptures, or woodworking projects
- Audiotapes of music time participation

Block Building & Manipulatives Play

- Photos of block structures
- Stories children dictate or record about their block structure
- Video recording of children building with blocks
- Photos of bead stringing patterns
- Photos of puzzles completed, including a record of the number of pieces
- Photos of manipulative three-dimensional projects using connecting bricks or snap beads

Literacy & Communication Development

- List of books child especially enjoys
- Emergent writing samples, including beginning scribbling, naming, or labeling of work and inventive spelling
- Types of questions asked during project investigations
- Documentation of problem-solving strategies
- Audio or video/DVD samples of children acting out dramatic play themes or playing with puppets
- Recordings of conversations during meal time or play time

Checklists of Overall Development

- Paper and pencil or computer-created checklists which list observable achievements in intellectual, emotional, social, and physical development

(Continued on next page)

Outdoor Play

- Video/DVD recordings of children's large motor skills
- Photos of sandbox creations
- Photos or actual samples of children's nature discoveries
- Quotes or transcripts of brief conversations between children that teachers overhear
- Notes recording children's gradual grasp of concepts, such as applied counting, reading, or naming colors and shapes
- Examples of children's approaches to conflict resolution and friendship building skills

Anecdotal observations

- Informal notes that reveal a child's actual conversations or approach to problem solving

THE REAL CHALLENGE

A parent has approached you regarding her four-year-old's curriculum. She is concerned because it appears to her that the classroom children are "just playing." She asks you when you are going to begin teaching children about colors, letters, and counting.

Your Analysis

1. Why do you feel the parent is concerned about her child learning about colors, letters, and counting?
2. How would you explain to the parent what children learn through play?
3. What items in her child's portfolio could you share with the parent to document her child's concept development related to colors, letters, and counting?

Challenge

29

Providing Families with Referrals

When families enroll in an early childhood program, it is often the first time they have daily shared their child's basic care and education with anyone outside of the family. As early childhood teachers nurture children, they gradually learn a variety of details about families' private life.

There are many ways to nurture children and assist growing families. Providing a family with a needed referral to a community agency or resource is one strategy.

The type of referrals a family may need is as diverse as the people you will serve. They range from nutritional guidance to coping with a child's speech difficulties. And of course, there are issues of divorce or even domestic violence that may be eased through referrals.

The type of referrals a family may need is as diverse as the people you will serve.

Teachers' awareness of a family's need for a referral vary as well. Sometimes it springs from direct observation; other times, a child's comment or a parent confiding a concern during arrival and departure reveals the need for a referral. Parent-teacher conferences also open the door for referrals.

The goal is to respectfully and accurately connect families with information, resources, or services they need, when they need it. Giving timely and appropriate referrals is one of the best ways to professionally advocate for the needs, rights, and well-being of children and all those who care for them.

Referral Guidelines

Below are fundamental referral guidelines to follow.

Abide by codes for ethical conduct and confidentiality. Document and date referrals given and maintain them in a child's confidential file. Do not gossip about families with colleagues or other enrolled families.

Focus on helping parents find assistance, not on giving a personal opinion. No one early childhood professional is qualified to comment or advise on all issues. Give advice only when you are well informed through experience and suitable qualifications gained through specialized training; otherwise make a referral.

Maintain the fine line between professional relationships and personal friendships. Staff should be approachable to parents. And to a degree, teachers should listen to and be compassionate with parents. But resist taking over too much control by "solving" problems for families. If a staff member and a parent are also personal friends, they should openly discuss boundaries needed for professional practice.

Teachers must refrain from becoming an unpaid amateur therapist. Helping too much can make parents dependent, as well as delay progress. Once becoming aware of a family's need, refer parents to appropriate agencies (or personnel) who are best equipped to help.

Keep in mind "red flags" which can indicate the need for a referral. Reflect on and answer the questions bulleted below. If the answer is "yes" to any of these, a referral may be needed and can be helpful.

- Is the child's mental, emotional, or physical welfare or development in jeopardy?

(Continued on next page)

- Does a healthy parent-child relationship seem in jeopardy?
- Does the parent's own mental or physical health, financial status, or housing resources impair their ability to adequately or safely parent their child?
- Is the child's behavior frequently harmful to himself or others?
- Is the child's ability to learn, or her classmates' ability to learn, impaired by the concern or problem?
- Is the classroom's social environment frequently disrupted and tense due to the problem?
- Have other teachers or professionals noted the same concerns or behaviors?
- Has the concerning situation persisted regardless of multiple strategies or attempts to cope with the problem without outside help?
- Is the child's behavior or problem significantly unusual compared to typical child development?

How to Give Referrals

Respond accurately and timely with family referrals. Parents require the right information, and they usually need it fast. Plan ahead; have a written sheet of referrals for typical child and family related problems, issues or concerns.

Obtain your community's human service directory. Such directories list many agencies that can help families with issues ranging from speech and hearing testing to sliding-fee family counseling services.

Display brochures from a wide variety of family support agencies. Information listing services, Web site address, location, service hours, phone number, and cost helps families take informed, timely action. If you have a program Web site, link family resources and support agencies' Web site addresses to your Web site.

(Continued on next page)

Challenge
29
Continued

Family Referral Options

| Issue | Referral Option |
|-------------------------------|---|
| Child Behavior Problems | Child Psychologist, Family Therapist |
| Child Nutrition Problems | Nutritionist; Women, Infant, and Children Feeding Program; Health Department; Welfare Office Food Stamp program |
| Child Abuse | Department of Social Services, Family Therapist, Play Therapist |
| Speech & Language Problems | Speech Therapist |
| Vision Problems | Ophthalmologist |
| Drug Dependence | Health Department, Hospital Chemical Dependence Unit |
| Domestic Violence | Domestic Violence Shelter, Legal Assistance Hot-line, Family Counseling, Local police |
| Bill Payment Problems | Credit Card Counseling Agency |
| Home Utility Payment Problems | Community Action Agency |
| Childhood Illness | Health Department, Support Groups for Specific Illness |
| Child Custody | Family Mediators |
| Developmental Delays | Special Education Office, Local School Superintendent's Office, State Board of Education |
| Death in Family | Family Counselor, Funeral Home Director |

THE REAL CHALLENGE

Ryan is three years old. His mother asks you to put him on a diet at your child care facility. However, when you review charts for healthy weight for a child of his age and height, he is right on target. When you explain this, the mother says she cannot afford to keep buying him new pants every time his size increases and she hopes that a diet will help him wear the pants for a longer period of time.

Your Analysis

1. What would you consider to be the real root of the problem in this situation?
2. How would you explain to the mother why dieting in early childhood is not advised?
3. What alternatives to putting her child on a diet could you help the mother consider?
4. Identify possible referrals you could make to help the parent solve her problem without causing risk to her child.

Creating a Family Newsletter

Challenge
30

Early childhood programs develop and distribute family newsletters for a variety of reasons. A newsletter with a professional appearance can help:

- Inform parents of important dates and information related to their child's care,
- Build a bridge between classroom and home,
- Support good public relations, and
- Encourage parents to be more involved in the child care program.

Characteristics of Good Newsletters

Programs typically provide a mix of information from a director as well as each classroom's teacher. Below is a listing of criteria to keep in mind when developing a newsletter to distribute to families.

- Length is no more than four pages long.
- Director's space is clearly identified.
- Classroom news is clearly identified.
- Clear headings guide the reader.
- Proper grammar is used and typos avoided.
- A variety of topics of interest to parents are included.
- Respect for diversity is shown throughout.
- Culturally diverse graphics or clip art can make it more attractive.

A newsletter with a professional appearance can help build a bridge between classroom and home.

- White space and borders around articles improve readability.
- Information shared from articles, brochures, or books is cited correctly.
- Writing is geared to parents' reading level and, as needed, home language.

Newsworthy Items for Families

There are literally hundreds of topics parents are interested in reading about. Below are items that parents may find engaging to read and share with others:

- Good nutrition and recipes for snacks
- Recipes children can help prepare
- Review of new parenting books
- Children's learning activities for home
- Monthly menus
- Articles on child development
- Updates on center staff
- Profiles on families enrolled
- Quotes and quips from children
- Ideas for free family events
- Referrals to free materials in the committee
- Updates on children's health issues
- Children's picture book recommendations
- Lyrics to songs children sing at child care
- Recipe for making homemade play dough
- News from an advisory board
- Requests for donations

(Continued on next page)

Challenge

30

Continued

THE REAL CHALLENGE

For two months, a director has had five child enrollment openings in her program. She does not have a waiting list and no one has called about enrollment for two weeks. Her budget needs the income those five spaces can provide.

Your Analysis

1. How could this director use her family newsletter as a way to publicize her program to prospective clients?
2. If the director wanted to post her newsletter in local offices that do a lot of business with young families, what type of offices would you recommend?
3. Should the director consider posting a newsletter on the program's Web site to help prospective clients learn more about their program? Why or why not?

Planning a Parent Education and Support Meeting

Challenge
31

Early childhood programs often offer parent education and support meetings as a way to build good partnerships with families. There are specific items early childhood professionals should consider in order to ensure that the meeting is successful.

Sample Meeting Plan

- 1. Event Title:** Parent Education and Support Meeting
- 2. Topic:** Encouraging preschool children's language skills
- 3. Length:** 1 hour
- 4. Goal:** To increase parent's confidence in nurturing children's language development in the home.
- 5. Warm-Up Activity:** Introductions will be made by each parent giving their name and telling how they selected their child's name.
- 6. Parents' Activity Description:** Parents will break up into small groups to engage in planned language activities facilitated by teachers throughout classroom learning centers. After 20 minutes, parents will come back together as a group to discuss how language skills were put to use in each learning center. A question-and-answer period will end the activity.

7. Child Care Provisions: Teacher aides will provide a snack and child care for up to 20 children in the community room while parents participate in the meeting.

8. Anticipated Number of Parents: 30

9. Staff Members Needed: 5

10. Preparation Steps:

- Select date and time.
- Reserve room for parent meeting and child care provisions.
- Recruit staff to participate.
- Create flyers and announcement for Web site.
- Plan event agenda.
- Select and duplicate handouts.
- Obtain materials required for event.
- Determine cost of event, including materials and labor.
- Identify potential income for event.
- Create event evaluation tool for parents to complete.

(Continued on next page)

Challenge

31

Continued

THE REAL CHALLENGE

Caitlin, a teacher at Sunshine Child Care Center, wants to offer more parent education options for the families of the children in her class. She is not sure what topics the parents would be most interested in discussing. She also does not know if her program can afford to offer more frequent parent education meetings.

Your Analysis

1. Cite some strategies for assessing parents' interest in future parent meetings.
2. What steps can Caitlin take to determine if more frequent parent meetings are affordable?
3. If the program director tells Caitlin that there is no money to pay a speaker for a parent education meeting, how could she network with local community parenting agencies to help meet her families' needs?

Parent's Evaluation of Child Care Services

Challenge
32

To ensure that good quality is maintained, early childhood programs regularly survey parents regarding their satisfaction with services. This is typically done at least once a year. It is important to parents that their feedback is taken into serious consideration. Requesting parents' evaluations is one way to build a good partnership with families.

Requesting parents' evaluations is one way to build a good partnership with families.

Evaluation return rates are typically higher when parents can remain anonymous. When developing an evaluation, be sure to leave plenty of space for parents to fully reply.

Evaluation Questions

Below are some typical questions often included in a parent evaluation.

1. Do you consider your child safe when in our care?
2. Do you have peace of mind about your child's care when he/she is in our program?
3. Do you feel comfortable recommending our program to other parents?
4. Do you feel adequately informed about center policies, procedures, and practices, such as billings, due dates, curriculum, or ill child policies?
5. Are you pleased with your child's food service?
6. Do you consider our staff to be professional and enthusiastic?
7. How would you rate our indoor classroom?
8. How would you rate our outdoor play spaces?
9. Do you believe our program has contributed to your child's development and learning?
10. Which program features are most important to you?
11. Which program features confuse or frustrate you the most?
12. Do you and your child feel welcomed by staff every day?
13. Do you know our staff by face and name?
14. Are staff (director, teachers, and teacher aides) approachable?
15. Are parent-teacher conferences and interactions helpful?
16. Does staff treat all parents and children fairly, without bias or favoritism?
17. Is staff eager to respond to your concerns and suggestions?
18. Do you feel comfortable participating in our program in any way you wish (such as in activities, celebrations, observations, snack visits, story-time, drop-in visits, etc.)?
19. Which methods of communication are valuable to you? (circle any that apply)
 - parent handbook
 - e-mail messages
 - voice mail messages
 - monthly program newsletter
 - parent bulletin board
 - parent-teacher conferences
 - highlight of day clipboard
 - posted daily schedule
 - parent orientation/family social
 - new enrollment warm up visit/tour
 - Web site information
 - hallway curriculum photos/posters
 - photos of daily events
 - posted menus on Web site and table
 - a.m. and p.m. drop off/pick-up talks

(Continued on next page)

Challenge
32
Continued

20. Has your child benefited from our program?
If so, how?
21. Have you benefited from our program?
If so, how?
22. Do you have any suggestions for improving
our program or services?

THE REAL CHALLENGE

A director at Happy Times preschool sent parent evaluations home to all classroom families. The due date is approaching, but few evaluations have been returned.

Your Analysis

1. Why would the director be concerned that few evaluations had been returned?
2. What steps could the director take to motivate a higher return rate of evaluations?
3. Besides asking for the completion of an evaluation form, what are some other ways a director can gather parent feedback for evaluation purposes?

Selecting an Advisory Board

Challenge 33

No child care center director can be an expert in all facets of organization and administration of early childhood programs. To help the director succeed in his or her job, a trusted group of advisors with specialized expertise can be recruited. These advisors assist directors so they can make better and more informed management decisions. This trusted group of people is usually called an advisory board.

Advisors assist directors so they can make better and more informed management decisions.

Board Members

Willing board members typically donate their time and knowledge to a child care center as a form of volunteer community service.

Following are the job titles of people that directors of child care programs often invite to sit on the advisory board.

As you read through the list, think of ways people in these positions could help directors provide high quality early care and education services.

- Accountant
- Lawyer
- Small-business owner
- Media consultant or reporter
- Child and family psychologist
- Human resource director
- Landscape and play ground designer
- Corporate communications director
- Fellow community child care center director
- Graphics designer
- Web site designer
- Physician or nurse
- Community college or university child development instructor
- Children's discovery museum staff member
- Parent educator
- Child care resource and referral specialist
- Early childhood staff training consultant

THE REAL CHALLENGE

The director of a nonprofit child care center program is considering purchasing a new facility to expand the program. The bank has told her she needs to develop a business plan before they will consider giving her a loan for the facility purchase.

Your Analysis

1. In what ways might an advisory board member assist the director in complying with the bank's request for a business plan?
2. What role do you think the advisory board should play in helping the director determine if expanding the program is a wise decision?
3. Investigate local small business resources in your community who could help a director and advisory board assess the need for a child care expansion.

Challenge
34**Reflecting Classroom Diversity**

Respect for and appreciation of diversity should be included in a wide variety of ways throughout an early childhood classroom. Teachers can ask parents for help in making sure that all children's cultures are reflected in their early childhood program. This may range from parents serving on an advisory board to helping a cook select culturally authentic recipes to include in lunch menus.

Below are specific ways to enrich an early care and education program with diversity.

Staffing

Staff can model diversity as well as encouraging an appreciation for it.

- Teachers of both genders are employed.
- Staff reflects varying ages.
- Staff reflects ethnic or racial diversity.
- Staff members with special needs are accommodated.
- Staff professional development library includes books on learning about other cultures' child rearing and family life practices.
- Diverse parents are included on the program's advisory board.

Classroom Décor

Decorate your classroom to show diversity as part of everyday life.

- Posters reflect diversity in terms of gender; family make up; cultural or racial diversity; and, if relevant, dual-language families.
- Photos of children's families are framed and located throughout the room.
- Diverse world products and textiles are present, such as woven baskets, pillows for couches, or wall tapestries.

Food Service

Serving foods from different cultures allows children to expand their food preferences as well as their cultural awareness.

Teachers can ask parents for help in making sure that all children's cultures are reflected in their early childhood program.

- Foods and recipes reflective of family cultures are served as snacks and meals.
- Families are encouraged to share cultural recipes with staff and fellow parents.
- Culturally appropriate dishes are used for serving food.
- Parents are included in planning culturally authentic menus for meal events offered to families.
- Varied family traditions for celebrating children's birthdays are incorporated.

Language Arts Center

The language arts center offers many opportunities to promote an appreciation for diversity.

- Children's books or visual media reflect diverse characters in terms of race, gender, age, culture, and abilities.
- Multicultural books relate to alphabet and language, counting, foods, clothing, dress and hairstyles, family life and everyday childhood experiences, games and celebrations, and cultural heritage and traditions.
- Puzzles, finger puppets, and board games reflect diversity.
- Books for dual-language learners are included.

(Continued on next page)

Block Center

Offer toys that encourage an exploration of various cultures.

- Wooden or plastic animals are available to use in sand or in block play.
- Posters of buildings from around the world are displayed.
- Play accessories reflect diversity.

Music Area

Introduce children to musical instruments and styles from different cultures.

- Child-sized rhythm instruments used worldwide, such as drums, rhythm sticks, rain sticks, and maracas are present.
- Musical CDs include music styles from around the world.
- Parents and children of varying cultures teach others native dances.

Art Center

Incorporating diversity into art projects can help make art more fun and exciting for the children in your program.

- Multicultural art materials, such as a variety of papers, crayons, markers, and paints are offered.
- Markers, crayons, and paints include a variety of flesh tones.
- Cultural art techniques are incorporated, such as origami and clay modeling.

Dramatic Play Center

Children enjoy the opportunity to play at being someone who dresses, speaks, or behaves different from them. Take advantage of that by properly stocking your dramatic play center.

- Dress up clothing, such as culturally distinct scarves, hats, shoes, vests, ponchos, and kimonos are offered.
- Pretend play housekeeping items, such as a tortilla press or a wok, are available.
- Multicultural dolls, puppets, doll house, and play people in contemporary dress as well as some in culturally traditional or historical dress are included.

THE REAL CHALLENGE

You have a new child enrolled in your child care program whose family is from Vietnam. To help the child feel welcome and at ease in your classroom environment, you want to reflect some of the child's cultural heritage in the classroom, but your director has said there is no budget to purchase new games, books, dramatic play supplies, or room décor.

Your Analysis

1. What types of classroom games, supplies, and room décor might you add to the classroom?
2. Suggest some creative options you could explore with local community resources that might provide items for free loan.
3. How could you cooperate with the parents to find ways to make the classroom environment reflect more of the child's home culture?

Challenge 35

Reinforcing Parent-Infant Attachment

Secure attachment with parents as well as child care staff is very important to a child's development. Children are referred to as "securely attached" when they respond warmly to their parent's attempts to care for and play with them. They notice when parents leave and are eager when reunited. They gaze at parents for prolonged periods of time and invite parents' hugs and cuddling. When stressed, securely attached children seek out parents and trust the parents to help calm and reassure them.

Benefits for the Child

Children who enjoy a secure attachment to parents reap many benefits. They tend to have more self-confidence, which allows them to explore their environment in a more relaxed manner.

Children who enjoy a secure attachment to parents reap many benefits.

Positive social skills are another benefit of attachment. Children who enjoy early social experiences with parents tend to more easily apply those same social skills when playing with peers or interacting with adults outside the family.

Mental health tends to be better in securely attached children as well. They are better able to regulate their emotions and maintain self-control, and display better self-esteem. They are also able to cope with age-appropriate stresses without becoming overwhelmed.

What To Do in the Classroom

Since parent-infant attachment is so beneficial to children, it is important that early childhood professionals make consistent efforts to reinforce that attachment. Following are methods to implement in an early childhood classroom.

- Before an infant is left in child care, encourage parents to bring an infant in to meet with caregivers several times over at least a two-week period. This is sometimes referred to as a "warm-up" period. This time allows the child to gradually get to know the child care staff before being left in their care. It also helps the parent feel more comfortable with the child's new setting.
- During warm-up visits, caregivers should seek parents' advice on ways their baby prefers to be held, fed, cuddled, diapered, dressed, played with, and helped to sleep. When caregivers follow similar patterns as parents, infants are less confused. In addition, the infants' bonds to their parents' style of interaction is reinforced.
- Assist mothers who wish to breast feed. Some mothers will send pumped breast milk to child care. However, if a mother works near the child care center, she might prefer to come on site to breast feed. To promote an enjoyable feeding time and essential attachment time, provide a cozy, quiet area where mother and infant can enjoy feeding time together in a relaxed manner. A small room with lower lighting and a rocker or glider for a mother to sit in is ideal. Soft music can be made available for play on a CD player.

(Continued on next page)

- At morning arrival time, encourage parents to linger and play with their infant for a few minutes so the transition from home to child care is smoother for the baby.
- Offer parenting workshops on the topic of attachment so parents can learn strategies to apply at home.
- Use a digital camera or video recorder to capture the infant's play throughout the day. Share the photos or videos with the parents regularly to encourage their family pride.
- Positively comment on specific parent behaviors you observe that you know build attachment. For instance, let a parent know when he or she is skilled at calming an infant. The more confident parents feel about their ability to parent well, the more likely they are to repeat behaviors that create secure attachment.

THE REAL CHALLENGE

Shawna is the mother of Zoey, a 3-month-old infant in your child care program. Shawna confides to Quinn, a staff member, that she feels guilty about leaving Zoey at the child care center. Tearfully, Shawna says that she worries Zoey will grow more attached to the center's infant caregiver than to her.

Your Analysis

1. What feelings do you suspect Shawna is experiencing?
2. Why do you think Shawna worries about Zoey forming an attachment to a child care staff member?
3. What could Quinn explain to Shawna about the nature of parent-infant attachment that might reassure her?
4. How could Quinn help Shawna feel more included in Zoey's life at child care?

Challenge 36

Limiting Children's "Screen Time"

In the United States today, television, videos, DVDs, and computers are a household staple for most families. In fact, more than 50 percent of children live in a home with at least three televisions. The average child is exposed to at least seven hours daily of media programming flashed to them through a screen. The name for such exposure is known as "screen time."

Programs and games with worthwhile, solid content can help children to learn positive skills, both intellectual and social. Good media can be both exciting and relaxing for children. And it can be a way to share an interest with peers or to learn new facts.

Possible Dangers

Unfortunately, along with the possible benefits, screen time also poses dangers. At least 80 percent of media aired is not developed with children in mind. But while older siblings or parents view programs, young children are likely to be viewing as well. Thus, children are often exposed to information too advanced, confusing, or graphic for preschool development.

Children are often exposed to information too advanced, confusing, or graphic for preschool development.

Media that communicates negative images, stereotypes, and violent behavior undermines the sense of security and self-control for all ages of children. The more hours per week a child spends watching TV (whether it be entertainment or news programs), the more likely the child is to re-enact aggressive behaviors and language.

More frequent child viewers are also more pessimistic and fearful, especially preschoolers still unable to distinguish between "real" and "pretend" or between "real time" and repetitive "instant replay" news coverage.

Children who consume many hours of "screen time" show a tendency to be "desensitized" and more tolerant of violence in real life and fantasy stories. Due to under-developed reasoning skills, preschoolers are more easily tricked and manipulated by adult advertising that comes with screen time.

Children's physical health is compromised by excessive screen time too. Children can idle away hours of childhood sitting in front of screens instead of moving in active play. This is why today's generation is experiencing a burgeoning obesity problem.

Excessive screen time gobbles up leisure time, too. The time children spend in screen time diverts precious energy that is better used during active play with family and peers. Even good media watched excessively steals valuable time from children. This is time they need to develop and practice social skills, thinking strategies, and physical abilities, such as strength, coordination, and stamina. The loss of quality time spent interacting socially with others is as devastating to childhood as the negative, violent images that poor media can communicate.

Tips to Share with Parents

Parents are children's first teachers for developing good media habits. Following are tips that early childhood professionals can share with parents to help them learn to protect children from excessive screen time.

- **Be a good example.** View media in small doses to be a good role model.

(Continued on next page)

- **Specifically plan screen time; resist watching just whatever is on.** Avoid unconsciously turning on the TV whenever you enter a room. Resist leaving the TV on for background sound; the stimulation can be distracting to children.
- **Encourage children to entertain themselves.** Provide children with low-tech toys, hobbies, hands-on activities, and personal interests rather than relying on media as a babysitter.
- **Delay screen time to the later preschool years.** Research says children under the age of two years do not benefit from screen time, despite what advertisers may claim. Warm, responsive parent interactions support brain development and overall health best, not technology of any kind.
- **For preschoolers and older children, limit screen time to no more than one hour a day.** Some parents limit TV watching to one hour a day on weekends. Remember that screen time includes watching TV and movies, as well as playing video games or using a computer.
- **Pre-screen media of any kind—both programs and commercials.** Choose what children view so it reinforces values, beliefs, and behaviors that are valuable.
- **Create family media use rules.** Decide where and when screen time is allowed, how often and how long, how viewing decisions will be made, and whether children must ask permission for screen time.
- **Watch or use media with children.** Talk about the experience. Validate storylines that affirm respect, honesty, and peaceful resolution. Avoid storylines that glamorize danger, such as violence and self-destructive or illegal behavior.
- **Turn the TV off during meal times and celebrations.** Emphasize talking with friends or extended family when they visit.
- **Keep screens out of children's bedrooms.** It is easier to supervise children's viewing material and habits in more open spaces. In-bedroom screens rob siblings of practical chances to learn to negotiate, share, trade, and compromise over viewing choices. Personal screens merely allow children to isolate and retreat from family.
- **Make family more important than fictional characters.** Do not give screens "center-stage" in the family room or family life. Make your family's experiences and stories more important than favorite TV shows by encouraging daily discussion of events in each family member's day.
- **Focus on active and playful alternatives rather than on passive screen time activities.** Enjoy social activities together, such as playing games or cards; reading books or telling jokes and stories; and playing with toys such as blocks, art materials, puzzles, or puppets. These activities build children's attention span, problem-solving skills, and learning skills better than media can.

(Continued on next page)

Challenge

36

Continued

THE REAL CHALLENGE

Tanya is a four-year-old in your child care program. You have noticed that Tanya falls asleep before lunch is over almost every day. In the dramatic play center, you have overheard her acting out parts of films that are not developmentally appropriate for preschool. Outdoors you have heard her using curse words with peers who get in her way.

Your Analysis

1. What might be contributing to Tanya's extreme tiredness?
2. How would you go about finding out how Tanya learned the stories she acted out in the dramatic play center?
3. Explain how you would approach Tanya's parents about your concerns.
4. What tips could you share with Tanya's parents to help ensure that Tanya is not exposed to media too advanced for her age?

Responding to Children's Bullying

Challenge
37

Young children bullying others, trying to exert inappropriate power or harm over someone, is not typical, but it does happen—among boys and girls. Children usually do not engage in or experience purposeful bullying until about two years of age. Toddlers under two years are at odds sometimes, but usually because they want the same person, space, or toy, not because they hold a particular grudge against a peer.

Bullying can occur among two- to five-year-olds. Two-year-olds may push, spit, pull hair, or bite—usually due to frustration, limited language skills, or unmet basic needs, such as hunger or fatigue. Three- to five-year-olds may begin to take personal dislikes to particular peers, though at this stage those feelings are fleeting. Gradually, bullying strategies become more intentional.

Preschoolers' bullying behaviors include urges to hit, push, tease, disrupt other's play, hoard toys, reject others from play, or name-call. Preschoolers also may try to get other peers to form "us against him" alliances.

Preschoolers' bullying behaviors include urges to hit, push, tease, disrupt other's play, hoard toys, reject others from play, or name-call.

School-agers' bullying can be cruel and prolonged. Their bullying may include teasing; threatening; hitting; cursing; using stereotypical ethnic, racial, or gender slurs; and shunning or excluding from cliques. At this age, spreading untrue rumors or sending hateful e-mails can also begin. School-agers bully most often when adults are not nearby, such as in playgrounds, lunchrooms, or school bathrooms.

Signs of Children Bullying Others

Below are possible indicators that a child bullies. If several or most of these cues exist, it is time to make a plan to give the child individualized help.

A child may bully if he or she frequently:

- tries to dominate others' play choices and personal preferences;
- uses bossy, mean-spirited, or teasing language to get his or her way;
- targets younger, physically smaller children or disabled children with chides or teasing;
- has few friends, but does belong to a definite clique;
- tries to isolate and alienate others from his or her clique;
- blames other people for his or her problems;
- has trouble getting along with peers or siblings;
- seeks out and enjoys media that features violent imagery or language;
- exhibits antisocial behavior, lowered school grades, or poor concentration;
- has poor self-esteem, but tries to cover it up with bravado; and
- witnesses domestic or neighborhood aggression and violence.

Limiting Bullying Behavior

Bullying is not just hard for a victim; the conditions that cause bullying are hard too. It is harder to see a bully's internal struggles, such as sense of inadequacy, because they cover it with a superior attitude.

Bullying can be a child's cry for help. Frequently family disputes or neighborhood violence contributes to bullying. And sometimes children just pass along the bullying they receive from older siblings.

(Continued on next page)

Challenge**37***Continued*

Whatever the root cause, if you observe a child bullying; there are classroom steps you can take for limiting the behavior. Following are suggestions.

- **Protect children from violent imagery and experiences.** Do not encourage aggression. If domestic violence takes place in a child's home, encourage parents to get professional help from police and counselors. Avoid violent imagery in toys, music, and computer games that are part of your classroom.
- **Build self-esteem and sense of self-worth.** Focus on each child's strengths and work to reinforce them. Affirm that all children are special to you, but others' rights are important, too.
- **Nurture positive social skills.** Encourage peer play and interactions so friendships develop. Give children chances to practice sharing, negotiating, cooperating, working through conflict, and solving problems respectfully.
- **Avoid labeling any child as a bully.** Do address specific behaviors a child uses to bully, manipulate, and dominate. Remind children to control aggressive impulses. Talk about bullying behavior as a choice; children can choose to bully or not.
- **Express your confidence that children can choose not to bully.** When a child uses positive social skills, consistently express your admiration for the self-control it takes to resist bullying.
- **Respect children's personal rights and encourage children to respect others.** Do not use physical, belittling, or humiliating discipline. Use positive discipline. State that bullying is inappropriate and will not be tolerated. After setting limits, consistently enforce respectful, reasonable consequences when bullying occurs. Set the standard for respectful behavior and expect it to be met. Do not tolerate children teasing, hitting, or name-calling.
- **Expect children to use respectful language during conflict.** Help children learn alternative ways to solve differences rather than allowing mean-spirited arguments.
- **Insist that children accept responsibility for bullying behavior.** If a child harms someone, explore ways to make amends. If an item is broken, expect a child to help with repair.
- **Nurture children's capacity for empathy and compassion.** Help a child take another's perspective and feelings into account. Acknowledge whenever children show tenderness or kindness.
- **Use books to create teachable moments.** Children are less likely to bully if they understand the emotional pain they cause. Sometimes reading a book and discussing it can help children explore how others feel when bullied. Ask a children's librarian for recommendations.
- **Teach children to speak out for other's rights if they witness bullying.** Children often bully for attention or to get approval. If witnesses just stand by, or worse—cheer on bullying, they become part of the problem. When others are bullied, teach children to tell an adult right away.
- **Communicate with parents.** Recommend parents seek counseling for a child who bullies often and fails to respond to intervention. If not discouraged, bullying behaviors can mushroom into worse situations as children grow. It is better to provide children with professional support early. If unchecked, bullying often leads to other delinquent or criminal acts. Counselors can help children choose more constructive behaviors.
- **Teach other children how to respond to bullying.** Give bullied children support by coaching them on constructive ways to stand up for their rights. Always thank children when they alert you to aggressive, hurtful behaviors.

(Continued on next page)

THE REAL CHALLENGE

Five-year-old Cassie teases four-year-old Tamron daily. Cassie has begun encouraging others to call Tamron names and exclude him from play. After finding out that Tamron was afraid of spiders, Cassie hid plastic spiders in Tamron's cubbie and drew pictures of spiders to hold close to Tamron's face.

Your Analysis

1. What might lead Cassie to act this way?
2. What child guidance techniques would you use to discourage name-calling?
3. How could you help Tamron learn to respond assertively to Cassie?
4. How could you include Cassie and Tamron's parents in problem solving this situation?