

Adverse Childhood Experiences (ACEs)

A new way of understanding adult health risks in Iowa

Most folks intuitively know that childhood experiences shape adult lives. But a new line of research is greatly expanding our understanding of this process—documenting how nurturing, stable environments help children develop the cognitive and emotional skills and robust sense of self they need to thrive as adults.

The research, coming this year to Iowa, also shows how negative experiences can derail those processes, leading to a host of health problems and risk behaviors in adulthood.

Adverse childhood experiences, or ACEs, are broadly defined as incidents during childhood that harm social, cognitive and emotional functioning. Frequent or prolonged exposure to such events creates toxic stress that damages the architecture of the developing brain.

The negative outcomes are serious. On the health side, they include diabetes, hypertension and heart disease, depression, morbidity and early death. On the risky-

behavior side, they include smoking, overeating, alcoholism and drug use.

Evidence shows that the more ACEs a person experiences, the more likely poor health

Iowa's adult population has health problems strongly associated with ACEs.

outcomes become. Ongoing research by the Centers for Disease Control finds that, worst case, trauma in childhood could take as many as 20 years off life expectancy.

Adverse childhood experiences don't guarantee bad outcomes for adults, but they increase the odds of struggle. And they are largely preventable.



What are adverse childhood experiences?

ACEs are incidents that dramatically upset the safe, nurturing environments children need to thrive.

The original, seminal ACEs work, conducted from 1995 to 1997 by investigators Robert Anda and Vincent Felitti, included surveys of more than 17,000 Kaiser Permanente HMO members about their childhood exposure to nine different adverse experiences:

- **Recurrent physical abuse**
- **Recurrent emotional abuse**
- **Contact sexual abuse**
- **An alcohol and/or drug abuser in the household**
- **An incarcerated household member**
- **Someone in the household who is chronically depressed, mentally ill, institutionalized or suicidal**
- **Mother is treated violently**
- **One or no parents**
- **Emotional or physical neglect**

Those results, combined with the findings of physical exams and ongoing tracking of members' health experiences, strongly documented the link between adverse childhood experiences and negative health and behavioral outcomes later in life.

Learning about ACEs in Iowa

Iowa advocates are just starting to explore the prevalence of ACEs, but we already know the Iowa adult population has health problems strongly associated with ACEs in national studies. In 2010, an estimated:

- 66% (1,534,756) of Iowans were overweight or obese
- 8% (173,877) had been told they were diabetic, and another 6% (122,236) prediabetic
- 8% (178,514) had cardiovascular disease
- 16% (373,256) were current smokers, and 23% (542,497) former smokers
- 5% (120,555) were heavy drinkers, and 17% (391,803) binge drinkers¹

These health outcomes are costly. Estimates attributed \$738 million in Iowa health care costs to adult obesity in 2003, with almost 50 percent of those costs paid by Medicare

One way to contain health costs is by preventing chronic health conditions and risky behaviors. Addressing ACEs is a place to start.

(\$165 million) and Medicaid (\$198 million).² Chronic cardiovascular health conditions cost Iowans an estimated \$1.34 billion annually.³ The total cost of diabetes in Iowa exceeds \$1.5 billion a year.⁴

Long term, one of the most important ways to contain health costs is not by finding cheaper ways to treat such conditions, but preventing them in the first place. Preventing or mitigating the effects of ACEs is one place to start.

To document ACEs in the Iowa population, health planners this year added specific ACEs-related questions to an annual state health survey conducted by the CDC. The Behavioral Risk Factor Surveillance System is a timely and accurate source of Iowa data on health risk behaviors, preventive-health practices, and health-care access, primarily related to chronic disease and injury. Responses on ACEs will be available for analysis in fall 2013. *Continued on page 4*

Why are adverse childhood experiences so damaging? Toxic stress

Extensive research on the biology of stress shows that healthy development can be derailed by excessive or prolonged activation of the body's stress response systems, with damaging effects on learning, behavior and health.

Learning to cope with stress is an important part of child development. When we are threatened, our bodies prepare us to respond by increasing our heart rate, blood pressure and stress hormones, such as cortisol. When a young child's stress response systems are activated within an environment of supportive adult relationships, these physiological effects are buffered and brought back down to baseline. The result is the development of healthy stress response systems.

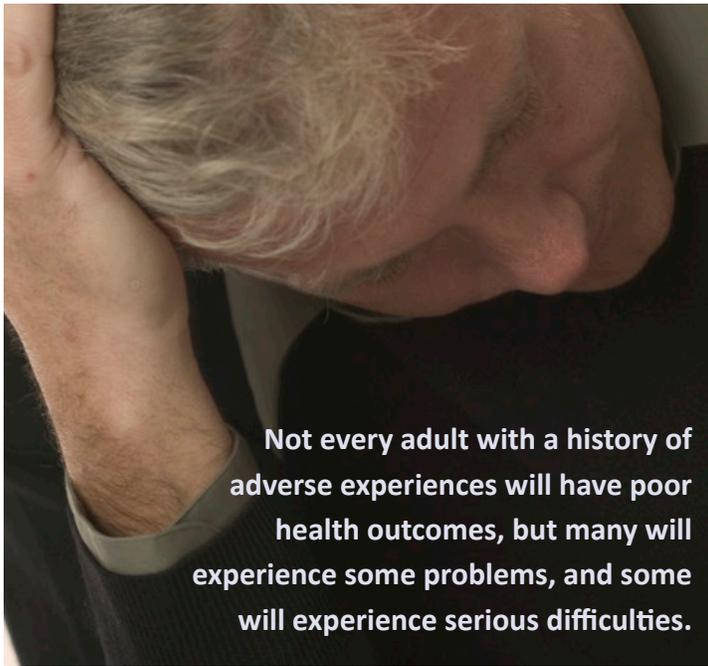
Toxic stress occurs when a child experiences strong, frequent and/or prolonged adversity—physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence and/or the accumulated burdens of family economic hardship—without adequate adult support.

The prolonged activation of stress response systems disrupts the development of brain architecture and other organs and increases the risk for stress-related disease and cognitive impairment. The more adverse experiences in childhood, the greater the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse and depression.

— from the Harvard Center for the Developing Child, http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/



Toxic stress occurs when a child experiences strong, frequent and/or prolonged adversity.



Not every adult with a history of adverse experiences will have poor health outcomes, but many will experience some problems, and some will experience serious difficulties.

The more ACEs, the higher the risk of poor adult outcomes



Anda and Felitti’s work on ACEs has helped build a new understanding of the cumulative effect of adverse experiences on human development. The likelihood of risky behavior or poor health outcomes increases substantially with the number of ACEs reported, as demonstrated in the chart below.

Outcome	No ACEs	1-3 ACEs	4-8 ACEs
Heart disease	1 in 14	1 in 7	1 in 6
Smoker	1 in 16	1 in 9	1 in 6
Alcoholic	1 in 69	1 in 9	1 in 6
Suicide attempt	1 in 96	1 in 10	1 in 5
IV-drug user	1 in 480	1 in 43	1 in 30

— from “The High Cost of Adverse Childhood Experiences,” PowerPoint, Washington State Family Policy Council (2007).

The good news? We know how to reduce damage from toxic stress

The most effective prevention is to reduce young children’s exposure to extremely stressful conditions, such as recurrent abuse, chronic neglect, caregiver mental illness or substance abuse, violence and/or repeated conflict.

Research shows that, even under stressful conditions, supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response.

There are increasingly sophisticated interventions to help families stabilize themselves. We also know there are factors that can minimize the damage from ACEs:

- Caring relationships with parents, extended family and other caring adults
- Good health and a history of adequate development
- Good peer relationships
- Hobbies and interests
- Active coping style
- Positive self-esteem
- Good social skills
- Internal locus of control
- Easy temperament
- Balance between seeking help and seeking autonomy

— from “Adverse Childhood Experiences in Wisconsin: Findings from the 2010 Behavioral Risk Factor Survey,” Children’s Trust Fund, Children’s Hospital and Health System and the Child Abuse Prevention Fund.



Supportive adult relationships help children develop healthy stress response systems.

What's next for Iowa?

The experience of other states tells us that Iowa-specific ACEs data will offer a powerful new way to structure state and local planning around human-service systems.

Washington State's ACEs work "invited people to rethink their mental models on how to solve child and family problems, but also social problems like child abuse, domestic

Iowa-specific data could lead to concrete changes in programs and policies.

violence, substance abuse," said Laura Porter, director of the Washington Family Policy Council, a cabinet-level organization of local public health and safety networks in that state.

Advocates there report programs are better positioned to support children's healthy reactions to trauma. For example, Washington's crisis nurseries—serving children who have been referred from Child Protective Services—have implemented programs to teach these young children how to calm and sooth themselves through play.

Iowa-specific ACEs information could lead to similar, concrete changes in programs and policies here. For example, advocates might use the data to:

- Increase policymakers' understanding of the prevalence of ACEs in order to inform policy decisions, such as Iowa's mental-health redesign
- Integrate trauma-informed professional development across all state departments and systems serving families
- Infuse high-quality, evidence-based practices into family-based programming
- Improve the effectiveness of public-health awareness campaigns by refining their messages based on ACEs information.
- Promote early intervention and identification of ACEs through universal screening or assessment within family-serving systems.

This is an exciting opportunity for Iowans who care about the well-being of our citizens. How to respond to this new information on ACEs is a topic requiring broad input at the state and local levels, among the public and private sectors, and from families, policymakers, health-care providers and educators.

That kind of statewide conversation can deliver on the promise of ACEs to address adversity in the lives of Iowa children and prevent their clear and long-term impacts.

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- ¹ Data from Behavioral Risk Factor Surveillance System (BRFSS) annual report for Iowa, 2010.
 - ² Finkelstein EA, Fiebelkorn IC, Wang G. State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research*. 2004; 12 (1): 18-24.
 - ³ Milken Institute, *An Unhealthy America: The Economic Impact of Chronic Disease*, October 2007.
 - ⁴ "Combined State Sheets." Juvenile Diabetes Research Foundation, 2010. http://advocacy.jdrf.org/files/General_Files/Advocacy/2010/CombinedStateSheets4.05.10.pdf. The American Diabetes Association estimates that a third of these costs are indirect, such as lost work productivity, and two-thirds are the direct result of medical bills.

ACEs activities in Iowa are sponsored by:

To learn more about ACEs, visit the Mid-Iowa Health Foundation's website, www.midiowahealth.org, or contact Sonni Vierling at the Iowa Department of Public Health, 515-281-8284 or sonni.vierling@idph.iowa.gov. This brief was produced by the Child and Family Policy Center.



What are ACEs?

ACEs are significant childhood traumas as identified below which can result in actual changes in brain development. These changes may affect a child's learning ability, social skills, and can result in long-term health problems. The Centers for Disease Control and Prevention (CDC) views ACEs as one of the major health issues in the 21st century.

Adverse Childhood Experiences can include:

1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member

Exposure to childhood ACEs can increase the risk of:

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Early initiation of sexual activity
- Early initiation of smoking
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Multiple sexual partners
- Risk for intimate partner violence
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies

How do ACEs affect health?

Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.

Reduces ability to respond, learn, or process effectively which can result in problems in school

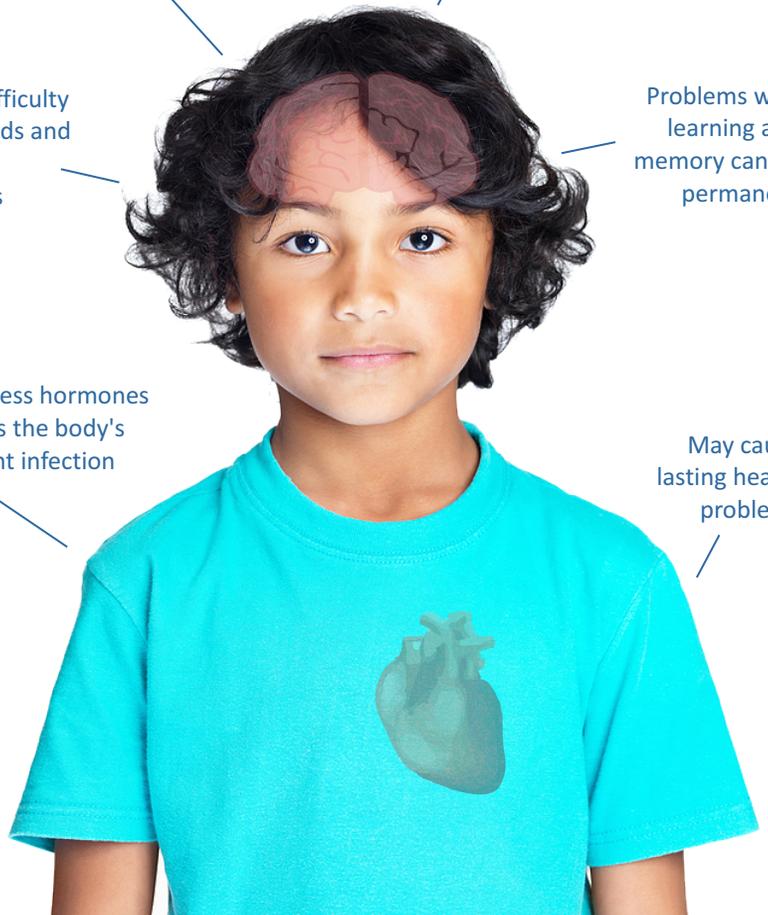
Lower tolerance for stress can result in behaviors such as aggression, checking out, and defiance

May have difficulty making friends and maintaining relationships

Problems with learning and memory can be permanent

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

May cause lasting health problems



A **Survival Mode Response** is one that increases heart rate, blood pressure, breathing and muscle tension. When a child is in survival mode, self-protection is their priority. In other words:

"I can't hear you, I can't respond to you, I am just trying to be safe."

The good news is resilience brings hope!



What is Resilience?

Resilience is the ability to adjust (or bounce back) when bad things happen. Research shows resilience helps reduce the effects of ACEs. Protective factors are internal and external resources that help us to build our resilience.

Resilience trumps ACEs!

Parents, teachers and caregivers can help children by:

- Gaining an understanding of ACEs
- Creating environments where children feel safe emotionally and physically
- Helping children identify feelings and manage emotions
- Creating protective factors at home, schools and in communities

What are protective factors?

- 1. Parental resilience**
Increasing parents' ability to problem-solve and build relationships with their child and others
- 2. Nurturing and attachment**
Listening and responding to a child in a supportive way and discovering and paying attention to the child's physical and emotional needs
- 3. Social connections**
Having family, friends or neighbors who are supportive and willing to help or listen when needed
- 4. Concrete supports**
Having their child's basic needs met, such as housing, food, clothing and health care
- 5. Knowledge of parenting and child development**
Increasing parents' knowledge of their child's development and appropriate expectations for their child's behavior
- 6. Social and emotional competence of children**
Helping their child to interact positively with others, manage emotions and communicate feelings

Resources:

Parent Help 123
www.parenthelp123.org
1-800-322-2588

Resilience Trumps ACEs
www.resiliencetrumpsaces.org

Washington Information Network
www.win211.org
1-877-211-WASH (9274)

CDC Adverse Childhood Experiences (ACE) Study
www.cdc.gov/ace/about.htm



Understanding Your Child's Behavior: Reading Your Child's Cues from Birth to Age 2

Does this Sound Familiar?

Jayden, age 9 months, has been happily putting cereal pieces into his mouth. He pauses for a moment and then uses his hands to scatter the food across his high chair tray. He catches his father's eye, gives him a big smile, and drops a piece of cereal on the floor. When his father picks it up, Jayden kicks his legs, waves his arms, and laughs. He throws another piece of cereal. His dad smiles and says, "Jayden, it looks like you are all done eating. Is that right?" He picks Jayden up and says, "How about we throw a ball instead of your food, okay?"

Naomi, age 30 months, is happily playing with her blocks. All of a sudden, her mother looks at the clock, gasps, and says, “Naomi, I lost track of time! We need to go meet your brother at the school bus! Let’s go.” She scoops Naomi up and rushes toward the kitchen door. Naomi shouts, “NO!” and tries to slide out of her mother’s arms to run back to her blocks. When her mother puts on Naomi’s sneakers, she kicks them off, slaps her mother’s hands, and repeats, “No! I STAY! I playing blocks!” Naomi’s mother sighs with frustration and buckles her into the stroller with no shoes. This sets off another round of protests: “My SHOES! Where my SHOES?” Naomi pulls at her stroller’s buckle, trying to unfasten it, and kicks, screams, and cries all the way to the bus stop.

The Focus

Babies and toddlers might just be learning to talk—but they have many other ways to tell parents how they are feeling! Children can experience the same emotions that adults do, but they express those feelings differently. Jayden is giving his father many clues that he is done eating. First, he begins to play by sweeping the food across his tray. Then he drops food on the floor in an attempt to get his Dad to play the “I Drop It, You Get It” game. Jayden’s father notices and responds to these “cues,” by calling an end to mealtime and giving Jayden a chance to play. Naomi is also very clear about her feelings. She doesn’t like having to make a transition from a fun activity (blocks) so quickly. She is giving her mother many “cues” too—her words, facial expressions, and actions are all saying, “This transition was too quick for me. I



was having fun and I can’t move on so quickly.”

Children’s behavior has meaning—it’s just that adults don’t always understand what the meaning is. In the early years, before children have strong language skills, it can be especially hard to understand what a baby or toddler is trying to communicate. This resource will help you better understand your child’s behavior cues and help you respond in ways that support his or her healthy social and communication development.



What to Expect: Communication Skills

Birth to 12 Months

Did you know that crying is really just a baby’s way of trying to tell you something? Your baby’s cry can mean many different things, including, “I’m tired,” “I don’t know how to settle myself,” “I’m in pain or discomfort,” or “I want the toy you just picked up.” In the first year, babies will gradually begin to use gestures and sounds to communicate. But many parents find the first 12 months one of the most difficult times to understand the meaning of their babies’ behaviors. Below are some common ways babies communicate. With time, you will figure out your baby’s unique way of communicating.

Sounds: Crying is your baby’s primary communication tool. You might find that your baby uses different cries for hunger, discomfort (like a wet diaper), or pain (like a tummy ache). Paying attention to the sounds of these cries helps you make a good guess about what your baby is trying to communicate.

Language: Right around the one-year mark (for some babies earlier, and for some babies later), your baby will say his or her first word. While at first your child’s language skills will seem to grow slowly, right around the two-year mark they will really take off!

Facial Expressions: The meaning of a smile is easy to understand. But you will also get to know your baby’s questioning or curious face, along with expressions of frustration,



pleasure, excitement, boredom, and more. Remember, babies experience the same basic emotions we do: happiness, sadness, curiosity, anxiety, frustration, excitement, and so on.

Gaze: Look where your baby is looking and it will tell you a lot about what he or she is thinking. An overstimulated or tired baby will often break eye contact with you and look away. A baby who wants to play will have a bright gaze focused right on you or the toy she is interested in!

Gestures: Babies use their bodies in many ways to communicate. They reach for people and objects, pick objects up, sweep objects away with their hands, wave their arms and hands and kick their feet, and point (just to name a few). Babies will also turn away from sounds they don't like or arch backwards if they are upset.

Putting It Together

Babies use their whole body to communicate. So, for example, a baby might focus a bright, clear gaze on a new toy, and then look to you, then back at the toy. She might kick her legs or swing her arms excitedly. The baby might then reach for the toy while making excited “eh eh!” sounds

and smiling. While babies don't think in words yet, the message this baby is sending might be, “What is that thing? I want to see it. Can you give it to me? It looks like fun!”

Or imagine a baby who is happily playing with an older cousin. The cousin is puffing out his cheeks and then letting the air out, making a loud whooshing sound. The baby is laughing, kicking, and waving his arms. All of a sudden, though, the baby's response changes. He looks away and his expression turns to one of distress. He kicks his legs and arches his back. He starts to cry. The message this baby is sending might be, “That was fun for a while. But now it's too much. I need a break.”

12 Months to 24 Months

In the second year, young toddlers are becoming more skilled at communicating their needs and desires to you. Here are more examples of how young toddlers' communication skills are growing and changing from 12 to 24 months.

Sounds and Language: Your young toddler's vocabulary is growing slowly but steadily across his or her second year of life. Pronunciation might not be perfect, like “muh” for milk, but that will

come with time. Your toddler also understands more words than ever before. In fact, he probably understands more words than he can actually say! For example, if you ask him to touch his nose, chances are, he will be able to do so.

Even as your toddler's language skills are growing, cries are still the main way to communicate strong emotions like anger, frustration, sadness, or feeling overwhelmed. You might also see your toddler squeal with laughter and scream in delighted glee when he is too excited for words!

Facial Expressions and Gaze:

Toddlers make some of the best expressions ever, so keep your camera handy during this second year of life. You can see delight, curiosity, jealousy, and other feelings play across their faces. Young children also use eye contact to communicate with you. For example, you might see your toddler gazing at you to get your attention (Won't you come play with me?). You might also see your child watching you to learn something new (Now how do I press the cell phone buttons?).



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Your toddler also watches your reactions to make sense of new situations (I am not sure I want Uncle Joe to hold me. I am going to check your face to see if you think he is okay or not.) Often you will find that your child mirrors your own expressions and gestures—if you take a bite of broccoli and crinkle your nose, chances are good that your toddler will too.

Gestures: Young toddlers are more talented than ever at using their bodies to communicate. They can walk, run, point, take your hand, show you things, carry and move objects, climb, open and shut things, and more. Watching your toddler's body language and gestures will give you lots of information about what she is thinking about, what she wants, or what she is feeling.

Putting It Together

Over time, it becomes easier to understand your child's cues and messages. Young toddlers are skilled at using their bodies, expressions, and growing language skills to communicate their needs more clearly than ever before. A 14-month-old might creep over to the book basket, choose a favorite story, creep back to her uncle, and tap the book on his leg while saying, "Buh." A 20-month-old might pick up her sandals and then walk to the back door, turn to her grandmother and say, "Go park." These interactions are really an amazing developmental leap for toddlers! They are now able to hold an idea in their minds ("I want to read a book and not just any book, this book") and understand how to communicate that idea to the people who can make it happen!

Three Steps to Understanding Your Baby's or Toddler's Behavior

When you see a behavior you don't understand, think about these "clues" to try to figure out what the behavior means for your child. Remember, every child is different. The same behavior (for example, a baby who is arching her back while being held) can mean that one baby is tired and that another baby wants to be put down so she can stretch out and play. Getting to know your child's unique cues is an important way that you can show your child that you love and understand him or her.

Step 1: Observe and interpret your child's behavior:

- Notice the sounds (or words) your baby or toddler is using. Does your child sound happy, sad, frustrated, bored, or hungry? When have you heard this cry or sound before?
- What is your child's facial expression? What feelings are you seeing on your child's face? Is your baby looking at a new object with interest? Perhaps he is trying to say, "Hand that to me so I can touch it."
- Notice your child's gaze. Is your baby holding eye contact with you or has she looked away? (That is usually a sign that a baby needs a break.) Is your toddler holding your gaze? Perhaps she is trying to get your

attention or wants to see how you are reacting to a new situation.

- What gestures or movements is your child using? Is your baby rubbing her eyes and pulling on her ear when you try to hold her? She might feel sleepy and be ready for a nap. An older toddler who is on the verge of beginning potty training might start to hide behind a chair or go into a closet to have a bowel movement.
- Think about what's going on when you see a behavior you don't understand. Does this behavior happen at a certain time of day (like at child care drop-off or bedtime)? Does this behavior tend to happen in a certain place (like the brightly lit, noisy mall)? Does the behavior happen in a particular situation (like when your child must cope with many other children at one time, like at the playground)?





Step 2: Respond to your baby or toddler based on what you think the meaning of his or her behavior is. It's okay if you are not sure if your guess is right. Just try something. Remember, you can always try again. For example, if your 11-month-old is pointing toward the window, lift him up so he can see outside. Even though you might discover he was really pointing to a spider on the wall, the very fact that you tried to understand and respond lets him know that his communications are important to you. This motivates him to keep trying to connect with you. When you respond to your child, say out loud what you think his behavior might mean. For example, you might say to the toddler you pick up, "Are you saying that you want up? I can pick you up." By using language to describe what the child is communicating, you will be teaching your child the meaning of words.

Step 3: If your first try didn't work, try again. Trying different techniques increases the chances that you will figure out the meaning of your child's behavior, understand his needs, and

validate his feelings. If your four-month-old is crying but refuses a bottle, try changing her position—picking her up and rocking her, or putting her down to play.

Step 4: Remember that tantrums are a communication, too. A tantrum usually means that your child is not able to calm himself down. Tantrums are no fun for anyone. They feel overwhelming and even scary for young children. For adults, it is easy to get upset when you see upsetting behavior. But what frequently happens is that when you get really upset, your child's tantrum gets even bigger. Although it can be difficult, when you are able to stay calm during these intense moments, it often helps your child calm down, too.

Another strategy to try when your child is "losing it" is to re-state how your child seems to be feeling, while reflecting her strong emotions. You might say in a very excited voice, "You are telling me that you just cannot wait for the birthday party! It is just toooooo hard for you to wait! You want to go the party right now!" For some children, having you "mirror" their intense feelings lets them know that you understand them and take them seriously, which helps them calm down. Experiment to see which response works best to calm your child.

Remember: You can't always understand what your child is trying to communicate. Even in adult

relationships, we sometimes find ourselves wondering about the meaning of another person's behavior. But these moments—when your child is distressed and you can't figure out why—can be very stressful for parents. If you feel as though you really cannot handle your baby or toddler in the moment, it's okay to put him or her somewhere safe (like a crib) and take a few minutes for yourself. Taking care of you is important. You will make better parenting choices and be able to meet your child's needs more effectively if you are feeling calm and together.

Wrapping Up

Babies and toddlers experience and express thoughts and feelings. Often they communicate their strong feelings through behaviors that adults understand right away—like a baby's big toothless grin when she sees her grandma coming. Other times, very young children's behavior can be confusing or even frustrating to the adults who care for them. Being able to stay calm, make a good guess at what the behavior might mean, and then respond helps children understand that they are powerful communicators. Over the long-term, this helps children learn how to connect with others in ways that are healthy and respectful—a skill they'll use for life.



The Center on the Social and Emotional Foundations for Early Learning



Child Care Bureau



Office of Head Start



Make the Most of Playtime

Does This Sound Familiar?

Eight-month-old Jamia loves the game of peek-a-boo she and her father play. Jamia's father, Tomas, hides his face behind the couch then pops up and with a big smile says, "Here's Daddy!" Tomas and Jamia repeat the interaction over and over. Each time Tomas pops up from behind the couch, Jamia expresses sheer glee. After a number of repetitions, Tomas becomes tired of the game and is ready to move on to things he needs to do. Once Tomas stops playing and starts to fold laundry, Jamia screams and shrieks, stretching and waving her arms out to her dad as if to say, "Don't stop!" or "More! More!"

Jackson (age 14 months) throws his sippy cup in the trash. His mother, Danette, gently picks it out, washes it off, and hands it back to him. Only seconds later, Jackson throws his sippy cup in the trash again, giving his mother a wide smile. Danette, a bit distracted and frustrated, takes the sippy cup out again, washes it off, and gives it back to him. This time, she scolds Jackson. She tells him the sippy cup doesn't go in the trash and to stop playing in the trash. Before Danette can distract Jackson with another game or remove the trash can to another location, he throws the sippy cup in the trash again. He looks to his mother with another wide smile, appearing proud and eager for her reaction.

The Focus

Babies and toddlers love to play. As a parent, it can feel overwhelming at times. You might feel like your young child thinks everything is a game. Often young children want to repeat their games over and over. They also want to test the boundaries to learn what is appropriate and what is not. For busy parents, this can test your patience. Sometimes it might seem as though your child wants to "play" exactly at the time when you have other things that must be done.



Development of Play Skills for Infants and Toddlers



Babies Birth to 4 Months

- Smile (usually around 6 weeks of age) and begin to coo (make sounds like “ooooooo” or “aaaaaa”) (usually around 4 months)
- Prefer human faces over objects or toys
- Turn toward familiar voices and faces
- Follow objects with their eyes and recognize familiar faces and objects
- Begin to explore their hands by bringing them to their face or putting them in their mouth

Babies 4-7 Months

- Enjoy social games with a caregiver such as peek-a-boo and patty cake
- Bring toys to their mouth
- Can use their fingers and thumb to pick up objects
- Enjoy looking at themselves in a baby-safe mirror
- Laugh and babble (saying things like “ba-ba-ba-ba”)
- Distinguish feelings by listening to the tone of your voice and the voices of other loved ones. (Babies can tell when you are sad, upset, or happy just by the tone of your voice.)

Babies 8-12 Months

- Might begin to make recognizable sounds (like “Ma” or “Da”) and repeat or copy sounds/word they hear you say, like “Hi!” or “Bye bye!”
- Communicate nonverbally by pointing, gesturing, pulling up, or crawling
- Play games such as peek-a-boo and patty cake
- Use some objects correctly to imitate actions, like holding a toy phone to their ear or holding a cup to their mouth
- Explore objects by shaking or banging them
- Might become shy around strangers
- Might cry when Mom or Dad or a primary caregiver leaves

Toddlers 13-24 Months

- Enjoy playing with objects such as wooden spoons, cardboard boxes, and empty plastic food containers. Toddlers also enjoy toys like board books, balls, stackable cups or blocks, dolls, simple puzzles, etc.
- Have fun filling containers up with water, sand, or toys and then dumping them out
- Enjoy watching other children play. Your child might carefully look on or smile as other children play, but might not want to join the group
- Usually plays alone or next to other children
- Might offer toys to caregivers or other children, but might want them right back
- Might choose to play close to other children using the same kind of toy or materials, but not necessarily interact with them
- Will struggle with sharing and turn taking

Toddlers 25-36 Months

- Might play with other children but in an occasional, brief, or limited way. For example, a child might play “monsters” or run around chasing other children for a brief period
- Older toddlers might begin to cooperate with other toddlers in a shared play activity. For example, children might work together to build a block tower. Or, they might work together to paint a picture together, complete a puzzle, or take on roles and act out a story. One child might pretend to be the “baby,” while another is a “mom.”
- Begin to use their imaginations in their play. For example, toddlers might pretend to give a doll a bottle, pretend to do household chores like cooking or cleaning, or pretend that the shoebox is a garage for toy cars.
- Still play alone frequently.
- Will struggle with sharing and turn taking.



Playing with your child in the first three years of life helps the two of you build a warm and loving relationship. Playing together also supports the development of essential social skills (like sharing and turn taking), language skills (like labeling objects, making requests, commenting), and thinking skills (like problem-solving).

For babies and toddlers, play is their “work.” It is through play and repetition that babies and toddlers try out and master new skills. Through play, they learn what can happen as a result of an action, explore their imagination and creativity, learn to communicate, and learn about relationships with other people. Any activity can be playful to young children, whether it’s a game of peek-a-boo or helping you wipe the table with a sponge. And all types of play help children learn and practice new skills.

As a parent, you are your child’s very first and favorite playmate. From the very beginning of his/her life, he/she is playing with you, whether watching your face at meal time or listening to your voice as you sing during a diaper change. Your baby needs you to help him/her learn to play and develop social skills to connect and build friendships with others. As your child grows, he/she will use the skills learned with you and other caregivers to have fun, enjoy, and play with other children. Your child will also learn what is appropriate to play with and what is not. For example, he/she might learn that it is okay to play with a sippy cup but it is not okay to put it in the trash.

Playtime is special. Playing together with your child is not only fun, but a critical time to support your baby or toddler’s healthy development. Making time to play with your child each day is not always easy. However, setting aside a

child to learn new skills.

Read Your Child’s Signals

Your little one might not be able to tell you with words when he/she’s had enough or when he/she’s frustrated. But your child has other ways—like using sounds, facial expressions, and gestures.

Reading these signals can also tell you what activities your child prefers. Reading the signals that come before a tantrum help you know when to jump in or change to a new activity.

Look at Your Play Space

Is the area where you play child-friendly and child-safe? Is there too much noise or other distractions? Is the area safe to explore? Is this a good place for the activity you’ve chosen, such as running, throwing balls, or painting? Checking out your space beforehand can prevent a tantrum, an accident, or a broken lamp.

Play It Again, Sam

While doing things over and over again is not necessarily thrilling for Mom and Dad, it is for young children. They are practicing in order to master a challenge. And when your child can do it “all by myself!” he/she is rewarded with a powerful sense of his/her own skills and abilities—the confidence that he/she is a smart and successful being. The more children have a chance to practice and master new skills, the more likely they are to take on new challenges and learn new things. So when you’re tempted to hide that toy because you don’t think you can stand playing with it one more time, remember how important repetition is to your child’s development.

brief period every day to play together goes a long way in building a loving relationship between you and your child. Making time for play, especially active play, can also help in reducing your child’s challenging behavior.

So what can you do to make the most of your child’s playtime?

Check out the tips below.

Follow Your Child’s Lead

Provide an object, toy, or activity for your baby or toddler and then see what he/she does with it. When your child plays, it’s okay if it’s not the “right” way...let him/her show you a “new way.” For example, when you hand your child a plastic cup, instead of pretending to drink from it, he/she might put it on his/her head as a “party hat”. Support your child’s creativity and join in the birthday play.

Go Slowly

It’s great to show your child how a toy works, but try to hold off on “doing it for him/her” every time. You can begin something, such as stacking one block on another, and then encourage your child to give it a try. Providing just enough help to keep frustration at bay motivates your





Look For Ways to Adapt Play Activities to Meet Your Child's Needs

All children learn through play, and any play activity can be adapted to meet a child's unique needs. The suggestions below can help parents of children with special needs as well as other parents think about how to make playtime enjoyable and appropriate to their child's skills, preferences, and abilities.

- **Think about the environment.** How do variables like sound or light affect your child? What is the background noise like in your play area? Is there a television or radio on? Are there many other kids around? If your child seems distressed during playtime, and you've tried everything else, move to a quieter, less stimulating area to play.
- **How does your child respond to new things?** Some infants and toddlers, particularly if they have a special need, are easily overstimulated, while others enjoy a

lot of activity. Try starting playtime slowly, with one toy or object, and gradually add others. See what kind of reactions you get. Are there smiles when a stuffed bear is touched and hugged? Does your child seem startled by the loud noises coming from the toy fire engine?

- **How does your child react to different textures, smells, and tastes?** For example, some objects might be particularly enjoyable for your little one to touch and hold. Others might "feel funny" to them. Read your child's signals and change the materials you are using accordingly.
- **Involve peers.** It is important for children to establish relationships with other children their age. Encourage siblings to play together. Arrange times to play with other children or family members. Check out opportunities to play with other kids at the park or during free public library story hours. Having fun with peers is an important way for children to learn social skills like sharing, problem solving, and understanding others' feelings—and also helps prepare children for the school setting later on.

Ideas for How to Play With Your Child

Sometimes it is difficult to figure out how to play with a very young child, especially if he/she is too young to play with toys or other children. Remember that your smile and attention are your baby's favorite "toys." Watch for your child's cues that he/she is ready to play. Play when he/she is calm, alert and content. Let him/her cuddle and rest when he/she is tired, fussy, or hungry. Below are just a few ideas to spark your own playtime adventures.

For Babies Under 6 Months

- Imitate the sounds your baby makes and try to have a "conversation" with your baby as you coo or babble back and forth to each other.
- Sing your favorite songs or lullabies to your baby.
- Talk to your baby about what you are doing. You might say, "I'm starting to cook dinner. First I wash my hands, etc." or "I'm going to change your diaper now. First we take off your pants."
- Talk to your baby about his/her surroundings, for example, "Look at your brother—he is laughing and having so much fun!" or "Look at those bright lights."
- Read to your baby. Point out bright colored pictures with contrasting bright colors.
- Let your baby touch objects with different textures. Hold a toy within reach so he/she can swat it with his/her hands or feet.



For Babies 6 to 12 Months

- Start a bedtime routine that includes time to interact with your baby and read or describe pictures from books.
- Use bath time as a time to gently splash, pour, and explore the water.
- Play peek-a-boo by covering your face and then removing your hands while you say, “Surprise!” or “Peek-a-boo!” and make a surprised facial expression.
- Hide your child’s favorite toy under a blanket and ask him/her where the toy went. Encourage your child to look for it and/or help him/her find it. You can ask, “Where did your bear go? Is it on the couch? Is it behind the pillow? Oh, here it is under the blanket!”
- Play hide and seek. “Hide” yourself (leave lots of you showing!), and if your child is crawling, encourage him/her to come and find you.

- Imitate your child’s sounds. Encourage a dialogue by taking turns listening and copying each other’s sounds.
- Use containers to fill with objects like toys or sand, and dump them out. You might use a shoebox with soft foam blocks or other baby-safe small toys.

For Toddlers 12-24 Months

- Sing special songs while changing a diaper or getting ready for bed.
- Keep reading and talking together. When looking at a book, ask your child questions about the pictures like, “Where is the doggy?” Show your excitement by acknowledging when your child points to the object: “Yes, you know where the doggy is!”
- Hide behind a door, the couch, or the high chair, then pop up and say, “Surprise!” If your child enjoys this game, change the location where you pop up. For example, if you usually pop up from under the high chair, try popping up from under the table. This switch will delight him/her!
- Use play objects to act out pretend actions. For example, use a toy phone to say, “Ring ring ring. It’s the phone. Hello. Oh, you are calling for Teddy. Teddy, the phone is for you.” Use a toy car to move across the floor saying, “Vroom, vroom, go car go!”
- Help your child stack blocks and then share his/her excitement when he/she knocks it down.
- Explore the outdoors by taking walks, visiting a park, or helping your child run up or down grassy hills.

For Toddlers 24-36 Months

- Continue to read and talk often to your child. When looking at books together, give your child time to look at the pictures before reading the words. Begin to ask questions about the book such as, “Why did he do that?”, “What happens next?”, and “Where did she go?”
- Dance and jump around to music and encourage your child to join you.
- Support your child’s imagination by providing dress-up clothes like scarves, hats, pocketbooks, or your old shoes; and props such as plastic kitchen bowls and plates, or toy musical instruments.
- Encourage your child’s creativity by playing with crayons, markers, play dough, finger paint, paints, etc.
- Use play objects that look like the “real” thing: child-sized brooms and dust pans, pots and pans, toy cash registers, etc.

What can you do when your child’s play is inappropriate or dangerous (e.g., throwing the sippy cup in the trash, pulling at the lamp, etc.)?

- Try to give your child an acceptable way to meet his/her goal. For example, show him/her how to throw the ball into a laundry basket instead of into the trash.
- Use words to validate your child’s desires: “You want to pull that lamp. You want to see what will happen. You are playing a game. You want me to come close and play with you.”
- Show your child what he/she can do: “You can put it in this basket”; “You can put the socks in the hamper”; “You can push this block tower down.”
- Distract or redirect your child to another toy or game with you: “Look at this toy.” “Do you see how this toy moves?”



- When you tell your child, “No” or “No touch, it is dangerous,” direct him/her to what he/she can do: “No touch, look with your eyes.”
- Remove the object, if possible, to make the play area more child-friendly.
- Remove the child from the area or activity: “Let’s play over here instead.”
- Use humor and join the game: “You just want me to come chase you. Now I’m going to tickle you.”

What happens when my baby or toddler has difficulty moving on from play time? What if, like Jamia, she doesn’t want to stop?

- Tell your child when a transition is coming: “one more time,” “last time.”
- Give your child a visual reminder of the transition. Set a kitchen timer or egg timer for “two more minutes” or “five more minutes.”
- Explain what is happening: “I have to stop playing now. I have to make dinner.”

- Provide an alternative activity: “I can’t play anymore, but you can sit at the table while I cook and color with crayons.”
- Provide a choice: “You can do a puzzle or play with cars.”
- Use words to validate your child’s feelings: “You want to play longer.” “Again? You want to do it again.” “You feel sad that it is time to leave the park.”
- If your child becomes upset, validate his/her feelings and try to provide words of comfort: “I know you are mad because I have to change your diaper now. You want to keep playing. We’ll play again after your diaper change.”



*Adapted with permission from:
 “ZERO TO THREE. (n.d.) Make the most of play time.”
 Retrieved May 22, 2008, from
www.zerotothree.org/site/PageServer?pagename=ter_key_play_tips&AddInterest=1154*



The Center on the Social and Emotional Foundations for Early Learning



Child Care Bureau



Office of Head Start

Temperament Continuum

HANDOUT 23

Place the initials of each of the children in your care on the continuum for each trait based on your observations and discussions with the child's family. Then, write your initials where you feel you fall on each trait in the continuum. Use this tool to analyze where your temperament is similar and different to the children you care for. Then, knowing that it is the adult who must adjust to make the "fit" good, use the suggestions above to create care strategies that provide the best possible experience for each child.



☀ Activity Level:

Very Active

wiggle and squirm, difficulty sitting still

Not Active

sit back quietly, prefer quiet sedentary activities

☀ Distractibility:

Very Distractible

Difficulty concentrating

Difficulty paying attention when engaged in an activity

Easily distracted by sounds or sights during activities

Not Distractible

High degree of concentration

Pays attention when engaged in an activity

Not easily distracted by sounds or sights during activities

☀ Intensity:

Very Intense

Intense positive and negative emotions

Strong reactions

Not Intense

Muted emotional reactions

☀ Regularity:

Very Regular

Predictable appetite, sleep patterns, elimination

Not Regular

Unpredictable appetite, sleep patterns, elimination

☀ Sensory Threshold:

High Threshold

Not sensitive to physical stimuli including sounds, tastes, touch, temperature changes

Falls asleep anywhere, tries new foods, wears new clothing easily

Low Threshold

Sensitive to physical stimuli including sounds, tastes, touch, temperature changes

Picky eater, difficulty sleeping in strange crib/bed

☀ Approach/Withdrawal:

Tendency to Approach

Eagerly approaches new situations or people

Tendency to Withdraw

Hesitant and resistant when faced with new situations, people, or things.

☀ Adaptability:

Very Adaptable

Transitions easily to new activities and situations

Difficulty Adapting

Has difficulty transitioning to new activities or situations

☀ Persistence:

Persistent

Continues with a task or activity in the face of obstacles

Doesn't become frustrated easily

Easily Frustrated

Moves on to a new task or activity when

faced with obstacles. Gets frustrated easily

☀ Mood:

Positive Mood

Reacts to the world in a positive way, generally cheerful

Serious Mood

Reacts to situations negatively, mood is generally serious

¹ ZERO TO THREE, Retrieved from worldwideweb http://www.zerotothree.org/site/PageServer?pagename=key_temp June 11, 2009

² Dimensions of temperament (found in several places and merged/adapted).

³ WestEd. (1995). The Program for Infant Toddler Caregivers' (PITC) Trainers Manual, module 1: Social-emotional growth and socialization (p. 21). Sacramento, CA: California Department of Education.

⁴ Thomas, Chess, Birch, Hertzog, & Korn, 1963.

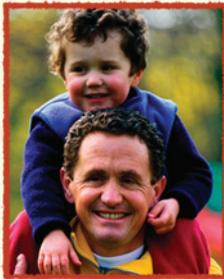


Center on the Social and Emotional Foundations for Early Learning

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Understanding Temperament in Infants and Toddlers



23

Understanding Temperament in Infants and Toddlers



Twenty-month-old Laura just began care in Ms. Neil's family child care home. Ms. Neil is having difficulty integrating Laura into her program.

Laura's schedule is unpredictable—she becomes tired or hungry at different times each day—and she always seems to want to run, climb, and jump

on everything. Laura also gets extremely upset when it is time to transition from outdoor play to lunch, or when Ms. Neil interrupts an activity in which Laura is engaged. It is not uncommon for her to tantrum for 10 minutes or more at these times. Ms. Neil has had many years of experience working with young children, and attributes Laura's lack of a consistent schedule to her recent enrollment and need to get used to the program. She is also struggling with the fact that her favorite activities—quiet games, book reading, and sensory experiences—are ones that Laura doesn't seem to enjoy. After several weeks of observing little change in Laura's behaviors, Ms. Neil is frustrated. Laura's unpredictable napping and feeding times, as well as her constant need for physical activity and intense reactions during transitions, are making responsive care for all the other children difficult. Ms. Neil meets with Laura's family, and learns that Laura's parents haven't had difficulty with the issues she describes. When she asks specifically about her schedule, her parents describe Laura as being a good eater and sleeper, but do report that she doesn't have a consistent schedule for eating or napping. They also share that Laura's need for active physical play is typically not an issue because they have a large backyard and Laura has several older siblings who often include her in their active play. Still, all of the adults are concerned about Laura's success transitioning into Ms. Neil's program, and want to find a way to help her.

What Is Temperament?

A child's temperament describes the way in which she approaches and reacts to the world. It is her personal "style." Temperament influences a child's behavior and the way she interacts with others. While temperament does not clearly define or predict behavior, understanding a child's temperament can help providers and families better understand how young children react and relate to the world around them. Information about temperament can also guide parents and caregivers to identify children's strengths and the supports they need to succeed in their relationships and environments.

Researchers have described young children's temperament by depicting several different traits. These traits address an infant's level of activity, her adaptability to daily routines, how she responds to new situations, her mood, the intensity of her reactions, her sensitivity to what's going on around her, how quickly she adapts to changes, and how distractible and persistent she might be when engaging in an activity. Based on these traits, researchers generally categorize children into three temperament types:

- **Easy or flexible** children tend to be happy, regular in sleeping and eating habits, adaptable, calm, and not easily upset.

- **Active or feisty** children may be fussy, irregular in feeding and sleeping habits, fearful of new people and situations, easily upset by noise and stimulation, and intense in their reactions.
- **Slow to warm or cautious** children may be less active or tend to be fussy, and may withdraw or react negatively to new situations; but over time they may become more positive with repeated exposure to a new person, object, or situation.

Clarifications about Temperament

Not all children's temperaments fall neatly into one of the three types described. Roughly 65% of children can be categorized into one of the three temperamental types: 40% are easy or flexible, 10% are active or feisty, and 15% can be categorized as slow to warm or cautious. Second, all temperamental traits, like personality traits, range in intensity. Children who have the same temperament type might react quite differently in similar situations, or throughout different stages in their development. For example, consider the reactions of two infants when a stranger comes into the room. A cautious infant might look for her caregiver and relax when she makes eye contact, while another baby with an easy temperament may smile or show little reaction to the stranger. In thinking about Laura's reactions and behaviors in Ms. Neil's care, might you categorize her temperamental type as feisty?

Finally, it is important to understand that although a child's basic temperament does not change over time, the intensity of temperamental traits can be affected by a family's cultural values and parenting styles. For example, a family that values persistence (the ability to stick to a task and keep trying) may be more likely to praise and reward a child for "sticking with" a challenging task (such as a puzzle). Parental recognition of the child's persistent efforts can strengthen the trait, and she may become more persistent and more able to focus over the course of his childhood.

A child's temperament is also influenced to some extent by her interactions with the environment. For example, if a child is cared for in an environment that places a high priority on scheduling predictable sleeping, eating, and diapering/toileting experiences, a child whose biological functions are somewhat irregular might, over time, begin to sleep, eat, and eliminate more regularly. It is important to know that adults cannot force a change to a child's temperament; however, the interaction between the child's temperament and the environment can produce movements along the continuum of intensity for different traits.

Why Is Temperament Important?

Temperament is important because it helps caregivers better understand children's individual differences. By understanding temperament, caregivers can learn how to help children express their preferences, desires, and feelings appropriately. Caregivers and families can also use their understanding of temperament to avoid blaming themselves or a child for reactions that are normal for that particular child. Most importantly, adults can learn to anticipate issues before they occur and avoid frustrating themselves and the child by using approaches that do not match her temperament.

Ms. Neil visited Laura in her own home and observed that Laura is constantly trailing behind her older siblings, and runs inside and outside the house with few limitations. The household is a relaxed environment, where the older children help themselves when they are hungry, and Laura's mother responds to Laura's hunger or need for sleep whenever they arise. In contrast, Ms. Neil's program functions on a very consistent schedule, which she feels is important in preparing children for their later school experiences. Ms. Neil does not have much space indoors, and she finds outdoor play somewhat difficult to manage with children at varying ages and developmental levels. While Laura's family's pattern of behavior seems to be a match to her temperament, Ms. Neil's home does not currently represent a good "fit" for Laura, who might be categorized as active or feisty.

Developing a "Goodness of Fit"

One important concept in care that supports healthy social-emotional development is the notion of "goodness of fit." In the previous example, Laura's activity, intensity, and unpredictability may reflect a mismatch between her temperament and Ms. Neil's caregiving style and environment. A caregiver can improve the goodness of fit by adapting his or her approach to meet the needs of the child.

Using What You Know About Temperament to Promote Positive Social-Emotional Development and Behavior

You can use your knowledge of temperament in many ways to support positive social-emotional development in the infants and toddlers you care for:

1. **Reflect on your own temperament and preferences.** *Understanding your own temperament can help you to identify the "goodness of fit" for each child in your care.* Knowing more about your own temperament traits will also help you to take the child's perspective. For example, a caregiver who enjoys movement, loud music playing, and constant bustle might try to imagine what it would feel like to spend all day in a setting that was calm, hushed, and quiet. This reflective process can help you become more attuned to the experience of each child within your care. You can then determine what adjustments might be needed to create a better fit for each child.
2. **Create partnerships with families to understand a child's temperament.** Share what you have learned about temperament with the families you serve, and provide information about temperamental traits. Talk about what each temperamental trait describes, and ask parents to help you understand their child's activity level, response to new situations, persistence, distractibility, adaptability, mood, intensity, sensitivity, and regularity so that you can learn about the child's temperament and the family's cultural values (see Temperament Continuum handout attached). For a better understanding of how these traits look in young children, work with families to identify their child's individual temperament.

Refrain from judging a child's temperamental traits as "good" or "bad" behavior, and work with parents to see each child's approach to the world through a positive lens. Understand the contribution each child's temperament type makes to the group. The

active or feisty children are often leaders and creators of games, or initiators of play. The slow to warm or cautious child may observe situations carefully and help you notice things you hadn't seen before. The flexible or easy child may take new play partners on easily. Support each child's development by recognizing, valuing, and integrating the unique traits that each child has, rather than trying to change a child's temperamental traits.

Listen to how the family feels about the temperament characteristics of their child. For example, if a child's temperament makes his sleeping routines irregular, but his family is consistently trying to get him to nap at 1:00 PM, he may be frustrated by expectations that don't fit with his temperament. This frustration, if not understood, might result in conflict between the parents and the child, or result in him demonstrating challenging behaviors at home or in care. Share with families what you have learned about goodness of fit, and share your strategies, such as individualizing nap schedules for your program. As you learn which traits are highly valued by each family, you can partner with them to determine an appropriate balance between the child's temperament, the family's preferences, and the policies of the program.

3. **Respect and value each child's temperament when individualizing your curriculum.** *Recognize how quality caregiving practices support all children's development, yet certain practices might be especially important for certain temperament types.*

A) For the **easy or flexible** child, ensure that you often check in with her, and initiate communication about her emotions. She might be less likely to demand attention and make her needs or distress known.

- You can use language to develop her awareness and understanding of her own emotions, feelings, and reactions. Make sure she knows that her feelings and preferences are recognized and validated.
- Encourage her to seek help when he needs it, and work with her to communicate his feelings and needs to others. "When Jack takes your block, you can tell him, 'I am using that.'"

B) For the **active or feisty** child, be prepared to be flexible and patient in your interactions. A child who is feisty can experience intense emotions and reactions.

- Provide areas and opportunities for her to make choices, and engage her in gross-motor and active play to expend high energy levels. Feisty children might need a peaceful environment in order to help them calm themselves and transition from playtime to rest or naptime.
- When preparing children for transitions, pay special attention to individualized transition reminders for feisty children by getting down on the child's level and making sure that the child hears and understands what will happen next in order to ensure smooth experiences throughout the day.
- Label children's emotions by describing what they seem to be feeling ("You are so angry. You really wanted that toy.") Stay calm when faced with the child's intense emotions. Reassure him by acknowledging her feelings, and also point out to her when he is calm so he can learn to recognize his emotions on his own as she grows.

- C) For the **slow to warm or cautious** child, provide additional preparation and support for new situations or people who become part of his environment.
- Set up a predictable environment and stick to a clear routine. Use pictures and language to remind the cautious child what will happen next. Drop-off and pick-up might also require extra time from you in order to support the cautious child.
 - Give children who are cautious ample time to establish relationships with new children or to get comfortable in new situations. Primary caregivers, who can provide a secure base to all children, are particularly important for a cautious child. Help her in unfamiliar situations by observing her cues carefully, and providing support and encouragement for her exploration and increasing independence. (e.g., “I’m here. I’ll be right in this chair watching you try on the dress-up clothes”).

Each child’s response to the environment will vary in intensity. Over time, temperamental traits might increase or decrease in intensity. As children grow, develop, and learn to interact with others, the environment, and their families, shifts in temperament might occur. This means caregivers must continue to observe children many times and in different contexts to ensure that their needs are being met. The importance of adapting strategies in order to create a goodness of fit and meet the unique needs of the children and families in care, as Ms. Neil does below, cannot be overstated.

Ms. Neil reflected on her own temperament and how it might affect the children in her care, each of whom had their own distinct temperaments. She realized that she values a predictable schedule and is most drawn to calming, quiet activities. By developing a partnership with Laura’s family, she learned more about Laura’s home and her unique temperament traits. She was then able to better understand Laura’s reactions and behaviors while in care. Ms. Neil began to organize additional outdoor play and active opportunities in her schedule. She watched Laura closely and learned to recognize her need to sleep or eat, and made accommodations to individualize eating and sleeping schedules for her. She offered Laura many advance reminders when transitions were about to take place, and was patient and understanding when she experienced intense emotions. Soon, Laura appeared to be much more comfortable in Ms. Neil’s family child care home, and was able to better use her energy to build strong and positive relationships with Ms. Neil and the other children. Through understanding herself, the children, and their families’ temperament, Ms. Neil created an environment that better met all of the children’s needs. Ultimately, the work she did positively impacted the experience of Laura and the other children in her care.

Who Are the Children Who Have Participated in Research on Temperament?

Research in temperament has blossomed in the last 15 years through the efforts of literally hundreds of scientists in many disciplines. Studies that attempt to understand facets of temperament in children have been conducted in a number of countries and with a wide variety of ethnically and linguistically diverse children. Participants in these studies have included children from European, American, Chinese, and Sub-Saharan African backgrounds. Research on temperament has been conducted with children and families in home and child care settings. ✨

What Is the Scientific Basis for the Strategies?

For those wishing to explore the topic further, the following resources might prove useful:

- Bridgett, D. J., et al. (2009). Maternal and contextual influences and the effect of temperament development during infancy on parenting in toddlerhood. *Infant Behavior & Development*. 32(1), 103-116.
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- Hwang, A., Soong, W., & Liao, H. (2009). Influences of biological risk at birth and temperament on development at toddler and preschool ages. *Child: Care, Health & Development*. 35(6), 817-825.
- Klein, V., et al. (2009). Pain and distress reactivity and recovery as early predictors of temperament in toddlers born preterm. *Early Human Development*. 85(9), 569-576.
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- Rubin, K. H., Burgess, K. B., Dwyer, K. M., & Hastings, P. D. (2003). Predicting preschoolers’ externalizing behaviors from toddler temperament, conflict, and maternal negativity. *Developmental Psychology*. 39(1), 164-176.
- Thomas, A., Chess, S., Birch, H. G., Hertzog, M. E., & Korn, S. (1963). *Behavioral individuality in early childhood*. New York: New York University Press.
- Van Aken, C., et al. (2007). The interactive effects of temperament and maternal parenting on toddlers’ externalizing behaviours. *Infant & Child Development*, 16(5), 553-572.

This *What Works Brief* is part of a continuing series of short, easy-to-read, “how to” information packets on a variety of evidence-based practices, strategies, and intervention procedures. The Briefs are designed to help teachers and other caregivers support young children’s social and emotional development. In-service providers and others who conduct staff development activities should find them especially useful in sharing information with professionals and parents. The Briefs include examples and vignettes that illustrate how practical strategies might be used in a variety of early childhood settings and home environments.

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Temperament Continuum

HANDOUT 23

Place the initials of each of the children in your care on the continuum for each trait based on your observations and discussions with the child's family. Then, write your initials where you feel you fall on each trait in the continuum. Use this tool to analyze where your temperament is similar and different to the children you care for. Then, knowing that it is the adult who must adjust to make the "fit" good, use the suggestions above to create care strategies that provide the best possible experience for each child.



☀ Activity Level:

Very Active

wiggle and squirm, difficulty sitting still

Not Active

sit back quietly, prefer quiet sedentary activities

☀ Distractibility:

Very Distractible

Difficulty concentrating

Difficulty paying attention when engaged in an activity

Easily distracted by sounds or sights during activities

Not Distractible

High degree of concentration

Pays attention when engaged in an activity

Not easily distracted by sounds or sights during activities

☀ Intensity:

Very Intense

Intense positive and negative emotions

Strong reactions

Not Intense

Muted emotional reactions

☀ Regularity:

Very Regular

Predictable appetite, sleep patterns, elimination

Not Regular

Unpredictable appetite, sleep patterns, elimination

☀ Sensory Threshold:

High Threshold

Not sensitive to physical stimuli including sounds, tastes, touch, temperature changes

Falls asleep anywhere, tries new foods, wears new clothing easily

Low Threshold

Sensitive to physical stimuli including sounds, tastes, touch, temperature changes

Picky eater, difficulty sleeping in strange crib/bed

☀ Approach/Withdrawal:

Tendency to Approach

Eagerly approaches new situations or people

Tendency to Withdraw

Hesitant and resistant when faced with new situations, people, or things.

☀ Adaptability:

Very Adaptable

Transitions easily to new activities and situations

Difficulty Adapting

Has difficulty transitioning to new activities or situations

☀ Persistence:

Persistent

Continues with a task or activity in the face of obstacles

Doesn't become frustrated easily

Easily Frustrated

Moves on to a new task or activity when

faced with obstacles. Gets frustrated easily

☀ Mood:

Positive Mood

Reacts to the world in a positive way, generally cheerful

Serious Mood

Reacts to situations negatively, mood is generally serious

¹ ZERO TO THREE, Retrieved from worldwideweb http://www.zerotothree.org/site/PageServer?pagename=key_temp June 11, 2009

² Dimensions of temperament (found in several places and merged/adapted).

³ WestEd. (1995). The Program for Infant Toddler Caregivers' (PITC) Trainers Manual, module 1: Social-emotional growth and socialization (p. 21). Sacramento, CA: California Department of Education.

⁴ Thomas, Chess, Birch, Hertzog, & Korn, 1963.

Center on the Social and Emotional Foundations for Early Learning

We welcome your feedback on this What Works Brief. Please go to the CSEFEL Web site (<http://csefel.vanderbilt.edu/>) or call us at (866) 433-1966 to offer suggestions.

Where Do I Find More Information on Temperament?

See the CSEFEL Web site (<http://www.vanderbilt.edu/csefel>) for additional resources.

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This *What Works Brief* is part of a continuing series of short, easy-to-read, "how to" information packets on a variety of evidence-based practices, strategies, and intervention procedures. The Briefs are designed to help teachers and other caregivers support young children's social and emotional development. In-service providers and others who conduct staff development activities should find them especially useful in sharing information with professionals and parents. The Briefs include examples and vignettes that illustrate how practical strategies might be used in a variety of early childhood settings and home environments.

This material was developed by the Center on the Social and Emotional Foundations for Early Learning with federal funds from the U.S. Department of Health and Human Services, Administration for Children and Families (Cooperative Agreement N. PHS 90YD0215). The contents of this publication do not necessarily reflect the views or policies of the U.S. Department of Health and Human Services, nor does mention of trade names, commercial projects, or organizations imply endorsement by the U.S. Government. You may reproduce this material for training and information purposes. 10/2010

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FOR RESEARCH ON HUMAN DEVELOPMENT



Social Emotional Tips FOR Families with Infants

Introduction

The quality of each infant's relationships with familiar adults—especially their parents—sets the foundation for social and emotional health. Social and emotional health is a child's growing ability to:

- express and manage a variety of feelings
- develop close relationships with others and
- explore his/her surroundings and learn (adapted from Zero to Three, 2001)

Children who experience the world as responsive to their needs, predictable, and supportive develop the social and emotional foundations that help them become ready to learn (Norman-Murch, 1996). For example, when a parent shares a smile with their infant son, rocks and cuddles him throughout the day, and gently responds to his needs, the child learns that he is safe. This sense of security allows the child to explore, learn and engage in the world and with people around them. A child who can do these things has an easier time being successful in school and life. Research tells us that attending to the social and emotional needs of very young children throughout the day—as part of their every day rituals and routines—promotes positive attachments that are critical to their developing trust for others and empathy.

Social and Emotional Tips for Parents of Infants provides a set of (5) one-page posters that families can refer to during specific daily routines including: dressing, meal times, play time, resting and diapering. Putting these posters up around the house can serve as a reminder of what to say or do to nurture the social and emotional health of their infants every day. Each poster has (5) simple tips that parents can try with their child such as: *following a child's interests during playtime*. Each tip includes sample language that parents can try, "Lily, I see you bouncing to the music, let's dance together." Each poster also offers a rationale for using the tips that is based on research. The practical strategies, sample language and rationale in each poster can help families to:

- Practice using behavior and language that supports healthy, positive connections with children
- Learn more about social and emotional health and
- Understand the importance of social and emotional health to school readiness.

Acknowledgements

This resource was created by Mary A. Mackrain, Kathy S. Hepburn and Deborah F. Perry with guidance from the director and parents of the Lake Orion, MI. Early Head Start Program.



GEORGETOWN UNIVERSITY CENTER
FOR CHILD AND HUMAN DEVELOPMENT

MARCH 2012

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Social Emotional Tips for Families with Infants

Intended Users and Examples of How to Use this Resource

This resource is primarily intended for use by those supporting families with infants. This may include staff such as: Early Head Start home visitors and center-based teachers, or early childhood mental health consultants.

Examples of how professionals can introduce these posters to families include:

- **Working together during a home visit**

For example, an Early Head Start home visitor might introduce one of the posters during a home visit as a way to expand conversations about building connections during daily routines. Together the home visitor and parents might look at the tips and highlight some of the things the parent already does to support social emotional health and discuss one new thing they might want to try.

- **Facilitating a small or large group training session for parents**

For example, an early childhood mental health consultant might use the posters to enhance a parent training on social emotional development.

- **Facilitating an ongoing group experience for parents**

For example, a teacher might introduce one poster at a time during monthly parent get-togethers, encouraging families to try several tips and report about their experiences at the next meeting.

For more information about social and emotional health of young children, visit the Center for Early Childhood Mental Health Consultation website at <http://ecmhc.org>.

Examples of additional social and emotional resources found on <http://ecmhc.org> website include:

- **Everyday Ideas for Increasing Children's Opportunities to Practice Social Skills and Emotional Competencies**

<http://ecmhc.org/ideas/index.html>
The Everyday Ideas are available in a variety of formats including, Twitter postings ("tweets"). The Everyday Ideas offer strategies that can be used in a classroom and supplemental materials that can be sent home for families to use. The ideas are organized by the type of skill that would be targeted when using the strategy: emotions, friendship skills, problem solving, and handling anger and other difficult emotions.

- **The Infant Toddler Temperament Tool (IT³)**

<http://ecmhc.org/temperament/index.html>

The Infant Toddler Temperament Tool includes a short on-line survey that allows parents and caregivers of infants and toddlers to recognize and explore their own temperament traits and those of a child for which they provide care. The IT³ generates personalized results, which support parents and caregivers in understanding how adult and child similarities and differences in temperament traits may affect "goodness of fit." Along with these personalized results, the IT³ describes best practice tips adults can use to foster the unique temperament of each child within their care.

- **Recognizing and Supporting the Social and Emotional Health of Young Children Birth to Age Five**

<http://ecmhc.org/tutorials/social-emotional/index.html>

This on-line tutorial provides professionals with a detailed definition and understanding of the milestones related to social and emotional health in infants and young children (birth up to age five) as well as strategies that adult's (parent's and other caregivers) can use to support these behaviors within every day routines in the home and within early care and education settings.



5 Simple Tips

To Support Your **Infant's** Social Emotional Health During



Dressing

- 1 Talk about what you are doing.**
"Mila, Daddy is going to put your shirt on now."
- 2 Practice patience.**
"David, this shirt is hard for mommy to get over your head, I am going to try a different way."
- 3 Leave extra time.**
"It will be time to go to child care soon, let's get you ready Sasha."
- 4 Offer positive words.**
"Ellen you wiggled your foot into the sock. Way to go!"
- 5 Have fun.**
"We got your shirt on Dedrea, let's clap your hands!"

You Are Your Child's First Teacher!

Together, you and your infant can make dressing a special time for connecting. When you show patience and use gentle words, your infant learns from you how to be kind and patient. When you talk positively about what you are doing together your child learns that you like taking care of them, *"Daddy is going to dress you in warm clothes today for our walk, it's chilly outside."*





5 Simple Tips

To Support Your **Infant's** Social Emotional Health During



Meal Time

- 1 Hold your baby while feeding.**
"I am going to feed you now Brayden. Mommy is going to find a comfortable spot for us."
- 2 Look in their eyes and connect.**
"I see you looking at me Gabe, I love looking at you too."
- 3 Talk and sing to your baby while feeding.**
"You like the orange carrots Calvin, I see that smile!"
- 4 Consider breastfeeding.**
"Let's find a cozy spot for mommy to feed you Jeremiah."
- 5 Notice signs from your baby that say, "I am done" or "I need more."**
"Kara you are turning your head away, I think you are all done eating."

You Are Your Child's First Teacher!

You and your baby can connect during mealtimes through cooing, singing and looking at each other. Babies love your face and voice. You help them to feel safe when you speak gently. When you know what your baby needs and react, for example by feeding them, it sends a message to your baby that their needs are important.





5 Simple Tips

To Support Your **Infant's** Social Emotional Health During



Play Time

- 1 Follow their interests.**
Lily, I see you bouncing to the music, let's dance together!"
- 2 Talk about what you see.**
"Sal, look at those big, red apples! Do you want to hold one for me?"
- 3 Sing and read.**
That's it David, snuggle in and let's look at this story together."
- 4 Offer encouragement.**
"Helena, you almost rolled over, come on big girl, let's try again!"
- 5 Have fun and laugh together.**
"Daddy loves your giggles, Talia!"

You Are Your Child's First Teacher!

Infants are wired to learn and connect with people they love. Playing with your baby every day builds your parent-child bond. When you sing, read and talk with your baby and look into their eyes, it helps their brain to grow.





5 Simple Tips

To Support Your **Infant's** Social Emotional Health During



Rest Time

- 1 Create a routine.**
"Time to take a bath Gia and then we'll get ready for your nap."
- 2 Use routines across settings.**
"Let's pack your favorite book and blanket for Ms. Joslyn to use with you at child care today Jayden."
- 3 Leave time for transitioning.**
"We have had fun playing Hanna, let's go for our walk before bed time."
- 4 Take care of the basics.**
"Justin, let's change your diaper before you rest."
- 5 Take time to refuel.**
"Nina, daddy has to take a break too so we can play again later."

You Are Your Child's First Teacher!

Infants, need time each day to rest. Just like us! Gentle routines—doing the same thing every day, will help your infant know what to expect and will help them ease into resting. Planning ahead to meet your infants needs each day will make it easier for them and for you, *"Sara, we will be out with your grandmother today, I will pack some extra diapers for you and snacks for us."*





5 Simple Tips

To Support Your **Infant's** Social Emotional Health During



Diapering

- 1 Create a routine.**
"Hi Derry, you had a good nap! Let's check your diaper."
- 2 Know the signs.**
"Eli, I see you pulling on your diaper, do you need to be changed?"
- 3 Take time to Connect.**
"Look at that big smile Henry! You make mommy smile too!"
- 4 Offer choices.**
"Kia do you want the red ball or the bear to hold while Daddy changes you?"
- 5 Practice patience.**
"I know you don't like to be changed but we need to take good care of you. Mommy is almost done."

You Are Your Child's First Teacher!

Diapering is an every day routine that creates an opportunity for connecting with your infant. When you coo, babble and talk with your infant it sends a message that they are important. They love your voice and face! Creating a simple routine for diapering—doing some things the same every day, can help your infant know what to expect and will make the experience smoother for each of you, *"Daddy is going to change your diaper and sing our song and then we will go play with our toys!"*





Social Emotional Tips FOR Providers Caring for Infants

Introduction

The quality of each infant's relationships with familiar adults—especially their parents—sets the foundation for social and emotional health. Social and emotional health is a child's growing ability to:

- express and manage a variety of feelings
- develop close relationships with others and
- explore his/her surroundings and learn (adapted from Zero to Three, 2001)

Children who experience the world as responsive to their needs, predictable, and supportive develop the social and emotional foundations that help them become ready to learn (Norman-Murch, 1996). For example, when a familiar caregiver shares a smile with an infant, rocks and cuddles him throughout the day, and gently responds to his needs, the child learns that he is safe. This sense of security allows the child to explore, learn and engage in the world and with people around them. A child who can do these things has an easier time being successful in school and life. Research tells us that attending to the social and emotional needs of very young children throughout the day—as part of their every day rituals and routines—promotes positive attachments that are critical to their developing trust for others and empathy.

Social and Emotional Tips for Providers Caring for Infants provides a set of (5) one-page posters that staff can refer to during specific daily routines including: dressing, meal times, playtime, resting and diapering. Putting these posters up around the classroom can serve as a reminder of what to say or do to nurture the social and emotional health of infants every day. Each poster has (5) simple tips that staff can try with each child in their care such as: “*Talk about what you see.*” Each tip includes sample language that staff can try, “*Sal, look at the red and blue balls! Do you want to hold one?*” Each poster also offers a rationale for using the tips which are based on research. The practical strategies, sample language and rationale in each poster can help staff to:

- Practice using behavior and language that supports healthy, positive connections with children
- Learn more about social and emotional health and
- Understand the importance of social and emotional health to school readiness.

Acknowledgements

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Social Emotional Tips for Providers Caring for Infants

Intended Users and Examples of How to Use this Resource

This resource is primarily intended for use by those supporting infants within group settings. This may include staff such as, Early Head Start center-based teachers, family, group and center-based childcare providers and early childhood mental health consultants.

These posters align closely with the Social and Emotional Tips for Parents of Infants posters and can be used together to create consistent practices for children between home and care settings.

Examples of how an early childhood mental health consultant can introduce these posters to staff include:

- **Facilitating a small or large group training session.**
For example, an early childhood mental health consultant might use the posters to enhance a staff training on social emotional development.
- **Facilitating an ongoing group experience.**
For example, a consultant might introduce one poster at a time during monthly get-togethers encouraging staff to try several tips and report about their experiences at the next meeting.

For more information about social and emotional health of young children, visit the Center for Early Childhood Mental Health Consultation website at <http://ecmhc.org>.

Examples of additional social and emotional resources found on <http://ecmhc.org> website include:

- **Everyday Ideas for Increasing Children’s Opportunities to Practice Social Skills and Emotional Competencies**
<http://ecmhc.org/ideas/index.html>
The Everyday Ideas are available in a variety of formats including, Twitter postings (“tweets”). The Everyday Ideas offer strategies that can be used in a classroom and supplemental materials that can be sent home for families to use. The ideas are organized by the type of skill that would be targeted when using the strategy: emotions, friendship skills, problem solving, and handling anger and other difficult emotions.
- **The Infant Toddler Temperament Tool (IT³)**
<http://ecmhc.org/temperament/index.html>
The Infant Toddler Temperament Tool includes a short on-line survey that allows parents and caregivers of infants and toddlers to recognize and explore their own temperament traits and those of a child for which they provide care. The IT³ generates personalized results, which support parents and caregivers in understanding how adult and child similarities and differences in temperament traits may affect “goodness of fit.” Along with these personalized results, the IT³ describes best practice tips adults can use to foster the unique temperament of each child within their care.

- **Recognizing and Supporting the Social and Emotional Health of Young Children Birth to Age Five**
<http://ecmhc.org/tutorials/social-emotional/index.html>
This on-line tutorial provides professionals with a detailed definition and understanding of the milestones related to social and emotional health in infants and young children (birth up to age five) as well as strategies that adult’s (parent’s and other caregivers) can use to support these behaviors within every day routines in the home and within early care and education settings.



5 Simple Tips

To Support **Infants'** Social Emotional Health During



Dressing

- 1 Talk about what you are doing.**
"Mila, Ms. Prima is going to put your shirt on now."
- 2 Practice patience.**
"David, this shirt is hard for me to get over your head, I am going to try a different way."
- 3 Leave extra time.**
"It will be time to go home soon, let's get you ready Sasha."
- 4 Offer positive words.**
"Ellen you wiggled your foot into the sock. Way to go!"
- 5 Have fun.**
"We got your shirt on Dedrea, let's clap your hands!"

You Help Children Grow!

Together, you and the infants that you care for can make dressing a special time for connecting. When you show patience and use gentle words, infants learn from you how to be kind and patient. When you talk positively about what you are doing infants learns that you like taking care of them, *"I am going to dress you in your coat today for our walk, it's chilly outside."*





5 Simple Tips

To Support **Infants'** Social Emotional Health During



Meal Time

- 1 Hold infants while bottle-feeding.**
"I am going to feed you now Brayden. I am going to find a comfortable spot for us."
- 2 Look into infant's eyes and connect.**
"I see you looking at me Gabe, I love looking at you too."
- 3 Talk and sing to infants while feeding.**
"You like the orange carrots Calvin, I see that smile!"
- 4 Support breastfeeding.**
"Mrs. Likins, you can have the rocking chair if you like to feed Marketa, or we have an empty office next door."
- 5 Notice signs from infants that say, "I am done" or "I need more."**
"Kara you are turning your head away, I think you are all done eating."

You Help Children Grow!

You and the infants in your care can connect during mealtimes through cooing, singing and looking at each other. Babies love your face and voice. You help them to feel safe when you speak gently. When you know what infants need and respond, for example by feeding them, it sends a message to infants that their needs are important.





5 Simple Tips

To Support **Infants'** Social Emotional Health During



Play Time

- 1 Follow infants' interests.**
Lily, I see you bouncing to the music, let's dance together!"
- 2 Talk about what you see.**
"Sal, look at the red and blue balls! Do you want to hold one?"
- 3 Sing and read.**
"Sri and Nathan, snuggle in and let's look at this story together."
- 4 Offer encouragement.**
"Helena, you almost rolled over, come on big girl, let's try again!"
- 5 Have fun and laugh together.**
"I love your giggles, Talia!"

You Help Children Grow!

Infants are wired to learn and connect with people they love. Playing with infants every day builds your adult-child bond. When you sing, read, talk and look into the eyes of every infant, every day it helps their brain to grow.





5 Simple Tips

To Support **Infants'** Social Emotional Health During



Rest Time

- 1 Create a routine.**
"Aden, first we will read stories, then we'll get ready for naptime."
- 2 Use routines across care and home settings.**
"Your grandmother told us you like it when she sings your favorite song before napping Mya, let's try that today."
- 3 Leave time for transitioning.**
"Mommy's here to pick you up Hanna, let's share some of the things you did today."
- 4 Take care of the basics.**
"Justin, let's change your diaper before you rest."
- 5 Take time to refuel.**
"Nina, I am going to rock in this chair and do my notes to get ready for playtime later."

You Help Children Grow!

Infants, need time each day to rest. Just like us! Gentle routines—doing the same thing every day, will help infants know what to expect and will help them ease into resting. Planning ahead to meet infants needs each day will make it easier for them and for you, *"Sara, your dad told us you have been hungrier than usual, we have plenty of snacks ready for you."*





5 Simple Tips

To Support **Infants'** Social Emotional Health During



Diapering

- 1 Create a routine.**
"Hi Derry, you had a good nap! Let's check your diaper."
- 2 Know the signs.**
"Eli, I see you pulling on your diaper, do you need to be changed?"
- 3 Take time to connect.**
"Look at that big smile Henry! You make me smile too!"
- 4 Offer choices.**
"Kia do you want the red ball or the bear to hold while I change you?"
- 5 Practice patience.**
"I know you don't like to be changed Jordan, but we need to take good care of you. I am almost done."

You Help Children Grow!

Diapering is an every day routine that creates an opportunity for connecting with infants. When you coo, babble and talk with infants it sends a message that they are important. They love your voice and face! Creating a simple routine for diapering—doing some things the same every day, can help infants know what to expect and will make the experience smoother for each of you, *"Ms. Hernandez is going to change your diaper and sing our song and then we will go play with toys!"*





Social Emotional Tips FOR Families with Toddlers

Introduction

The quality of each toddler's relationships with familiar adults—especially their parents—sets the foundation for social and emotional health. Social and emotional health is a child's growing ability to:

- express and manage a variety of feelings
- develop close relationships with others and
- explore his/her surroundings and learn (adapted from Zero to Three, 2001)

Children who experience the world as responsive to their needs, predictable, and supportive develop the social and emotional foundations that help them become ready to learn (Norman-Murch, 1996). For example, when a parent shares a smile with their toddler son, hugs and cuddles him throughout the day, and gently responds to his needs, the child learns that he is safe. This sense of security allows the child to explore, learn and engage in the world and with people around them. A child who can do these things has an easier time being successful in school and life. Research tells us that attending to the social and emotional needs of very young children throughout the day—as part of their every day rituals and routines—promotes positive attachments that are critical to their developing trust for others and empathy.

Social and Emotional Tips for Parents of Toddlers provides a set of (5) one-page posters that families can refer to during specific daily routines including: dressing, meal times, play time, resting and diapering. Putting these posters up around the house can serve as a reminder of what to say or do to nurture the social and emotional health of their toddlers every day. Each poster has (5) simple tips that parents can try with their child such as: Show her how to do new things. Each tip includes sample language that parents can try, “Dalia, you can hold the bowl with this hand and then stir.” Each poster also offers a rationale for using the tips based on research. The practical strategies, sample language and rationale in each poster can help families to:

- Practice using behavior and language that supports healthy, positive connections with children
- Learn more about social and emotional health and
- Understand the importance of social and emotional health to school readiness.

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Social Emotional Tips for Families with Toddlers

Intended Users and Examples of How to Use this Resource

This resource is primarily intended for use by those supporting families with toddlers. This may include staff such as, Early Head Start home visitors and center-based teachers, or early childhood mental health consultants.

Examples of how professionals can introduce these posters to families include:

- **Working together during a home visit**

For example, an Early Head Start home visitor might introduce one of the posters during a home visit as a way to expand conversations about building connections during daily routines. Together the home visitor and parents might look at the tips and highlight some of the things the parent already does to support social emotional health and discuss one new thing they might want to try.

- **Facilitating a small or large group training session for parents**

For example, an early childhood mental health consultant might use the posters to enhance a parent training on social emotional development.

- **Facilitating an ongoing group experience for parents**

For example, a teacher might introduce one poster at a time during monthly parent get-togethers, encouraging families to try several tips and report about their experiences at the next meeting.

For more information about social and emotional health of young children, visit the Center for Early Childhood Mental Health Consultation website at <http://ecmhc.org>.

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This on-line tutorial provides professionals with a detailed definition and understanding of the milestones related to social and emotional health in infants and young children (birth up to age five) as well as strategies that adult's (parent's and other caregivers) can use to support these behaviors within every day routines in the home and within early care and education settings.



5 Simple Tips

To Support Your **Toddler's** Social Emotional Health During



Dressing

- 1 Let them help.**
"Mika, hold your arms up high, while I pull your shirt over your head!"
- 2 Offer choices.**
"Josef, do you want to put your shirt on first or your pants?"
- 3 Practice patience.**
"Anna, these socks are tough to get on! Let's take a few deep breaths and try again."
- 4 Leave extra time.**
"William, we are going to child care soon, let's go see what you want to wear today."
- 5 Offer positive words.**
"Nice going Elena! You got your shoe on your foot!"

You Are Your Child's First Teacher!

Together, you and your toddler can make dressing a special time for connecting. Toddlers like to show that they can do it—"All by myself!" When you offer choices and show patience they learn that you value their efforts. This will help them to keep trying and eventually learn to dress themselves. Toddlers look to you for encouragement. Let them know their efforts matter, *"Tamika you pulled your pants up! You are doing new things, Daddy is proud of you."*





5 Simple Tips

To Support Your **Toddler's** Social Emotional Health During



Meal Time

- 1 Let them help.**
"Hey Talia, I bet you could hold your spoon!"
- 2 Offer choices.**
"Derek, do you want the red cup or the blue cup?"
- 3 Eat together.**
"Daddy likes his rice; do you like your rice Jayden?"
- 4 Know when your child is hungry.**
"Maria, I see you frowning and you are getting frustrated, let's have a snack that is good for our body."
- 5 Be a role model for healthy eating.**
"Dana, let's share this banana."

You Are Your Child's First Teacher!

Meal Time offers an opportunity to connect and learn with your toddler. Take time to talk about the day together. Offering choices lets toddlers feel in control. Noticing cues that let you know your toddler is hungry or full—fussing, crying, etc. helps them feel understood.





5 Simple Tips

To Support Your **Toddler's** Social Emotional Health During



Play Time

- 1 Join in!**
"Ashton, Mommy, will run with you, let's go!"
- 2 Stay close by.**
"Michael, I am right here, I see you playing with trucks."
- 3 Talk about what you see.**
"Mia, you are jumping up and down with a big smile! You are excited."
- 4 Show her how to do new things.**
"Dalia, you can hold the bowl with this hand and then stir!"
- 5 Have fun and laugh together.**
"Brady, that's so silly, you make me laugh!"

You Are Your Child's First Teacher!

Toddlers love to learn. Your toddler learns by looking, touching and interacting with things around them. When you join in and encourage learning through play, it supports your child's brain to grow—getting them ready for school and life! So, take time to have fun every day.





5 Simple Tips

To Support Your **Toddler's** Social Emotional Health During



Rest Time

- 1 Create a routine.**
"Abia, In ten minutes we're going to read a book and then it's time for bed."
- 2 Use routines across settings.**
"Eden, don't forget your cuddle bear for grandma's house so you can have it at nap time."
- 3 Offer choices.**
"Keri, what pajamas do you want to wear tonight?"
- 4 Take care of the basics.**
"Justin, let's change your diaper before you rest."
- 5 Take time to refuel.**
"Neal, Daddy has to take a break too so we can play again later."

You Are Your Child's First Teacher!

Toddlers, need time each day to rest. Just like us! Gentle routines—doing the same thing every day, will help your toddler know what to expect and will help them ease into resting, *"Shana, it's time to pick out your stories for nap time."*





5 Simple Tips

To Support Your **Toddler's** Social Emotional Health During



Diapering and Toileting

- 1 Create a routine.**
"Li, let's sit on the potty and then we can wash our hands."
- 2 Know the signs.**
"Tamesha, I see you pulling on your diaper, do you need to be changed?"
- 3 Offer choices.**
"Grace, do you want to talk with Daddy while you are on the potty or be by yourself?"
- 4 Follow your child's lead.**
"Marcelo, you are upset right now, let's try again later."
- 5 Prepare for toileting.**
"Angela, do you want to read Once Upon a Potty?"

You Are Your Child's First Teacher!

Your child looks to you for support and guidance as they take on new challenges. As your toddler moves from diapers to using the potty they need your patience and support as there may be many accidents along the way. Each child moves at their own pace and when you read their cues and find ways to support them, this stage can be less frustrating for everyone, *"Shana nice job pulling up your pants! Thanks for trying, let's go wash our hands."*





Social Emotional Tips FOR Providers Caring for Toddlers

Introduction

The quality of each toddler's relationships with familiar adults—especially their parents—sets the foundation for social and emotional health. Social and emotional health is a child's growing ability to:

- express and manage a variety of feelings
- develop close relationships with others and
- explore his/her surroundings and learn (adapted from Zero to Three, 2001)

Children who experience the world as responsive to their needs, predictable, and supportive develop the social and emotional foundations that help them become ready to learn (Norman-Murch, 1996). For example, when a familiar caregiver offers encouragement to a toddler, comforts him with a gentle hug and laughs together with him throughout the day, the child learns that he is safe. This sense of security allows the child to explore, learn and engage in the world and with people around them. A child who can do these things has an easier time being successful in school and life. Research tells us that attending to the social and emotional needs of very young children throughout the day—as part of their every day rituals and routines—promotes positive attachments that are critical to their developing trust for others and empathy.

Social and Emotional Tips for Providers Caring for Toddlers provides a set of (5) one-page posters that staff can refer to during specific daily routines including: dressing, meal times, playtime, resting and diapering and toileting. Putting these posters up around the classroom can serve as a reminder of what to say or do to nurture the social and emotional health of toddlers every day. Each poster has (5) simple tips that staff can try with each child in their care such as: “Talk about what you see.” Each tip includes sample language that staff can try, “Mia, you are jumping up and down with a big smile! You are excited.” Each poster also offers a rationale for using the tips which are based on research. The practical strategies, sample language and rationale in each poster can help staff to:

- Practice using behavior and language that supports healthy, positive connections with children
- Learn more about social and emotional health and
- Understand the importance of social and emotional health to school readiness.

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GEORGETOWN UNIVERSITY CENTER
FOR CHILD AND HUMAN DEVELOPMENT

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Social Emotional Tips for Providers Caring for Toddlers

Intended Users and Examples of How to Use this Resource

This resource is primarily intended for use by those supporting infants within group settings. This may include staff such as, Early Head Start center-based teachers, family, group and center-based childcare providers and early childhood mental health consultants.

These posters align closely with the Social and Emotional Tips for Parents of Infants posters and can be used together to create consistent practices for children between home and care settings.

Examples of how an early childhood mental health consultant can introduce these posters to staff include:

- **Facilitating a small or large group training session.**
For example, an early childhood mental health consultant might use the posters to enhance a staff training on social emotional development.
- **Facilitating an ongoing group experience.**
For example, a consultant might introduce one poster at a time during monthly get-togethers encouraging staff to try several tips and report about their experiences at the next meeting.

For more information about social and emotional health of young children, visit the Center for Early Childhood Mental Health Consultation website at <http://ecmhc.org>.

Examples of additional social and emotional resources found on <http://ecmhc.org> website include:

- **Everyday Ideas for Increasing Children's Opportunities to Practice Social Skills and Emotional Competencies**
<http://ecmhc.org/ideas/index.html>
The Everyday Ideas are available in a variety of formats including, Twitter postings ("tweets"). The Everyday Ideas offer strategies that can be used in a classroom and supplemental materials that can be sent home for families to use. The ideas are organized by the type of skill that would be targeted when using the strategy: emotions, friendship skills, problem solving, and handling anger and other difficult emotions.
- **The Infant Toddler Temperament Tool (IT³)**
<http://ecmhc.org/temperament/index.html>
The Infant Toddler Temperament Tool includes a short on-line survey that allows parents and caregivers of infants and toddlers to recognize and explore their own temperament traits and those of a child for which they provide care. The IT³ generates personalized results, which support parents and caregivers in understanding how adult and child similarities and differences in temperament traits may affect "goodness of fit." Along with these personalized results, the IT³ describes best practice tips adults can use to foster the unique temperament of each child within their care.

- **Recognizing and Supporting the Social and Emotional Health of Young Children Birth to Age Five**
<http://ecmhc.org/tutorials/social-emotional/index.html>
This on-line tutorial provides professionals with a detailed definition and understanding of the milestones related to social and emotional health in infants and young children (birth up to age five) as well as strategies that adult's (parent's and other caregivers) can use to support these behaviors within every day routines in the home and within early care and education settings.



5 Simple Tips

To Support **Toddlers'** Social Emotional Health During



Dressing

- 1 Let toddlers help.**
"Mika, hold your arms up high, while I pull your shirt over your head!"
- 2 Offer choices.**
"Josef, do you want to put on the blue or red socks?"
- 3 Practice patience.**
"Anna, these shoes are tough to get on! Let's take a few deep breaths and try again."
- 4 Leave extra time.**
"William, we are going outside soon, let's get your jacket and hat."
- 5 Offer positive words.**
"Nice going Elena! You got your leg in your pants!"

You Help Children Grow!

Dressing can create a special time for connecting with toddlers. Toddlers like to show that they can do it—"All by myself!" When you offer choices and show patience they learn that you value their efforts. This will help them to keep trying and eventually learn to dress themselves. Toddlers look to you for encouragement. Let them know their efforts matter, *"Tamika you pulled your pants up! You are doing new things, Mrs. Kendall is proud of you."*





5 Simple Tips

To Support **Toddlers'** Social Emotional Health During



Meal Time

- 1 Let them help.**
"Hey Talia, I bet you could hold your spoon!"
- 2 Offer choices.**
"Derek, do you want the red cup or the blue cup?"
- 3 Eat together.**
"I like the carrots; do you like the carrots Jayden?"
- 4 Know when a child is hungry.**
"Maria, I see you frowning and you are getting frustrated, let's have a snack that is good for your body."
- 5 Be a role model for healthy eating.**
"Dana and Patrick, let's share this banana."

You Help Children Grow!

Meal Time offers an opportunity to connect and learn with toddlers. Take time to talk about the day together. Offering choices lets toddlers feel in control. Noticing cues that let you know a child is hungry or full, fussing, crying, etc. helps them feel understood.





5 Simple Tips

To Support **Toddlers'** Social Emotional Health During



Play Time

- 1 Join in the play!**
"Ashton, I will run with you, let's go!"
- 2 Stay close by.**
"Michael, I am right here, I see you playing with trucks."
- 3 Talk about what you see.**
"Mia, you are jumping up and down with a big smile! You are excited."
- 4 Show toddlers how to do new things.**
"Dalia, you can hold the bowl with this hand and then stir!"
- 5 Have fun and laugh together.**
"Brady, that's so silly, you make me laugh!"

You Help Children Grow!

Toddlers love to learn. Toddlers learn by looking, touching and interacting with things around them. When you join in and encourage learning through play, it supports children's brains to grow—getting them ready for school and life! So, take time to have fun every day with the children in your life.





5 Simple Tips

To Support **Toddlers'** Social Emotional Health During



Rest Time

- 1 Create a routine.**
"Abia and Fay, in ten minutes we're going to read two stories and then it's time for napping."
- 2 Offer toddlers choices.**
"Kate, do you want me to rub your back or sing you a song?"
- 3 Take care of the basics.**
"Justin, let's change your diaper before you rest."
- 4 Encourage comfort items.**
"Angelique, here is your bear for rest time."
- 5 Learn tips from families.**
"Can you tell me more about how you get Harris ready for bed time at home?"

You Help Children Grow!

Toddlers, need time each day to rest. Just like us! Gentle routines—doing the same thing every day, will help children know what to expect and will help them ease into resting, *"Shana, it's time to get your blanket for nap time."* Incorporating simple tips from families will link children's home and school experiences, helping them to feel safe and secure.





5 Simple Tips

To Support **Toddlers'** Social Emotional Health During



Diapering and Toileting

- 1 Create a routine.**
"Li, let's sit on the potty and then we can wash our hands."
- 2 Know the signs.**
"Tamesha, I see you pulling on your diaper, do you need to be changed?"
- 3 Offer choices.**
"Grace, do you want to talk with Ms. Lena while you are on the potty or be by yourself?"
- 4 Follow a child's lead.**
"Marcelo, you are upset right now, let's try again later."
- 5 Prepare for toileting.**
"Angela and Marisa, do you want to read Once Upon a Potty?"

You Help Children Grow!

Children look to you for support and guidance as they take on new challenges. As toddlers move from diapers to using the potty they need your patience and support as there may be many accidents along the way. Each child moves at their own pace and when you read their cues and find ways to support them, this stage can be less frustrating for everyone, *"Shana nice job pulling up your pants! Thanks for trying, let's go wash our hands."*





MORNINGS

Description: Morning routines start with the awaking of the family members and getting ready to start the day. This can include getting out of bed, and going to the breakfast table, etc.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

I see {Child's Name} is ready to get up and go to school today!

Great job {Child's Name} you got out of bed!

{Child's Name}, you are awake and ready to start your day!

{Child's Name}, you came to the breakfast table all by yourself!

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, would you like me to turn on your light or keep it off while you get out of bed this morning?

{Child's Name}, do you want me to rub your legs or your back this morning?

Great {Child's Name}, there are so many things to do today, we can have breakfast or get dressed first, which one?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

Oh boy {Child's Name}, you still look tired, I feel tired too.

{Child's Name}, you look refreshed and ready to go today.

{Child's Name}, you look very peaceful as you wake up.

Good morning {Child's Name}, you look excited to get up.





DRESSING

Description: Dressing can occur at several times throughout the day and includes dressing and taking clothes off. In addition to dressing in the morning and evenings, putting on shoes, coats and other garments are all part of dressing.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

Nice job *{Child's Name}*, you got your shirt on all by yourself!

{Child's Name}, that's a great shirt you picked out.

{Child's Name}, you did it! You got your shoes on the right feet.

Cool *{Child's Name}*, you're wearing your Spiderman pajamas!

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, would you like to wear your Sponge Bob or your Spiderman pajamas?

OK *{Child's Name}*, do you want to put on your shirt first or your pants?

{Child's Name}, which shirt do you want to wear today, red or blue?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

{Child's Name}, I know you're mad that you have to wear a jacket today, but it is raining out and, we don't want your clothes to get wet.

{Child's Name} look frustrated that your zipper is stuck.

{Child's Name} are so excited to be wearing your new sneakers.





MEALS

Description: Meal times include the transition between the previous activity and the planned meal when the family sits down and eats breakfast, lunch or dinner together and can include snack times for younger children.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

Brilliant *{Child's Name}*, you washed your hands for breakfast!

{Child's Name}, you are eating all your dinner!

{Child's Name}, you are sitting in your chair eating your breakfast!

This is the way *{Child's Name}* washes his hands for snack.

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, should we eat the orange fruit snack or the green fruit snack first?

It is time for breakfast *{Child's Name}*, would you like to have cereal or waffles?

{Child's Name}, do you want to have yellow corn or the brown potatoes with your dinner?

{Child's Name}, would you like to sit next to your dad or your sister?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

I am so proud of you *{Child's Name}*, for eating all your dinner.

You have Jello all over your face *{Child's Name}*, how silly!

I know your favorite show is not over yet *{Child's Name}*, so it must be disappointing to have to turn it off to eat.





BATH TIME

Description: Bath time can include transitioning to the bathroom, dressing and undressing, brushing teeth, washing body parts, playing in the tub, getting out of the tub and drying off.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

Wow, {Child's Name}, you came into the bathroom all by yourself!

Awesome {Child's Name} that's your tummy! You're helping to wash your tummy!

OK {Child's Name} you are all done washing, now it's time to play!

Thank you {Child's Name} for letting me help you get out of the tub.

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, do you want to wash your hair first or your body?

{Child's Name}, do you want to bring your boats or your Sponge Bob toys to the tub?

{Child's Name}, what color towel do you want to dry off with, the red one or the blue one?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

Oh my {Child's Name}, you poured water on your head! You are so silly.

{Child's Name}, I know you are disappointed we couldn't find your (favorite bath toy), I'm disappointed too.

{Child's Name}, you put all your toys away, that was very thoughtful of you.

{Child's Name}, you had a nice warm bath, you must feel so relaxed and ready for bed.





BEDTIME

Description: This encompasses the routine of getting ready for and going to bed. This includes preparation such as getting on pajamas, and brushing teeth. It also includes calming down and getting to a state where one can fall asleep.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

Wow *{Child's Name}*! You put your pajamas on so quickly!

Hey *{Child's Name}*, you put the toothpaste on all by yourself—way to go!

Very cool *{Child's Name}*, you are sitting down to look at a book right before bedtime!

Amazing *{Child's Name}*! You are sitting so calmly watching TV!

Awesome *{Child's Name}*, you got right into your bed!

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, do you want to brush your teeth before your favorite show starts or after it is over?

Look *{Child's Name}*, I have these two books, which one would you like to look at before bedtime?

Hey *{Child's Name}*, would you like to play your favorite matching game or read about trucks when we get to your bed?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

{Child's Name}, you look very tired. You must be ready to get into your bed?

{Child's Name} when you snuggle under your covers you look so comfortable!

Guess what *{Child's Name}*. I am enjoying playing this matching game with you. You look like you are enjoying this too!

Wow *{Child's Name}*, you look very curious to see what happens next in this bedtime story.





ARRIVAL

Description: At this time of the day, children are arriving from the bus, and/or parents are dropping off children. There are greetings, children are hanging up coats and backpacks, and entering the classroom.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

Hi {Child's Name}, it's so good to see you today!

{Child's Name}, you put your backpack away!

{Child's Name}, I love what you are wearing today!

Wow {Child's Name}, you came into the classroom so nicely and quietly today!

Wow {Child's Name}, look what you've already made/built/done/drawn!

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, do you want to hang up your coat or take off your backpack first?

{Child's Name}, would you like to play in the (____) area or the (____) area?

{Child's Name}, who would you like to play with, (child A) or (child B)?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

Wow {Child's Name}, you look very grouchy this morning.

Hi {Child's Name}, you look excited to be at school today.

{Child's Name}, you put your coat and backpack away all by yourself, you must feel very proud.

{Child's Name}, you and (child) look like you're having lots of fun playing together!





BRUSHING TEETH

Description: Tooth brushing is an activity that occurs in many childcare centers. The tooth brushing routine includes transitioning to the tooth brushing area and the act of brushing teeth.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

Wow *{Child's Name}* you've opened your mouth really wide!

.....
{Child's Name} you're remembering to brush all your teeth.

.....
That's it *{Child's Name}*, you're done!

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, who do you want to invite to brush your teeth with you, (child A) or (child B)?

.....
{Child's Name}, do you want to brush your top teeth first or your bottom teeth?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

{Child's Name}, watching you brush your teeth by yourself makes me very happy.

.....
{Child's Name}, I know brushing your teeth makes you mad but we are almost done.





LARGE GROUP

Description: During these activities, children are gathered together in a large group, perhaps sitting on a carpet in a circle area. Children are expected to follow directions, participate, and attend to the teacher.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

Awesome {Child's Name}, you came right to circle and sat down!

Wow {Child's Name}! You did so well singing that song!

Very cool {Child's Name}, you are listening to {Teacher's Name}!

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, do you want to sit on the green square or the blue square?

Hey {Child's Name}, come up here and choose a song for us to sing.

{Child's Name}, you have been such a good listener, would you like to sing one more song or go right to free play?

For our motor action, we can choose to hop or clap our hands. {Child's Name}, which one would you like to do?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

{Child's Name}, I'll bet you feel proud, you came to circle all by yourself and sat right down.

In this story, Susan looks very surprised. {Child's Name}, show me how you look when you are surprised.

{Child's Name} you must be thrilled, you knew all the words to that song.

{Child's Name} you look very happy sitting next to (child).





TRANSITIONS

Description: Transitions can occur within the classroom or between the classroom and another setting (outside). One scheduled activity is ending and children are finishing up (cleaning up) and moving on to the next scheduled activity.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

Wow {Child's Name}, you've started cleaning up already!

Alright! {Child's Name} and (child) are working together to clean up.

Great {Child's Name}, you're using your walking feet to come over to (area).

{Child's Name}, I love the way you came over to (area) and are ready to start.

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, do you want to clean up in the (____) area or the (____) area?

{Child's Name}, who do you want to clean up with, (child A) or (child B)?

{Child's Name}, do you want to walk to (area) by yourself or with (child)?

{Child's Name}, I see a blue carpet square and a green carpet square, which one do you want to sit on?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

Wow {Child's Name}, you cleaned it all up, I'm feeling so proud of you.

{Child's Name}, you look disappointed that play time is over.

{Child's Name}, I'm thrilled you are using your walking feet.

{Child's Name}, you and (child) look excited to come to circle.





FREE PLAY / CENTERS

Description: Centers (play areas) such as housekeeping or dramatic play area, block area, art and manipulative areas, writing area and large motor areas are available for children to choose to play in, and move about the room freely.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

{Child's Name}, you are playing in (area), wonderful!

Great *{Child's Name}*, you have picked the (area) to play in today!

{Child's Name} and (child b) are building together in the blocks!

{Child's Name}, look at what you made with (child A), that is super!

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, would you like to play in housekeeping or in the art area today?

{Child's Name}, the large motor area or the puzzles are open for you to play in, which one will you pick.

LOOK *{Child's Name}*, we can read the "brown bear" book or the "five little monkeys" book, what should we pick.

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

I can see that *{Child's Name}* is not happy that the block area is full, I am disappointed too.

Look at you *{Child's Name}*, you are being so patient waiting for your turn in large motor.

{Child's Name}, you look so excited that you get to play in writing center.





SNACK / MEALS

Description: During snack and meals children transition to the table, pass and receive food items, request food items and engage in some self help skills like learning to pour juice, use a cup or eat with utensils.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

Great Job, {Child's Name} you poured your own juice!

Excellent, {Child's Name} you opened your snack by yourself!

Amazing, {Child's Name}, you finished your breakfast!

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

Thanks for coming over to snack {Child's Name}, would you like to sit next to (child A) or (child B)?

OK {Child's Name}, do you want to pass out the napkins or the cups?

{Child's Name} what would you like first, crackers or juice?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

{Child's Name}, you look pleased with today's snack.

{Child's Name}, you look upset that the cookies are all gone, I'm sad too, I love cookies.

{Child's Name}, I know using your spoon can be frustrating but you are trying really hard.





TOILETING/DIAPER CHANGING

Description: Toileting and diapering can occur at various times throughout the day as a planned routine, but also as needed. During this time children transition to the bathroom, sit on the potty or have their diapers changed and wash their hands. Other self help skills like dressing can also be part of the toileting routine.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

Look at you *{Child's Name}*; you're sitting on the potty!

Hurray *{Child's Name}*! You went pee pee!

{Child's Name}, you washed your hands all by yourself!

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, who do you want to come to the potty with you (child A) or (child B)?

{Child's Name}, do you want to use the red potty or the blue potty?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

{Child's Name}, you pee peed on the potty, you must be very proud of yourself.

It's OK *{Child's Name}*, I know you're embarrassed that you had an accident, but accidents happen.





SMALL GROUP

Description: Activities with 3–5 students that can include art, manipulatives, games. Activities can be teacher or child directed.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

{Child's Name}, I see you made a _____.

Oh *{Child's Name}*, you are sharing your toys with (child)!

Cool *{Child's Name}*, you are coloring that picture with a green marker!

Very lovely *{Child's Name}*, that is a beautiful pattern!

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, would you like to write your name with the red marker or the blue marker.

Look *{Child's Name}*, I have the small trucks and big trucks, which one do you want to play with.

Let's play with the blocks. *{Child's Name}*, would you like to play at the table or on the floor.

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

{Child's Name}, it makes me so happy that you are working so hard with your friends.

{Child's Name}, you look like you are really enjoying this game.

{Child's Name}, I can see that you are getting sad/frustrated because you are having trouble with that puzzle.

{Child's Name}, you look so serious when you are coloring.





REST TIME/NAP

Description: Rest time is part of many early childhood center days. Children should be resting quietly on their cots or mats and may be engaged in quiet independent activities like looking at books or doing puzzles.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

{Child's Name}, you came right over to your cot!

Wow {Child's Name}, you're the first to have their head down!

{Child's Name}, that's so nice, you helped (child) set up his cot.

{Child's Name}, you put all your naptime stuff away!

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, do you want to rest next to (child) or (child)?

{Child's Name}, you can take your _____ toy or your _____ toy to your cot.

{Child's Name}, which story shall I read for nap time, _____ or _____?

PROMOTING EMOTIONAL VOCABULARY:

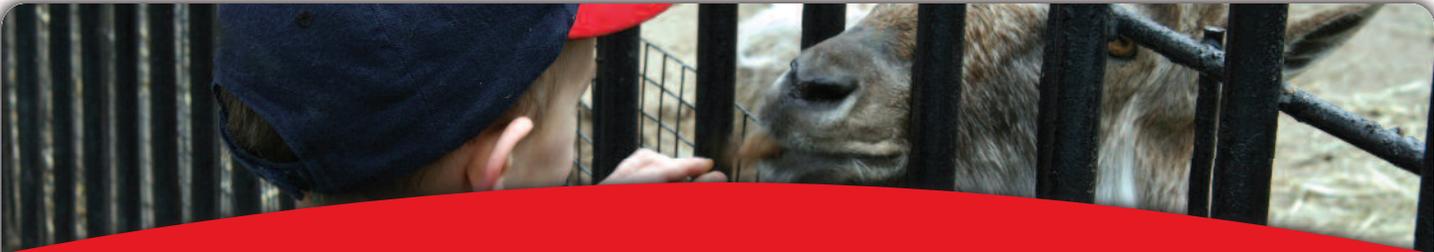
- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

{Child's Name}, you look so happy that (child) chose to nap next to you.

I'm feeling so proud of each of you, everyone was so quiet during nap time.

{Child's Name}, you slept so soundly, you must feel really rested.





SPECIAL ACTIVITIES

Description: Special activities may involve a special guest like a story reader or music person, a trip to the library or a field trip. Children are expected to follow directions, stay with the group, be good listeners and attend to the speaker.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

Spectacular *{Child's Name}*, you are walking very nicely with your buddy!

Wow *{Child's Name}*, you are looking at the music teacher and paying attention!

Fantastic *{Child's Name}*, you are keeping yourself safe on the bus.

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

Look *{Child's Name}*, there are two spaces right up front, which one do you want to sit at?

Wow *{Child's Name}*, in the instrument box there are two different shakers, which one would you like to use?

Hey *{Child's Name}*, would you like to walk with (child A) or (child B)?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

{Child's Name} you are laughing, you must be enjoying this trip to the park.

{Child's Name} you are crying, you seem very sad to leave the zoo.

{Child's Name} you must be very excited to walk with your good friend (child).





DEPARTURE

Description: At this time of the day children are preparing to leave the classroom; they may be gathering their personal belongings, engaging in some goodbye routine with classmates and exiting the building.

POSITIVE COMMENTS:

- Delivered at eye level, using children's names and delivered directly to individual children.
- Delivered with enthusiasm.
- Delivered with a SMILE!

{Child's Name}, it was so wonderful to see you today!

{Child's Name}, you shared so nicely with (child) today!

{Child's Name}, thank you for helping with snack today, you were a big help!

{Child's Name}, make sure you take your beautiful picture home!

CHOICES:

- Keep choices simple.
- Keep choices reasonable.
- Be sure the choices are available now.
- Choices are between options that are positive for the child.

{Child's Name}, would you help me with the table or the chairs?

{Child's Name}, are you going to put your hat or your coat on first?

{Child's Name}, would you like to walk to the bus with (child) or (child)?

PROMOTING EMOTIONAL VOCABULARY:

- Covers a range of emotions, both positive and negative.
- Describes what the child is feeling in the moment.
- Adults can model by describing their own feelings.
- Validates how the child is feeling, not how the child "should" feel.

{Child's Name}, you have such a big smile on your face; you must have enjoyed school today.

Wow *{Child's Name}*, you put your coat on all by yourself, you must feel so proud!

{Child's Name}, you and (child) look like you enjoyed playing together today.



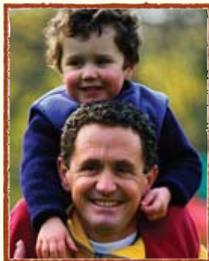


Center on the Social and Emotional Foundations for Early Learning

Project funded by the Child Care and Head Start Bureaus in the U.S. Department of Health and Human Services



Acknowledging Children's Positive Behaviors



22

Acknowledging Children's Positive Behaviors



Kathy was frustrated with how things were going in her classroom where she is the teacher of 3- and 4-year-old children. Several children were having difficulties with transitions. They wandered around the room, became easily agitated, and disrupted the whole class. Although Kathy had been teaching for 5 years, she was beginning to doubt her abilities as the right teacher for this group of children. Kathy talked about her challenges with Hank, the director of the center. Hank suggested that he videotape the class so that they could later watch the tape together and look more carefully at what was happening during transition times. Kathy agreed to have her class videotaped because she trusted that Hank would be supportive and his feedback would be constructive rather than critical.

A week later, Kathy and Hank watched the videotape and focused on the transition between center-time and lunch. Hank had suggested that they keep track of what Kathy said to the children and their responses. As they watched the tape, Kathy was surprised to hear her loud tone and to see her increasingly "aggravated" body language (e.g., tense, standing above the children, hands on hips). She noted how many times she heard herself say, "Stop that! What are you supposed to be doing?" "This room needs to be quiet." "We are out of time." The chaotic atmosphere in the room seemed to increase as Kathy's aggravation increased. Hank recommended that they work together to use a strategy to reduce inappropriate behaviors by focusing on children's positive behaviors. He gave Kathy some materials to read on acknowledging young children's positive behaviors.

Acknowledging Positive Behaviors: How Does This Strategy Work?

Acknowledging positive behaviors is a strategy that educators, family members, and other caregivers can use to devote more time and attention to desirable child behavior than to undesirable child behavior. This strategy is based on four key findings from research involving young children and their supportive adults:

- Most child behavior is strengthened or weakened by what happens after the behavior occurs. For example, a toddler who receives laughter and applause for making a funny face is likely to keep making funny faces.
- Often adult attention is captured by child misbehavior; teachers and parents can be, in a sense, hypnotized by a child's misbehavior, seemingly unable to attend to appropriate behavior by other children.
- Attention from primary caregivers is so important to young children that they will continue a behavior that produces negative reactions. The result can be an

increase in the very behavior that adults wish to discourage. For example, think about a child who continues to run toward the classroom door over and over again as the teacher shouts, "Don't make me come over there; you know not to leave the classroom!" That kind of attention will reinforce and increase that behavior.

- Although a specific child behavior may be temporarily weakened by a negative response from the adult, there is no assurance that a more desirable behavior is being identified and encouraged in the process. For example, telling a child that she cannot go outside to play because she dumped her toys all over the floor does not teach the child how to put toys away. The "more desirable behavior" needs to be taught.

How Can Teachers Use the Strategy of Acknowledging Positive Behaviors?

Give positive responses to the desired behavior and avoid responding when that behavior is not occurring.

This approach requires that adults give positive responses to desired child behavior and do their best to avoid responding when that behavior is not occurring, unless safety issues arise. Positive responses involve communicating verbally and nonverbally with the child but also can include presenting favorite objects (toys or books), pictures, sounds, or other items. Kathy was worried that if she ignored inappropriate behavior the children might end up completely out of control. Hank listened to her concerns and told her about some of the problems that he ran into when he started acknowledging children's positive behaviors in a classroom setting. Hank told Kathy that behavior sometimes gets worse before it gets better when you withdraw attention and reward (the response extinction pattern). However, if you start rewarding positive behaviors, you should see an initial improvement, followed by some variability (i.e., good days, bad days), followed by more consistently good days. Hank said that he would help Kathy make plans for handling unsafe behavior and that he would work very closely with her once they actually started using this strategy.

Record the number of times the behaviors occur.

A planned approach requires that adults record the number of times certain child and adult behaviors occur. Hank helped Kathy get started by developing a simple form with three columns. The columns were titled: (1) What happens before the behavior? (2) What is the problem behavior? and (3) What do the adults/child do after the behavior? Hank was encouraging and worked with Kathy on recording the information about the behavior. Kathy began to feel better when she could see the pattern and relationship between child and adult behaviors. For example, she noticed that when she commented on one child's attentive

behavior to a peer who was sharing a story with the large group, other children began to sit up and pay attention also. Being able to step “out of the classroom action” and look at the information gathered helped Kathy analyze what was happening in her classroom.

Design a plan to meet your individual needs.

The next step is for adults to develop a classroom plan. Hank advised Kathy that it is a good idea to initially select one desirable behavior and a just few children. After everyone has experienced some success, she could then move to a more challenging behavior. Kathy decided to start with cleaning up toys when center-time was over. Hank then asked Kathy to work on defining the behavior that she wanted to see increase; to consider where, when, and how often she would be looking for that behavior; and to think of situations that might increase the likelihood that children would engage in that behavior.

At their next meeting, Kathy and Hank developed a list of expectations for picking up toys and plans for teaching the children the expectations. Together they developed a list of positive responses to use in the classroom. They decided to keep the responses simple and descriptive—“Thank you for putting the truck on the shelf”—and to make sure that they included nonverbal responses (like smiles, winks, thumbs-up). They agreed on the importance of not responding to the children’s unacceptable behavior unless someone was in immediate danger. Even then, Kathy would do her best to act quickly with minimum interaction. Hank helped Kathy by role playing a few situations during which she would respond to appropriate behavior by using positive, descriptive statements.

They reviewed the simple counting sheet that Kathy would start using in the classroom. They decided to target three children and record how they were doing with picking up toys, how many times they received positive reactions for desired behaviors, and how many times they received attention for undesirable behaviors. Kathy felt good knowing that she had a plan to address the difficult behavior and that Hank was supportive of her efforts.

What Resources Are Needed?

The initial involvement of an experienced person (e.g., a colleague, supervisor, team member) from outside the classroom to assist in training and intervention monitoring is strongly recommended.

Who Are the Children Who Benefit?

Acknowledging positive behaviors has been used with a wide variety of children from 2 years of age to preado-

lescence, including children who are typically developing and children described as having conduct disorders, emotional disturbance, communication disorders, autism, and mental retardation. This strategy has been used effectively by teachers from a wide range of racial, ethnic, income, and educational backgrounds.

What Behavioral Changes Can Be Expected?

Acknowledging positive behaviors has been used to help increase and maintain a number of child behaviors including positive interactions with peers, following adult instructions, appropriate communication, and independent self-care skills (e.g., dressing, toileting).

“Kathy began to feel better when she could see the pattern and relationship between child and adult behaviors.”

Using this strategy results in decreases in aggressive and destructive behaviors, failure to follow instructions, and inappropriate communication. Use of this strategy by caregivers results in adults becoming purposeful in providing positive responses to appropriate child behavior, monitoring child behavior more closely,

and responding to child behavior more consistently. Fewer adult reactions to inappropriate child behavior, less reliance on punishment, and decreased levels of stress within the classroom also have been observed. This strategy is especially well-suited to increasingly informal use across behaviors, settings, and activities as adults become more familiar with the procedures.

The next day, Hank stopped by Kathy’s classroom after the children had gone home. Kathy’s enthusiasm for her new approach to behavior was dampened by the children’s initial response. She told Hank that when she said something positive to the children during clean-up time they seemed shocked. “It was as if they were confused when I did not use a frustrated tone and scolding words.” Hank reminded Kathy that behavior changes take time for both adults and children.

Child behaviors did not improve overnight. Some children responded quickly to the descriptive praise and acknowledgment, while others continued to run around the room during clean-up time. Hank planned to give Kathy some extra hands during the first week of implementing her new strategy. She needed time to teach the expectations and for the children to become comfortable with the changes. In a few weeks, even parents were commenting on how Kathy and the children seemed less stressed and more like a team working together in the room. Kathy continued to chart her behaviors and the children’s behaviors, and felt increasingly competent in her role as a teacher with a plan to acknowledge positive behavior to decrease inappropriate behavior. ☼

Center on the Social and Emotional Foundations for Early Learning

We welcome your feedback on this What Works Brief. Please go to the CSEFEL Web site (<http://www.vanderbilt.edu/csefel>) or call us at (866) 433-1966 to offer suggestions.

Where Do I Find More Information on Implementing This Practice?

See the CSEFEL Web site (<http://www.vanderbilt.edu/CSEFEL>) for additional resources. There are many books, articles, manuals, and pamphlets available that describe the use of this strategy. These include:

Hester, P. P., Baltodano, H. M., Hendrickson, J. M., Tonelson, S. W., Conroy, M. A., & Gable, R. A. (2004). Lessons learned from research on early intervention: What teachers can do to prevent children's behavior problems. *Preventing School Failure, 49*(1), 5-10.

Kaiser, B., & Rasminsky, J. S. (2005). Including children with challenging behavior in your child care community. *Exchange, 164*, 32-34.

Stormont, M., Lewis, T. J., & Beckner, R. (2005). Positive behavior support systems: Applying key features in preschool settings. *Teaching Exceptional Children, 37*(6), 42-49.

What Is the Scientific Basis for the Practice?

For those wishing to explore the topic further, the following researchers have examined the short- and long-term effectiveness of adults' use of the strategy described here as *Acknowledging Positive Behavior*:

Campbell, S. B. (2002). *Behavior problems in preschool children: Clinical and developmental issues*. New York: Guilford Press

Howes, C. (2000). Social-emotional classroom climate in child care, child-teacher relationships and children's second grade peer relations. *Social Development, 9*(2), 191-204.

Strain, P. S., & Timm, M. A. (2001). Remediation and prevention of aggression: An evaluation of the Regional Intervention Program over a quarter century. *Behavioral Disorders, 26*(4), 297-313.

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Acknowledging Children's Positive Behaviors

HANDOUT 22



☀ Give positive responses to the desired behavior and avoid responding when that behavior is not occurring.

- Positive responses include telling the child what he or she did well.
- Positive responses can include presenting favorite toys or other items.
- Nonverbal responses might include smiles, thumbs-up, and pats on the back.
- Be prepared for the child's behavior to get worse initially in one or more areas before it begins to get better.
- Make a plan for responding to unsafe behavior.

☀ Record the number of times the behaviors of interest occur.

- Pay attention to child behavior and adult behavior.
- Write down what and how often the child engages in undesirable and desirable behaviors.
- Write down how often and what types of attention adults provide to the child (for desirable as well as undesirable behaviors).
- An example of a form might be:

Before the behavior	The behavior	After the behavior
<i>Asked to clean up and reminded of being responsible for their toys</i>	<i>Cade cleans up with peers</i>	<i>Teaching assistant smiles and gives Cade and his two peers a "high five"</i>

☀ Design a plan to meet your individual needs.

- Individualize the plan for each situation.
- Select one desired behavior as a starting point.
- Move to more challenging behaviors after experiencing some success.
- Define the behavior you want to see occur more frequently (consider where, when, and how often).
- Think of situations or activities that might increase the child's opportunities to engage in the desired behavior.
- Develop a list of positive responses that adults can use when the child engages in the positive behavior (consider nonverbal as well as verbal responses).
- Do not respond to unacceptable behavior unless the child, someone else, or an important object is in immediate danger. If you have to react because of safety, do so quickly and with a minimum amount of interaction.
- Decide on a schedule to begin Acknowledging Positive Behaviors.

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YOUNG CHILDREN

September 2001

Five Reasons to Stop Saying "Good Job!"

By Alfie Kohn

NOTE: An abridged version of this article was published in Parents magazine in May 2000 with the title "Hooked on Praise." For a more detailed look at the issues discussed here -- as well as a comprehensive list of citations to relevant research -- please see the books Punished by Rewards and Unconditional Parenting.

Para leer este artículo en Español, haga clic [aquí](#).

Hang out at a playground, visit a school, or show up at a child's birthday party, and there's one phrase you can count on hearing repeatedly: "Good job!" Even tiny infants are praised for smacking their hands together ("Good clapping!"). Many of us blurt out these judgments of our children to the point that it has become almost a verbal tic.

Plenty of books and articles advise us against relying on punishment, from spanking to forcible isolation ("time out"). Occasionally someone will even ask us to rethink the practice of bribing children with stickers or food. But you'll have to look awfully hard to find a discouraging word about what is euphemistically called positive reinforcement.

Lest there be any misunderstanding, the point here is not to call into question the importance of supporting and encouraging children, the need to love them and hug them and help them feel good about themselves. Praise, however, is a different story entirely. Here's why.

1. Manipulating children. Suppose you offer a verbal reward to reinforce the behavior of a two-year-old who eats without spilling, or a five-year-old who cleans up her art supplies. Who benefits from this? Is it possible that telling kids they've done a good job may have less to do with their emotional needs than with our convenience?

Rheta DeVries, a professor of education at the University of Northern Iowa, refers to this as "sugar-coated control." Very much like tangible rewards – or, for that matter, punishments – it's a way of doing something *to* children to get them to comply with our wishes. It may be effective at producing this result (at least for a while), but it's very different from working *with* kids – for example, by engaging them in

conversation about what makes a classroom (or family) function smoothly, or how other people are affected by what we have done -- or failed to do. The latter approach is not only more respectful but more likely to help kids become thoughtful people.

The reason praise can work in the short run is that young children are hungry for our approval. But we have a responsibility not to exploit that dependence for our own convenience. A "Good job!" to reinforce something that makes our lives a little easier can be an example of taking advantage of children's dependence. Kids may also come to feel manipulated by this, even if they can't quite explain why.

2. Creating praise junkies. To be sure, not every use of praise is a calculated tactic to control children's behavior. Sometimes we compliment kids just because we're genuinely pleased by what they've done. Even then, however, it's worth looking more closely. Rather than bolstering a child's self-esteem, praise may increase kids' dependence on us. The more we say, "I like the way you...." or "Good _____ing," the more kids come to rely on *our* evaluations, *our* decisions about what's good and bad, rather than learning to form their own judgments. It leads them to measure their worth in terms of what will lead *us* to smile and dole out some more approval.

Mary Budd Rowe, a researcher at the University of Florida, discovered that students who were praised lavishly by their teachers were more tentative in their responses, more apt to answer in a questioning tone of voice ("Um, seven?"). They tended to back off from an idea they had proposed as soon as an adult disagreed with them. And they were less likely to persist with difficult tasks or share their ideas with other students.

In short, "Good job!" doesn't reassure children; ultimately, it makes them feel less secure. It may even create a vicious circle such that the more we slather on the praise, the more kids seem to need it, so we praise them some more. Sadly, some of these kids will grow into adults who continue to need someone else to pat them on the head and tell them whether what they did was OK. Surely this is not what we want for our daughters and sons.

3. Stealing a child's pleasure. Apart from the issue of dependence, a child deserves to take delight in her accomplishments, to feel pride in what she's learned how to do. She also deserves to decide when to feel that way. Every time we say, "Good job!", though, we're telling a child how to feel.

To be sure, there are times when our evaluations are appropriate and our guidance is necessary -- especially with toddlers and preschoolers. But a constant stream of value judgments is neither necessary nor useful for children's development. Unfortunately, we may not have realized that "Good job!" is just as much an evaluation as "Bad job!" The most notable feature of a positive judgment isn't that it's positive, but that it's a judgment. And people, including kids, don't like being judged.

I cherish the occasions when my daughter manages to do something for the first time, or does something better than she's ever done it before. But I try to resist the knee-

jerk tendency to say, "Good job!" because I don't want to dilute her joy. I want her to share her pleasure with me, not look to me for a verdict. I want her to exclaim, "I did it!" (which she often does) instead of asking me uncertainly, "Was that good?"

4. Losing interest. "Good painting!" may get children to keep painting for as long as we keep watching and praising. But, warns Lilian Katz, one of the country's leading authorities on early childhood education, "once attention is withdrawn, many kids won't touch the activity again." Indeed, an impressive body of scientific research has shown that the more we reward people for doing something, the more they tend to lose interest in whatever they had to do to get the reward. Now the point isn't to draw, to read, to think, to create – the point is to get the goody, whether it's an ice cream, a sticker, or a "Good job!"

In a troubling study conducted by Joan Grusec at the University of Toronto, young children who were frequently praised for displays of generosity tended to be slightly *less* generous on an everyday basis than other children were. Every time they had heard "Good sharing!" or "I'm so proud of you for helping," they became a little less interested in sharing or helping. Those actions came to be seen not as something valuable in their own right but as something they had to do to get that reaction again from an adult. Generosity became a means to an end.

Does praise motivate kids? Sure. It motivates kids to get praise. Alas, that's often at the expense of commitment to whatever they were doing that prompted the praise.

5. Reducing achievement. As if it weren't bad enough that "Good job!" can undermine independence, pleasure, and interest, it can also interfere with how good a job children actually do. Researchers keep finding that kids who are praised for doing well at a creative task tend to stumble at the next task – and they don't do as well as children who weren't praised to begin with.

Why does this happen? Partly because the praise creates pressure to "keep up the good work" that gets in the way of doing so. Partly because their *interest* in what they're doing may have declined. Partly because they become less likely to take risks – a prerequisite for creativity – once they start thinking about how to keep those positive comments coming.

More generally, "Good job!" is a remnant of an approach to psychology that reduces all of human life to behaviors that can be seen and measured. Unfortunately, this ignores the thoughts, feelings, and values that lie behind behaviors. For example, a child may share a snack with a friend as a way of attracting praise, or as a way of making sure the other child has enough to eat. Praise for sharing ignores these different motives. Worse, it actually promotes the less desirable motive by making children more likely to fish for praise in the future.

*

Once you start to see praise for what it is – and what it does – these constant little evaluative eruptions from adults start to produce the same effect as fingernails being dragged down a blackboard. You begin to root for a child to give his teachers or parents a taste of their own treacle by turning around to them and saying (in the same saccharine tone of voice), "Good praising!"

Still, it's not an easy habit to break. It can seem strange, at least at first, to stop praising; it can feel as though you're being chilly or withholding something. But that, it soon becomes clear, suggests that *we praise more because we need to say it than because children need to hear it*. Whenever that's true, it's time to rethink what we're doing.

What kids do need is unconditional support, love with no strings attached. That's not just different from praise – it's the *opposite* of praise. "Good job!" is conditional. It means we're offering attention and acknowledgement and approval for jumping through our hoops, for doing things that please us.

This point, you'll notice, is very different from a criticism that some people offer to the effect that we give kids too much approval, or give it too easily. They recommend that we become more miserly with our praise and demand that kids "earn" it. But the real problem isn't that children expect to be praised for everything they do these days. It's that *we're* tempted to take shortcuts, to manipulate kids with rewards instead of explaining and helping them to develop needed skills and good values.

So what's the alternative? That depends on the situation, but whatever we decide to say instead has to be offered in the context of genuine affection and love for who kids are rather than for what they've done. When unconditional support is present, "Good job!" isn't necessary; when it's absent, "Good job!" won't help.

If we're praising positive actions as a way of discouraging misbehavior, this is unlikely to be effective for long. Even when it works, we can't really say the child is now "behaving himself"; it would be more accurate to say the praise is behaving him. The alternative is to work *with* the child, to figure out the reasons he's acting that way. We may have to reconsider our own requests rather than just looking for a way to get kids to obey. (Instead of using "Good job!" to get a four-year-old to sit quietly through a long class meeting or family dinner, perhaps we should ask whether it's reasonable to expect a child to do so.)

We also need to bring kids in on the process of making decisions. If a child is doing something that disturbs others, then sitting down with her later and asking, "What do you think we can do to solve this problem?" will likely be more effective than bribes or threats. It also helps a child learn how to solve problems and teaches that her ideas and feelings are important. Of course, this process takes time and talent, care and courage. Tossing off a "Good job!" when the child acts in the way we deem appropriate takes none of those things, which helps to explain why "doing to" strategies are a lot more popular than "working with" strategies.

And what can we say when kids just do something impressive? Consider three possible responses:

* **Say nothing.** Some people insist a helpful act must be "reinforced" because, secretly or unconsciously, they believe it was a fluke. If children are basically evil, then they have to be given an artificial reason for being nice (namely, to get a verbal reward). But if that cynicism is unfounded – and a lot of research suggests that it is – then praise may not be necessary.

* **Say what you saw.** A simple, evaluation-free statement ("You put your shoes on by yourself" or even just "You did it") tells your child that you noticed. It also lets her take pride in what she did. In other cases, a more elaborate description may make sense. If your child draws a picture, you might provide feedback – not judgment – about what you noticed: "This mountain is huge!" "Boy, you sure used a lot of purple today!"

If a child does something caring or generous, you might gently draw his attention to the effect of his action *on the other person*: "Look at Abigail's face! She seems pretty happy now that you gave her some of your snack." This is completely different from praise, where the emphasis is on how *you* feel about her sharing

* **Talk less, ask more.** Even better than descriptions are questions. Why tell him what part of his drawing impressed *you* when you can ask him what *he* likes best about it? Asking "What was the hardest part to draw?" or "How did you figure out how to make the feet the right size?" is likely to nourish his interest in drawing. Saying "Good job!", as we've seen, may have exactly the opposite effect.

This doesn't mean that all compliments, all thank-you's, all expressions of delight are harmful. We need to consider our *motives* for what we say (a genuine expression of enthusiasm is better than a desire to manipulate the child's future behavior) as well as the actual *effects* of doing so. Are our reactions helping the child to feel a sense of control over her life -- or to constantly look to us for approval? Are they helping her to become more excited about what she's doing in its own right – or turning it into something she just wants to get through in order to receive a pat on the head

It's not a matter of memorizing a new script, but of keeping in mind our long-term goals for our children and watching for the effects of what we say. The bad news is that the use of positive reinforcement really isn't so positive. The good news is that you don't have to evaluate in order to encourage.

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Not in Praise of Praise

by Kathleen Grey

"I want my baby to grow up to have high self-esteem so I praise him when he does things. Babies need to know that we admire them and think they are special. Praising them is a good way to let them know that. I think praise not only helps children learn to do things well, it also makes them want to be good." — Mother speaking of her six month old infant

"There is a little girl in my classroom who is two and a half years old and is always into everything. The other teachers and I have to put her on time-out a lot because she is so hard to handle and she has to learn to be good. We use praise with her every time we notice her doing something good so that she'll learn what's right and what's wrong." — Teacher in toddler center

"My grandson has cerebral palsy and has to work extra hard to do even the simplest things for himself. His parents always look for things to praise him about and tell him he's doing a good job. They try to make sure that everyone who works with him is willing to do the same thing. They feel that he won't keep trying if they don't praise him a lot." — Grandmother

"My son has to learn how to behave from us. We don't like spanking and shaming so we use praise to make him act right. I think it's a much better way to teach children than the way I was reared — with a lot of criticism and blame." — Father

Using praise to teach children what is expected of them is a relatively new kind of teaching and parenting technique. Less than a century ago it was commonly assumed that praise would spoil children and that criticism and disapproval would strengthen their character and turn them into good citizens (Miller, 1983).

Today it is commonly accepted that self-esteem is the root of strong character and good performance (Nelson,

1987; Clarke, 1978). From that realization has come the obvious extrapolation that good teachers and parents should therefore build self-esteem if we want our children to have a strong character. And doesn't self-esteem mean having a good opinion of yourself? Wouldn't it help our children have a good opinion of themselves if we point out what's good about them and tell them frequently how good they are?

Building Character — Themes, Old and New

There are two themes that link both the *old way* and the *new way* of building character and teaching good behavior. The first theme is the idea that how children think about themselves and evaluate themselves is dependent upon what adults tell them about themselves and has little to do with their own evaluation of themselves. This point of view supposes that adult evaluations are more right than a child's, and that adults have the responsibility to mold the way children perceive themselves by stating their evaluations frequently.

The second connecting theme is the constant emphasis on the concepts of goodness, badness, and obedience. There is good or bad behavior, good or bad self-concept, good or bad feelings, good or bad thoughts. There is an undercurrent of belief that goodness and badness are definable by adults, simply by virtue of being an adult, and have nothing to do with children's age, developmental level, psychological needs, or internal motivation. Adults are responsible for telling children what is good and what is bad and for using whatever consequences are necessary to see that children comply with this message. Children's obedient behavior, then, is seen as a measure of whether the adults have done a *good job* or *bad job* of defining and talking about goodness and badness.



Current thought, as illustrated by the introductory statements of parents and caregivers, recognizes that praise is an important and powerful form of communication. It can nourish the spirit and add a sheen to daily experiences. It is a potent payoff for effort. But . . . it is a judgment, nonetheless. Because children value the opinion of adults so highly, frequent evaluative comments, even when positive, can foster undue dependence on the external judgment of others, causing them to devalue their own perceptions about their competence and capabilities. Used indiscriminately, praise loses its potency and becomes empty and meaningless.

Praise in the Classroom — My Story

In my own teaching, both with children and adults, I don't use praise words very much any more. They often sound manipulative and insincere, even when I use them judiciously. And there are times when I don't like receiving praise for exactly the same reason.

The conviction that we should not risk putting anything of ourselves out into the world — through writing, teaching, singing, or simply just being — unless we know for sure that it will meet with approval is a devaluing, self-defeating state of mind. Yet it is a product of the old discipline of criticism which often imprisoned creative energy and perverted personality. It is no wonder that we have turned to praise to mend our ways as we search for more effective means of teaching and rearing our children humanely.

To many of us, praise seems like such a good, positive way to get children to behave. It's a way to make them feel good about themselves so they'll try harder to do what they should. We congratulate ourselves that we have abandoned the use of criticism in exchange for teaching with praise. What we fail to see is that praise is simply the positive face of criticism, that both presume the right of one person to impose judgment on another.

For many years, my ideal of good teaching was to use praise frequently and admonition or criticism rarely. These were my primary tools for controlling a group of children. It was not unusual for me to end a day of teaching feeling totally exhausted and tense, having spent most of my time trying to be one step ahead of the children, and searching for words that would cause them to behave in line with my ideas about how they should behave. I often had a headache and, in my earliest years of teaching, a heavy, barren feeling as well. I was constantly occupied with a mental image of what I expected of children and of how to make them want to behave according to those expectations. Whatever interest I had

in knowing their needs was simply so I could use that knowledge to motivate them to meet my expectations. I was preoccupied with getting them to adopt my goals and expectations for their behavior.

I'm not sure why it was so important to me that they meet my expectations and behave as I saw fit. Certainly I was sure that I knew how they should behave. And I felt very deeply my responsibility to impress that upon them. I was also very sure that total permissiveness doesn't make anyone feel good, even when they protest mightily against limits on their freedom. Yet, in my zeal to avoid total permissiveness, I operated out of a position of excessive control . . . what I later came to perceive as simply the flip side of permissiveness.

I think that is where I made the mistake. For certainly I could see that I was making mistakes. The level of energy I poured into my teaching usually produced clingy whiners or out-of-bounds troublemakers and my classrooms were either noisy and chaotic or excessively quiet and strained . . . and I was exhausted and unfulfilled. I knew that many of my children were resisting me harder than they would if I didn't have expectations about their behavior and that some of them were denying some of their own needs in order to fit themselves into the niche my expectations created for them. It was obvious to me that my expectations for these children were not good for them, yet I knew that an absence of expectations would not be good for them either!

Reflective Listening as Image Builder

Then I learned about reflective listening and the world opened up for me. This is a respectful and reflective communication style that had its genesis in Thomas Gordon's (1987) "active listening" as described in his book *Parent Effectiveness Training*. I discovered that reflecting back to children what they are doing, and what I perceive that they are feeling, reinforces their sense of themselves in such a way that they feel strengthened and validated as potent, competent, worthwhile human beings.

This kind of communication revealed to me something that I had glimpsed only occasionally before . . . that children come into the world with an intense desire to participate in the human race, to learn its rules and protocols, and to find a niche where their selfhood can be uniquely expressed. This meant that I could trust them to want to grow; no longer did I have to *make* them want to do that. I began to see that my role was to be aware of this desire in them and to communicate my support of it honestly and forthrightly.



All these realizations didn't come at once, of course; there was no "aha, now I understand" kind of experience. What actually happened was that the reflective listening style of communicating felt so clear, uncomplicated, honest, and real that I just sank into it with a sense of great relief. It was like dropping a pebble into a still pond. From that time, the ripples that traveled outward in ever widening circles were the increasingly frequent experiences of connecting with the children, of watching their dawning understanding, and the evident pleasure in being able to behave in prosocial ways. Even when I had to set limits, I experienced the companionship that comes with genuine connection and the shared knowledge that the limits were set in the interest of continued growth.

Gradually I came to realize that reflective listening leaves no room for manipulation and that this fact is the source of its potency. Although I sometimes found myself trying to use it to manipulate, I quickly learned that when I did so, it *didn't work*. In fact, I began to realize that the sense of my communications "not working" could actually be a signal that I was attempting to manipulate the children. This brought the realization that as long as my goal was to cause a certain preconceived behavior, whatever communication strategy I used would be unproductive and exhausting. On the other hand, I saw that if my goal was simply to participate in the process of a child's growth, without manipulation and a preconceived agenda, a likely by-product of that joint endeavor might be productive and socially-competent kinds of behaviors, some preconceived and others totally undreamed of. And, most important of all, those behaviors would be self-engendered out the child's own desire to participate effectively.

Some Negatives of Praise

So what does all this have to do with praise? Simply this . . . praise as it is commonly used, expressed through an excess of *wow words*, is too frequently a manipulation. As such, it breeds resistance and suspicion (which may be only half consciously felt) and acts to weaken the connection between the praiser and the praised. And for many people, it sets up a puzzling dilemma — "If I do this again so I can get this praise again, will I be doing it of my own accord or because I'm hooked on having this person's praise?"

Another hazard of praise is the tangled situation that is familiar to anyone who has reared or taught young children. I want to validate this child so I praise some act or way of being only to discover that the child wants to hear the praise again and tries to elicit it by repeating the

behavior I had praised. But what if it was an act for which I have lost my enthusiasm? Do I pretend I didn't see the bid for more praise? Do I fake the enthusiasm to make her feel good (this is especially hard when I faked it to start with)? Or shall I be brutally honest and tell her it isn't cute when she does it over and over again? In other words, how do I deal with the obvious need for praise in the child who looks to me for praise for an act performed over and over again long after I have lost my admiration for it? And most important of all, what is the message this experience conveys to the child . . . that she must dream up something more stunning in order to elicit those addicting *wow words* from me again? Is this what *making her feel good about herself* is all about? Is that really building self-esteem? It looks like abject dependence to me.

"So why not just use an enthusiastic voice and a firm 'good job' to praise a child's efforts?" you may ask. "Wouldn't that help him feel good about himself and reinforce his efforts to do well?" Perhaps it would, but what if he actually didn't do a good job, yet you knew he tried hard and you wanted to reinforce his efforts? Reflective listening is especially eloquent in such a situation because of its focus on *what's so*, not on an arbitrary standard of what ought to be. Describing what you noticed about the child's effort and the progress he is making toward his goal communicates your interest in and support of him more powerfully than any kind of praise could do.

Praise is often empty because of our tendency to go on automatic pilot when we're busy and to say, "Great!" "Good job!" "Oh, isn't that pretty!" "You're such a good painter!" without stopping to think about the child's reality (other than the assumption that he needs praise). Such praise doesn't tell the child what it is you're affirming as good, nor does it tell him why you think it was good. In fact, it doesn't even tell him what you mean when you say something is good . . . does it mean that it's morally right? . . . or that it's what you like? . . . or what makes it good? Wouldn't it be more informative, and therefore more satisfying (to you and to him), if he could hear his effort described and his intention noted, no matter what level of performance he achieved?

As an adult, have you ever had the feeling that your job or classroom performance was below par, only to hear a "Good job" from your supervisor or to find an "A" on your essay? Did you then retain your original judgment of your performance or did you immediately revise it to fit with praise you'd received from "someone with authority"? Did you wonder about the praise and what



you had done to justify it? Did the praise help you understand why it was a "good job"? Or did it just make you wonder what you should do next time in order to win such a comment again?

Can We Make a Child Feel Good About Himself?

Let's go back to the earlier discussion of why we use praise . . . to make children feel good about themselves. What is the underlying fallacy in this statement? It's the idea that we can make people feel a particular way. That's a terrible burden to carry around . . . the supposition that if someone isn't feeling good about herself that I have the power, hence the responsibility, to find a way to make her feel good about herself again. So I praise her with "You did a good job!" or "Good for you!" Does that validate who she perceives herself to be? Can she use such comments to build a reliable standard of competence within herself, one that she can self-reference so that she isn't constantly dependent on others' opinions?

A teacher is trying to reinforce the behavior of a child who has voluntarily carried out a classroom rule. She says to him, "Good job, Tom! You're doing just what you're supposed to do, aren't you? You're always such a good boy." The message to Tom is not about his intrinsic worth, but about his value *when he does what his teacher wants him to*. If Tom's teacher truly wants to affirm Tom's intrinsic worth, as he expressed it through his desire to participate competently in classroom culture, she might say, "I saw you carry all the dirty paint brushes to the sink, Tom. You had to make three trips to get them all! I sure appreciate your help."

If Tom regularly hears the unspoken message in the first scenario, how is he likely to apply it to himself? How do you think this message will affect his ability to make judgments for himself? Would he have a different sense of his competence if he regularly received the message in the second example?

In my own experience over the last ten years, I have found repeatedly that the unease I sometimes feel in a praise situation can usually be explained by this new understanding of how we use praise to manipulate children and one another. In fact, it's even getting easier for me to catch myself when I use praise in this way — and reflective listening always helps me communicate more forthrightly. One of my university students summed it up for me recently when she commented, "I really like it

when you use reflective listening with us. You expect us to always be so tuned-in to the children and to tell them what we notice about their activities and their feelings. It feels awfully good to me, and I learn so much, when I realize you're that tuned-in to me!" Her comment left me glowing. Not only had she recognized my effort to support her, she also told me how much it meant to her. I didn't feel praised, I felt truly validated.

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Not in praise of praise

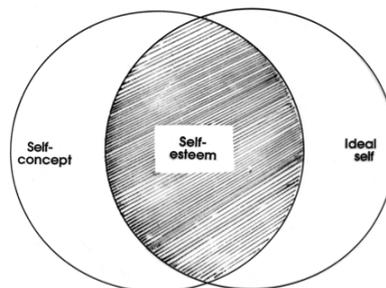
Louise Porter, PhD, Child Psychologist
with cartoon by Peter MacMullin

Most adults have been taught that, when we want children to develop a healthy self-esteem, we need to praise them for their behaviour or achievements. In this paper, I argue that instead we must avoid praise and replace it with acknowledgment.

THE NATURE OF SELF-ESTEEM

From their earliest days of life, children learn about themselves from our reactions and feedback to them. They develop a *concept* or description of their personal qualities and, when our feedback is judgmental, acquire a set of sometimes punitive beliefs about how they 'should' be (a set of *ideals*).

Therefore, self-esteem can be illustrated in the following way:



Self-esteem as the overlap
between the self-concept and ideal self

ROUTES TO LOW SELF-ESTEEM

This diagram illustrates that people (of any age) can develop low self-esteem in one of three ways:

1. We lack skills that we value.
2. We have the skills that we value, but are not aware of these qualities.
3. In what is known as perfectionism, we demand so much of ourselves that no one on the planet will achieve all that we expect.

The first cause is not as relevant as we might think because, when individuals lack a skill that they value, in the case of children we can teach them it and, in the case of adults, we can simply avoid that activity. (If I discover that I am not proficient at architectural drafting, for example, I don't become an architect.) The other two sources of low self-esteem are enduring. They can emerge in early childhood and persist all our lives.

ACKNOWLEDGING WITHOUT PRAISE

Adults can prevent or repair both major causes of low self-esteem in children by giving children information about their personal skills and qualities (so that their self-concept enlarges) without, however, judging the children or their achievements. When we judge children, we raise their ideals, teach perfectionism, and consequently, risk lowering their self-esteem. (You might picture the circles above spreading further apart as ideals become too demanding).

Therefore, adults need to acknowledge and celebrate children's successes, without praising these. This form of feedback will *verify* the children's own assessment that they have achieved something worthwhile, *highlight* their successes so that they notice these, and *expand* on what they have achieved – for example, by pointing out that, not only is their block tower very high but also, when it fell down, they had another go: they can persist. This feedback allows children to 'park' information about themselves in their self-concept.

Acknowledgment (otherwise known as informative feedback) differs from praise and other rewards (which are judgmental) in *describing* children's skills and qualities – without *judging* these, or implying that children must continue to achieve at that standard in order to be considered worthy.

Acknowledgment differs from praise in the following ways:

1. Acknowledgment *teaches children to evaluate their own efforts*: 'What do you think of *that?*...Was that fun?...Are you pleased with yourself?...You seem pleased that you did that so well'. In contrast, praise approves of work that meets *adult* standards.
2. Unlike praise, acknowledgment *does not judge* children or their work, although you could offer an opinion of their achievement. For example, 'I'm impressed that you tried something new...I admire that you had another go'.
3. Acknowledgment is a private event that does not show children up in public, compare them with each other or try to manipulate other children into copying a commended child. Acknowledgment simply describes in private what the adult appreciated: 'Thanks for sitting quietly today in group time: it helped the other children to enjoy the story', or, 'I appreciate that you helped pack the toys away'.

Guiding principle

When you want children to develop a healthy self-esteem, celebrate and acknowledge their efforts, but do not praise them.

Like praise, however, acknowledgment is not value-free: we *do* know that particular skills and dispositions will be useful to children both now and in the future, and we hope that our children will come to value these. But we cannot impose our values on them.

Also, as with praise, you can still tell children that they are terrific, although not for doing something that pleases you, but simply because they

are wonderful. With acknowledgment, you want to share your pleasure in their company; with praise, you want to manipulate them into doing things your way or into being a particular kind of person.

Acknowledging children's achievements or their considerate behaviour requires no new skills on your part. It requires only the same language that you use for the adults in your life. It asks you not to patronise children but to treat them with same humanity that you would use towards a person of any age. For example, if a friend gained a promotion, you would not say, 'Good girl' but would congratulate her; when a friend helped you out by picking up your children from school when you were held up at work, you would not comment that she was a good friend but instead might say, 'Thanks. I appreciate it'.

TIPS FOR ACKNOWLEDGING CHILDREN'S ACHIEVEMENTS

Ask children how they feel about what they have achieved:

- Are you pleased?
- What do you think of *that*?
- Are you happy with that?

When children are saying or giving nonverbal messages that they are pleased, reflect that:

- You look delighted!
- You seem very proud of yourself
- You look very pleased

When appropriate, add your opinion (but not a judgment):

- Well, I agree with you!
- I agree that you can be very pleased with yourself
- I think it's special too

Give information or feedback in the form of *I-verb*:

- I admire...
- I respect...
- I value...
- I'm impressed that...
- I appreciate...

Intend to *congratulate*, not manipulate:

- Congratulations!
- Hey! You did it!
- Wow! Look at that!

Express *appreciation*:

- Thank you!
- I'm grateful that...
- I appreciate that because...

Focus on the *process*, not the product:

- I admire that you tried something new
- I'm impressed that you had another go
- Looks like you really worked at that

Verify children's own assessment that they have achieved something worthwhile, *highlight* their successes so that they notice these, and *expand* on what they have achieved:

- I agree that it's quite an achievement!
- Did you know you could do that?
- And not only have you finished it, but you worked on it for ages

Use natural manners, without patronizing children. For example, in response to a child's thanks:

- You're welcome!
- It's a pleasure
- I hope you enjoy it

EXAMPLES OF PRAISE VERSUS ACKNOWLEDGMENT

The following examples illustrating the distinction between praise and acknowledgment avoid one-up-one-down language in which adults adopt the stance of expert with the right to judge others. Instead, acknowledgment allows children to monitor and assess their own performances. This will both allow them to develop a comprehensive picture of their own skills and qualities, and to apply their self-management skills to regulating their own behaviour.

Action: **A child has helped to pack up his or her toys.**
Praise: You're a good helper.
Acknowledgment: Thanks for your help.
I appreciate your help.
Thanks: that's made my job easier.
Thanks for packing away so quickly. Now there is more time to play outside.
Thank you. I know you weren't in the mood to pack up and I appreciate that you did it anyway.

Action: **After much effort, a child has built a tall tower of blocks.**
Praise: Well done! That's terrific!
Acknowledgment: Congratulations!
Wow! Look at *that!*
Hey, you did it!
You look very pleased with that!
I'm impressed that you kept trying when the blocks fell over so often.
I admire that you figured out that the bigger blocks had to be at the bottom.
You look very proud of that. I agree with you: I think you deserve to be.

Action: **A child who has completed a painting comes to you asking 'Is this good?' while looking pleased with it.**
Praise: Hey, that's great! Good for you.
Acknowledgment: You look delighted with that! I agree with you: I think you should be pleased.
Looks like you enjoyed doing that.
It looks to me like you planned your painting very carefully.
What's *your* favourite part?

Action: **A child who has completed a painting comes to you asking 'Is this good?' while looking dispirited.**
Praise: Hey, that's really good. You've done well.
Acknowledgment: I can see you're disappointed with it.
What don't you like about it?
How come it didn't turn out as you'd hoped?
Do you want to fix it, or just leave it for now?

Action:	A child has reluctantly shared an item of play equipment with a peer.
Praise:	Good boy for sharing.
Acknowledgment:	Thanks for sharing with Sam. She looked sad that she had nothing to play with. Sam seems really grateful that you let her have a turn. I admire that you gave Sam a turn. That's not easy to do at your age.

THE BEST RESPONSE TO 'GOOD BOY'

(Cartoon by Peter MacMullin and inspired by Alfie Kohn)



CONCLUSION

Giving children feedback that describes their achievements, rather than judging these, gives children information about who they are, without taking that extra step of implying that they *must* behave in particular ways for us to value them. In this way, acknowledgment safeguards their self-esteem. In a separate paper, I report on a considerable body of research findings that using acknowledgment rather than delivering praise or other rewards, also safeguards children's motivation.

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