How Can I HELP?

A TEACHER'S GUIDE TO EARLY CHILDHOOD BEHAVIORAL HEALTH

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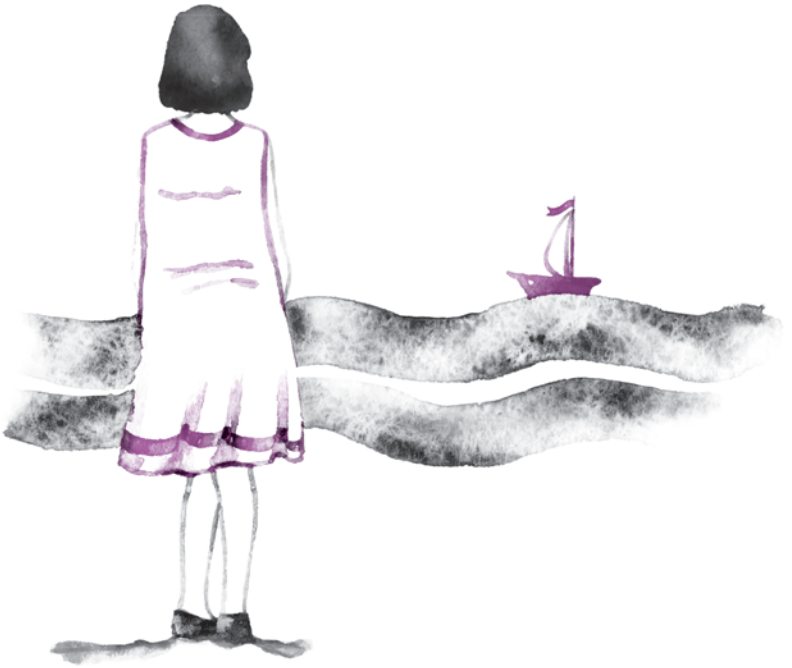
CONTENTS

from the Author

Think back to when you made the decision to become a teacher. You likely had some idea about where you would be working, the sorts of children you would teach, and probably even some of the challenges you would face. Few teachers expect a huge financial windfall, but many of us expect emotional rewards for our sacrifices: the joy of seeing a child master a new concept, sweet thank-yous for drying tears and tending to boo-boos, and the sounds of little voices singing with you. I clearly remember building my expectations around a Norman Rockwell drawing of a teacher smiling before her class of unruly students, obviously touched by "happy birthday" messages scrawled on the chalkboard behind her. All misdeeds are clearly forgiven with their thoughtful gesture. Similarly, many of my fellow teachers "grew up" professionally with the expectation that the bad days that came with teaching would contain enough emotional reward to keep going. And truly, teachers who stay in the field must and do find these rewards.

However, many teachers—particularly new ones—have had the frustrating and puzzling experience of investing in a child and feeling that there is little to no return on that investment. Nowhere is this more apparent than in behavior management. When we treat children kindly, we do not expect a literal slap in the face. When we have modeled good social interactions, we do not expect to have strings of curse words spat at us. When we have established clear rules and created environments of consistent but warm guidance, we do not expect children to hurl chairs during group time. And when these things happen over and over again, we may begin to question ourselves, our competence, and our calling.



While quality teaching requires introspection about our abilities and our practices, many challenging behaviors in children arise because of difficulties in their lives that we cannot control. However, we can learn to understand and cope with these factors and consequently help children improve their behavior. This book provides a trauma-informed framework for working with children in the contexts in which they live, whether or not they have diagnosable disorders. This text can help you help the children who desperately need you to understand and nurture them in the busy early childhood classroom but who may not communicate those needs in a way that you can readily understand. Your classroom will always need the fundamentals of genuine care, respect, reliability, understanding, and compassion, and I hope you find useful ideas here for expanding those skills.

CHAPTER 1:

Three Lenses for Understanding Children's Mental Health

When we reflect on children's overall well-being, the popular term *mental health* can actually be a little misleading. We often think of skills such as coping, regulating emotions, paying attention, and relating to others as being solely part of mental health, but this perspective artificially restricts the connections between mind and body. In reality, mental and physical health are intertwined. An infant requires nurturing touch to grow. Cognitive techniques can assist patients in managing physical pain. Toxic stress—or severe, chronic stress without the benefit of a nurturing attachment figure—can lead to physical problems in the body. What we perceive as the separate domains of mental health and physical health are really one interrelated system of well-being, and developing a healthy child means paying attention to the whole child. To truly understand a child as a whole, it can be valuable for adults to conceptualize that child through three lenses: the biological, the environmental, and the relational.

THE BIOLOGICAL LENS

The biological lens focuses on the physical and genetic attributes of the child and invites us to look at elements such as these:

- Existing medical diagnoses
- Allergies

- Prenatal or birth history, such as prenatal drug or alcohol exposure or premature delivery
- Past problems with growth, such as failure to thrive
- Significant injuries
- Family medical history
- Any history of medical procedures or hospitalizations

Some of these factors, such as allergies, affect a caregiver's ability to keep a young child safe, so this information is usually collected at the time a child enrolls in a program. By remembering that mental and physical health are intertwined, however, we can see the need for even greater depth of information. For example, consider the following scenarios:

- Jackie has difficulty paying attention during teacher-led activities.
- Marco frequently argues with his peers.
- Seo-yun struggles to manage her emotions.
- Zion shows significant and unusual distress at drop-off time.

Adults often attribute problematic behaviors such as these to willful "acting out" that needs correction. Sometimes that is indeed the case. When we look beyond a behavior itself, however, we can often find biological factors that play significant roles in the situation. To continue the examples from before, consider this additional information:

- Jackie was born eight weeks preterm.
- Marco struggles with obesity.
- Seo-yun suffered a brain injury in a car accident when she was fourteen months old.
- Zion has a life-threatening peanut allergy.

As these examples show, the biological lens enables us to understand the potential contributions of a child's medical and physical status to her overall well-being. A child cannot control biological factors, but they affect her brain and body and therefore her behavior. This information, in turn, helps us better select our intervention strategies for challenging behaviors.

Guidelines for Maintaining Privacy

The biological lens requires teachers to gather some medical information on children. How do we get this vital data while maintaining children's and families' privacy? Consider these guidelines.

First, decide what information you need to gather for *all* children in your care. This includes two categories of medical data: general and individual. General information includes items such as a child's birth and developmental history, immunizations, and physician information. Individual information includes any medical details that you need to know to keep a specific child safe, such as allergies, physician-imposed limits on physical activity, current medications or therapies, problems with choking, and other medical diagnoses. Procedures for addressing such circumstances should be clearly listed in a child's records. You may also want to obtain information about family history for some disorders that have relatively high heritability rates (that is, they have strong genetic components), such as ADHD. Document both general and individual medical information in writing, and then double-check it in an interview with a family member during the enrollment process.

Second, decide how to gather each type of medical information. To obtain general medical information, you can have families fill out paper or electronic forms. You can gather most individual medical information in the same ways. However, some individual information may be particularly sensitive—such as prenatal drug or alcohol exposure, family mental-health history, or a history of abuse—so it may be better to discuss this information in personal conversations, as families are often unwilling to put such information in writing.

Finally, remember that building trust takes time. It is normal and prudent for people to withhold information that they consider private. (For instance, how would you feel if you took a class and on the first day were required to disclose the last time you drank alcohol, if you had ever used illegal drugs, or if you or a family member had ever had

mental-health counseling?) Families may provide more information as they establish relationships with you. Sometimes they may initially deny that their child has any medical concerns but later disclose something significant. If this happens, you might feel upset about the deception, but resist the temptation to berate the family—you need to preserve their newly shown trust in you so that you and they can work together to meet the child's needs.

If a family member does disclose sensitive medical information about a child, how should you handle it? The following table includes some dos and don'ts for these conversations.

DO	DON'T
• ask family members for permission to discuss their child's health information with them. • offer family members unconditional positive regard.* • explain that all families are asked for this information, so no one is being singled out. • let families know why you are asking for this information. • tell families how you will keep their information private, and explain any exceptions to this policy. • protect children's records and limit access to them. • remember that it is reasonable for family members to feel anxious about disclosing information about their children's health. • respond to all communications about a child's health with respect and sensitivity.	• tell family members, "I'm sure none of this applies to you." This statement makes it harder for families to disclose information if there is indeed a concern. • share medical information with other families. It is unethical and undermines trust. • access information for children who are not in your direct care. • use slang or outdated, racist, or sexist terms. • act shocked or surprised by a family's disclosures.

*__Note:__ According to Stephen Joseph of Psychology Today, *unconditional positive regard* is believing that a family is "doing their best to move forward in their lives constructively" and allowing them the freedom to choose how they do so. It does not mean that you have to condone the family's actions or ignore harmful behavior.

Overall, the biological lens helps us notice major factors that influence a child's behavior. However, biology does not determine everything about how a child will function and behave, and it certainly does not tell the child's whole story.

Robin Parritz and Michael Troy summarize decades of research on behavioral genetics by stating, "All psychological traits show significant and substantial genetic influence. No traits are 100 percent heritable. Genetic impact is caused by many genes with small effects. Environments matter." In other words, even if a child has a genetic disorder coded in her DNA, she may not automatically display symptoms of that disorder. Genetic predisposition and environmental factors must both be present for symptoms to appear.

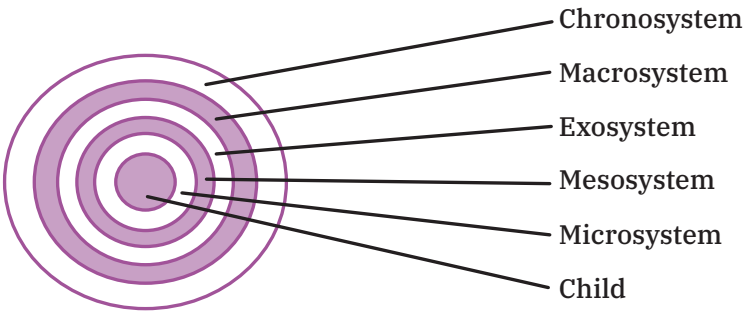
THE ENVIRONMENTAL LENS

Outside the field of early childhood, the term *environmental* might bring to mind images of conservation efforts, recycling, and a "green" world. However, if you ask an early childhood educator about a child's environment, she might tell you about the playground, the art center, and the child's family. More broadly, researchers Malin Eriksson, Mehdi Ghazinour, and Anne Hammarström define *environmental factors* in the early childhood context as everything in the physical and social realms that directly or indirectly touches a child's world. Here are some examples:

- The child's physical home
- School
- Parents, siblings, grandparents, and other family members
- Friends
- Family members' workplaces
- Economic well-being
- Government policies
- Religious institutions
- Social institutions

Groups of related environmental factors are called *systems*. Every child is nested within a series of systems. Urie Bronfenbrenner's ecological systems theory, described in his

book *The Ecology of Human Development*, helps us understand children by examining how the systems affect the child and interact with each other:



- **Microsystem:** At birth, a child is already the product of everything that affected her in the womb, such as nutrition, pollution, and stress. After birth and as she grows, she is influenced directly by all those who care for her, such as family members, child-care center or school staff members, physicians, members of religious groups, and friends. Together, all these influences make up her microsystem: the factors closest and most directly influential to her.

  » For example, married couple Esteban and Rafaella were in a serious car accident during Rafaella's pregnancy, so their daughter, Alejandra, was born prematurely and had trouble breathing for the first week of her life. Seven weeks later, Esteban and Rafaella placed Alejandra in a child-care center during the day so both parents could return to work. The environmental factors in Alejandra's microsystem include her parents, the car accident, her premature birth and early breathing problems, her medical providers, and her teachers at the child-care center.

- **Mesosystem:** The ways in which the elements in a child's microsystem relate to each other are also critically important. Those interactions—between home and school or between family members and friends, for example—create her mesosystem.

  » In Alejandra's case, Rafaella talks to her daughter's child-care providers each evening to hear about her day. She and Esteban also keep all of Alejandra's follow-up NICU appointments and write down information from her physicians. Both parents have good relationships with Alejandra's doctors and teachers and have signed a consent form so that the teachers and doctors can communicate about any medical limitations stemming from Alejandra's preterm birth. Rafaella and Esteban also find a great deal of support from

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Sometimes misbehavior isn't what it seems

Many children come to early childhood care with early signs of mental- or behavioral-health issues. Early childhood professionals are often the first to notice that something is different. So once you've noticed, what do you do next?

How Can I Help? A Teacher's Guide to Early Childhood Behavioral Health brings educators a practical guide to working with young children with serious behavioral-health issues. Featuring easy-to-follow strategies, tips, and trauma-informed relational techniques, this book will help educators identify issues and create nurturing, safe, and successful learning environments for all children.

Learn how to:

- Promote mental health for all children in your care
- Identify signs of behavioral-health issues in children and family members
- Support children who have specific behavioral-health difficulties
- Work with the families of children with behavioral-health challenges
- Develop successful coping and self-care techniques

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