Mental Health in the Child Care Setting: Supporting Social and Emotional Development Trainer's Guide

version 1
(Last updated 2/15/2013)

Copyright Information

Suggested Citation

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NOTE TO TRAINER

This Trainer's Guide is part of a Toolkit intended to accompany the *Mental Health in the Child Care Setting: Supporting Social and Emotional Development* Module. The Toolkit includes a Trainer's Guide to leading training sessions, a Slide Presentation, and materials for participants' packets.

For more information about using the NTI materials, please read "Guidelines for Using the NTI Curriculum Materials," available in the "Curriculum" section of the NTI Resources Website (accessed by entering your NTI username and password at http://sakai.unc.edu).

TABLE OF CONTENTS

PREPARATION CHECKLIST

Curriculum Materials:

Download the following from the "Curriculum" section of the NTI Resources Website:

- ☐ *Mental Health in the Child Care Setting: Supporting Social and Emotional Development* Training Module
- ☐ *Mental Health in the Child Care Setting: Supporting Social and Emotional Development* Trainer's Guide
- ☐ *Mental Health in the Child Care Setting: Supporting Social and Emotional Development* Slide Presentation
- ☐ *Training Checklists*

Preparation:

- ☐ Read the *Mental Health in the Child Care Setting: Supporting Social and Emotional Development* Training Module.
- ☐ Read the *Mental Health in the Child Care Setting: Supporting Social and Emotional Development* Trainer's Guide.
- ☐ Review the *Mental Health in the Child Care Setting: Supporting Social and Emotional Development* Slide Presentation:
  - ☐ Customize slide #2 to include your name, agency, and the date of your training.
  - ☐ Print the slides as overheads or load the slide presentation onto your laptop, USB drive, or a CD. Save or print a back-up copy of the presentation as well.
- ☐ Create a participant's packet (one per participant) per copyright guidelines:
  - ☐ Copy activities, worksheets, and the evaluation form provided in this Trainer's Guide under "Materials for Participant's Packet".
  - ☐ Copy the Slide Presentation as a handout.
- ☐ On a flip chart sheet, write out the Overview of Training Session to display in the training room (you may prefer to leave off the estimated time and training technique).
- ☐ On a flip chart sheet, write out the Training Objectives to display in the training room.
- ☐ See "Training Implementation and Logistics Checklist" (located in the document titled *Training Checklists*) for set-up tasks to do the day of the training.
- ☐ Other: _____

Equipment and Supplies:

- ☐ See "Equipment and Supplies Checklist" (located in the document titled *Training Checklists)* for general supplies
- ☐ Laptop, slide presentation, and LCD projector or overhead projector
- ☐ Flip chart sheet for posting Overview of Training Session
- ☐ Flip chart sheet for posting the Training Objectives
- ☐ Other: _____

OVERVIEW OF TRAINING SESSION

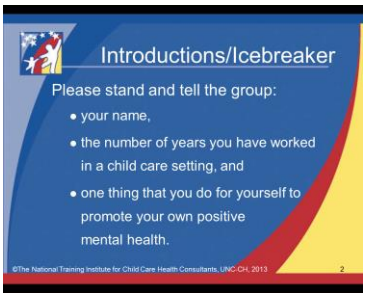
Below is an overview of the topics covered in this session.

Estimated Time	Topic	Training Technique
10-15 minutes prior to session[1]	**Registration**	-----
Optional[2]	**Introductions/Icebreaker**	Large group
5 minutes	**Overview of Training Session and Objectives**	Slides/overheads
5 minutes	**Opening: Feelings about Mental Health**	Individual
10 minutes	**Presentation: Characteristics of Mental Health in Children**	Slides/overheads
10 minutes	**Activity: Promoting Mental Health in Children**	Small group
10 minutes	**Presentation: Supporting Children with Social and Emotional Difficulties**	Slides/overheads
15 minutes	**Activity: Asking for Help**	Small group
10 minutes	**Presentation: Children's Mental Health Services**	Slides/overheads
5 minutes	**Learning Assessment**	Small group/ large group
5 minutes	**Evaluation of Trainer**	Individual
Estimated Total Time: Approx. 1 hour and 15 minutes[3]		

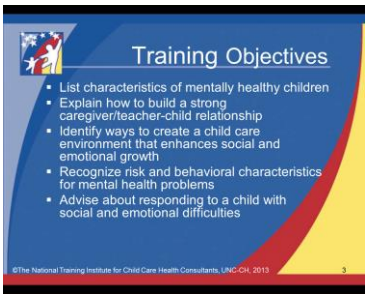
[1] Not included in total time.
[2] Not included in total time. Develop activity based on participants' training needs.
[3] Add additional time if group guidelines and/or group facilitation methods need to be addressed at the beginning of the session, or if you decide to include any additional activities. For more information, see NTI's *Building Curriculum Development and Training Skills* Training Module.

TRAINER'S OUTLINE

Introductions/Icebreaker

Time	Optional
Training Technique	Large group
Instructions	• Show slides 1 (not printed here) and 2. • Introduce yourself first and share information about your background in child care and interest in mental health. • Ask each trainee to stand and tell the group their name, the number of years they have worked in a child care setting, and one thing that they do for themselves to promote their own positive mental health. Start on one side and go around the room, or ask for volunteers.
Talking Points	**Introductions/Icebreaker** Thanks for coming today. So that we can get to know each other better, let's go around the room to introduce ourselves. When it is your turn, please stand and tell us your name, the number of years you have worked with children, and one thing that you do to promote your own positive mental health. 
For More Information	See NTI's *Building Curriculum Development and Training Skills* Training Module for ideas about introductions and icebreaker activities.
Notes	

Overview of Training Session and Objectives

Time	5 minutes
Training Technique	Slides/overheads
Supplies	• Flip chart sheet with Overview of Training Session written on it • Flip chart sheet with Training Objectives written on it
Instructions	• Show slide 3. • Direct participants' attention to the posted Overview of Training Session.
Talking Points	**Training Objectives** • Review Overview of Training Session. • Review Training Objectives. 
For More Information	See NTI's *Building Curriculum Development and Training Skills* Training Module to learn more about training objectives.
Notes	

Opening: Feelings about Mental Health

Time	5 minutes
Training Technique	Group activity
Supplies	• Flip chart • Markers
Instructions	• Show slide number 4. • Have two flip chart sheets prepared with the words "mental health" and "mental illness" written at the top. • Ask trainees to raise their hand or shout out the first thing that comes to their mind when they think about mental health. Repeat for mental illness. • After everyone has had a chance to share their ideas, lead a discussion about some of the responses that trainees had. There are likely to be both positive and negative associations that were mentioned. Talk about the negative stigma that still exists related to mental illness and the reasons that this persists.
Talking Points	**Opening Activity** • There are many different ideas and misconceptions about mental health and mental illness. For many people, the term "mental illness" carries a negative connotation. This is true for several different reasons. o Mental illness is "invisible"- it can't be seen by outsiders. Treatment for mental illness requires accessing a different system than that for physical conditions. The continued difference in payment systems (lack of insurance coverage for mental health services) reinforces the difference between the types of illnesses. o Until recently, the lack of research on the brain and on behavior meant that there were not a lot of treatment options for individuals with mental illness. o The relationship between violence and mental illness has received a lot of attention, even though the risk of violence from a casual relationship with someone with mental illness is small. o The stigma itself has made people reluctant to seek care, causing them to delay care until their condition has worsened. o People with serious mental illness are more visible than before due to the changing system of care. More individuals are cared for in the community, as state-based systems of hospitals have downsized. • Do you have other ideas about why mental health and mental illness are perceived the way they are?
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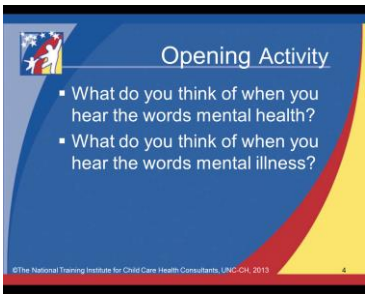
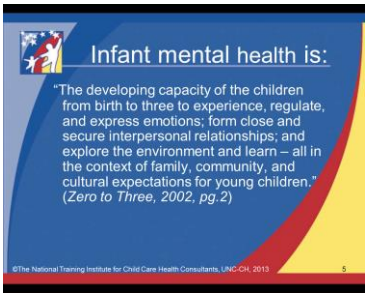
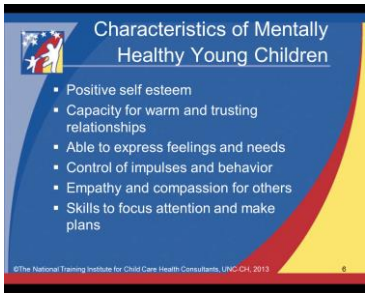


Presentation: Characteristics of Mental Health in Children

Time	10 minutes
Training Technique	Slides/overheads
Instructions	Show slides 5 - 12.
Talking Points	**Infant Mental Health** What are we talking about when we say "infant mental health"? According to Zero to Three, a national organization that supports adults who work with infants and toddlers, infant mental health is: "The developing capacity of children from birth to 3 to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community, and cultural expectations for young children."  **Characteristics of Mentally Healthy Young Children** Expectations regarding mentally healthy feelings and behavior vary with children's individual development and with family and cultural characteristics. What is considered appropriate for a child in one family or one culture may be a sign for concern in another. Although children have a wide range of normal feelings and behaviors, Greenspan and Greenspan (1985) have identified some general characteristics that all mentally healthy young children share. These include:  • Positive self-esteem: feeling optimistic and confident that they can make things happen • A capacity for warm and trusting relationships with other children and adults • Developmentally appropriate expression of their feelings and needs: an increasing ability to use words to express their feelings, ideas, needs • Developmentally appropriate control of impulses and behavior: an increasing ability to express curiosity, assertiveness, and anger according to the norms of their particular homes or child care settings • Initial signs of the development of empathy and compassion for others • Initial development of skills to focus attention and make plans as a basis for learning

Talking Points	**Characteristics of Mentally Healthy Families** Mentally healthy families also share some specific characteristics. These include:  • Adults are in charge: they are the leaders and role models. They are respected, and they make and enforce the plans and rules. • Children feel they belong and are valued: they are encouraged to participate in and contribute to family activities. • Communication is clear and fair: family members are encouraged to express how they feel and what they need. There is mutual respect among family members. • Changes are expected, and the family is able to respond to those changes. • Outside help is sought and utilized when needed. **Influences on Brain Development**  • The development of a child's mental health is just as important as that of their physical development. A child's relationship with their primary caregiver in the first few years of life lays the foundation for lifelong mental health. In fact, quality relationships in the first few years of life are critical to overall brain development and to the development of trust, empathy, compassion, generosity, and the ability to discern between right and wrong (Zero to Three, 2002). • A child's social and emotional development grows over time "in the context of [his or her] relationships with parents" and other influential adults, such as regular caregivers. For example, when an infant cries in hunger and the caregiver promptly picks him up and feeds him, the trust that the caregiver will meet his needs is developed. • As a child grows and develops, a strong caregiver relationship serves as a support for the child during stressful situations. If the opposite occurs and a child experiences significant maltreatment during the first few years of life, he or she is at risk for developing depression, anxiety disorders, cognitive impairment, and difficulty in relationships.
For More Information	See the "Characteristics of Mental Health in Children" section in the *Mental Health in the Child Care Setting: Supporting Social and Emotional Development* Module.

Talking Points

Valuing Families

The importance of a strong caregiver/teacher-child relationship cannot be overstated. Child care staff can play a role in supporting children's relationships with their families by developing a *family-centered* program. Children and families learn that their relationships are valued when staff:

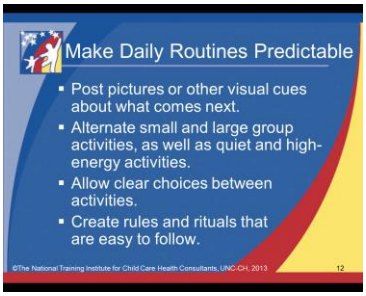
- Inquire about the child's and family's history during enrollment
- Ask families to post photos on their child's cubby
- Invite parents to spend time in the classroom, volunteering, reading to the class, or teaching the children about their traditional food or songs
- Communicate with parents about the child's experiences and behavior at home and in child care
- Offer families developmental guidance and support

Program Support for Strengthening Relationships

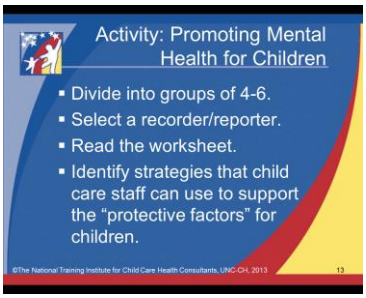
- Child care programs can promote strong relationships between children and caregiver/teachers by ensuring:
  - Adequate adult to child ratios
  - Small group sizes
  - One primary caregiver/teacher for each child
  - Continuity of care; one caregiver/teacher over the time the child attends the program.

- Caregiver/teachers should ask parents/guardians to help them build a relationship with the child. At the enrollment interview, parents can be asked about how they handle routine care such as what a child likes to eat and how they go down for a nap. This will help the caregiver/teacher be more effective in making the child feel safe and secure.

- Caregiver/teachers can build a strong relationship by getting to know the child through observation. A child's behavior reflects how they feel and think, what their skills are, and what they need. Children have different temperaments. When child care staff recognize each child's unique temperament and design appropriate transitions and activities, the child is more likely to feel comfortable and succeed in the child care program.

Talking Points	**Environmental Support for Social and Emotional Needs** There are also some things that child care facilities can do to make sure that the environment supports a child's social and emotional needs. These include: • A classroom design that allows all children to be easily visually monitored • Limiting the number of children in activity areas • Arranging the materials to encourage children to move easily and independently from one activity to the next • Limiting noise and light levels to reduce stimulation.  **Make Daily Routines Predictable** Following a daily schedule makes routines more predictable and soothing for children: • Post pictures or other visual cues with the schedule of the day • Alternate small and large group activities, as well as quiet and high-energy activities, to meet the needs of children with different preferences • Allow clear choices between activities • Create rules and rituals that are easy to follow and developmentally appropriate 
For More Information	See the "How Child Care Programs Can Support Children with Social and Emotional Difficulties" section in the *Mental Health in the Child Care Setting: Supporting Social and Emotional Development* Module.
Notes	

Activity: Promoting Mental Health for Children

Time	10 minutes
Training Technique	Small group
Supplies	Handout "Promoting Mental Health in Children"
Instructions	• Show slide 13. • Divide the trainees into small groups of 4-6 participants. • Ask each group to select a group leader and a recorder/reporter. • Ask the group to work together to list some concrete strategies that caregiver/teachers can use to support each of the "protective factors" for children. • Let the small groups know that they have 5 minutes for this quick activity. • At the end of five minutes, ask the recorder from each group to report his/her small group's responses. Record responses on a flip chart. • *See Appendix B for suggested strategies.*
Talking Points	**Activity: Promoting Mental Health for Children** Summarize the activity by pointing out that there are many things, both big and small, that child care facilities and caregiver/teachers can do to promote resiliency and mental health in children. Being thoughtful about how the day is structured and about how relationships are encouraged go a long way in making children feel safe and secure. 
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Presentation: How Child Care Programs Can Support Children with Social and Emotional Difficulties

Time	10 minutes
Training Technique	Slides/overheads
Instructions	Show slides 14 - 21.

Talking Points	**Supporting Children with Social and Emotional Difficulties**
	Child care programs can play an important role in supporting children with social and emotional difficulties. So that staff can be on the lookout for a child with special needs, they should ask parents/guardians for as much information as possible about the child's prenatal and birth history, medical conditions, development, temperament, likes and dislikes, family relationships, and previous child care experiences.
	
	Risk Factors for Mental Health Problems
	Research has shown that children with particular risk factors are more likely to experience mental health problems. Important risk factors include:
	• Family stress
	  ○ Maternal depression or other mental illness
	  ○ Poverty
	  ○ Substance abuse
	  ○ Homelessness
	  ○ Family violence
	  ○ Military deployment of a parent
	  ○ Death or loss of a family member
	• Neglect or abuse
	• Special medical/developmental needs
	  ○ Physical or mental disability
	  ○ Special health care needs
	  ○ Chronic medical conditions

For More Information	See the "How Child Care Programs Can Support Children with Social and Emotional Difficulties" section in the *Mental Health in the Child Care Setting: Supporting Social and Emotional Development* Module.

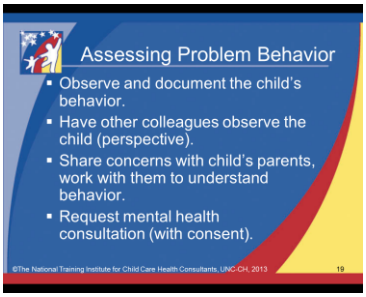
Talking Points

Behavioral Red Flags

The caregiver/teacher should also be alert to behavioral red flags that might indicate social and emotional difficulties. This behavior might be characterized as:

- Emotionally extreme
- Inappropriate for their age/developmental stage
- Hurtful to self or others
- Difficult in that others have trouble forming positive relationships with child
- Driven, excessive, persistent, and /or out-of-control
- Displaying little or no interest or ability to play with peers
- Suddenly changing emotions
- Excessively fearful of certain people or objects
- Regression in behaviors where the child had previously shown mastery

Assessing Problem Behavior



While all children experience difficult emotional and social episodes, these become mental health problems when the difficulties persist over a period of time and in different settings, despite negative consequences. A child who displays a troubling behavior once or twice is probably not a concern, but a child who persists in a problem behavior despite assistance in using words to express feelings or attempts to teach acceptable behavior may need help. To gather information about a problem behavior, the caregiver/teacher should:

- Observe and document the child's behavior over time and in a range of different relationships, environments, and activities.
- Have a colleague or supervisor observe the child to provide a different perspective and/or independent confirmation of the problem.
- Express his/her concerns to the child' parents and work together with them to understand the behavior. Develop strategies to better meet the child's needs.
- With the parent's consent, request that a mental health consultant observe and assess the child and provide consultation on strategies to support positive behavior or for intervention. Parents might also request this.

Talking Points

Interpreting the Meaning of a Child's Behavior

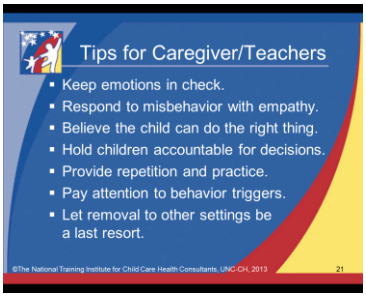
Caregiver/teachers and parents must use their understanding of the individual child, his/her particular development, temperament, and life experiences to interpret the meaning of a child's behavior. Because a child's behavior is prompted by a combination of causes, responding appropriately requires taking many factors into consideration. In trying to interpret troubling behavior, consider:

- Developmental skills – Is the child learning and practicing new developmental skills appropriate for their developmental stage?
- Individual traits – Is the behavior a result of the child's unique temperament and physical characteristics?
- Home environment – Is the home environment, including the language, culture, food, preferences, and rules for behavior, influencing the child's behavior and response to child care staff?
- Child care environment – Is the child's behavior a response to their experience in the child care environment? Could the caregiver/teacher change his/her own behavior, activities, or the environment to get better behavior?
- Unmet emotional needs – Is the behavior an attempt to have an underlying emotional need be understood and satisfied?

Tips for Caregiver/Teachers

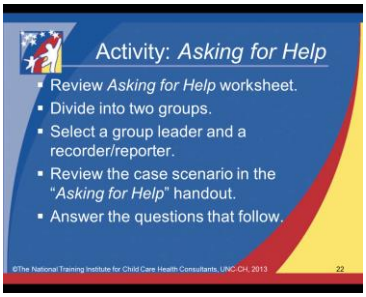
In addition, when working with behavior problems in children, caregiver/teachers should try to:

- Keep your own emotions in check.
- Respond to misbehavior from a place of empathy for what the child just did as well as the consequences of that behavior.
- Send a message that they believe the child can do the right thing.
- Gently hold children accountable for their own poor decisions.
- Provide repetition and practice.
- Pay attention to the triggers for behavior and make environmental and interactive changes.
- Reserve removal to more restrictive settings (time-out) as a last resort. There is a handout on "time-out" in your participant's packet.



For More Information	See the "How Child Care Programs Can Support Children with Social and Emotional Difficulties" section in the *Mental Health in the Child Care Setting: Supporting Social and Emotional Development* Module.
Notes	

Activity: *Asking for Help*

Time	15 minutes
Training Technique	Small group
Supplies	Handout: *Asking for Help*
Instructions	• Show slide 22. • Refer trainees to the *Asking for Help* worksheet in their participant's packets. • Divide the trainees into two groups. Ask each group to select a group leader and a recorder/reporter. • Ask the group to review the case scenario presented in the "*Asking for Help*" handout and then answer the six questions that follow. Let the group know that they will have 10 minutes to complete this assignment. • After 10 minutes, ask the reporter from each group to share their group's responses to the questions. • It time allows, address any other difficult behaviors participants may mention and identify possible solutions.
Talking Points	**Activity: Asking for Help** Acknowledge that meeting the needs of children with social and emotional difficulties can be challenging. It is important that caregiver/teachers know when and how to seek additional information and help from the family, colleagues, supervisors, and mental health specialists. 
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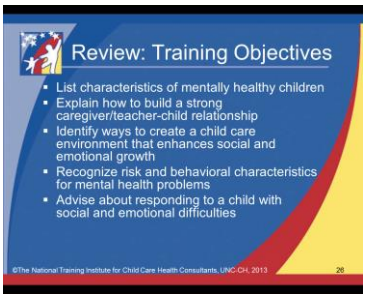
Presentation: Children's Mental Health Services

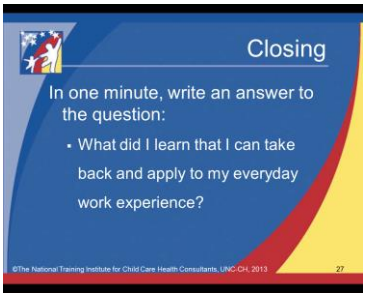
Time	10 minutes
Training Technique	Slides/presentation
Instructions	Show slides 23 to 25.
Talking Points	**Mental Health Services** Child care staff can link with mental health services in the community to help support children, families, and caregiver/teachers. Early childhood mental health professionals have training and experience in both mental health and child development. Providers might work with people from a variety of mental health backgrounds, including licensed Clinical Social Workers, Marriage, Family, and Child Counselors, Clinical Psychologists, Psychiatrists, and Developmental Pediatricians. **Mental Health Services in Child Care Facilities** A child care facility might call on a children's mental health professional on a one-time basis to respond to a crisis, or might establish and maintain a relationship that allows them to work with the facility on an ongoing basis. Examples of mental health services in the child care setting include: • Observation of a child in the classroom • Assessment of a single child • Mental health support for staff • Individual therapy with a child • Therapy with parents/families • Therapeutic play groups for children • Education and support groups for parents • Consultation, education, and support for caregiver/teachers • Consultation for directors • Referral of children and families to outside services  

Talking Points	**Availability of Mental Health Services** • Unfortunately, the majority of mental health services are available only on a fee-for-service basis, which may put them out of reach for low income families. Some families may have mental health services covered as part of the health insurance plan. Others may be able to access services through the state Early Intervention program. Children over age 3 may be able to obtain services through their local school system under the Individuals with Disabilities Education Act. Some mental health services for children may be available through the local health department or in community-based clinics.  • Generally, mental health professionals agree that better funding for mental health services is needed. Child care programs may need to be creative in seeking funding for mental health services. Several programs might join together to share the cost of a mental health professional, a program might apply for a grant from a local agency such as the Junior League, or they might develop and maintain a list of agencies and individuals to whom mental health referrals can be made.
For More Information	See the "Children's Mental Health Services" section in the *Mental Health in the Child Care Setting: Supporting Social and Emotional Development* Module.
Notes	

Review of Training Objectives

Time	5 minutes
Training Technique	Slides/overheads
Supplies	Flip chart sheet with Training Objectives written on it
Instructions	• Show slide 26. • Review the Training Objectives. If there are objectives that were not covered, address them now. Ask for questions about the presentation material.
Talking Points	**Review: Training Objectives** Let's look back at our Training Objectives. 
For More Information	See NTI's *Building Curriculum Development and Training Skills* Training Module to learn more about training objectives.
Notes	

Learning Assessment

Time	5 minutes
Training Technique	• Slide/overhead • Small group/partners
Supplies	• Flip chart sheet • Markers
Instructions	• Show slide 27. • Ask trainees to answer the question on the slide and write their answer on a post-it note. • Ask trainees to bring their post-it notes to the front of the room and place them on the flip chart sheet with the Training Objectives when they are finished writing. • Read aloud the answers from the post-it notes, commenting on any especially noteworthy ideas. •
Talking Points	**Closing:** In one minute, write an answer to the question: During this training session, what did I learn that I can take back and apply to my everyday work experience? 
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Evaluation

Time	5 minutes
Training Technique	• Slide/overhead • Individual
Supplies	Evaluation of Facilitator Form (one per participant)
Instructions	• Show slide 28. (Placeholder slide not printed here.) • Ask participants to complete the "Evaluation of Facilitator Form" at this time. • Inform participants that the evaluations are anonymous. • Explain that the evaluation results provide you with information about the effectiveness of the training and that information collected from the evaluation will be used to improve the training. • Allow participants 5 minutes to complete the evaluation. • Collect forms.
Talking Points	**Evaluation** Please complete the "Evaluation of Facilitator Form" in your participant's packet. I will use the feedback you provide to improve the effectiveness of the future training. Your input will be kept anonymous. When you have finished, please place the completed form on the table in the back of the room. Thank you for coming today.
Notes	

MATERIALS FOR PARTICIPANT'S PACKET

Activities

The remaining activities may be included in your training if you have additional time. Your audience analysis and training objectives will help you determine which of these activities are most appropriate for your group.

Any of the following may be printed and included in a participant's packet or as handouts to be distributed to the group. You may wish to white out the existing page numbers and write in your own. You may choose to print each activity on different colors of paper for easy reference by your participants.

Evaluation of Trainer

The "Evaluation of Trainer Form" at the end of this material should be printed and distributed to each participant for feedback on various aspects of your training.

Cover Page

The cover page may be printed and used as a cover page for the activities, slide handout, evaluation form and any additional materials you wish to provide as part of a participant's packet. If your participant's packet contains several activities and handouts, you may want to create a table of contents to guide participants through the materials.

Time Out for "Time-Out"

The purpose of discipline for young children is to teach coping skills and discourage inappropriate behavior. "Time-out" is not a first choice, but a last resort technique for a child who is harming another or in danger of harming herself. Used infrequently and for very brief periods (no longer than two or three minutes), time-out may give a child the opportunity to calm down and cool off after a frustrating situation. Used often or inappropriately, time-out may not only be ineffectual -- it may be damaging to the child.

The early years are a time for children to develop confidence and self-control. When adults create environments that respect each individual child, they set forth a message that the world is a warm, friendly learning place. Positive discipline techniques that combine caring and direction are a part of this healthy environment. Adults should look for meaningful ways to show children why harmful and aggressive acts are unacceptable.

Before you give a child time-out, make sure of the following:

- Adults avoid using time-out for infants and toddlers. Very young children should not be isolated, nor should they be ignored or left without proper stimulation. Infants or young toddlers who do not understand why their behavior is unacceptable should gently be directed to more acceptable behaviors or activities.

- Your expectations of a child's behavior are realistic. A general knowledge of child development will help you identify when children are merely experimenting with their boundaries and when they are behaving inappropriately. When adults give children realistic goals, children feel good about themselves and are more likely to cope successfully with stressful situations.

- Consequences immediately follow the child's behavior. When children experience immediate repercussions for harming others, they understand more clearly why we are disciplining them. Whenever possible, adults should offer children positive alternatives to their actions (asking a child to help rebuild a block structure she has knocked down is more productive than removing her from the area entirely).

- Time-out should not be humiliating, nor should it make children feel threatened or afraid. There should not be a special chair or area assigned for time-out -- this reinforces the idea that time-out is a punishment and may cause undue anxiety. Adults should never make a child feel ridiculed or isolated during time-out periods.

- The child should not be left alone, unless he wants to be. Young children need adults' support to work out their feelings. If adults show children that their feelings count, they will be more likely to respect the feelings of others. A caregiver/teacher should always visually observe a child during a time-out period.

- Time out does not last longer than it takes for the child to calm down. After the child calms down, explain clearly what is appropriate and inappropriate behavior. There should be no ambiguity about why we have disciplined the child, otherwise the child is more likely to repeat the undesirable behavior.

- The child feels safe with the knowledge that people care for her. Remember that children imitate adults' behavior. Screaming, hitting, or ridiculing a child for bad behavior is not an effective way to teach self-control.

- Tailor the method of discipline to the individual child. Children develop their abilities to control themselves at different rates. Take into consideration the needs of the particular child involved. No single technique will work with every child every time. Time-out is not used as a punishment. Time-out is an opportunity for a child to clear her mind and rejoin the group or activity in a more productive state. Teach a child how to solve her own problems with love and support, and time-out may no longer be necessary.

Additional Resources:

Greenberg, P. 1991. *Character development: Encouraging self-esteem & self-discipline in infants, toddlers, & two-year-olds.* Washington, DC: NAEYC. #175/$8.

Honig, A.S. 1989. *Love & learn: Discipline for young children.* Washington, DC: NAEYC. #528/50¢.

Slaby, R., W.C. Roedell, D. Arezzo, & K. Hendrix. 1995. *Early violence prevention: Tools for teachers of young children.* Washington, DC: NAEYC. #325/$7.

Stone, J.G. 1969. *A guide to discipline.* Washington, DC: NAEYC. #302/$2.

* Developed by The National Association for the Education of Young Children, 1996.

ACTIVITY: ***Worksheet: Promoting Mental Health for Children***

Instructions: *There are many things that child care staff can do to promote resiliency and mental health for all children. Some of these are broad strategies for structuring caregiving relationships, the child care environment, and activities; others are small things in daily interactions with children.*

In the chart below, list some concrete strategies that child care staff can use to support each of the "protective factors" for children. Possible answers are presented in the Appendix.

Protective Factors	**Child Care Strategies**
Each child has a caring relationship with at least one adult.	
Each child has opportunities for meaningful participation and responsibility.	
The caregiver/teacher has high expectations for each child and believes that each child can make a contribution.	
The caregiver/teacher recognizes each child's abilities and is hopeful for each child's future.	

Suggested Answers to Activity 1

Activity 1: Promoting Mental Health for Children

Protective Factors	Child Care Strategies
Each child has a caring relationship with at least one adult.	Assign a primary caregiver/teacher for each child in the facility who, on a continuing basis, works to meet the child's particular needs. Reassign if this relationship does not appear to grow strong.
Each child has opportunities for meaningful participation and responsibility.	Assign daily tasks appropriate to the child's skills and developmental level, i.e., line leader, door holder, activity leader, etc.
The caregiver/teacher has high expectations for each child and believes that each child can make a contribution.	Identify and challenge the strengths and weaknesses of the child and share observations and results with parents.
The caregiver/teacher recognizes each child's abilities and is hopeful for each child's future.	Offer the family support in reinforcing the child's physical, emotional, and social well-being.

ACTIVITY: ***Asking for Help***

Instructions:

(1) Read Rose's Journal.

Oct. 12: A new child came into my class today. Her name is Magda, and she is four. She lives with her mother and aunt. They both speak mostly Spanish, but Magda seems to speak some English as well. I'm glad that there are a few other children in the class that speak Spanish. Magda stayed pretty close to them today, but she didn't say much.

Oct. 20: I've been observing Magda. She doesn't seem to really relate to anyone. And it's so hard for her to focus. During free play, she just wanders from activity to activity. And I've noticed that wherever she is, there's usually trouble -- every day there's been at least one minor incident. She's poked kids, pulled their hair, and grabbed toys from them. Yesterday she pushed Max off a swing. I told her that we don't do things like that in our class, that everyone needs to feel safe. She said, "I didn't do it." Then she said, "I did it on accident."

Oct. 24: We took the kids to the big playground today. One second Magda was going down the slide; the next thing I know she's out of the gate and running down the street. I yelled for her to stop, but she just kept running. When I finally caught up with her, I tried to be calm. I gently took her hand and said, "Let's go back now. You need to stay with the others. It's my job to keep you safe." When we got back to the playground, she raced around and around. Sometimes she just seems so fearless. I hope she'll begin to settle down soon, but I don't know.

Oct. 27: Magda's starting to have tantrums. It's hard to know what starts it, but suddenly she'll just lose it. Then she bangs her fists against the wall and screams. Today I tried to calm her down, but nothing seemed to work. Then Magda's mother walked into the room. She went right to Magda and hugged her tight. Magda cried quietly for a little while. Then she was quiet. After a while Magda said to her mother, "Okay, Magda not a-scared. Magda okay."

Nov. 3: Today the kids were standing in line when Magda scratched Max's face, then bit him. Max fell apart and so did Magda. All the kids were really scared. I am too. I always try to make sure someone is keeping an eye on Magda, but with 17 kids in the class I can't always be there. Neither can the assistant or the parent volunteer. I just don't know what to do.

Nov. 4: Max's father called me demanding an explanation. He said his son was afraid to come to school. And he wasn't the only one. He's heard that other kids didn't feel safe either. Then he said, "And why should they? The class is out of control! What are you going to do about it?" I wanted to assure him that things would get better, but I'm not so sure. I'm at the end of my rope.

(2) Answer the following questions.

Why do you think that Rose didn't ask for help?

When is the first time Rose might have asked for help? From whom? Why?

What other journal entries are "red flags" indicating that the teaching team should ask for help? Whom should they ask? What should they ask for?

What are the caregiver/teachers' responsibilities to Magda, other children, parents, and themselves?

What kinds of information, meetings, and community contacts could help the caregiver/teachers include Magda more effectively?

If you were a part of this teaching team, what management policies and supports would you need to prevent yourself from getting to "the end of your rope?"

Activity 5: Asking for Help (Suggested Responses)

Why do you think that Rose didn't ask for help?

a) She may have found it embarrassing that she did not have an answer herself.

b) She may have been concerned with the language barrier in consulting with Magda's family about her behavior.

c) She may have thought a period of adjustment to new surroundings would solve Magda's behavioral problems.

When is the first time Rose might have asked for help? From whom? Why?

a) The first time Rose might have asked for help was when she realized that communication with Magda's family would be limited.

b) Rose could have asked for assistance from her supervisor.

c) Rose could have requested a meeting with translators to share information with Magda's family in order to determine what adaptations would be needed to meet Magda's individual and cultural needs.

What other journal entries are red flags indicating that the teaching team should ask for help? Who should they ask? What should they ask for?

a) Magda's lack of focus
Magda's failure to form positive relationships with other children
Magda's inconsolable tantrums
Magda's aggression towards other children, particularly Max

b) They should ask their supervisor to set up a meeting with Magda's family and an interpreter. After concerns about Magda are shared, recommendations on caring for Magda should be developed.

c) With parental consent, the caregiver/teacher should request a mental health consultant to conduct an assessment of Magda in different settings. With the consultant's input a plan of action should be developed.

What are the caregiver/teachers' responsibilities to Magda, the other children, parents, and themselves?

a) The caregiver/teachers are responsible for providing a safe, supportive, appropriately stimulating environment that respects each child, family, and teaching team.

What kinds of information, meetings, and community contacts could help the caregiver/teachers include Magda more effectively?

a) The caregiver/teachers could engage a translator/interpreter to learn background information on Magda from her family, e.g., what they see as Magda's strengths and interests, situations that Magda finds difficult, and the effectiveness of previous strategies in working with Magda.

b) The caregiver/teachers could share information on Magda among team members and ask the supervisor for practical suggestions.

c) The caregiver/teachers could request an assessment of Magda's social and emotional needs by a mental health consultant with suggested strategies for working with her.

If you were a part of this teaching team, what management policies and supports would you need to prevent you from getting to "the end of your rope?"

a) Regularly-scheduled meetings among caregiver/teachers, with supervisors, and with parents to both help understand the children better and to establish the trust necessary for discussing behavioral concerns and strategies for addressing them.

Trainer's Name: _____ **Date: _____**

National Training Institute for Child Care Health Consultants
Evaluation of Trainer Form

Using the rating scale below, please evaluate the Trainer's presentation skills.
1= unsatisfactory 2= below average 3=average 4=above average 5=outstanding NA=non-applicable

Training Content						
Please rate the Trainer on the quality of the following:	**1**	**2**	**3**	**4**	**5**	**NA**
• Introduction and opening						
• Accuracy of information						
• Usefulness of information						
• Clear presentation of training objectives						
• Fulfillment of training objectives						
• Organization of training content						
• Closing						

Training Techniques: Methods, Media, & Materials						
Please rate the effectiveness of the Trainer's use of the following:	**1**	**2**	**3**	**4**	**5**	**NA**
• Flip chart						
• Handouts						
• Overhead transparencies						
• PowerPoint slides						
• Video						
• Other (specify):						
Training Techniques: Activities						
Please rate the Trainer's use of training activities on the following characteristics:	**1**	**2**	**3**	**4**	**5**	**NA**
• Clear instructions						
• Usefulness						
• Opportunities for interaction among participants						

Delivery of Content						
Please rate the Trainer on the following training dynamics:	**1**	**2**	**3**	**4**	**5**	**NA**
• Enthusiasm						
• Voice projection						
• Clarity and professionalism of voice						
• Word choice						
• Pace of presentation						
• Eye contact						

Facilitation Skills						
Please rate the Trainer on the following skills:	**1**	**2**	**3**	**4**	**5**	**NA**
• Time management						
• Manner of answering questions						
• Manner of handling difficult behaviors of participants						
• Ability to engage all participants						

Please take a moment to answer the following questions:

What did you like most about this training?

What can the Trainer do to improve this training?

Was this the most effective way to present this material? Please explain.

Do you have any suggestions for other methods to present the material?

Thank you.

Mental Health in the Child Care Setting

Participant's Packet