



PennState



Take Root Home Visitation

*Helping Our Youngest Military Family Members
and Their Parents Thrive*



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CLEARINGHOUSE
FOR MILITARY FAMILY READINESS

Acknowledgments

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Welcome to Take Root Home Visitation

Helping Our Youngest Military Family Members and Their Parents Thrive

Take Root Home Visitation (TRHV) was developed to support you in your very important work: helping babies; toddlers; and their families, who are at risk for child maltreatment, develop the strong and shared roots they need to thrive.

This curriculum will help you build trust with families and promote their ongoing learning and well-being by making transparent, evidence-based, and collaborative decisions within the context of the home visitation relationship.

Your Decisions Matter

Every time you plan a visit or walk through the door of a family's home, you make countless decisions about what to say and do—and how to carry out these choices. Some decisions are complex, such as how to engage a family under extreme stress or identify community resources that are appropriate for a family. Some decisions may be simpler, such as choosing a particular one-on-one activity to introduce during a visit. Some decisions require deliberation and consultation with colleagues, such as the identification of a developmental delay or parental mental health need. Yet, other decisions may come naturally, like how to greet a family member or where to sit in a family's home. However, to make the most effective decisions, you must draw upon your professional expertise and experience, your observations, and your knowledge of yourself and individual families.

With every curriculum decision, you have the opportunity to make parents and their children feel seen, affirmed, and understood. Your decisions to identify and articulate family strengths and then support parents to own and build upon those strengths deepens their trust in you. This strengthens your relationships with families and children, which will ultimately strengthen their relationships with one another, which makes a difference in their lives—today and in the future.

As you read through this guide, you will find the following seven sections:

- Part 1** Foundations of Take Root Home Visitation
- Part 2** Using Trauma-Informed Care and Practice to Enhance Collaboration
- Part 3** How to Use Take Root Home Visitation
- Part 4** Let's Practice!
- Part 5** Taking Care of You
- Part 6** Everyday and Special Focus Moments
- Part 7** References

TRHV supports you as a decision-maker as you assess, plan, implement, and report.

Introduction

In Part 1, you will learn about how the curriculum is framed within *Everyday and Special Focus Moments* in family life, conscious decision-making, and family strengths and how to foster resilience in families with very young children. TRHV is grounded in the *Protective Factors* and pulls from research and practice in the fields of resilience, neuroscience, attachment, and social cognition to build a curriculum that engages families, builds trust, and supports positive parenting. Best practices from parent education and infant mental health are integrated throughout the content and offer support to new and highly experienced home visitors. You will get your first introduction to the materials for home visits, including how they are grouped and a description of one-on-one activities.

By the end of Part 1, you will be able to:

1. Describe why TRHV is framed in *Everyday and Special Focus Moments*.
2. Identify the five *Protective Factors* as part of the foundation of TRHV.
3. Recognize the different materials and tools of the curriculum.

Recognizing Decisions in Everyday Moments

Focusing on decision-making with families provides an opportunity for families to pay attention to specific moments and interactions in the course of their incredibly busy and, at times, overwhelming everyday lives. This focus can make it possible for parents to recognize their effectiveness and strengths as they develop new ideas and strategies to handle daily moments that span crying, feeding, bathing, dressing, dealing with challenging behaviors, getting out the door, and sharing

the care – all while trying to maintain their own personal, relational, and work commitments – often without enough sleep, time, or all-hands-on-deck!

Parents recognize some decisions that they make, perhaps because those choices are tied to a specific desire, goal, or part of their own understanding of what parents do. Yet, other decisions are not as visible or recognizable, and they may appear to an outsider to be impulsive, reactive, or on autopilot. TRHV helps parents see and understand the decisions that they make on behalf of their young children and family throughout the *Everyday Moments* of family life. Building greater awareness of these decisions can smooth some of the bumpy transitions into parenthood or the welcoming of another young child into their home.



Focusing on Family Strengths

The parents you serve face many challenges, which may include their young age, being far away from home, the stresses of deployment or homecoming, an injury seen or unseen, and past experiences of maltreatment or family violence. In addition, each is parenting a baby or toddler, which, in the best of circumstances, can be stressful and leave parents feeling vulnerable and in need of support even as they may be fearful of being judged.

At the same time, parents bring strengths to their family and to your work together. These strengths may include having dreams for their child's future success, possessing a sense of humor, having raised



younger siblings, considering how they were parented and using the best practices they experienced as children, sharing a love of music, having a special smile for their baby, or making the commitment to be there each time you come into their home.

TRHV meets families where they are and offers information and strategies families can use to build upon approaches or plans that work for them. In using TRHV, you can support families by making daily interactions and activities smoother, more engaging, and enjoyable for the child and adult.

Throughout the curriculum, family members will be invited to become more aware of and consider ways to build on their strengths, identify areas to develop (as opposed to weaknesses), and recognize the manageable steps they can use to increase their strengths.

Intentionally taking a strengths-based approach within the home visitation relationship and building on the strengths you see from visit to visit are good ways to advance parents towards meaningful and lasting positive change in parenting practices. These are changes parents will own because the changes are built upon the parents' knowledge and skills, which allows parents to feel and be more effective. In turn, parents can enjoy and deepen relationships with their children during *Everyday Moments*, which reinforces the cycle of positive change.

This being said, there will be times when you will need to take more direct action. For example, when you see health or safety hazards, such as bottles of medications being stored on a low, available shelf or observe a parent startle and have an outsized response (e.g., losing it by yelling or other angry, defensive actions and words) at the sudden noise of his toddler dropping blocks on the floor, these types of issues need to be addressed. In addition, observed signs of neglect or abuse need to be documented and reported, even if they may fall outside

Part 1 Foundations of Take Root Home Visitation

the boundaries of your direct work with a family. The TRHV integrated documentation system helps you identify when direct action should be taken. While strengths will vary across families, adopting a strengths-based approach begins with you. Identifying your expectations and being aware of your own feelings and values can help you avoid making assumptions.

- Your expectations. Expecting to see and find parents' strengths is the first step to being strengths-based. Every parent brings strengths to their family and to your work together. In some cases, strengths may take time to see, but knowing strengths are there will help you remain engaged and build upon them.
- Awareness of your own feelings and values will help you avoid making assumptions. Self-awareness allows you to be your own best resource as you apply your observations, knowledge, and skills during a home visit. You need to be aware that you will bring a set of assumptions to every home visit.

When you acknowledge and understand that, you can then be more open to see, listen, and discover what a parent may be feeling or what a parent's behavior might mean. When you understand the situation, you can decide what to say and how to respond in ways that truly meet parents where they are and be a genuine, respectful decision-making partner with families.

Take a Moment: Your First Interaction with a Family

How do you first approach working with a family? Do you find that your approach is effective? How so?

Would you describe yourself as open to seeing a family's strengths as you begin your work with them? If yes, how does this make your work more effective?

If no, what shifts might you make in your expectations and approach to become more strengths-based?

Creating a Genuine, Respectful Partnership

Every aspect of TRHV is designed to support you in creating a genuine, respectful partnership. This partnership is integral to creating positive and lasting change for families and children. To this end, the TRHV materials intentionally do the following:

1. **Reflect the reality of being a parent to convey the message to parents: “You are seen.”** Parenting is a demanding, exhausting, full-time, amazing, loving, heartwarming, and difficult endeavor. No one has all the answers. There are no perfect parents. The purpose of this curriculum is to help parents be their best.
2. **Promote conversations with families.** Each topic creates opportunities for family members to get to know more about their own family strengths and challenges and those of their child. The planning documents support a parent-home visitor collaboration to select topics that address specific areas of interest and need. This is in sharp contrast to the home visitor assuming the stance of expert and telling families what to do.
3. **Integrate *Family Pages*.** These pages invite families to personalize content as a means to empower and give voice to family members at every visit. Design and text elements of these pages make the conversation accessible and welcoming to families of varying levels of literacy and English proficiency.
4. **Offer practical, hands-on, and inexpensive ideas for strategies and activities.** Affordable and easily doable activities for parent-child interactions and play-based learning are based on daily routines and use common household items.



Theory and Practice Foundations of Take Root Home Visitation

Several different fields of research, their theories, and best practices come together as the foundation of TRHV.

In *Figure 1* there is a thick, purple circle encapsulating the different elements that provide the foundation for this curriculum.



Theory and Practice
Foundations Centered in the
Protective Factors Framework

Figure 1. TRHV Theory and Practice Foundations

Part 1 Foundations of Take Root Home Visitation



Figure Key: A Guide to Understanding Figure 1

Protective Factors: Families Centered within the 5 Protective Factors

Families are the focus of our work and, for this reason, are centered within the 5 *Protective Factors*. Arrows from the factors into the family system indicate that these factors influence the daily life and well-being of families.

Five grey circles represent each of the *Protective Factors* in the *Protective Factors Framework* (Center for the Study of Social Policy, 2012). These are written in parent-friendly language for you to use in your home visits. These are also available as a laminated card/fridge magnet that parents can keep:



Social Connections—When you and family, friends, and others in your school, work, and child care communities can count on each other, life is easier and more enjoyable. Giving and receiving support makes everyone stronger.



Concrete Supports of Families—Every person and every family needs help sometimes. Learning who can help you meet your family's needs and where to go for support makes you stronger in good and challenging times.



Parental Resilience—Parenting can bring great joy and stress. When you draw upon your strengths and wisdom, stay flexible, and become an even better problem-solver, you teach your child positive ways to handle difficult times – a key skill for life success.



Knowledge of Parenting and Child Development—Learning how your young child grows and learns will help you respond to his or her changing needs and abilities with sensitivity and care. By building a positive, trusting relationship, you prepare your child for a life of learning and engaging with others.



Social and Emotional Competency of Children—When you have positive interactions, you help your child learn to manage behaviors, communicate feelings, and get along with others.

Theories and Fields of Research

Family resilience, attachment, neuroscience, social cognitive theories, and their respective fields of research guided the topic selection and details of the *Everyday and Special Focus Moments*. These theories and research findings enrich our understanding of what information is important to share with families, while the practice strategies shape the curriculum's beliefs about the most effective ways to share that information. These elements in the graphic are represented by blue text:

1. Family Stress and Resilience—The study of family resilience has grown significantly in the past two decades. In practical terms, TRHV draws from family resilience literature to integrate ways in which the home visitation relationship can foster family growth, recovery, and repair in the face of a variety of challenges. Families thrive when members are able to build and expand healthy coping and relational capacities.

When young children have a safe, caring, and responsive caregiving environment, they can gain the necessary life skills of healthy social and emotional regulation through positive and adverse experiences. The *Protective Factors Framework* is a direct outgrowth of linking family resilience theory with research that shows which factors matter in reducing and preventing child maltreatment.

2. Attachment—As professionals who work with high needs families, you already know how vital a healthy and dynamic attachment relationship is for a young child. Some of the parents you work with may have experiences from their own childhood that challenge their abilities to form healthy connections with their child.

TRHV provides opportunities for parents to recognize their young child's verbal and non-verbal cues for safety, care, comfort, and dependability and helps them see their own reactions to their child's needs, behaviors, and emotions.

Activities include parental practice in responding appropriately and with empathy, incorporating their knowledge of their child's development and abilities, and helping parents see what factors might be driving their own reactions and decisions.

3. Neuroscience—We learn more about how our brains work every day and how responsive our brains can be to internal conditions (e.g., maturation, getting older) and external conditions (e.g., nutrition, poverty, violence, high- or low-quality care, injury).

The first 3 years of life are critical for brain development in the areas of the brain that work to identify safety and threats. When young children assess their social world as safe, their brains build neural pathways for engagement and growth. When young children assess their social world as threatening or unpredictable, their brains build neural pathways to minimize threat and optimize safety.

These pathways encode experiences across all five senses, and the more certain senses are part of the experience, the stronger the memory—whether positive or adverse. TRHV provides practical activities to help parents build healthy experiences and moments with their child to build pathways that support engagement and growth.

For example, parents may create a bath routine that shows care, safety, and emotional engagement (e.g., supportive holds, singing about body parts, gentle touch). This may become a routine that reinforces development of positive pathways, and the child learns to count on this as a stable routine filled with good things.

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Parents may also choose to engage with a 2-year-old's public meltdown by meeting the child where they are and providing support to help their child through the meltdown. This type of reaction turns a highly emotional and negative experience into an opportunity to provide positive emotional coaching, so the child can start to learn how self-regulate when upset.

Please note, parents' brains are also changing as they gain parenting experiences and engage with the material you share through the home visitation relationship! Everyone can build and foster healthy response pathways in the family system by improving interactions with one another.

4. Social Cognitive—Social Cognitive theory drives many parent education curricula, including TRHV. The premises are that an individual's learning and engagement with content is influenced by several factors, including one's own sense of self-efficacy; ability to self-regulate emotions and behaviors; history of being parented and cared for; and expectations for self, child, and program participation. TRHV is designed to help you create conversations with parents that elicit their own understanding of materials and how information is similar to and different from what they already know and believe. These conversations are opportunities for change and to reinforce current practices and ideas parents may have.



Areas of Professional Practice

For prevention and intervention work, best practices have been identified throughout the Home Visitation and Allied Health fields. The following areas of professional practice provide important touchstones for TRHV service delivery decisions: assessing incoming families, developing strong alliances with families, and selecting and presenting materials with respect for each family's context.

In purple text, three areas of professional practice offer specific ways to build empathic, professional, and therapeutic alliances between early intervention specialists and the families with whom they work:

1. Anticipatory Guidance—This approach is often used within the pediatric health fields to provide parents and caregivers with targeted knowledge that is useful in understanding their child's needs and abilities at the time of a visit (e.g., well-baby, acute care) and in the near future (e.g., things to look forward to, typical things to expect as baby changes and grows). Anticipatory guidance strategies can introduce topics that can then be revisited as changes occur due to maturation, illness or injury, or if an expected ability or behavior does not seem to be progressing as expected.

TRHV integrates anticipatory guidance opportunities throughout content whenever possible, so conversations can continue as children grow and their needs change. For example, a home visitor can work with parents before a family visit or vacation where many relatives will be present who are not familiar to their 7-to 14-month-old infant. Parents benefit from understanding common infant reactions of stranger anxiety and separation anxiety and can learn strategies to support their infants who do not want to be held by unfamiliar people or become overwhelmed by enthusiastic greetings and big groups of new people. Providing anticipatory guidance can also help parents find their voices as advocates for their child to be able to say no or offer alternatives to well-meaning relatives in similar situations.



2. Infant Mental Health—This area of practice focuses on nurturing the healthy development of the infant-family caregiving system. It is a means to promote early mental health in very young children and reduce risks posed by mental and physical health challenges that may be experienced by their parents. As such, attention is given to identifying potential peri- and post-partum mental health needs of women, attachment and bonding, the transition to parenthood, and the early identification of infant developmental and sensory disorders that could adversely impact the development of effective and responsive caregiving. Infant mental health practice always places children within their caregiving context to understand growth and change. TRHV follows this practice by placing infants, toddlers, and their families at the center of our model and by placing the infant-family system at the center of modeling reflective and mindful parenting (see pg. 9xx).

3. Trauma-Informed Care—A trauma-informed approach to practice is one that can work across multiple populations whether trauma has occurred or not, whether the trauma is recent or historical, whether it was an acute experience or has chronic characteristics, whether it was singular or multiple moments, and whether a client wants to bring it up with a professional or prefers not to talk about it. Within TRHV, principles of *Trauma-Informed Care* center on creating a professional-client alliance that works from a family strengths perspective (SAMHSA, 2014):

- Fostering a sense of physical and psychological safety;
- Modeling transparency in program decisions to build and maintain trust;
- Encouraging peer support and mutual self-help to build empowerment and resilience;

- Building a collaborative process to highlight the roles of shared power and decision-making within the family system and the client-home visitor relationship;
- Cultivating empowerment, voice, and choice by building on what clients have to offer as both parties work toward greater thriving and resilience; and
- Offering gender- and culture-responsive services, valuing traditional connections, and addressing historical trauma.

In summary, here are some of the ways TRHV assists you in your work that supports families as they grow stronger and more resilient:

- 1. Take Root Home Visitation supports you in promoting the Protective Factors.** Research indicates that building these five factors reduces the likelihood of child abuse and neglect.
- 2. The content of Take Root Home Visitation is based on Everyday Moments in the lives of families and their babies and toddlers.** You will be offering practical information, hands-on strategies, and activities parents want and need to make *Everyday Moments* work for themselves and their young child.
- 3. Starting with assessing families, Take Root Home Visitation is strengths-based.** Using information from multiple sources, the TRHV curriculum and materials support you and each family in creating a plan tailored to build on strengths and address challenges. It supports parents in setting their own goals for family resilience with your support.



The Context of Everyday Moments and Special Focus Moments

Everyday Moments and Special Focus Moments frame the content of this curriculum because these experiences build family systems and set the tone and expectations for how family members relate and interact with one another. *Protective Factor* icons are used to quickly identify that the content addresses one or more specific factors within each *Everyday Moment* topic. Further, the content uses the principles of *Trauma-Informed Care* to foster a collaborative relationship.

Because they happen so often, *Everyday Moments* open a window for you to gain understanding of family life and how you can step in to help families grow to be more resilient.

Patterns and habits develop through every collective experience and individual experience in the family system. *Everyday Moments* group these experiences into three basic categories:

1. Daily Living and Care Routines

Parents develop several daily routines to ensure basic care of their young children, such as establishing sleeping, feeding, bathing/toileting, and dressing routines. Yet, they are not just functional for the health of the infant. These routines form a deep foundation of how to interact with each other, develop expectations, and learn variations in patterns.

2. Play and Exploration of My World

Infants and toddlers are active observers and explorers and are often described as little scientists who are trying to figure out how people, pets, and things in their environment work. TRHV highlights key developmental milestones from 0-36 months and emphasizes the critical social worlds of very young children's

important adults and caregivers and their early friendships. As much as possible, these topics are in the voice of the child, which emphasizes the child's perspective on their own development.

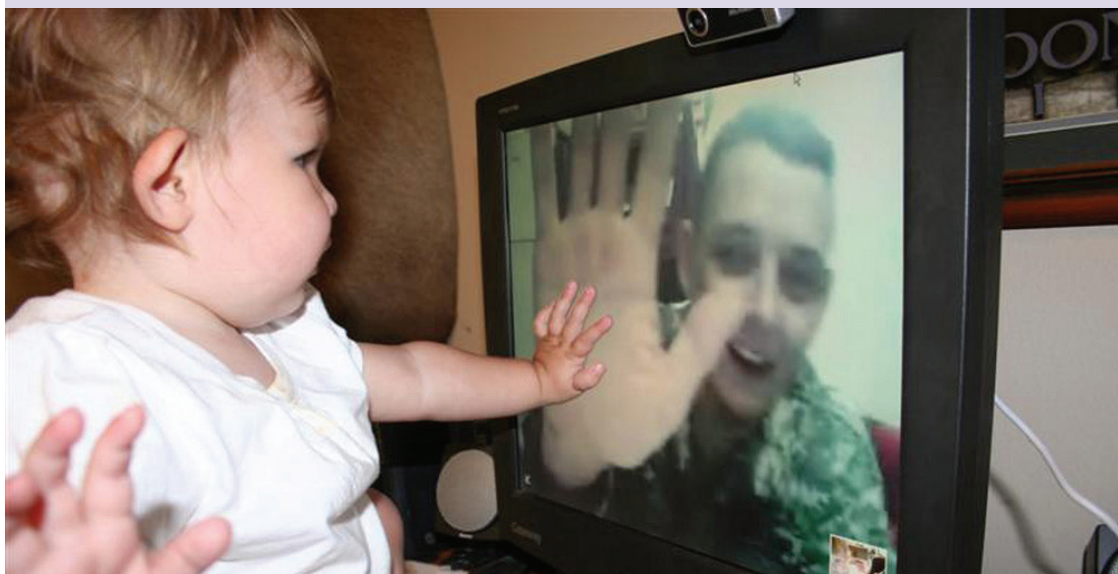
3. Parenting Life

Sometimes parents are surprised to realize that learning a little bit more or adding a new skill to their toolkit helps them meet a parenting challenge. Sometimes these challenges involve recalibrating a balancing act of self-care, sharing care of their infant with others, and learning or unlearning discipline strategies that can vary in their appropriateness and effectiveness with each child.

The adults in a young child's life provide a range of everyday experiences whether they are parents, foster parents, grandparents, or guardians. The *Everyday Moments* we focus on happen in all families in unique and common ways, depending upon the individuals involved and their childhood experiences, cultures, hopes, and dreams. Each is an opportunity for you to offer basic parenting information and to identify existing skills and strategies and promote new ones, many of which will be useful across moments.

Our military families face some challenges that are not necessarily common in the non-military population. Thus, TRHV also includes two *Special Focus Moments* that pertain specifically to experiences of military families:

- 1. Parental Absence in Military Life:** When parents must be absent for an extended period of time or repeatedly over time due to the nature of their jobs, the absences and reunions can pose challenges for young children's relationships and their parents' intimate and co-parenting rhythms and expectations.
- 2. Parenting After Injury:** When a parent is affected by injury, whether visible or invisible, with acute or chronic effects, their parenting abilities and sense of parenting self-efficacy may be affected, and co-parenting strategies may need to be altered. The recovery trajectory of the injured parent has the potential for disruptions in caregiving due to travel for care, changes in daily caregivers and routines, and the sense of stress and (dis)stress that is felt in the family system.



Reflective and Mindful Parenting

Each *Moment*, whether *Everyday* or *Special Focus*, is an opportunity for you to help parents learn to be more mindful and intentional, as opposed to reactive, by modeling and encouraging parents to ask themselves three questions as they decide when and how to interact and how to handle a situation. These three questions, listed below, help parents develop awareness of their own responses and their child's, which can help parents see themselves as decision-makers as opposed to operating on autopilot.

This self check-in can begin to free parents from responses that are habitual and have been learned from their childhoods and that they want to change. Each *Moment* has *Family Pages* that are designed to help reinforce this practice of pausing to think about self, wondering what a child is experiencing, and then deciding how to move forward together:

1. What am I feeling and thinking?

We begin with the adult because his or her decisions about what he or she says and does shape and color a child's learning about self, others, and the world. Taking a minute's pause is also an unspoken reminder to adults who are under stress—whether from everyday parenting and/or other complicating circumstances and situations—to take a breath, a first step to more mindful responses.

2. What is my child feeling and thinking?

Children's behavior has meaning and may change over time as a child develops. It is the job of the adults in the child's life to figure out what that meaning is. The only way to do this is to watch and listen from the outside for clues about what is happening on the inside.

3. How can we work this out together?

Here is where the adult uses the information gathered about self and the child to problem solve and decide what to say and/or do.



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Moments are also rich opportunities for you to support children and their most important adults and to promote the strengthening of *Protective Factors*, even within a limited number of visits. If, for example, you visit a family only six or seven times, these *Moments* are still important opportunities to promote meaningful and lasting change because they do the following:

1. Allow you to meet a family where they are. You will gain insight into and be able to address a family's current questions and challenges as you identify the *Protective Factors* to center on and decide together on the *Moment* that will be your shared focus.
2. Provide the opportunity for families and you to learn together about a child. As you invite a parent to share a story or two about how an *Everyday or Special Focus Moment* is going, you will discuss and discover aspects of a child's development, temperament, and preferences.
3. Invite collaborative problem-solving and decision-making about what strategies might work best for a parent and child to make the *Everyday Moment* as smooth and enjoyable as possible. This can help parents feel more effective as they realize there are steps they can learn about, discover, and decide to try, which could make life easier and more fun for everyone.
4. Offer extraordinary learning opportunities for babies and toddlers. They happen often enough to give children a sense of predictability, yet there is enough variation to invite interest and exploration to promote learning about self, others, and the world.
5. Allow families to experience success. This can lead to increased confidence, competence, and more success—in your presence or not.





The chart to the right shows the *Everyday Moments* included in this curriculum and the *Protective Factors* embedded in each.

Everyday Moments and the Protective Factors






Everyday Moments: Daily Care and Living Routines

TOPICS	Protective Factors
Sleeping	 Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competency of Children
Nutrition and Feeding	
Diapering and Toileting	
Bathing and Dressing	






Everyday Moments: Young Children's Play and Exploration

TOPICS	Protective Factors
Exploring and Learning about the World	 Concrete Supports of Families  Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competency of Children
Building Trusting Relationships	
Nurturing Guidance and Discipline	

Everyday Moments: Parenting Life

TOPICS	Protective Factors
Co-Parenting and Sharing Care	 Social Connections  Concrete Supports of Families  Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competence of Children
Parental Self-Care	

Special Focus Moments: Military Family Life

TOPICS	Protective Factors
Parental Absence in Military Life	 Social Connections  Concrete Supports of Families  Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competence of Children
Parenting After Injury	

TRHV Everyday Moments and the Protective Factors Chart.



One-on-One Activities

In addition to the *Moments*, TRHV also provides a set of cards that describe a series of one-on-one activities to share with families. As you plan for a home visit, you will choose a one-on-one activity(s) that offers a family the opportunity to build skills they can use to make the selected *Moments* work for them and their child. For example, during a visit where sleep is discussed, the one-on-one activity may be a soothing activity (e.g., baby massage, reading, singing, telling a story about the child's bedtime routine).

These activities give you the chance to embrace and strengthen the parent-child relationship and support the parents' positive interaction as you do the following:

1. Introduce the activity and offer simple, clear directions and any materials needed. Note: Materials should largely be household objects, recyclable materials, or homemade items.
2. Model as needed.
3. Sit back a short distance.
4. Pay close attention to the interaction—as if shining a light on this parent-child *Moment* to express the message that it matters.
5. Coach parents on how what they say and how this supports their relationship and/or their child's learning.
6. Highlight strengths of the adults and child.
7. Reinforce messages about how children and parents are growing, changing, and learning.
8. Build a family's resilience through the creation of a resource kit that contains a variety of activities that parents and children can do together anytime with affordable, available materials.

One-on-one Activities Incorporated into the TRHV Curriculum

Several parent-child activities are suggested in the accompanying TRHV Activity Card deck. These highlight opportunities for parents and children to connect, wonder, learn, and laugh together.

Face-to-Face

These activities are times to connect, grow trust, learn about each other, and dance your unique “together dance.”

Play with Words, Sounds, and Numbers

These activities are a chance to explore ideas, build skills, discover patterns, and support your child to understand pictures and words.

Pretend Together

These activities will inspire imagination and help your child understand their world.

Quiet and Calm Together

These activities will help you both when it is time to slow down and lower stress.

Move Together

These activities help you to be free and silly while you help your child learn about their body.

Touch, Taste, Feel, Hear, See

These activities encourage curiosity and let your child make choices and ask questions.

Lead and Follow; Follow and Lead

These games are times to gently guide and to give your child a chance to practice self-control.

Explore Your Community

These activities help you open the doors to new possibilities for connection and support for you and your child.



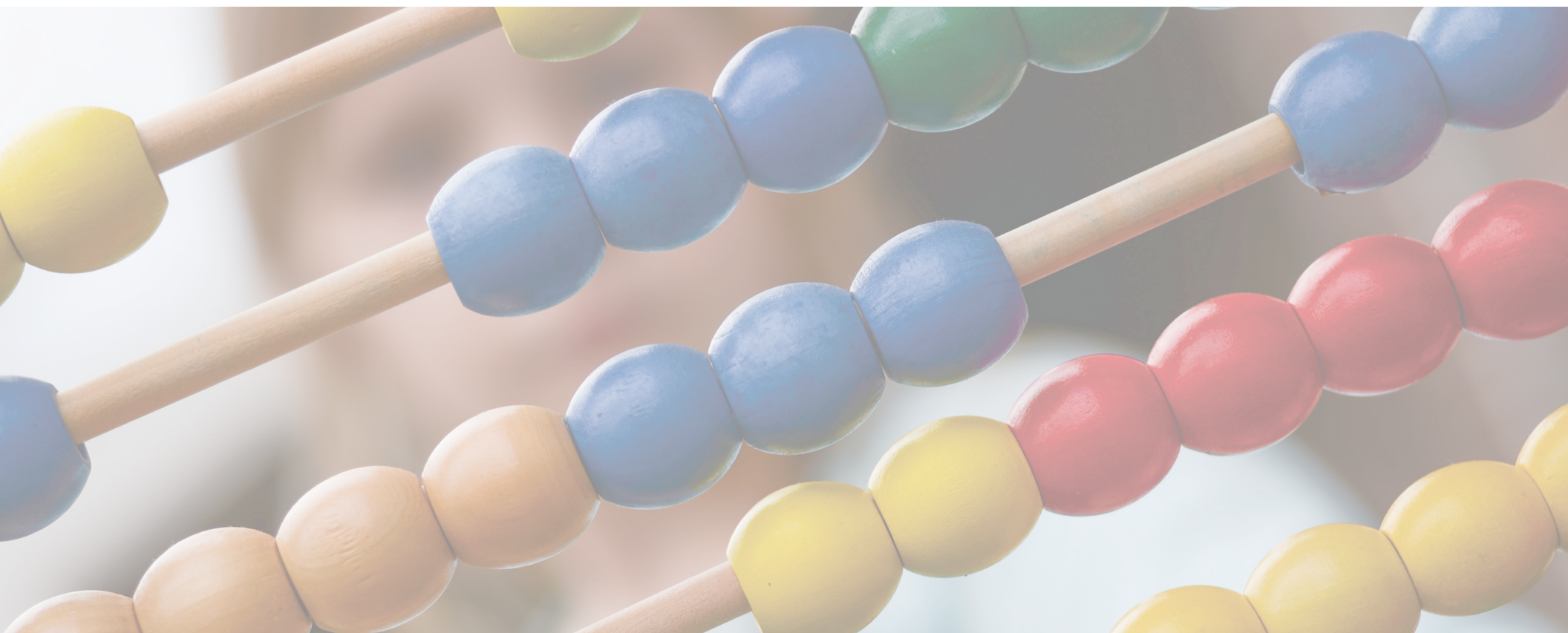
Part 1 Foundations of Take Root Home Visitation

In Summary

TRHV is a curriculum designed to support home visitors as they meet families where they are, pay attention to the family's historical and current contexts and their perceived strengths and needs, and focus on helping parents support their infants and toddlers by building a healthy family system. The materials are designed to foster strong and trusting alliances with families, and the content focuses on daily parenting and caregiving experiences and insights from a young child's perspective

about their own development and life. Careful attention is given to link the content with the five *Protective Factors* so information is clear, and the decisions home visitors and parents make are more visible and intentional.

The next section focuses on the seven guiding principles of *Trauma-Informed Care and Practice* (TICP). Practical examples are provided which are likely to affirm aspects of your practice and that of your colleagues.





Safety



Trust & Transparency



Peer Support & Mutual Self-Help



Collaboration & Mutuality



Empowerment, Voice & Choice



Cultural, Historical & Gender Issues

Introduction

The six guiding principles of *Trauma-Informed Care and Practice (TICP)* are intentionally woven throughout TRHV. These strength-based concepts are responsive to the impact of trauma by promoting the physical, psychological, and emotional safety of provider organizations, practitioners, and those whom they serve.

By the end of Part 2, you will be able to:

- Identify the six principles of *TICP*.
- Recognize how these principles are or can be used within your organization.
- Recognize how these principles are or can be used within your practice with families.

Babies, toddlers, and their families have a way of evoking strong and deep emotions. Think about times you found yourself in a supermarket checkout line and you observed a proud father cooing back at his infant or were stuck behind a screaming toddler and her mother. If children and families whom you don't know and may never see again can stir up emotions, consider how much the children and families you work with can impact you physically and psychologically.

Professionals who work with families at risk for maltreatment are themselves at risk for compassion fatigue and even burnout.



Part 2 Using Trauma-Informed Care and Practice to Enhance Collaborations

Applying the principles of *TICP* to your own professional care and development can buffer these natural consequences of listening, witnessing people's lives, and wanting the best for the families in your caseload.

The principles of *TICP* can lead to a work environment in which you and your colleagues feel safe to discuss, problem-solve, and support one another in coping with the stressors that are an inherent part of your work. This allows each of you to *be your best self* as decision-makers as you implement TRHV.



When it comes to your work with families, the principles of *TICP* support you as you create opportunities for parents and other family members to rebuild their sense of control and empowerment. This is key to creating the trusting, responsive relationships babies and toddlers need to thrive and to make the best possible parenting decisions across *Moments*.

It should be noted that trauma does not need to occur for family patterns to develop a wobble or become dysfunctional. Sometimes, parents may act a certain way or make comments to a co-parent based on unspoken expectations of roles and relationships, and those actions and possible reactions can contribute to that sense of imbalance. For example, if a mother is trying to be a good mom, insists on being in charge, and always takes the lead in caring for and playing with her child, her spouse may feel left out or incompetent. Their family life may eventually grow out of balance as the mom feels put upon, her spouse feels useless, and their child misses out on experiencing the teamwork of her parents and interactions with both that deepen relationships.

With your support, a mom can realize there may be times when she does have to handle it all, for example, when her spouse is sick or away for field exercises or deployed. She may gain confidence and insight into the importance of experiencing adults working together for her child and taking care of herself, which, in turn, leads her to let go of some of the control and be a more collaborative partner and parent. As a result, the family system is in a more sustainable balance.

On the next page, you will find definitions of each principle and examples of how these principles can enrich your relationships with colleagues and families you serve. In discussing each principle, we begin with you because your work holds the possibility of helping families see, articulate, discover, claim, and build upon their strengths, which can create ripples of positive change long after your visits.



Part 2

Using Trauma-Informed Care and Practice to Enhance Collaborations

Chances are you have already – intentionally or not – integrated many, if not all, of these principles as they reflect best practices in creating healing relationships.

The principles have been translated into family-friendly language that you may decide to use in conversations with families:



Safety

Family members and home visitors do their best when they feel physically and psychologically safe. Ensuring safety allows home visitors and families to focus on their work together and to interact with the best interests of a young child(ren) in mind.

Working in families' homes means it is possible you could find yourself caught in a potentially dangerous family interaction. Planning ahead with colleagues by identifying and implementing safety policies, procedures, and practices (e.g., making sure someone knows where you are; having a phone contact available; arranging for a phone check-in, articulating the steps to take for your safety and then a family's when things are getting out of control) can give you the security of a safety support network.

Families too can benefit from having safety procedures and practices in place. For example, you may support a family as they develop a safety plan in which parents identify signs that a family member with anger management issues is becoming agitated and have steps in place to take children out of the home if anger escalates.





Trust and Transparency

Decisions are discussed and made with openness and honesty to create and sustain trusting relationships. Home visitors and family members, from the youngest to oldest, will be more open to exploring, questioning, and learning when they feel safe and secure in their relationships and interactions.

How family members relate to you (or any service provider) may be impacted by their experience of, or concern about, trauma. You and your colleagues can help each other remember that symptoms, such as fears, heightened watchfulness, and distrust are adaptive and protective behaviors rather than affronts to you and the services you offer. Knowing these reactions are possible will support you and help you feel more positive about your work and be more open to creating trusting relationships with families.

Transparency is another key to *Building Trusting Relationships*, especially given that you wear two hats: one of supporter and the other of mandated reporter. Transparency begins during the consent process as you explain, “I do have a legal and ethical obligation to report if I see or hear something that would put a child or other family member at risk.” It continues with transparent, shared decision-making throughout the implementation of TRHV (e.g., developing a family’s goals or the most helpful *Moments* to focus upon) and allows parents to see you in your other hat: a thought partner. This is a very different stance than portraying you as an expert telling families what they need to know and do.



Peer Support and Mutual Self-Help

Home visitors and families support each other with information, lessons learned, and/or emotional and hands-on help. This is necessary for building trust, safety, and people’s growing confidence about their decisions and taking control of their lives—at work and at home.

When you and colleagues share information and assist each other (e.g., by setting up a system which allows you to record and exchange tips and resources for the *Moments* section of TRHV), you build trust that will form the foundation of your ongoing work together. You also help to buffer your relationship from the bumps that naturally occur in all work settings.

When you and family members share information and assist each other (e.g., by each supplying recyclable materials to make a toy), the same is true.





Collaboration and Mutuality

TRHV fosters a home visitor-parent relationship where each person is a decision-making partner, working and learning together for the benefit of the family. Healing happens in relationships and in the meaningful sharing of power and decision-making. This is true whether in an organization, a meeting of home visitors, or in a family's home.

Because TRHV is grounded in a family's *Everyday and Special Focus Moments*, working together as genuine learning and decision-making partners is the only way this curriculum can be implemented effectively. Only when you listen and learn from each other and make decisions together can the information and resources you have to share be individualized to respond to a family's unique blend of circumstances, challenges, and strengths.



Empowerment, Voice, and Choice

Seeing and building upon individuals' strengths and what they have to say and offer paves the path for you to promote new skills as needed. Building on strengths—of home visitors and family members—rather than responding to perceived weaknesses reflects a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.

When you choose to view colleagues as resourceful and resilient, even in the face of challenging times, you convey your belief and confidence in them to succeed and thrive. This makes it more likely your colleague will be able to problem-solve and to explore and integrate new information or skills.

When you have a similar mindset in your interactions with families, it is as if you reflect back to them their hopes and dreams. They are better able to focus and to see and think about themselves and others in a strengths-based light. (This is true for all of us.) This is key to moving ahead to reach their goals for themselves and their child(ren).



Part 2

Using Trauma-Informed Care and Practice to Enhance Collaborations



Cultural, Historical, and Gender Issues

Be aware of and move past stereotypes and biases. Interacting respectfully and responsively to individuals means looking beyond cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography). It means recognizing and supporting the healing value of one's cultural connections and addressing trauma that took place in the past.

We all have stereotypes and biases. Being aware of them is a first step to not letting them interfere with seeing others for whom they are. In work environments where this is addressed up front, conversations are more likely to be respectful and lead to helpful insights about working effectively with individual families.

Everyday and Special Focus Moments in a family are steeped with values, family and cultural traditions, and expectations about children's behavior and parenting. Only by putting aside your assumptions and keeping an open mind will you be able to understand what the *Moments* in TRHV mean for a family and use that insight to support parents in making the *Moments* you focus on during your visits work for them and for their child(ren).

Take a Moment: Reflecting on Your Practice

What is an example of a current *TICP* practice(s) of yours in working with colleagues or families that was affirmed in Part 2?

Is there something new you want to experiment with regarding your interactions with colleagues or families? What might that be?

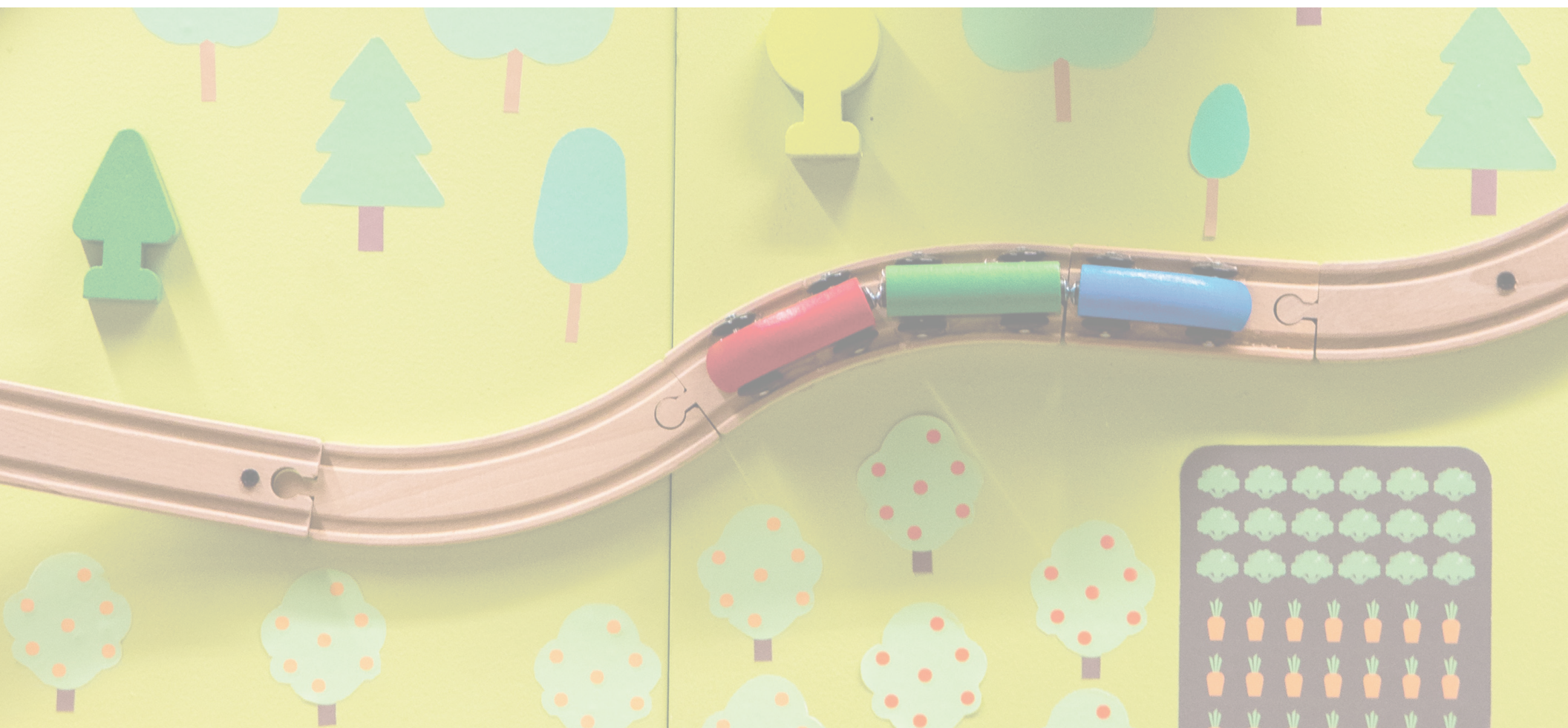
Part 2 Using Trauma-Informed Care and Practice to Enhance Collaborations

In Summary

The principles of *TICP* can be integrated in your work organization and in your work with families. These principles imply an intentional thought process to honor and respect others in daily interactions and hold judgments and assumptions loosely.

TICP is an on-going practice, and *Moments* hold opportunities to recognize one's own actions and progress in implementation.

The next two sections of this guide, Parts 3 and 4, will take you step-by-step through implementing TRHV.



Part 3 How to Use Take Root Home Visitation



Introduction

There are many ways to plan and implement a home visit. Take Root Home Visitation is a comprehensive curriculum that helps you pull together the pieces of your home visit in a meaningful way. This curriculum includes integrated Intake, Planning, and Reporting documents and recommendations for each step of the visit itself.

By the end of Part 3, you will be able to:

- Identify the many elements of your home visit.
- Understand the resources available to you to assist in your intake, planning, and reporting.

While it may feel like there are many pieces to sort out, this section carefully introduces all the elements to a home visit. Part 4 provides a practical example in the form of a *Case Study Family* to show how all the components come together and offers you an opportunity to flex your home visitor insights into possibilities beyond what is presented.

The Flow of a Home Visit

TRHV recommends the following steps for each visit. Using the same general steps each time you plan, implement, and report on a home visit helps define a routine and rhythm for you and the families you visit. As the TRHV content helps families discover and reinforce routines that foster resilience and stability, the familiarity of a visit routine also helps establish rapport and engagement between you and the family. When one of you feels strongly that an exception needs to occur, such as a pressing need for using the time differently (e.g., changing the focus of the planned content or an immediate care need of a family member), you and the parent can quickly identify the change in routine and adjust.

These steps are presented as a basic outline to give you a sense of the flow of a visit. Many of them may be very familiar to you; however, you may not have done them exactly like this or in this order.

Basic Visit Outline

- o **Warm Greetings** to Parent and Child
- o **Check In with Parent** How are you? How have things been going since our last visit?
- **Reflection from Last Visit: What one-on-one activity did you decide to try with your child? Suggested prompts:**
 - o Tell me about what happened.
 - o How did you introduce the activity? How did it feel to you?
 - o How do you think this activity helped your child learn and grow?
 - o What might you do differently next time for you or for your child?
 - o Is there a tip you would share with another parent about this activity?
- **Discuss Plan for Today's Visit**
- **Everyday Moments: A Conversation**
 - o Revisit why we chose this *Moment*.
 - o What is working well? What would you like to change?
 - o Discuss information from the module and strategies using *Family Pages* and related Resources.
- **One-on-One Activity: Supporting the Parent-Child Dance**
 - o During the Visit: Try out a one-on-one activity related to the *Everyday Moment*.
 - o After the Visit: Encourage the parent(s) to continue practicing the one-on-one activity or choose another to try.
- **Summary of Key Points and Plans for Next Visit**
 - o Go over any new concepts, points of interest, and activities or responses the parent may be trying. Restate what topic(s) are noted for the next visit.
- **Warm Goodbyes** to Parent and Child

Take a Moment: Flow of a Home Visit

How does this outline compare to your current practices?

How might any of these steps enrich what you already do?

Even if you follow the guidelines we provide in TRHV and draw on your own experiences as a professional, your home visits will not always feel organized or ideal. That is OK. As you work through the next few pages, you will begin to see how the *Steps of a Home Visit Outline* gives structure to planning and reporting. In addition, it allows for flexibility to make adjustments as needed once you step into a family's home and meet the parents and child(ren) where they are that day.

Implementing Take Root Home Visitation: A Step-by-Step Process

This section introduces you to the materials and steps used to implement TRHV. The graphic to the right shows the steps that home visitors can use to implement TRHV:

- Gather information,
- Build a collaborative *Family Service Plan*,
- Choose specific topics for visits, and
- Integrate an ongoing assessment that gives parents a voice and choices throughout the process.

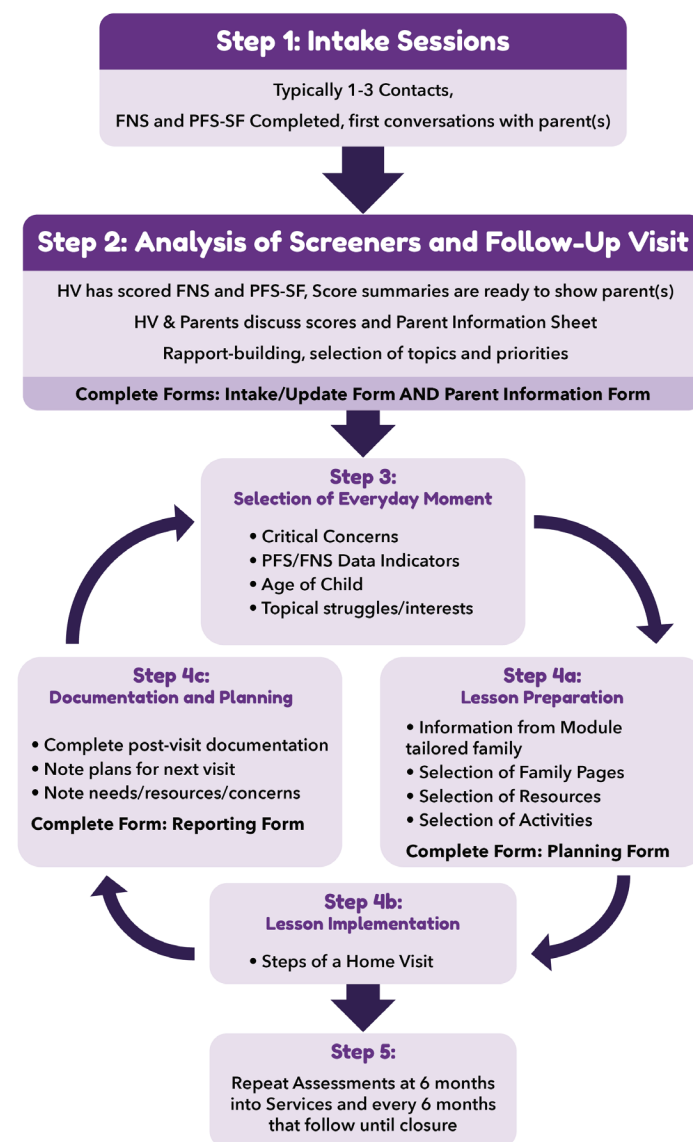
Also highlighted in the graphic are the appropriate time points for using the measures, planning visits, and reporting.

Data-Informed Decisions

Building a *Family Service Plan* starts with gathering information. TRHV uses two screeners and initial family conversations as sources of information. These help you make curricular choices and guide your work together:

1. The *Family Needs Screener* (Screener: FNS);
2. The *Protective Factors Survey, Short Form* (15-item PFS:SF); and
3. Early conversations with parents about their goals for home visitation and their hopes and dreams for themselves and their child.

These measures are also used to check in with parents at the 6-month point or when closure occurs. This reassessment cycle is explained in Step 5 to the right.



TRHV Step-by-Step Process chart.

Step 1: Intake Sessions (Assessments and Conversations)

TRHV is designed around current practice within the New Parent Support Program across all branches of the Department of Defense. For instance, the *FNS* is part of the intake information used to help you learn about certain critical needs a parent may disclose and then help you assess whether a family is eligible for home visitation services. As part of your current practice, you likely follow up after reviewing the score on the *FNS* and talk with the parent, perhaps asking him or her to complete additional measures or offering other resources.

In TRHV, the *FNS* is one of two measures used to provide intake information. The second measure is the *PFS:SF*. ***If your installation does not yet use the PFS:SF, full training on this measure is available online and via the TRHV-specific training.***

The *PFS:SF* is linked directly to the *Protective Factors Framework* and is also a screening instrument. Whereas the *FNS* identifies several different areas of potential risk or absence of risk, the *PFS:SF* identifies potential areas of protection (resilience) and absence of protection. The two measures complement one another, which will be shown in Part 4 with the *Case Study Family* example.




Step 2: Screener Analyses and Follow-Up Visit

Once the *Screener* and the *PFS:SF* are scored, the information provided by these measures can be used to start conversations. Parents can reflect on their answers; home visitors can start modeling strengths-based language to help describe what the scores can indicate.

The third source of information used at intake (and again every 6 months) is the **Parent Information Form**, a short open-ended intake form, shown to the right. It has questions about parents' goals and hopes for themselves and their children and can be completed by the parent alone or with help from a home visitor. This 1-page form helps gather more details about the family background, age of the child who is eligible for services, and if there are any specific topics on which the parent would like to focus.

The questions on the *Parent Information Form* are conversation openers, not prescriptive. The intent is to start the first of many conversations about what a parent may be thinking and feeling while building a connection to someone they can trust. While some of the needs a family has can be beyond the scope of the home visitation program, there may be connections that you can help make or resources that can be shared. If there are needs beyond this secondary prevention program, for example, where intervention is recommended, you and your supervisor may be able to facilitate those warm hand-offs to appropriate programs and professionals.

With these three sources of information, you are ready to draft a *Family Service Plan* that is informed by data from the two screening measures and by the information shared by the parents. Use the **Intake/Update Form for Family Service Plan** form on the next page to combine the information from the *FNS*, the *PFS:SF*, and the *Parent Information Form* into a single document.


Parent Information Form

Family ID:
Date:

Type of Program Planning:

<input type="checkbox"/> Parent Information for the Family Service Plan Date: Initial:	<input type="checkbox"/> 6-Month Review Date: Initial:	<input type="checkbox"/> 12-Month Review Date: Initial:	<input type="checkbox"/> 18-Month Review Date: Initial:
<input type="checkbox"/> 24-Month Review Date: Initial:	<input type="checkbox"/> 30-Month Review Date: Initial:	<input type="checkbox"/> 36-Month Review Date: Initial:	<input type="checkbox"/> Closure Date: Initial:

Age of Child for NPSP Services:

Years:	Months:
--------	---------

Parents' Dreams and Goals for their Child/Children:

Parents' Dreams and Goals for NPSP Participation:

Parent's Topics and Areas of Interest for Conversations:

TRHV Parent Information Form.

Part 3 How to Use Take Root Home Visitation

The first page of the *Intake/Update Form* focuses primarily on information from the *FNS* and the *PFS:SF*, as seen on the right.

Notice that it has space to record the family ID, date, and if this is a new intake or a subsequent review and update at the top.

The next section on this page is where you will copy this family's current *FNS* information, including the date it was completed, the scores for each subscale, total number of high-needs qualifiers, and the total needs score.

The third section is where you will record this family's *PFS:SF* scores and the date that measure was completed.

At the bottom of the first page, you are asked to identify this family's reported strengths and risks from the scores on these two measures. This is where you write your first notes, reflecting on what these scores represent to you at this point in your work with the family.

Intake/Update Form For Family Service Plan

Family ID:				Date:			
Type of Program Planning: Initial Intake into Active Case Management							
<input type="checkbox"/> Parent Information for the Family Service Plan Date: _____ Initial: _____	<input type="checkbox"/> 6-Month Review Date: _____ Initial: _____	<input type="checkbox"/> 12-Month Review Date: _____ Initial: _____	<input type="checkbox"/> 18-Month Review Date: _____ Initial: _____				
<input type="checkbox"/> 24-Month Review Date: _____ Initial: _____	<input type="checkbox"/> 30-Month Review Date: _____ Initial: _____	<input type="checkbox"/> 36-Month Review Date: _____ Initial: _____	<input type="checkbox"/> Closure Date: _____ Initial: _____				
Family Needs Screener (FNS) scores:							
Date Completed				Total Needs Score			
Demographics				Family of Origin Violence/ Neglect			
Stress				Self-Esteem			
Relationship Discord				Depression			
Support				Prior Family Violence			
Substance Abuse				Number of High-Needs Qualifiers			
Violence Approval							
Protective Factors Survey (PFS) Scores:	Date Completed	Family Functioning/ Resiliency	Social Support	Concrete Support	Nurturing and Attachment		
From the information above, identify this family's reported STRENGTHS and ABSENCE OF RISK:							
1. FNS Areas with Absence or Low Identified Risk (scores of 0, maybe 1):							
2. PFS Areas with High Level of Protection (scores of 5-7):							
From the information above, identify this family's reported RISKS and POTENTIAL FOR INCREASED RESILIENCE:							
1. FNS Areas with Identified Risk (scores of 1 or High-Need Qualifier):							
2. PFS Areas with Neutral or Low Levels of Protection (scores of 0-4):							

Part 3 How to Use Take Root Home Visitation

The second page of the *Intake/Update Form* focuses on connecting the strengths and risks from page 1 to the five *Protective Factors*.

If this is the beginning of work with this family, you may not have a lot to write. Yet, you may still have early ideas of what could be helpful and what strengths you could start with to engage and build a strong parent-home visitor relationship. Examples are given on the form to help generate your own thoughts about a family.

Intake/Update Form For Family Service Plan

Link this family's strengths and challenges to the 5 Protective Factors:		
	Strengths <i>FNS or PFS scores suggest parent(s)</i>	Challenges <i>FNS or PFS scores suggest parent(s)</i>
Social Connections	(e.g., ...has people she can count on for help and to talk to.)	(e.g., ... currently does not feel she has anyone who supports her or could help if needed.)
Concrete Supports of Families	(e.g., ...is able to meet the family's basic needs and knows community resources for help.)	(e.g., ...currently does not feel able to meet the family's basic needs or does not know community resources for help.)
Parental Resilience	(e.g., ...intimate relationship is supportive and they are able to problem solve in healthy ways where there are conflicts.)	(e.g., ...intimate relationship currently is not supportive or they are not able to resolve conflicts in healthy ways.)
Knowledge of Parenting and Child Development	(e.g., ...has knowledge of positive parenting practices or understanding of their young child's needs and abilities.)	(e.g., ...needs support to gain knowledge of positive parenting practices or understanding of their young child's needs and abilities.)
Social and Emotional Competence of Children	(e.g., ...has understanding of how his actions as a parent can promote his child's social and emotional skills.)	(e.g., ...needs support to gain understanding of how his actions as a parent can promote his child's social and emotional skills.)
Notes:		

Step 3: Selection of Everyday Moment or Special Focus Moment

The TRHV curriculum offers 11 different *Moments* that you can use in your home visit. These *Moments* are grouped topically and are appropriate for children from birth to 3 years old, first-time or experienced parents, and those with or without experience of military family life contexts. The three main groups of *Everyday Moments* were described in depth in Part 2 and are highlighted here:

1. Care and Daily Living Routines;
2. Play and Exploration of the World, fostering parental perspective-taking of children's experiences in their growth and development; and
3. Parenting Life, how to build positive parenting and co-parenting skills and practice self-care.

The additional *Special Focus Moments* concentrate on two experiences that have wide-ranging impacts on family and individual health and resilience in our military family population:

1. *Parental Absence in Military Life*; and
2. *Parenting After Injury*

The current research on these *Special Focus Moments* is not yet reflected in most commonly available parent education curricula. TRHV starts that process.

It is worth highlighting that each *Moments* chapter goes into greater detail than is needed for a single home visit, and a particular chapter may be used across multiple home visits, depending on the needs and priorities of the family. The chapters are purposefully wide-ranging to adequately address important and interesting age-related differences of infants and toddlers and to attend to the knowledge gaps of parents. In addition, there is particular focus on issues of safety and supervision throughout the chapters to better meet needs of parents who may be limited in their current safety knowledge, skills, and abilities.



The TRHV curriculum is based on the idea that home visitors should let the scores on the *FNS*, *PFS:SF*, and the discussion with the parent guide which topics are higher priority. How is this done? The *Intake/Update Form for Family Service Plan* collected information from these three sources.

As you complete and review this form, ask yourself, "What does that information tell me?" Reflect on the information you've learned about a family, and, then, check the list of *Everyday and Special Focus Moments* to see which one(s) best match a family's introductory profile.

Take a Moment: Meeting a New Family

You meet a family who are first-time parents with a 3-month-old daughter who shows signs of colic. The inconsolable crying is wearing on the parents' sense of their ability to care for their child. They find the colic cry pattern very disruptive in their daily lives.




When you review the scores of the *FNS* and *PFS:SF*, you find that this family's social support is very low, and there is a history of family violence in the mother's family of origin. You've also learned through your first conversations that both parents are only children and have very limited experience with infants and toddlers.

These items hang together in a meaningful way as you assess what topics might be most important at the beginning and what topics could be challenging to address early in a home visitor-family dyad. These items can also give insight into a topic that provides a pathway to address multiple concerns between your assessment and the family's stated needs.





Just from the description of the family above, what might you want to focus on first? Second?

How might you find a way to wrap more difficult conversations into a context that is easier to start with and build trust and rapport?






Everyday Moments: Daily Care and Living Routines

TOPICS	Protective Factors
Sleeping	 Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competency of Children
Nutrition and Feeding	
Diapering and Toileting	
Bathing and Dressing	






Everyday Moments: Young Children's Play and Exploration

TOPICS	Protective Factors
Exploring and Learning about the World	 Concrete Supports of Families  Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competency of Children
Building Trusting Relationships	
Nurturing Guidance and Discipline	

Everyday Moments: Parenting Life

TOPICS	Protective Factors
Co-Parenting and Sharing Care	 Social Connections  Concrete Supports of Families  Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competency of Children
Parental Self-Care	

Special Focus Moments: Military Family Life

TOPICS	Protective Factors
Parental Absence in Military Life	 Social Connections  Concrete Supports of Families  Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competency of Children
Parenting After Injury	

Part 3 How to Use Take Root Home Visitation

Steps 4a-b: Lesson Preparation and Implementation

The **Visit Planning Form** should be used to prepare for each visit. This form helps you complete the process of choosing a topic and the particular pieces of information you want to bring into conversation at the visit. The form also guides you as you collect the appropriate resource materials, including *Family Pages*, to bring to the visit. It provides space to record parents' thoughts and contributions during the visit, making visible the partnership that is growing between you and the families in your caseload.



The *Visit Planning Form* models the steps of a home visit we outlined earlier. While it is not mandatory to do these steps in this order, each of the elements serve to create opportunities for conversations, build trust and rapport, and engage with families who come from a spectrum of positive and negative experiences with outside personnel in family and child services.

Using the *Visit Planning Form*, you are able to quickly identify the *Moment* you want to share with the family. Each *Moment* chapter is your one-stop-shop. In each chapter you will find the following:

- Background content for you, including research, common concerns of parents, and *Boots-on-the-Ground* strategies to share with families;
- *Family Pages*;
- Suggested parent-child activities; and
- Recommended links to national and community resources.

The *Visit Planning Form* gives you the opportunity to make sure the parent's voice is heard and acknowledged in the space labeled "What a parent wants to share with or show to me." For example, a parent may have shown you what safe sleep recommendations have been completed since the last visit or disclosed some family history that they are only now comfortable sharing.

Family ID: Visit Date:

Protective Factors Focus (refer to current intake/update form):

- | | |
|--|---|
| <input type="checkbox"/> Social Connections | <input type="checkbox"/> Parental Resilience |
| <input type="checkbox"/> Concrete Supports | <input type="checkbox"/> Knowledge of Parenting and Child Development |
| <input type="checkbox"/> Social and Emotional Competence of Children | |

Touching Base About Last Visit:

Topics/Concerns/Plans

Everyday Moment Topic:

eg. Safe Sleep/Sleep Routines

Accompanying Handouts:

(Resource/Safety Sheets; Family Pages)

What parent wants to share with or show to me (HV):

eg. Mom wants me to see the bassinet setup or show what clothing she puts on the baby for him or her.

Parent/Child Activity:

eg. Learning a lullaby, choosing a book and practicing storytelling, calming routines and behaviors.

Part 3 How to Use Take Root Home Visitation



Step 4c: Post-Visit Documentation and Planning

The **Visit Reporting Form** helps you reflect on what actually happened during a visit and start preparing for next steps and the next visit. Developed to work as part of an evaluation of both the TRHV curriculum and a program's implementation of the curriculum, this form is not intended to replace current visit documentation. Consult with your supervisor to see what documentation is still needed for your program.

Post-visit documentation is important for several reasons:

- Track progress and change over time;
- Reflect on elements of resilience and strength seen in the parent/family/child;
- Identify points of concern and improvement;
- Identify potential needs for referrals to other programs and professionals; and
- Document if what is planned for the visit is close to or different from what occurs during the visit.

Part 3 How to Use Take Root Home Visitation

Post-visit documentation is a good way for you to identify patterns when working with families. This type of documentation can help you and your program assess whether the current approach and interventions are appropriate for the family.

Two short checklists at the end of the *Visit Reporting Form* help you determine if there are particular action items that need to be completed after a visit:

- The first 4-item checklist identifies items outside the scope of providing prevention support—items that need to be brought to the attention of one’s supervisor, other program contacts, or a crisis management contact. These are considered external to most home visitation programs; the majority of home visitation programs are prevention-focused and non-clinical, yet families participating in a home visitation program may also need clinical or other interventional support.
- The second 4-item checklist highlights particular follow-up actions, such as a call, earlier return visit, or a need to find certain resources for the next visit.

Visit Reporting Form

Family ID: Visit Date:

Protective Factors Addressed During Visit:

- | | |
|--|--|
| <input type="checkbox"/> Social Connections | <input type="checkbox"/> Parental Resilience |
| <input type="checkbox"/> Concrete Supports | <input type="checkbox"/> Knowledge of Parenting and/or Child Development |
| <input type="checkbox"/> Social and Emotional Competence of Children | |

Topic:

Planned	Completed	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Handout:

Planned	Completed	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any additional time spent on an item? Please explain.

Amount of Visit Spent On:	Planned topic and activities	Back-up topic and activities	Addressing immediate needs (*not crisis)	Additional resource sharing	Crisis management for safety, food, shelter	Assessment or paperwork with parent	Assessment of child
Cannot exceed 100% total across categories							

Part 3 How to Use Take Root Home Visitation

Reflection on resilience/strengths seen in parent:

Reflection on notes of concerns for parent/family:

External to HV Visit Planning:	Completed:	Date Completed:	Internal to HV Visit Planning:	Completed:	Date Completed:
Follow up with supervisor/colleague	<input type="checkbox"/> Yes		Follow up call with parent	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No			<input type="checkbox"/> No	
	<input type="checkbox"/> N/A			<input type="checkbox"/> N/A	
Start a mandated reporting query	<input type="checkbox"/> Yes		Plan next visit sooner	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No			<input type="checkbox"/> No	
	<input type="checkbox"/> N/A			<input type="checkbox"/> N/A	
Make a referral	<input type="checkbox"/> Yes		Gather resources to share	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No			<input type="checkbox"/> No	
	<input type="checkbox"/> N/A			<input type="checkbox"/> N/A	
Engage crisis management team	<input type="checkbox"/> Yes		Select curriculum for next visit to start addressing issue	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No			<input type="checkbox"/> No	
	<input type="checkbox"/> N/A			<input type="checkbox"/> N/A	
Other:	<input type="checkbox"/> Yes		Other:	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No			<input type="checkbox"/> No	
	<input type="checkbox"/> N/A			<input type="checkbox"/> N/A	

Items to revisit at next visit:

Topics/Concerns/Plans

Home Visitation Visit Cycle and Periodic Updates of Information

Once a home visitation plan is established with a family, the *Visit Planning* and *Visit Reporting Forms* are used to prepare for and report on each visit. Every 6 months a parent is in the home visitation program, TRHV strongly recommends that a reassessment be completed.

This means having parents fill out the *FNS* and the *PFS:SF* and reflect on the *Parent Information Form* to determine where they currently are in their goals and dreams for themselves and their child. While it is not standard practice across all Military Services to use the *FNS* as a repeat measure, it is standard practice in at least one Service.

The *PFS:SF* is designed as a pre-post measure. These measures can be used at 6-month intervals or, if a family closes participation, as closure measures.



Part 3 How to Use Take Root Home Visitation

In Summary

TRHV recommends certain actions for home visitors to engage with parents and build strong home visitor-parent alliances. There are four integrated forms that support the home visitor in making the most of the TRHV curriculum, and they define the planning, preparation, implementation, and reporting cycle: the *Intake/Update Form*, the *Parent Information Form*, the *Visit Planning Form*, and the *Visit Reporting Form*. Information on each form provides guidance to the home visitor while allowing the curriculum to be tailored to each family receiving services.

In the next section of this manual, a practical example demonstrates how to pull the information gathered through the *FNS*, *PFS*, and *Parent Information Form* into a meaningful assessment-preparation-reporting loop for the first visit with a planned topic. TRHV is designed to give you, the home visitor, an array of strong options for selecting *Moments* that attend to the strengths and needs of each family while creating conversations that build trust, engagement, and knowledge.



Introduction

Sean and Marquita Miller are interested in participating in the New Parent Support Program (NPSP) to see what home visitation may have to offer. They have a 1-month-old son, Samuel, who currently has his days and nights mixed up. As is the case for many new parents, sleep is fleeting for Sean and Marquita. As you will learn, they also have some strengths and challenges in their own life experiences.

In this section, you will:

- Apply the steps of a home visit that you learned about in Part 3 to this young, first-time parent family.
- Practice using the TRHV *Intake, Planning, and Reporting* forms.



Part 4 Let's Practice!

Step 1: Intake Sessions

To record your initial sense of who this family is and to identify Sean and Marquita's hopes for their life together with Samuel, you will use

- the *Family Needs Screener (FNS)*,
- the *Protective Factors Survey: Short Form (PFS:SF)* and
- *Parent Information Form*.

Each form is filled out to demonstrate how a beginning case file should be built in order to use TRHV most effectively. Put yourself into the shoes of the Home Visitor (HV) who is making contact with and getting to know Marquita and Sean and baby Samuel:

HV: I received a recently completed *FNS* from my Supervisor.

This is the first contact with this potential client. Marquita and Sean attended a *Meet and Greet* for new and expecting parents at a Child Development Center on their installation. The NPSP personnel offered the *FNS* to all attendees, and Marquita completed the form at the session.

HV: I make phone contact with Marquita and set up a time to come to their home to follow up. My impression from the call is that there is definite interest. I think I can hear her talking to another adult in the background, possibly her husband Sean, checking that a home visit is OK and that the time we have decided on works.

HV (post-visit reflection): I arrived at the Miller's home, and Marquita and the baby, Samuel, greeted me at the door. The home is small, clean, and Marquita and the baby look well. She had just finished burping him as I arrived. Marquita seems open but hesitant. Sean came home near the end of our visit, and I was able to talk with him too. I gave Marquita information about NPSP services, including the home visitation program, and made sure to invite her to ask questions and learn more about us. I went over her *FNS* with her to

see how things might be the same or different from when it was completed. Marquita completed the *PFS:SF* at this visit, and I explained I would come back with it scored at the next visit. I left a copy of the *Parent Information Form* with Marquita and Sean, so they could complete it for the next visit. Here are some additional pieces of information I learned about the Millers at this visit:

Family Background:

Sean and Marquita met at Sean's first duty station and have been married almost 2 years. They recently PCS'ed to this duty station. Sean is an E-3 Diesel Mechanic. The Millers have been here for just 2 months and didn't have an opportunity to meet new people before Samuel was born.

Marquita comes from a large, extended Mexican American family who is now located several hours and states away. Marquita's mother was present for the week before and after Samuel was born but had to return home to her job. Marquita is the third of five children. She completed high school and has worked at least part-time since she was 16. She is fluent in English and Spanish.

Sean spoke about being a role model for his younger brothers, taking on the responsibility of the man of the house, and wanting to be a good father. He wondered whether this program could help him with this goal. Marquita shared later that Sean's father was a harsh and violent person to his children and ex-wife.

Post-Visit Actions: Marquita signed the consent for NPSP Home Visitation services, and we talked about the items that were checked as areas of interest. This process helped them write down a few goals and dreams on the *Parent Intake Form* for what they hope to gain from this program and what they want for their family.

A next visit is planned with some beginning information about local resources and the community.

Part 4 Let's Practice!

Take a Moment: Become Aware of Your First Impressions

Marquita's FNS provides your first impression of Marquita and the Miller family. What does her FNS tell you as a home visitor?

Hold these impressions gently and see how they may shift as you work through the TRHV process.

Intake/Update Form For Family Service Plan

Family ID: Miller, Marquita Date: 2/20/15

Type of Program Planning: Initial Intake into Active Case Management			
<input checked="" type="checkbox"/> Parent Information for the Family Service Plan Date: _____ Initial: _____	<input type="checkbox"/> 6-Month Review Date: _____ Initial: _____	<input type="checkbox"/> 12-Month Review Date: _____ Initial: _____	<input type="checkbox"/> 18-Month Review Date: _____ Initial: _____
<input type="checkbox"/> 24-Month Review Date: _____ Initial: _____	<input type="checkbox"/> 30-Month Review Date: _____ Initial: _____	<input type="checkbox"/> 36-Month Review Date: _____ Initial: _____	<input type="checkbox"/> Closure Date: _____ Initial: _____

Family Needs Screener (FNS) scores:	
Date Completed	<u>2/20/15</u>
Demographics	<u>0</u>
Stress	<u>1</u>
Relationship Discord	<u>1</u>
Support	<u>9</u>
Substance Abuse	<u>1</u>
Violence Approval	<u>2</u>
Total Needs Score	<u>16</u>
Family of Origin Violence/ Neglect	<u>1</u>
Self-Esteem	<u>0</u>
Depression	<u>0</u>
Prior Family Violence	<u>1</u>
Number of High-Needs Qualifiers	<u>1</u>

Protective Factors Survey (PFS) Scores:	Date Completed	Family Functioning/ Resiliency	Social Support	Concrete Support	Nurturing and Attachment
	<u>2/28/15</u>	<u>4.2 yellow</u>	<u>3.3 red</u>	<u>3.0 red</u>	<u>5.75 green</u>

From the information above, identify this family's reported STRENGTHS and ABSENCE OF RISK:	
1. FNS Areas with Absence or Low Identified Risk (scores of 0, maybe 1):	<u>Demographics, Self-Esteem, Depression</u>
2. PFS Areas with High Level of Protection (scores of 5-7):	<u>Nurturing & Attachment</u>

From the information above, identify this family's reported RISKS and POTENTIAL FOR INCREASED RESILIENCE:	
1. FNS Areas with Identified Risk (scores of 1 or High-Need Qualifier):	<u>Prior Family Violence (HNQ), Support, Substance Violence Approval, Stress, Relationship, Family Functioning</u>
2. PFS Areas with Neutral or Low Levels of Protection (scores of 0-4):	<u>Social Support, Concrete Support, Family Functioning</u>

Example: Marquita's FNS Scoresheet.

Part 4 Let's Practice!

Try It Out: Use the Intake/Update Form below to start filling in FNS data for the Miller family.

Intake/Update Form
For Family Service Plan

Family ID:
Date:

Type of Program Planning: Initial Intake into Active Case Management

☐ Parent Information for the Family Service Plan
Date: Initial:

☒ 6-Month Review
Date: Initial:

☐ 12-Month Review
Date: Initial:

☐ 24-Month Review
Date: Initial:

☐ 30-Month Review
Date: Initial:

☐ 36-Month Review
Date: Initial:

Family Needs Screener (FNS) scores:

Date Completed		Total Needs Score
Demographics		Family of Origin Violence/ Neglect
Stress		Self-Esteem
Relationship Discord		Depression
Support		Prior Family Violence
Substance Abuse		Number of High-Needs Qualifiers
Violence Approval		

Protective Factors Survey (PFS) Scores:	Date Completed	Family Functioning/ Resiliency	Social Support	Concrete Support	Nurturing and Attachment

From the information above, identify this family's reported STRENGTHS and ABSENCE OF RISK:

1. FNS Areas with Absence or Low Identified Risk (scores of 0, maybe 1):

2. PFS Areas with High Level of Protection (scores of 5-7):

From the information above, identify this family's reported RISKS and POTENTIAL FOR INCREASED RESILIENCE:

1. FNS Areas with Identified Risk (scores of 1 or High-Need Qualifier):

2. PFS Areas with Neutral or Low Levels of Protection (scores of 0-4):

Step 2: Screener Analyses and Follow-Up Visit

HV follow-up Visit Reflection: I returned a week later to the Miller home. Sean was at work. Marquita welcomed me. Baby Samuel stayed sound asleep in a bassinet in the living room. The home is clean, and Marquita looks tired but otherwise appropriate. We eased into conversation about how things are going, and I shared information about the WIC program and how to get to both of the Cumberland County WIC offices. Marquita shared what kind of transportation she has access to and that she has made a few connections with other moms in the Corregidor Courts neighborhood.



I went over the *PFS:SF* with Marquita, shared her scores, and let her reflect on what she feels they represent and how well they reflect her current thoughts. I shared what her answers from the *FNS* and *PFS:SF* are telling me about ways I can support her and her family. Marquita shares the *Parent Information Form* she and Sean completed. Here are some highlights from this visit's conversation:

Marquita is starting to feel lonely and overwhelmed. She is feeling guilty that she isn't contributing to the increased bills for all the supplies and equipment needed by a family with a new baby (e.g., crib, diapers, wipes). It seems that Sean tries to reassure her that caring for their child is contributing so much more to their lives. She is used to working, so this is part of a big set of life changes for the family. The Millers currently have one car, with no plans to purchase another one.


The Millers are thrilled to be parents, but they are nervous. They are also exhausted because Samuel currently "has his days and nights mixed up" and nurses every 2.5 hours. Both Marquita and Sean feel they know a lot about children as they helped with their siblings but are finding it difficult to accomplish daily living tasks like shopping and meal preparation and scheduling and traveling to well-baby visits. Sean used his authorized 10-day Paternity Leave after Marquita's mother returned home 1 week after Samuel was born.

You have your first picture of this family now that all the intake information is complete, and first conversations to get to know each other are underway. Review your notes and, at the same time, be open to see that this first picture may change over time as you move forward to plan specific topics that meet the Miller family where they are and help them grow their capacity for being a healthy and resilient family.

Part 4 Let's Practice!

Try It Out: Complete Page 1 of the Intake/Update Form for Marquita.

- A** First, add the summary scores from the *PFS:SF* directly below the *FNS* scores.
- B** Next, use your "strengths lens" to identify which scores on the *FNS* and *PFS:SF* indicate areas of strength and absence of risk.
- C** Then, complete the questions that indicate either risk or need for increased support.



Intake/Update Form For Family Service Plan

Family ID: _____

Date: _____

Type of Program Planning: Initial Intake into Active Case Management

<input type="checkbox"/> Parent Information for the Family Service Plan <small>Date: _____ Initial: _____</small>	<input type="checkbox"/> 6-Month Review <small>Date: _____ Initial: _____</small>	<input type="checkbox"/> 12-Month Review <small>Date: _____ Initial: _____</small>	<input type="checkbox"/> 18-Month Review <small>Date: _____ Initial: _____</small>
<input type="checkbox"/> 24-Month Review <small>Date: _____ Initial: _____</small>	<input type="checkbox"/> 30-Month Review <small>Date: _____ Initial: _____</small>	<input type="checkbox"/> 36-Month Review <small>Date: _____ Initial: _____</small>	<input type="checkbox"/> Closure <small>Date: _____ Initial: _____</small>

Family Needs Screener (FNS) scores:

Date Completed		Total Needs Score
Demographics		Family of Origin Violence/ Neglect
Stress		Self-Esteem
Relationship Discord		Depression
Support		Prior Family Violence
Substance Abuse		Number of High-Needs Qualifiers
Violence Approval		

Protective Factors Survey (PFS) Scores:

Protective Factors Survey (PFS) Scores:	Date Completed	Family Functioning/ Resiliency	Social Support	Concrete Support	Nurturing and Attachment

From the information above, identify this family's reported STRENGTHS and ABSENCE OF RISK:

1. FNS Areas with Absence or Low Identified Risk (scores of 0, maybe 1):	
2. PFS Areas with High Level of Protection (scores of 5-7):	

From the information above, identify this family's reported RISKS and POTENTIAL FOR INCREASED RESILIENCE:

1. FNS Areas with Identified Risk (scores of 1 or High-Need Qualifier):	
2. PFS Areas with Neutral or Low Levels of Protection (scores of 0-4):	

Part 4 Let's Practice!

Try It Out: Complete page 2 of the Intake/Update Form to link the scores and observations to the 5 Protective Factors.

Which *Protective Factors* are strengths?

Which *Protective Factors* are challenges?

Are there *Protective Factors* that are not yet clear?
If so, which one(s)?

Intake/Update Form For Family Service Plan

Link this family's strengths and challenges to the 5 Protective Factors:

	Strengths <i>FNS or PFS scores suggest parent(s)</i>	Challenges <i>FNS or PFS scores suggest parent(s)</i>
Social Connections	(e.g., ...has people she can count on for help and to talk to.)	(e.g., ... currently does not feel she has anyone who supports her or could help if needed.)
Concrete Supports of Families	(e.g., ...is able to meet the family's basic needs and knows community resources for help.)	(e.g., ...currently does not feel able to meet the family's basic needs or does not know community resources for help.)
Parental Resilience	(e.g., ...intimate relationship is supportive and they are able to problem solve in healthy ways where there are conflicts.)	(e.g., ...intimate relationship currently is not supportive or they are not able to resolve conflicts in healthy ways.)
Knowledge of Parenting and Child Development	(e.g., ...has knowledge of positive parenting practices or understanding of their young child's needs and abilities.)	(e.g., ...needs support to gain knowledge of positive parenting practices or understanding of their young child's needs and abilities.)
Social and Emotional Competence of Children	(e.g., ...has understanding of how his actions as a parent can promote his child's social and emotional skills.)	(e.g., ...needs support to gain understanding of how his actions as a parent can promote his child's social and emotional skills.)

Notes:

Part 4 Let's Practice!

Step 3: Selection of Everyday Moment or Special Focus Moment

Remember, the *Planning and Reporting Forms* should be used for each visit with a family. These forms guide selection of relevant topics and their associated resources for you and the parents and help you report on how well the planned topic worked and other important information from the visit.

It is important to note that there is not a right or wrong in selecting a *Moment*. The decision of what *Moment* to focus on during a home visit is dependent upon your knowledge of a family, the family's expressed needs and interests, and your skills and insights grounded in your experience as a home visitor.




Try It Out: Review the list of Everyday Moment Topics and their associated Protective Factors.

Based on the information you have about the Miller family, which topic(s) are most relevant for the first planned-topic visit?





Which topic would you choose and why?

Everyday Moments and the Protective Factors






Everyday Moments: Daily Care and Living Routines

TOPICS	Protective Factors
Sleeping	 Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competency of Children
Nutrition and Feeding	
Diapering and Toileting	
Bathing and Dressing	






Everyday Moments: Young Children's Play and Exploration

TOPICS	Protective Factors
Exploring and Learning about the World	 Concrete Supports of Families  Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competency of Children
Building Trusting Relationships	
Nurturing Guidance and Discipline	

Everyday Moments: Parenting Life

TOPICS	Protective Factors
Co-Parenting and Sharing Care	 Social Connections  Concrete Supports of Families  Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competence of Children
Parental Self-Care	

Special Focus Moments: Military Family Life

TOPICS	Protective Factors
Parental Absence in Military Life	 Social Connections  Concrete Supports of Families  Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competence of Children
Parenting After Injury	

Steps 4a and 4b: Lesson Preparation and Implementation

Now, it is time to prepare for a visit using your chosen *Everyday or Special Focus Moment* topic. The next two *Try It Out* activities are designed to help you move from choosing an overall *Moment* topic to identifying the details of specific content you want to share in a single visit.

Each *Moment* has multiple learning opportunities for families. You might spend several visits covering the aspects that are most relevant to the family. Or, you might move to a different *Moment* after one conversation about a topic, depending on the family's interests and needs.

Everyday Moment chapters provide background information to inform your conversations with families, and you can select specific information from within the overall *Moment* to tailor the content to each family. The *Moment* chapters identify additional resources and recommended activities.

In addition, you will find a collection of *Family Pages* to support your conversations. *Family Pages* are designed to be given to the family and build their unique *Family Book* based on your work together.

The *Visit Planning Form* is a step-by-step guide for you to use as you make decisions for topic focus and related materials and activities you will share with the family.

Try It Out: Explore your chosen Everyday or Special Focus Moment chapter and its Family Pages. Turn to the Moment chapter you chose and review.

What information is particularly relevant to the Miller family?
(Think about this single visit.)

Which *Family Page* would you select to complement your conversation for this visit?



take root
home visitation

Part 4 Let's Practice!

Try It Out: Use the following blank Visit Planning Form to write out a first draft of a visit with your planned topic.

As you work through each section of the *Visit Planning Form*, consider the following:

- A** What *Protective Factors* do you want to address at this visit based on the information on the *Parent Intake Form*?
- B** What topics/concerns/plans that were discussed in the last visit do you want to touch base about at this visit?
<Refer to list of *Moment Topics* on page 38>
- C** What *Everyday Moment* Topic are you choosing for the upcoming visit?
- D** Which *Family Page* and additional resources do you need to assemble for this visit?

(cont. on next page)



take root
home visitation

Visit Planning Form

Family ID:		Visit Date:	
------------	--	-------------	--

- | Protective Factors Focus (refer to current intake/update form): | |
|--|---|
| <input type="checkbox"/> Social Connections | <input type="checkbox"/> Parental Resilience |
| <input type="checkbox"/> Concrete Supports | <input type="checkbox"/> Knowledge of Parenting and Child Development |
| <input type="checkbox"/> Social and Emotional Competence of Children | |

Touching Base About Last Visit:	
Topics/Concerns/Plans	

Everyday Moment Topic:	Accompanying Handouts:
eg. Safe Sleep/Sleep Routines	(Resource/Safety Sheets; Family Pages)

Part 4 Let's Practice!

Try It Out (cont.): Use the following blank Visit Planning Form to write out a first draft of a visit with your planned topic.

As you work through each section of the *Visit Planning Form*, consider the following:

- E** Remember to create opportunities for parents to share what they know and how they care for their child!
- F** What is one or more parent-child activity you can share?
Does it support the *Moment* topic?

Using your *Visit Planning Form*, review the Steps of a Home Visit at the beginning of Section 3. Notice how the *Visit Planning Form* supports the different elements of the actual home visit.

E

What parent wants to share with or show to me (HV):

eg. Mom wants me to see the bassinet setup or show what clothing she puts on the baby for him or her.

F

Parent/Child Activity:

eg. Learning a lullaby, choosing a book and practicing storytelling, calming routines and behaviors.

Step 4c: Post-Visit Documentation and Planning

The *Visit Reporting Form* should be completed after each home visit. As mentioned in the previous section of the manual, this form enables you reflect on what actually happened in the visit and provides initial direction for next steps with a family.


The following example illustrates how this form can be used for a visit, with the Millers, that goes according to plan.

Take a Moment: Sometimes Things Don't Always Go as Anticipated

Have you ever arrived to a visit and had to change what you planned to do? What changed and how did you adapt to the needs of the family at that visit?

What is an example of how you might need to change your plans when you arrive at the Miller family home?

Look at the *Visit Reporting Form*. Think about how you can use it to document those changes and make plans for the next visit.


Visit Reporting Form

Family ID: Miller, Marquita Visit Date: 3/12/15

Protective Factors Addressed During Visit:

<input type="checkbox"/> Social Connections	<input checked="" type="checkbox"/> Parental Resilience
<input type="checkbox"/> Concrete Supports	<input checked="" type="checkbox"/> Knowledge of Parenting and/or Child Development
<input type="checkbox"/> Social and Emotional Competence of Children	

Topic:
Planned: Sleep - share information, soothing, identify what works for each person

Completed	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Handout:
Planned: What is your child's sleep pattern
0 - 4 months: learning dif Day/Night
Focus on You! Sleep

Completed	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Any additional time spent on an item? Please explain.
Marquita showed me where Samuel sleeps - bassinet in parent's Bedroom
- Areas where she cares for him during night when he is awake - Living Room, mostly, so Sean can sleep
- talked about keeping lights low at night and how comfortable she is setting up routines for awake and asleep
- She shared a lullaby she sings so Samuel hears Spanish, connect to family "Los Pollitos dicen" "The Chickens Say"

Amount of Visit Spent On:	Planned topic and activities	Back-up topic and activities	Addressing immediate needs (*not crisis)	Additional resource sharing	Crisis management for safety, food, shelter	Assessment or paperwork with parent	Assessment of child
Cannot exceed 100% total across categories	90	0	5	0	0	0	5

Example: Completed Visit Reporting Form after a visit with the Millers, Page 1.

Part 4 Let's Practice!

Visit Reporting Form

Reflection on resilience/strengths seen in parent:

- Very connected w/ baby
- Sean not present, but has asked to receive handouts; Marquita thought both family pages would interest Sean
- Marquita speaks positively about relationship and parenting

Reflection on notes of concerns for parent/family:

- 1 car family makes it difficult for her to get out beyond neighborhood
- Not enrolled in WIC - interested but cautious, may be wary of some services
- Social isolation has many pieces - new to area
 - not working
 - transportation
 - sleep challenges

Example: Completed Visit Reporting Form after a visit with the Millers, Page 2.

Visit Reporting Form

Follow-up Action Items:

External to HV Visit Planning:	Completed:	Date Completed:	Internal to HV Visit Planning:	Completed:	Date Completed:
Follow up with supervisor/colleague	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Follow up call with parent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Start a mandated reporting query	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Plan next visit sooner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Make a referral	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Gather resources to share WIC transportation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Engage crisis management team	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Select curriculum for next visit to start addressing issue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3/15/15
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Items to revisit at next visit:

Topics/Concerns/Plans

continue w/ Sleep and bring FP info on self-care

Example: Completed Visit Reporting Form after a visit with the Millers, Page 3.

Routinizing Steps 3 through 4c:

As you begin to implement this curriculum, take time to practice using the different elements of TRHV with your colleagues.

The connections between the forms and curriculum materials will become clearer and more seamless as you integrate your knowledge of the *Protective Factors* and strengths-based practice. In turn, this practice will strengthen your skills in selecting appropriate *Everyday* or *Special Focus Moments* that meet the goals of your visits with the families you serve.

Step 5: Repeat Assessments

Families may stay active in a home visitation program for just a few months, several months, or leave as a child ages out of the program only to return when a new infant comes into the family.

This variability in program participation can make it difficult to determine if and how a program can create change for families.

- TRHV strongly recommends repeat assessments for the *FNS* and the *PFS:SF* and an update of the *Parent Information Form* every 6 months while continuing participation.
- When a family closes participation, these assessments should be used as part of the closure process whenever possible.



Part 4 Let's Practice!

In Summary

A primary purpose of TRHV is to provide a strong, research-informed framework for home visitors to develop consistent planning, implementation, and reporting routines. TRHV provides support to guide home visitors' decisions of how best to work with a parent's strengths and address challenges while also providing the ability to help form a strong parent-home visitor alliance.

Because it is you and your decisions that will bring this curriculum to life during a home visit, the final section of this introductory material comes back to where we began: to you. Part 5 focuses on *Taking Care of You*.



Introduction

Foundations of Take Root Home Visitation Curriculum began by focusing on you and how what you decide to say and do matters to the families you serve. In closing, it comes full circle back to you. Why? You, as a professional and as a human being, are central to the effectiveness of your work for and with families.

Being an effective home visitor requires you to be aware of how your work impacts you and that you must take care of yourself. It is to be expected that, in caring so deeply about and working with families at risk for trauma, home visitors and other professionals can find themselves feeling vulnerable, helpless, and stressed. Sometimes known as compassion stress, this is a natural reaction of experiencing another person's suffering and wanting to relieve it.

Paying attention to how you are feeling and responding to your own needs will help assure that you can make the best decisions possible for the families you work with and, at the same time, focus on and enjoy life with your own family and friends.

The Center for the Study of Social Policy suggests that a powerful strategy for self-care is integrating the *Protective Factors* discussed earlier into your own life. On the next page, we offer some examples of self-care ideas. We invite you to use these suggestions as starting points in conversations with your spouse, partner, older children, and colleagues to develop additional ideas.

Take a Moment: Your Self-Care Practice.

How often do you focus on taking care of yourself?

What do you do for your self-care?

How might you make this an integral part of your professional practice?



Social Connections

When you and family, friends, and others in your school, work, and child care communities can count on each other, life is easier and more enjoyable. Giving and receiving support makes everyone stronger.

You give support every day to the families you serve, colleagues, and your family and friends. Here are some ways you can ensure you receive the support you need to take root and thrive at work or at home:

- Make a point of spending time with family and friends playing, relaxing, or just having an interesting conversation.
- Foster supportive relationships with a colleague(s). Whether during one-on-one conversations or team meetings, it is good to know you can count on someone.
- Reach out to colleagues when you experience the inevitable bumps in your work with families of infants and toddlers.



Concrete Supports

Every person and every family need help sometimes. Learning who can help you meet your family's needs and where to go for support makes you stronger in good and challenging times:

- Think about who you can call to help you in different situations: pet sit when you are away, care for your sick child who has to stay home from school and you have to be at work, pick up your child from school when you have to work late, or give you a ride if your car breaks down. It is comforting to know someone is there.
- Make note of community resources that are available for you and your family, friends, and neighbors. Many resources may be the same as those you share with families you serve. Issues around health, housing, food, substance abuse, and violence can arise for all of us. Knowing there is somewhere to turn is a first step in moving forward.
- Prepare ahead for the unexpected. Develop a family emergency kit and contact plan about where to meet and/or how to reach each other in case of a natural or other emergency. Put aside funds to get you through the unwelcome surprise of a car repair, illness, or period of unemployment.



Personal Resilience

You must nurture yourself to be able to handle difficult times in positive ways. Here are some suggestions on how to do this:

- Make some time for yourself regularly. Do something you enjoy and that replenishes the energy you use focusing on the needs of others. Choose something that makes you happy, makes you feel challenged and engaged, and allows you to take your mind off of others at work and home and just focus on you.
- Be kind to yourself. Have realistic expectations for yourself. No one knows it all. No one is perfect. Just as you do with others, pay attention to your steps forward as you extend your learning and skills.
- Pause and remind yourself of the ripples of positive change you create—at work and at home. Whether you have made someone smile or encouraged someone to take a risk and try something new, what you say and do matters and makes a difference.



Knowledge of Parenting and Child Development

Learning how young children grow and learn will help you respond to their changing needs and abilities with sensitivity and care. By building a positive, trusting relationship, you prepare children for a life of learning and engaging with others. You do this when you do the following:

- Ask yourself, “What is (child’s name) feeling and thinking?” to help you see a situation from a child’s perspective. This can be especially helpful when the going gets rough, whether it is your child or the child of a family you serve.
- Remember that parenting is an ongoing, lifelong journey, and no one has all the answers. This idea can help keep things in perspective as a professional and is a valuable point to share with parents.
- Appreciate the wonder that each child is a unique individual. Children have their own ways of being in the world and unique blends of strengths, interests, and needs.



Social and Emotional Competency of Children

When you have positive interactions, you help young children learn to manage their behavior, communicate their feelings, and get along with others in their family and community. You do this when you do the following:

- Model how to disagree, problem-solve, and work together respectfully with another person. This helps children begin to learn that people can get along even when they have different ideas and opinions.
- Acknowledge and respect children’s strong and deep feelings, then think together about ways to express these feelings. This shows children that their feelings are legitimate whatever they may be and helps them learn to express their feelings in acceptable, effective ways.
- Give children words for how to handle the unexpected and unwelcome situations, such as a friend’s mother offering a snack they do not like or deciding not to join friends in a soccer game because it looks too rough. In doing so, you give children the tools they need to express themselves and, at the same time, remain connected to others.

By taking care of yourself, you can be your best self. While your family members and colleagues will benefit from your self-care, you will gain the most because you will be present to experience, to enjoy, to struggle, to discover, to learn, and to grow in life at home and at work.

Part 5 Taking Care of You

In Summary

This guide encourages you to consider that you – as a professional and human being – are key to being an effective home visitor. You matter. What you decide to say and do matters. It is you who brings this curriculum, or any home visitation program, to life and encourages families to engage in learning and growing with you as their partner.

Let's briefly recap the content that has been covered in Parts 1-5 of this manual:

Part 1:

Foundations of Take Root Home Visitation Curriculum focused on you as a decision-maker. This curriculum centered on considering the extraordinary learning opportunities in the ordinary daily moments of a family's life, seeing families through a strengths-based lens, and helping you work with the parents as partners. It also provided you with the theory and practice foundations of TRHV.

Part 2:

How Principles of Trauma-Informed Care Enhance Your Collaboration afforded you the opportunity to explore the seven principles of *TICP* and to examine how they are intentionally woven throughout TRHV to support your effectiveness.

These principles can help create a work environment in which you and colleagues are safe and can be honest and open about coping with the stressors that are an inherent part of your work. *TICP* also creates opportunities for parents and other family members to rebuild the sense of control and empowerment that is key to creating trusting, responsive relationships babies and toddlers need to thrive and to make the best possible parenting decisions during *Everyday* and *Special Focus Moments*.

Part 3:

How to Use Take Root Home Visitation walked you through the steps of a home visit, which included getting to know families through the use of the Family Needs Screener and the *Protective Factors* Screener and gathering documentation for planning a visit, including choosing an *Everyday* or *Special Focus Moment*, and after visit documentation. It also included tips for using the icons as a short cut to identify the content you need.

Part 4

Let's Practice! applied the steps and forms of this curriculum with the Miller family.

Part 5

Taking Care of You circled back directly to you. This chapter explored how you can nurture and fuel yourself in your life at work and at home by integrating the *Protective Factors* into your life and practice.

We now invite you to use TRHV—to make it yours and use it to support the families you work with and yourself.



Everyday Moments Daily Care and Living Routines

Daily care and living routines are fascinating learning opportunities for babies, toddlers, and twos. They are filled with interesting things to see, touch, taste, hear, and do. Children under three are just beginning to shape their first pictures of themselves, other people, and the world around them. They are learning about who they are, their bodies, and their feelings. They are learning how to communicate with others and what to expect from people. They are learning about things around them—their colors, sizes, and shapes and how to use them.

From the perspective of young children, these daily events are predictable, so they can learn what to expect and gain a sense of competence. At the same time, there are enough differences that a child's interest and curiosity are sustained.

In this section, you will find Chapters and *Family Pages* that will support you in conversations with families as you discuss how to assure these routines are carried out in ways that meet children's developmental needs and, at the same time, match a child's personal way of being, preferences, and personality:

Sleep

The topic of sleep is important to every parent. Parents want to make sure their little one is getting the rest he or she needs. In addition, they hope that before long they will be able to get some sleep of their own! This chapter begins with helping a new baby learn the difference between night and day and continues through making bedtime work for 2- and early 3-year-old children who often need a glass of water and one more hug and kiss soon after the lights go out.

Nutrition and Feeding

Everybody eats; everyone needs a healthy diet in order to feel well, develop properly, and have the energy to accomplish tasks and goals. Yet, eating is also about emotions, family culture, traditions, and beliefs. This chapter looks at the nutrition needs of children's safe eating from breast and bottle feeding to restaurant meals with a 2- to 3-year-old dining companion.

Diapering and Toileting

Toilet learning is one of the most discussed and anticipated milestones of early childhood. Yet, using diapers can last for 3 or 4 years. While, of course, there are times adults want and need to hurry through a diaper change, diapering and toilet learning are, in fact, wonderful opportunities to teach children about their bodies and that what their bodies produce is natural and healthy, and to help children develop the body awareness and control they will need to be a successful toilet-user.

Bathing and Dressing

Initially, it seems as if adults are doing all the work when it comes to bathing and dressing. Look carefully and you will see that even the youngest infants who close their eyes when you pull a shirt over their heads are partnering in their first steps to doing these daily tasks independently. Bathing and dressing are chances to deepen your relationship as you work as partners and learn more about each other.

Everyday Moments

Sleep



Main Elements

Content Areas

- Teaching About Sleep: *Protective Factors and Trauma-Informed Principles*
- The Science: Infant Development, Brain Development, Sleep Patterns, Self-Soothing, Sleep Regression, Sleep Consolidation
- Why it Matters to Families: Different Sleep Patterns, Soothing Strategies, Developing Routines, Reading Your Infant's Body Cues
- Home Visit Activities and *Family Pages*
- Important Safety Supports and Knowledge: Safe Sleep and SIDS (handouts, sleeping space tours or reviews)

Teaching About Sleep: Protective Factors and Trauma-Informed Principles

The topic of sleep is near and dear to every parent's heart. Parents want to make sure their little ones are getting the rest they need. Parents worry and watch over their sleeping child. Parents also often desperately miss the days of being able to set and regulate their own sleep and wonder if their new family member is ever going to figure out a sleep pattern that works with the family system.

Sleep is a common challenge to young and new families. Being able to help a very young child learn to regulate sleep and awake time is critical for all areas of development. It is also important for parents as they must handle disrupted sleep and loss of sleep in their own daily lives while continuing to care for their child, themselves, and meet commitments to their work and community. Working with a family to create or improve sleep patterns and routines is beneficial for everyone.

Identifying and practicing healthy strategies for meeting a child's sleep needs contribute to parental resilience and build trust in the parent-child relationship. Understanding children's current developmental abilities, which will affect sleep and awake patterns, means that parents can use that information to respond with care and sensitivity.



Everyday Moments Sleep



Having a parent who can meet an infant or toddler's needs consistently and appropriately fosters positive social and emotional development. With regard to sleep routines, young children who learn to regulate sleep and self-soothe within a supportive caregiving relationship are building a strong foundation for social and emotional skills they will use throughout their lives.

This chapter helps to address the following *Protective Factors*:



Parental Resilience



Knowledge of Parenting and Child Development



Social and Emotional Competence of Children

Teaching about *Sleep* offers opportunities to model the following *Trauma-Informed Principles* in the parent-child relationship:



Safety– When families create and use calming routines and behaviors around sleep, young children will begin to understand that life has predictable patterns that they can rely on and caregivers who are consistent.



Trustworthiness & Transparency– Parents who learn to use sleep and wake routines consistently are modeling that they are people whom their child can trust for support when needed. By talking to their child about the bedtime routine, parents acknowledge their child's desires, emotions, and physical states.



Peer Support and Mutual Self-Help– Providing information about child development, concrete strategies, and lessons learned around child sleep and waking routines can give parents

hope and empowerment. It gives drained parents the resources to support their child's development and react with sensitivity. It also gives you the opportunity to gain knowledge about the family's routines and opportunities for empathetic support and reassurance.



Collaboration and Mutuality– Routines can become more interactive as the child matures and develops. Singing songs together and doing bedtime/wake time routines, like chants and body motions, involve the child in the activity.



Empowerment, Voice, & Choice– Parents can give their young child empowerment, voice, and choices by offering a variety of acceptable options. For example, their child can choose which book to read for bedtime or which song to hear or sing.



Cultural, Historical, and Gender Issues– There are many options for including the family's culture into conversations. For example, you can ask parents about important traditions, songs, and stories they may want to pass along to their child or how parents may want to change traditions to better fit their family. Maybe there are strong gender ideas about who does bedtime and waking care.

There may also be some unresolved feelings about these times for parents who have experienced violence or neglect in their childhoods. These feelings or unnamed sensations may be impacting their current parenting. How can you open a door for a supportive conversation if you suspect some lingering trauma?



The Science: Understanding Infant Development and Sleep

Infants and toddlers need sleep. Parents do too! But why? And what does sleep look like for our 0-3 population? How varied are sleep patterns? What is *normal*?

Sleep is considered two of six different states of arousal (*active alert*, *quiet alert*, *crying*, *drowsiness*, *active sleep* [REM sleep], and *quiet sleep* [non-REM sleep]) for an infant. *Quiet sleep* behaviors are indicated by regular breathing, closed eyes that do not move, and the baby is mostly still. In *active sleep*, the infant's muscles are more tense, there are more spontaneous movements, eyes may be still or move in rapid eye movements (REM), and breathing can be irregular. These two sleep states are present by 32-weeks' gestation and continue throughout a person's lifetime.

These two sleep states are important for this phase of life (0-3 years old) when brain development is speeding along at the fastest rate of the entire lifespan. The *quiet sleep* state is a deep restful state when brain activity is also calm, while the *active sleep* state can be full of brain activity that includes dreaming (including night terrors, a common early childhood experience) and sleepwalking. Quality sleep is one of the three pillars of healthy brain development. The three pillars are sleep, nutrition, and supportive and safe caregiving and physical environments. The infant's brain is working hard to do the following:

- Set up all the basic infrastructure to process, connect, and make sense of sensory input,
- Develop pathways to build and control body movements and functions, and
- Build the basic working models of relationships through interacting with important people in life.



By better understanding infants' sleep needs, families can foster sleeping environments and routines that support healthy brain development. This will give young children a strong foundation for their entire lives. Understanding infants' sleep needs and patterns also helps caregivers become more aware of their own sleep patterns and needs – and maybe realize that each person in their family has different needs and patterns!

People most often think of sleep in terms of rest and rejuvenation, and those are certainly important aspects; however, parents may not realize just how hard their infant's brain is working while sleeping! During sleep, the brain rests and also takes note of what new or potentially important connections were activated during the infant's waking periods. For example, an infant may be learning that the spoon pushed off the high chair tray still exists even though it is out of sight.



Everyday Moments Sleep



During sleep, the brain recognizes new connections and prepares to send more energy to strengthen these connections when these experiences are repeated. In order for the brain to experience quality sleep and be able to grow well, infants need to master some sleep skills, and parents and other important caregivers need to examine what they are doing to support a safe and calm sleeping environment.

Sleep Regulation

Getting to sleep and staying asleep; getting to awake and staying awake.

Young infants are trying to master all sorts of big things right after birth. Think about it – they’ve been attached to a maternal prenatal system that has been their main and backup regulation system for all living and thriving functions for 9 months, if they were full-term. Now, this new person has to sort things out with a support system that is no longer physically attached! Self-regulation of sleep is just one of these tasks.



Infants have to learn their own body’s cues to begin to self-soothe and regulate their sleep and awake states. Parents can help their infants develop body awareness and be an active partner in helping shape their infant’s experiences of and expectations for sleeping and waking. Sleeping and waking is a multiple-times-a-day activity in the first 12 months of life. The rhythms infants bring into the family system may or may not be similar to the adults and other family members. Being able to notice their patterns without judgment is a good start to supporting sleep and waking patterns that work for the whole family.

Sleep Consolidation

AKA Sleeping through the night! (and more commonly, building a 6-hour block of sleep).

In our faster paced, and often highly scheduled American family life, a solid night’s sleep is highly valued. Thus, one of the things many parents desire is a baby who sleeps through the night. Research indicates that this happens for the majority of infants between ages 1 and 4 months; this is when infant sleep patterns become more adult-like. When sleep consolidation does not happen and babies continue to wake through the night, this may create an extra sense of stress for other family members.

Being able to stay asleep is a skill that builds on an infant’s biological predispositions. For infants who are already more likely to sleep in longer stretches, learning to sleep through the night is not as much of a learning curve. For infants who typically sleep in shorter periods, it may take into their toddler and preschool years to develop the ability to sleep through the night on a consistent basis. Building supportive sleep and waking routines can help every infant and family system.



Sleep Regression

AKA–“She was doing so well and now her sleep pattern is all off–HELP!”

Sleep regression is simply when one’s sleep pattern significantly changes, which results in a loss of overall sleep time in a 24-hour period. It typically includes a loss of *consolidated sleep time*. This loss can create stress for the infant’s entire family system. Sleep regression is often viewed as a challenge to the young child’s developing sleep-regulation skills.

This is typically a short-term issue. Rapid growth and family stress are the two most common experiences associated with sleep regression. Here are three examples:

Rapid Growth, Example 1:

It is fairly common for infants, ages 3-4 months, to experience sleep regression. Parents may be feeling that they just figured out their infant’s sleep routine, and, then, everything changed! At about this time, infants’ brains are undergoing a major reorganization of which sections and pathways control reflex behaviors and voluntary motor control. Brain scans at this age indicate that the brain is especially active, which can make it difficult to reach and stay in a sleeping state.

Rapid Growth, Example 2:

It is also quite common for infants between 8-10 months to experience sleep regression. This is a typical time when an infant is developing significant locomotion skills, including crawling, pulling to stand, and early walking. Again, brain scans indicate that the infants are processing many things related to these motor skills – emotions related to their motor abilities (successes and failures), cognitions as they learn about their environment in new ways (e.g., sensory information about textures and safety of different floor surfaces, balance supports), and language (parents talking to their infant about their actions, offering words of caution and encouragement).

The brain is working to combine multiple pieces of information into what *crawling* or *walking* means in a larger sense to the infant. This means the brain is activated across many areas, and it can be difficult to regulate a consolidated sleep pattern.





Everyday Moments

Sleep



Family Stress, Example 3:

A military family with a young toddler may experience the stressors of deployment. The changes in routines and caregiving may be impacted by the Service member spending blocks of time away for training and preparation and then returning for a few weeks before deploying. The remaining parent is taking on both parenting roles in the daily family life, juggling work obligations, and potentially dealing with extra family and unit functions related to the deployment.

Young children are good barometers of stress in the family system, and one of the ways stress shows up is in disrupted sleep. A 20-month old who has been a consistent sleep-through-the-night baby with 1 short nap may suddenly need a late morning break and a longer afternoon nap again or an earlier bedtime than what was the family norm. When things calm down for the family, the child's sleep patterns will probably even out again.



Why Sleep Matters to Families

Every family member is affected by not getting enough sleep. Tired adults can be grumpy and short on patience and energy. Babies and toddlers often get fussy, more active than usual, and whiny. This is not a good combination.

When an infant's sleep pattern is significantly and consistently different from parents and other family members, it can create a sense of stress – even distress over time. If we can assess the family's expectations about their own and their infant's sleep, it can highlight opportunities for discussion and sharing information. Knowing more about sleep can help tired family members think and decide before reacting.

Why learning to fall asleep and stay asleep matters:

- Babies have to learn how to fall asleep and stay asleep.
- Self-soothing is a life skill that most babies are ready to begin learning between 4-7 months.
- Self-soothing/calming is a skill for school and life success, like learning to read and write. It takes some time and practice. It allows a child (adults, too) to pay attention (focus); to manage feelings; to be able to wait to take a turn on the playground; or to plan for a long-term goal, such saving one's allowance to buy a toy.



Through a Young Child's Eyes

Sleep

0-4 months	4-8 months	8-12 months
<p>I fall asleep anytime, anywhere.</p> <hr/> <p>I spend a lot of time in deep sleep, which is why it can be hard to wake me up – even to feed me.</p> <hr/> <p>The first 2 months or so, I don't know the difference between night and day. That's why our sleep times might be so different.</p> <hr/> <p>Chances are I may sleep a few hours at night, then wake up to be fed. Repeat. And take four to six shorter naps during the day.</p>	<p>You may think we are getting this nighttime sleep thing down. And then around 4 months, I start waking up during the night.</p> <hr/> <p>Like you, my sleep now goes in and out of light and deep sleep about every 1-2 hours. You know how to fall asleep at night and to fall back asleep in the middle of the night. I don't. Yet.</p> <hr/> <p>By the time I'm 6-7 months old, I may be down to two to three naps during the day.</p>	<p>At night, I might wake up and call for you. You are my most important person, and I don't want to be apart from you.</p> <hr/> <p>Also, I am learning to move and do things. The world is so exciting it can be hard for me to fall back asleep.</p> <hr/> <p>I might be your little night owl for months – calling you. It is normal and to be expected because I love you and need you so much.</p> <hr/> <p>I probably still take two naps a day, 1 to 2 hours each.</p>
12-18 months	18-24 months	24-36 months
<p>As I begin to walk, I want to be on the move. It can be hard for me to fall asleep. You may even see my legs moving when I am asleep.</p> <hr/> <p>I may still not want to say "goodbye" to you at night.</p> <hr/> <p>During this time, I may be ready to shift to one afternoon nap.</p>	<p>I want to be with you – just you. At night it can be hard for me to say "goodbye."</p> <hr/> <p>I may wake up many times. And, as my brain learns to shift into stages of sleep, I may have nightmares or night terrors (where I may cry, mumble, call out but do not wake up all the way.)</p> <hr/> <p>By now, I'm probably down to one nap a day.</p>	<p>Though I know how to fall asleep, I may want to be in charge and fight going to bed.</p> <hr/> <p>I may still be waking up often. It is because of how my brain shifts me from deep to light sleep so many times at night. Also, I may have nighttime fears – of monsters under my bed or the shadows on my wall.</p> <hr/> <p>By now I may be sleeping in a big bed.</p>



Boots on the Ground: Everyday Moment Conversations with Families

This section highlights content and skill-building strategies that you can choose from as you plan your home visits. For the *Everyday Moment* section of the visit, you will find a list of topics to choose from and explore in conversations with parents who are concerned about their child's sleep or their own. For each, you will find the associated *Protective Factors* and *Trauma-Informed Principles* addressed. *Family Pages* designed to support your conversations are listed next.

In addition, you will find suggestions of related one-on-one activities to choose from for the parent-child interaction portion of your time together.

There are many sleep-related topics to choose from as you plan a visit to a family to tailor the conversation to that family's specific needs and interests. You may find that you discuss one topic now and come back to discuss another in a month or two depending on how things are going.

Using the information from your parent's *Protective Factors*, you can guide your curriculum choices to tailor the home visit discussion and activities. Ideas are presented below with their associated icons to highlight how they correspond to meeting families where they are and building their resilience. These include the following:

Sleep for parents



Parental Resilience may be a visit focus if parents are trying to figure out how to meet their own sleep needs when their infant wakes up several times a night.

Teaching your baby the difference between night and day



Knowledge of Parenting and Child Development can help parents understand that it takes time for infants to learn a family's pattern of activity and rest.

Helping your child learn to fall asleep and fall back asleep after waking



Knowledge of Parenting and Child Development and



Social and Emotional Competence of Children can be supported when parents try and establish routines that help their child regulate his own sleep patterns, even when he wakes for a late-night feeding.

Giving your toddler and 2-year-old a sense of control



Social and Emotional Competence of Children is fostered as parents create opportunities for their child to be an active partner in her sleep routines, such as choosing a book to read together or which songs to listen to when the lights are dimmed.

Safe sleeping



Parental Resilience and



Knowledge of Parenting and Child Development can help parents feel confident in sharing their expectations for what their child's safe sleep practices should be, no matter who is caring for him or where he will sleep.



Family Pages

A series of *Family Pages* on *Sleep* have been created to support your conversations with families while you are visiting and to become a resource parents can refer to between visits. These include the following:

- Focus on You: Looking Back and Moving Ahead with Your Child
- Sleep from a Child's Point of View
- What is Your Child's Sleep Pattern?
- 0-4 months: Learning the Difference Between Night and Day
- 4-8 months: Learning to Fall Asleep and Fall Back Asleep
- 8-12 months: Helping Your On-the-Move Baby Slow Down to Sleep
- 12-18 months: Helping Your On-the-Move Toddler Slow Down, so She can Sleep
- 18-24 months: Helping Your On-the-Move Toddler Slow Down to Sleep

- 24-36 months: Making Bedtime Work for Your 2-year-old (and You)
- Safe Sleeping

Related One-on-One Activities

These are suggested activities to promote healthy sleep patterns for young children. There is a broad selection of one-on-one activities available in the Activity Card deck.

- Telling or reading a story
- Singing a song
- Baby/Toddler massage

Book suggestions:

- *Hush Little Polar Bear* by Jeff Mack
- *Goodnight Moon* by Margaret Wise Brown
- *A Lullaby of Summer Things* by Natalie Ziarnik
- *More More More, Said the Baby* by Vera Williams





Sleep





Focus on You: Looking Back and Moving Ahead with Your Child

We begin with you. Why? You are your child's first teacher about sleep. It may take time, but you will figure it out together.

Have these thoughts ever crossed your mind?

- I'm so tired I can hardly move.
- Can I give him back and take a nap?
- I love to watch the way his mouth puckers when he sleeps. If only he would sleep longer.
- Sometimes I feel so angry – even though I know he is just a little kid.
- It's only 7:00 am. I've fed him twice, changed his diaper twice, played peek-a-boo, and walked to the park. How are we going to make it through the rest of the day?
- Anything to add: _____

You are not alone. Knowing more about sleep – yours and your child's – can help you think and decide about what to say and do. Even when you are in need of some sleep yourself.



What do you remember about sleep from when you were little?

How you teach your child about sleep today is likely shaped by how your adult(s) taught you about sleep when you were little.



Take a Moment: Look Back at Sleep Time

Is there anything from sleep time in your childhood that you want to introduce your child to, such as a song or a story?

Is there anything you want to be different?



To Help You Sleep



Be screen-free 30 minutes before bedtime and in the middle of the night.

Sending photos of your little one or checking in with friends can wait until morning.



Watch what and when you drink and eat and when you smoke.

- Try not to drink water for 2 hours before bed.
- Caffeine and nicotine keep you awake, so finish that coffee or soda 4 hours before bedtime. Now you have another reason to stop smoking.
- Alcohol may make you sleepy at first, but it often wakes you up later.
- Keep after-dinner snacks light and healthy. Finish any munching an hour before bed.



Make your sleeping space dark, quiet, and cool.



Take notes to quiet your mind.

Write down thoughts, worries, important things you have to do tomorrow. Then let them go. They'll be there in the morning.



Lie down – even if you can't sleep.

It will give your body some rest.



Another idea to try?



What about when you are so tired you can't believe it?
More tired than you ever thought possible?



Get some support.

Is there anyone who can help you and give you a break? Is there a place you can go with your child that will make life easier for a few hours, such as the park or visit a neighbor?



Calm yourself and your child.

Sometimes, the things you do to quiet your child—rocking him, singing softly to him, bouncing him gently in your arms, dancing with him, telling him “everything will be OK” – will calm both of you.



Smile.

Even faking or forcing a smile can lessen stress and help you feel happier.



Prioritize.

Don't worry about the small stuff right now. The dusting or folding the laundry can wait.



Try a visualization exercise.

Known as guided imagery, the idea is to direct your mind to focus on a positive, calming experience or place.

Here is an example from Breathe to THRIVE:

1. Imagine you are hiking in the woods;
2. See the sun setting behind the mountains in the distance;
3. Listen to the sound of the wildlife around you;
4. Feel the cool breeze against your skin;
5. Savor the smell of the evergreen trees around you; and
6. Enjoy the refreshing taste of cold water.



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
Call someone in your circle of support to help you take care of me...		We have people in our lives we can ask to help us. It is a good feeling to know there are family and friends we can trust to be there for us.	
Slow down inside and sing a song you love in a soft voice as you rock me to sleep...		You keep me safe and can help me relax, so I can fall asleep.	



Sleep from a Child's Point of View



Figuring It Out Together

Here are some of the things your child might tell you about what she is experiencing and learning about sleep if she had the words:

Through a Young Child's Eyes

Sleep

0-4 months

I fall asleep anytime, anywhere.

I spend a lot of time in deep sleep, which is why it can be hard to wake me up – even to feed me.

The first 2 months or so, I don't know the difference between night and day. That's why our sleep times might be so different.

Chances are I may sleep a few hours at night, then wake up to be fed. Repeat. And take four to six shorter naps during the day.

4-8 months

You may think we are getting this nighttime sleep thing down. And then around 4 months, I start waking up during the night.

Like you, my sleep now goes in and out of light and deep sleep about every 1-2 hours. You know how to fall asleep at night and to fall back asleep in the middle of the night. I don't. Yet.

By the time I'm 6-7 months old, I may be down to two to three naps during the day.

8-12 months

At night, I might wake up and call for you. You are my most important person, and I don't want to be apart from you.

Also, I am learning to move and do things. The world is so exciting it can be hard for me to fall back asleep.

I might be your little night owl for months – calling you. It is normal and to be expected because I love you and need you so much.

I probably still take two naps a day, 1 to 2 hours each.



Through a Young Child's Eyes

Sleep

12-18 months

As I begin to walk, I want to be on the move. It can be hard for me to fall asleep. You may even see my legs moving when I am asleep.

I may still not want to say "goodbye" to you at night.

During this time, I may be ready to shift to one afternoon nap.

18-24 months

I want to be with you – just you. At night it can be hard for me to say "goodbye."

I may wake up many times. And, as my brain learns to shift into stages of sleep, I may have nightmares or night terrors (where I may cry, mumble, call out but do not wake up all the way.)

By now, I'm probably down to one nap a day.

24-36 months

Though I know how to fall asleep, I may want to be in charge and fight going to bed.

I may still be waking up often. It is because of how my brain shifts me from deep to light sleep so many times at night. Also, I may have nighttime fears – of monsters under my bed or the shadows on my wall.

By now I may be sleeping in a big bed.



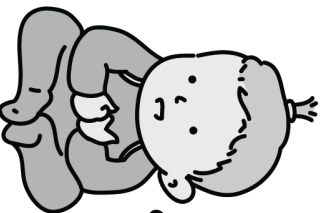
Take a Moment: You and Your Child

What might your child say about sleeping through the night?

How might you respond?



What is Your Child's Sleep Pattern?



We may sleep at the same time each day or at very different times. Together we can make bedtime work for both of us.

Figuring It Out Together

To understand your child's sleep pattern, think about the following:



Notice your baby's early rhythms around sleeping and waking.

Does he find it easy to sleep but not so easy to wake up? Does he fall asleep but often wake up crying 20 minutes later? Does he seem full of sunshine and ready to go in the morning? Does he need a quiet and calm morning in order to wake up and have a good start to his day?



Talk to your baby about sleeping and waking.

Help him begin to become aware of behaviors that are associated with feeling sleepy and waking up. For example, as you lay Allie (5 months) in his crib for a nap, you might say, "Allie, you've done so many things this morning! I can hear you telling me you are tired by how you wanted to snuggle and sway while I sang to you. Rest a bit and we will enjoy more things when you wake up. Papa (Mama) is near."



Keep the routines simple.

Routines let everyone know what to expect, which is calming. A simple place to start may be to read or tell a story, say prayers or reflections, sing a song, snuggle and say "Sweet Dreams - I love you."



Practice positive thoughts.

Choose words that keep things in a positive light – even in the middle of the night. You are more likely to respond with more patience and thought if you say, "We sure have different sleep patterns, which can be tough" instead of "my baby is a bad sleeper" or "if he doesn't start sleeping more than 20 minutes at a time, I'm going to lose my mind."



Take a Moment: Calming Ideas

Can you recall a time when you were desperate for sleep but couldn't rest? Do you have strategies to calm yourself and relax into sleep?

What do you do to help your child relax into sleep?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Tell me a story, sing me a song and give me a cuddle each night...	I can count on what is going to happen before I fall asleep. This helps me relax and feel safe.
Tell a friend that I like to play at night instead of saying "I am bad" ...	You love and respect me, even when things aren't going the way you want them to.



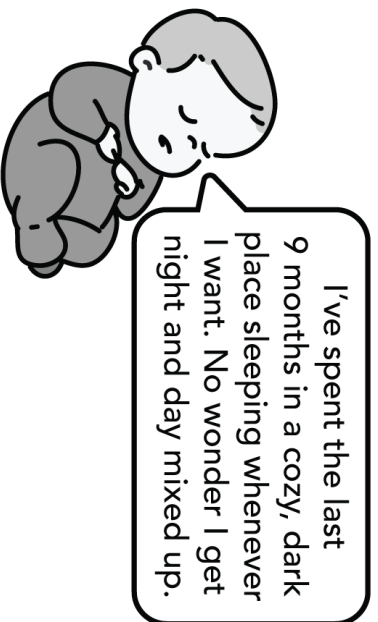
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Sleep



0-4 months: Learning the Difference Between Night and Day



Figuring It Out Together

Here are some ways to help your baby understand how life works in your family: people sleep at night and spend time together in the day. You can do this by changing your space and deciding how and when you play with him:



Let him know that daytime is for being with you and playing:

- Limit naps to 3 hours starting at 2 weeks old. Stretch out the time between naps. Try to get some rest yourself when he is dozing.
- Keep him up. Play, talk, and sing together when he is awake and alert.
- Make your space light and bright.
- No need to hush. Let the phone ring, dishwasher whirr, or door buzz.



At night, make it easier for him to fall asleep:

- Keep the lights low and noise down as you feed him and change him - even in the middle of the night.
- Limit talking and playing. He'll start to get the idea it is time for sleep.
- Rock or sway him gently in your arms.
- Give him something to suck - but not his bottle. Bottles are for eating, which is awake time with you.
- Swaddle him or wrap him in a cozy sleep sack.
- Play a continuous sound, such as white noise.
- Gently massage his tiny arms and legs.



Other ideas you want to try?



Take a Moment: Getting More Sleep

When does your baby sleep and for how long?

When do you sleep and for how long?

What new strategies will you try to help you both get more sleep?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
Gently wake me after 3 hours of nap time and play, sing, and talk with me to keep me awake a little longer between naps...		Daytime is for playing and being together.	
Keep the lights low as you quietly reassure me I am fine and gently rock me in your arms when I wake up in the middle of the night...		Nighttime is for sleeping; it is not a time for talking and playing together.	



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4-8 months: Learning to Fall Asleep and Fall Back to Sleep

Can you believe that at one time you didn't know how to fall and stay asleep?



Figuring It Out Together

Here are some ways to help your baby start to learn how to calm herself and how to fall asleep at bedtime. You can do this by giving her cues that it is time for bed, and you can look for cues that she is getting tired.



Create a routine to let her know it is time to get ready to sleep.

Whatever you do, do it every time – day or night.

- Change her diaper.
- Dim the lights.
- Make the room quiet.
- Explain it is time for sleep in a quiet, gentle voice.
- Sing her a song and/or rub her back.



Watch for cues to help you decide if she is over-tired.

- Is she yawning, rubbing her eyes, fussing? These are signs she may be tired. Try starting your bedtime routine 15 minutes earlier. Being too tired makes it hard to relax and fall asleep – as many of us know.



Other ideas you want to try?



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Sleep



Here are some ways to help her start to learn to fall back to sleep. You can do this by giving her a chance to practice this new skill in a calm and loving way.



Use a simple sleep routine you both know to tell her “It’s time to sleep.”

For example, give her a bath, sing a goodnight song, and cuddle.



Give her practice falling asleep on her own.

- Slowly shorten how long you rock her and then put her in her crib.
- Lay her down when she is drowsy for her morning nap.
- Take it step by step. Once she can fall asleep for her morning nap, do the same for the afternoon nap and then at bedtime.



Give her time –just a minute or two– to comfort herself.

- Even if she is crying, give her a chance to find those tiny fingers to suck or the soft edge of her blanket to touch.
- If she keeps crying, go to her, comfort her. Rub her arm. Use calming, loving words or songs. Try these strategies before lifting her out of bed or taking her to another room.
- Not working – for either of you? Try again in a few days.



Take a Moment: Sleep Routines

What is the sleep routine you have created or want to create for you and your baby?

What else can you do to help your baby relax into sleep?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Decide to help me get ready to fall asleep when you see me rubbing my eyes and yawning instead of waiting until I get over-tired...	I can count on you to help me manage when I start to get tired. With your help, I can have the experience of falling asleep instead of losing it.
Give me a few minutes to try to comfort myself when I am crying in my crib, then come in if I keep crying or begin to cry harder...	I can comfort myself, and if I need help, I can trust that you will be there for me.



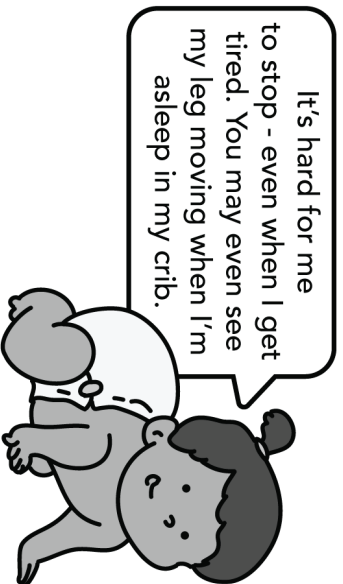
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Sleep



8-12 months: Helping Your On-the-Move Baby Slow Down to Sleep



Figuring It Out Together

Here are some ways to help your active baby slow down, so he can fall asleep. You can do this by letting him know it is time to sleep and keeping him cozy and relaxed.



Use your routine to tell him “time to sleep.”

- Give him plenty of active play during the day. Before bedtime, begin to calm down your activities and the noise level. Explain in a soothing voice, “It will soon be time for bed. Let’s sit here and play with your blocks for a while or crumple up this paper.”
- Your routine may change a bit as he gets older. For example, it may be bath, reading, or story time, or it could be bath, reading, a gentle back rub, and a kiss goodnight. Whatever works for both of you is great.



Give him a chance to calm himself.

- If he cries for you after you leave the room, give him a minute or two to calm himself.
- If he keeps crying, go to him, comfort him. Rub his arm. Use calming, loving words or songs. Try these strategies before lifting him out of bed or taking him to another room.



Keep the temperature just right.

- Cold? Dress him in one layer more than what you are wearing. A wearable blanket or sleep sack will keep baby warm when cold winds blow, but it will not cover his face.
- Hot? Remove a layer.



Other ideas you want to try?



Take a Moment: Put Yourself in Baby's Place

How might your baby finish these sentences if he could talk?

"It is hard for me to fall asleep at times because..."

"It helps me calm down and fall asleep when you..."



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Give me plenty of time for active play during the day and then help me shift to quiet play, like building blocks or playing with my stuffed animals before bedtime...	I feel different as I shift from being active to being more calm and quiet, which lets me know it is getting to be bedtime.
Give me a few minutes to try to comfort myself when I am crying in my crib then come in if I keep crying or begin to cry harder...	I can comfort myself, and, if I need help, I can trust that you will be there for me.



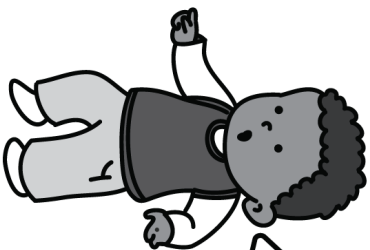
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Sleep



12-18 months: Helping Your On-the-Move Toddler Slow Down, so She can Sleep



It isn't easy for me to say "goodbye" to you each night to fall asleep.

Figuring It Out Together

Here are some ways to help your toddler learn to calm himself. You can do this as you take steps to make sure he is comfortable and feels safe and then let him know it is time to sleep.



Keep him comfortable.

- Be sure his tummy is filled throughout the day.
- Is he getting a new tooth? He may need something cold (a teether or frozen bagel) to chew on during the day. His healthcare provider may have other ideas.



Let him know it is time to sleep.

- Keep to a regular routine and bedtime.
- Clear away toys in his crib – except for his *lovey* or cuddly toy.
- Keep his morning nap as long as possible. When he first gives it up, he may need to go to bed earlier.



Help him feel safe.

- If he cries for you, let him know you are there, then give him a chance to settle down himself.
- Be sure he has his *lovey* or cuddly toy if he has one. It may be a *blanket* or stuffed animal or even one of your tee-shirts. It carries the feelings of being cuddled by you and helps him feel safe.
- If he keeps crying, rub his arm. Use calming, loving words or songs. Try these strategies before lifting him out of bed or taking him to another room.



Other ideas you want to try?



Take a Moment: Put Yourself in Baby's Place

How might your toddler finish these sentences if he could talk?

"Some of my favorite things to do are..."

"It can be hard for me to say 'goodbye' to the world when it is time to fall asleep.
You help me calm down and fall asleep when you..."



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Make sure I have my <i>lovey</i> to help me feel safe and connected to you when I fall asleep...	I can feel safe even when we are apart.
Give me time to try to comfort myself when I am crying in my crib before you come in to help me...	You have confidence in me because I can comfort myself, and I can do it - sometimes. If I need help, I can trust that you will be there for me.



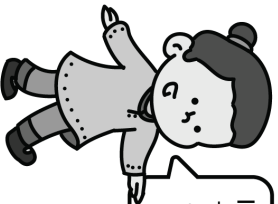
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Sleep



18-24 months: Helping Your On-the-Move Toddler Slow Down to Sleep



It isn't easy for me to say "goodbye" to you each night to fall asleep.

Figuring It Out Together

Here are some ways to help your toddler learn to sleep. You can do this when you take steps to make sure he is comfortable and feels safe and then let him know it is time to sleep.



Keep him comfortable.

- Be sure his tummy is filled throughout the day.
- Is he getting a new tooth? He may need something cold (a teether or frozen bagel) to chew on during the day. His healthcare provider may have other ideas.



Let him know it is time to sleep.

- Keep to a regular routine and bedtime.
- Give him a few real and manageable choices.
 - "Do you want to wear your blue pajamas or the yellow ones?"
 - "Shall we sing *Itsy Bitsy Spider* or *Wheels on the Bus*?"



Keep him safe.

- Clear away toys in his crib – except for his *lovey* or cuddly toy.
- Lower the mattress to make it harder to climb out.
- Place pillows or folded blankets on the floor alongside the crib – in case he does escape.
- Baby-proof his room. Your home visitor can tell you more.



Help him feel close to you.

- If he cries for you, let him know you are there, then give him a chance to settle down himself.
- Be sure he has his *lovey* or cuddly toy if he has one. It may be a *blanket* or stuffed animal or even one of your tee-shirts. It carries the feelings of being cuddled by you and helps him feel safe.
- If he keeps crying, rub his arm. Use calming, loving words or songs. Try these strategies before lifting him out of bed or taking him to another room.



Other ideas you want to try?



Take a Moment: How's it Going?

What is something that you have tried to do to help your child calm down and fall asleep?
How did it go?

What will you do the same or differently tonight?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Give me a choice between two bedtime books to read: " <i>Do you want to read Waiting is Not Easy</i> or <i>The Hungry Caterpillar</i> "?	You listen to me and respect me. There are sometimes I can have control over what happens in this big world. It helps me feel safe before I go to sleep.
Help me find Mr. Monkey, my lovey, and give him to me to cuddle with before you say "good night" and leave my room...	You have confidence in me because I can comfort myself, and I can do it - sometimes. If I need help, I can trust that you will be there for me.



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Sleep



24-36 months: Making Bedtime Work for Your 2-Year-Old (and You)



I like to do things my way - even go to sleep.
Can we figure out bedtime so it's a win-win?

Figuring It Out Together

Here are some ways to help you get your 2-year-old to sleep. You can do this as you give him a sense of control, let him make some decisions, and help him feel safe and close to you – even after you leave his room.



Let him know bedtime is coming.

- Wind down activities starting half an hour before bed. Play soft, soothing music and quiet games.
- Follow your *goodnight...sweet dreams* routine.



Give him a sense of control.

- Give him a few real choices: “Do you want to wear your blue or green pajamas?” “What song should we sing?”
- Does he keep asking for “just one more...drink, story, glass of water?” Give him one *extra*. And let him know *only one*.
- Is he in a big bed? Tell him how proud you are when he stays in it.
- If he keeps popping out of bed, return him, explain it is time to sleep, say “good night,” and leave.



Help him feel close to you.

- If he cries for you, let him know you are there, then give him a chance to settle down himself.
- Be sure he has his *lovey* or cuddly toy (if he has one) when you leave the room. It may be a blanket or stuffed animal or even one of your tee-shirts. These transitional objects give him the feeling of being cuddled by you and help him feel safe.
- If he keeps crying, go to him. Gently rub his arm or back. Use calming, loving words or songs, and explain kindly and firmly that it is bedtime and that you will be nearby to keep him safe.



Other ideas you want to try?



Take a Moment: Giving Your Toddler a Sense of Control

What realistic bedtime choices can you give your 2-year-old?



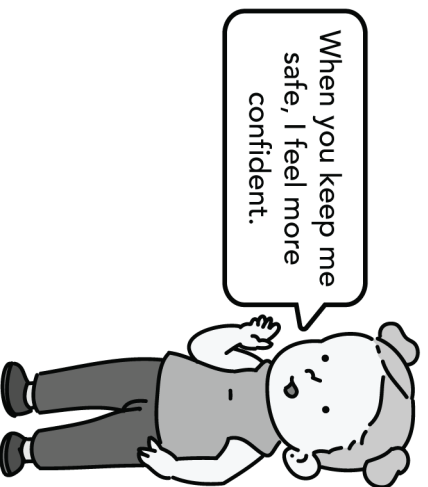
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Get me one more drink of water and explain, "Now it is time for you to go to sleep."	You listen to me and take care of me. At the same time, you are clear and let me know "now it is time for me to go to sleep."
Explain to me that you will be nearby and that you will keep me safe...	I can be confident you are there for me.



Safe Sleeping



Figuring It Out Together

Here are some ways to help you keep your young infant safe during nap and bedtime.



Safety Alert: Sudden Infant Death Syndrome (SIDS)

SIDS is the sudden, unexplained death of a baby younger than 1 year—usually during sleep time. There are no warning signs or known causes. The risk is highest for babies from 2-4 months and then declines. Most SIDS deaths happen in the first 6 months.

Here are some steps you can take to reduce the possibility of SIDS:



Place baby on her back to sleep and tell grandparents, babysitters, and child care providers to do the same. Sleeping on her stomach or side may make it harder to breathe. By the time she is able to roll over, SIDS is not such a concern.



Share a room—but not a bed—with your baby. The American Academy of Pediatrics recommends that baby sleeps in her own crib or bassinet. Why? Your sheets, pillows, blankets, and even your body, if you roll over on her, can block her breathing. Put her crib next to your bed for comforting or breastfeeding. Then put her back when you are ready to sleep.



Lay her on her back to sleep on a firm mattress or surface with a fitted sheet. Remove all blankets, toys, pillows, and crib bumpers.



Avoid overheating. Let baby sleep in light comfy clothes in a temperature you find comfortable. If you think she may be cold, dress her in a onesie or a sleep sack rather than a blanket. It won't bunch up near her face and block her breathing.



Stop smoking around your baby. Don't let anyone light up around her or even wear smoky clothes around her. Secondhand smoke increases the chances of SIDS.



If you are breastfeeding, keep it up as long as you can. Some experts think breast milk might protect baby from infections that could raise the risk of SIDS.



Immunize your baby. Research shows that following the immunization recommendations of the American Academy of Pediatrics (AAP) and the Center for Disease Control (CDC) leads to a 50% reduced risk of SIDS as compared to babies who haven't gotten all their shots.



Consider giving her a pacifier to fall asleep.



Pacifier Tips

Here are some tips when you are using a pacifier to help your baby fall asleep:



Breastfeeding?

Wait until you and baby have your routine down (at least 1 month) before using a pacifier to avoid *nipple confusion* - that is, you don't want your baby to prefer the pacifier nipple over yours.



Don't force it.

If baby doesn't want the pacifier, forget it this time.



If it falls out when she falls asleep, don't put it back into her mouth.



Keep the pacifier clean.

Buy a new one if the nipple is damaged.



Never coat the pacifier with alcohol or honey or any other substance.



IMPORTANT: No honey for your honey – until she is at least 1 year old. Honey can lead to botulism bacteria that may be linked to SIDS.



Take a Moment: How to Keep Your Baby Safe

What steps do you already take to keep bedtime safe for your baby?

Is there anything you are going to change?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
Tell other adults how to keep me safe...		I can count on you to protect me – even when you are not there.	
Place me on my back to sleep every night...		I can expect you to do it which can help me relax.	



Everyday Moments

Nutrition and Feeding



Main Elements

Content Areas

- Teaching About Nutrition and Feeding: *Protective Factors and Trauma-Informed Principles*
- The Science: Feeding and Self-Feeding Skills, Infant and Toddler Nutrition Needs for Healthy Development, Breast and Formula-Based Nutrition, Introduction of Solid Foods, Food Exploration and Refusal, Early Dental Care, Family Meal Routines and Variations
- Why it Matters to Families: Opportunities to Connect, Developing Individual and Family Meal/Eating Routines, Reading Your Infant's Hunger Cues, Passing Along Family/Cultural Values and Traditions, Picky Eaters
- Home Visit Activities and *Family Pages*
- Important Safety Supports and Knowledge: Allergies and Food Sensitivities, Choking Hazards

Support Connections

- Lactation Consultant
- Pediatrician's Office - Advocating and Communicating if/how Child is Experiencing Feeding/Digestion Distress

Teaching About Nutrition and Feeding: Protective Factors and Trauma-Informed Principles

Infant and toddlers experience significant and dynamic changes in their nutrition needs and their abilities to feed themselves over the first 3 years of life. Parents often experience some level of stress related to feedings and mealtimes, even though (or perhaps because) they occur several times a day. Supporting parents who are navigating experiences of on-demand nursing, formula choices, latch-on challenges, teething, food allergies or sensitivities, food exploration, and meals that seem to go anywhere BUT in their child's mouth and tummy is an important task for home visitors.

Nutrition is an area where referrals are important for a child's well-being. If an infant or young child is struggling with getting enough nutrition for adequate growth and energy, or there are indications that the child may be at risk for *Failure to Thrive*, home visitors are in a position to help families connect to additional providers with specialized knowledge and skills.

Nutrition and Feeding are technical aspects of the more general topic of food. Everybody eats, and everyone needs a healthy diet in order to feel well, develop properly, and have the energy to accomplish tasks and goals. But, food often holds far more meaning than just fuel for our bodies.



Everyday Moments

Nutrition and Feeding



There are emotional components to food choices: the places and ways families prepare, consume, and share meals and the ways taste and smell senses are integrated into memories of food and social experiences. Most families will likely have food-related memories tied to family traditions. For some families, food may also bring up anxiety or fear, memories of punishments or hard times, or feeling like they were not like other families. When a new mother may voice a concern that she can't tell if her young infant is getting enough nutrition through nursing or a father is worried about his toddler's sudden refusal to eat any food that feels sticky, you may pick up some important family *food values* clues in these conversations. Parents may have received helpful advice from well-meaning relatives and friends, and they are trying to sort out the advice and consider it with regards to their child and their circumstances. Working with a family to identify good sources of nutrition and feeding practice information, as an infant grows into toddlerhood and beyond, is important.



Helping a family bridge what they know and have been told with current recommendations can help reduce confusion and increase healthy nutrition practices for the whole family.

This chapter helps to address the following *Protective Factors*:



Parental Resilience



Knowledge of Parenting and Child Development



Social and Emotional Competence of Children

Teaching about *Nutrition and Feeding* opens doors to learning about a family's history, traditions, and beliefs, and parents may not think about these concepts consciously until faced with a new experience with their young child. *Trauma-Informed Care and Practice (TICP)* can help both you and a parent identify and navigate thoughts, feelings, and conflicting advice around food and nutrition and show how developing healthy routines around meals, snacks, and nutritional needs fosters a physically and emotionally healthy family system.



Safety– Very young infants have limited, but direct, communication cues to tell their caregivers that they are hungry: crying, rooting, grunting, and cooing. When parents create consistent and appropriate routines around feeding, young infants learn that their communication skills will be responded to appropriately and that they will get the nourishment they need. In turn, this builds a very early sense of trust that their needs will be met by the people who surround them. Understanding the nutritional needs of infants and toddlers helps parents make nutritionally sound choices regarding the food options and the schedules they develop to meet the nutritional needs of their young children.



Everyday Moments

Nutrition and Feeding



Trustworthiness and Transparency– Routines that parents develop as the infant gains self-feeding and communication skills can help everyone get the fuel they need, even if family members need different eating schedules. Families, who have histories of food withholding as a punishment or food insecurity, have opportunities to change harsh patterns to support a sense of security with their children. Talking with young children about food choices and family routines gives the children ways to link their food experiences in positive ways.



Collaboration and Mutuality– Highlight how young children are engaged and want to connect with a parent in the feeding and meal routines from the earliest days. This creates space for building positive routines and conversations around food. For example, active collaboration by the youngest of infants is seen during nursing and feeding times with the rooting reflex and fussing to be repositioned for easier sucking, swallowing, and breathing. Toddlers can show their growing skills for independence by using their own utensils, wiping their own faces, and asking for more food. These steps toward independence show how the parent-child partnership changes over time, and the child assumes a more active role.



Peer Support and Mutual Self Help– Sharing suggestions and stories of your own experiences of trying to get picky eaters to eat nutritious meals provides a space for parents to discuss frustrations and their own feelings, experiences, and cultures around food. Using this information, you can better tailor suggestions, respond empathically, and foster a positive relationship with families while also giving them useful information to create a more positive experience around food with their child.



Empowerment, Voice, and Choice– As young children develop food preferences and experience family and child care provider meal and snack routines, parents and others can establish ways to give real choices and encourage input in food-related decision-making. For example, parents can offer a new-to-toddler vegetable, like green beans, by putting one on a plate and following the child's decision to try it or not try it or even ask for more without judging the child's reactions.



Cultural, Historical, and Gender Issues– Cultural traditions about food vary widely. Maybe breakfast for young children is boxed cereal and milk with a spoon of peanut butter or maybe a bowl of rice with sautéed greens and a savory fish broth. A family may have traditions that favor feeding all the men in the family before the women eat their meals, or certain foods are not allowed due to religious or cultural traditions or at certain times of the year. Understanding how these different factors influence family systems, food choices, and expectations for behaviors informs how you can best connect important nutrition and feeding information to the culture each family builds and maintains.



The Science: Understanding Infant/Toddler Development and Nutrition

Infant and toddler nutrition needs and developmental abilities to self-feed are good examples of how dynamic the years between birth and 3 years old really are. These changes are not always easily visible to parents and have the potential to become unrecognized challenge points, which can create stress around mealtimes. Parents may have quite a few questions or concerns. What do the changing nutritional needs and feeding abilities of very young children look like? What are some common safety needs? How do very young children and their parents create healthy habits for both eating food and interacting in situations that involve food?

Reflexes → Voluntary Motor Control

Newborns arrive into the world with a few key reflexes that support infants in connecting to their primary caregivers and their mothers, in particular. These feeding and connecting reflexes are adaptive so that an infant can successfully nurse or take a bottle if a caregiver other than a biological mother is responsible for feeding the infant. Fathers, adoptive or fostering parents, medical professionals, and other caregivers can identify, elicit, and respond to these reflexes to help infants get the nutrition they need and promote a feeding routine. This can help build warm and positive interactions between the two individuals, so they can weather challenges when feeding may be difficult or be disrupted, such as during illnesses or changes in schedules.

These early reflexes help organize infants' response to their environment and caregivers. These reflexes form the foundations of voluntary motor skills – actions a young child can learn to control and choose to use. The chart on the next page highlights the important reflexes present at birth that help young infants physically get milk/formula

into their systems. In turn, this provides the nutritional fuel needed for all the rapid brain and developmental growth that happens around the clock! As infants gain experiences with their parents and other important people, they are learning about rhythms and routines and developing expectations for how their caregivers respond to their communications, including what actions their parents do to help them understand that a care and feeding routine is starting or ending. Parents incorporate their infant's feeding reflexes into building feeding and mealtime routines and communication patterns that are shared across family members.





Motor Skill Development and Supportive Positioning for Feeding:

Reflexes to Voluntary Control from Birth to 6 Months

	Infant Reflexes	Caregiver Responses
Rooting	When a baby's cheek is gently stroked near the mouth, the infant will turn head to the side being stroked.	Caregivers can stroke the cheek to orient the infant to a bottle or nipple.
Sucking	Putting a nipple-sized object in an infant's mouth will elicit an automatic sucking reflex.	Caregivers can and do offer non-nutritive suckers to soothe infants between feeding times.
Swallowing	Young infants suck and swallow as a single reflex action until about 6 months. The presence of liquid in the mouth triggers a swallow reflex directly after a sucking reflex.	Caregivers may notice that young infants spit or push liquid and early, soft food options out. This is because the tongue is used to pushing against the nipple to get the milk or formula into their mouths
Breathing	Breathing remains a semi-reflexive action throughout the lifespan. Very young infants develop a rhythmic burst-pause feeding pattern to begin coordinating breathing with sucking & swallowing. It is common to swallow air during feeding and to confuse a breath with a suck-swallow.	Caregivers can use supportive holding positions to help infants coordinate breathing with the burst-pause pattern (head higher than body, turned toward caregiver, outside arm higher than arm against body). Holding the infant upright and over one shoulder part-way through and after a feeding session helps dispel swallowed air that can create tummy distress.



Motor Skill Development and Supportive Positioning for Feeding:

Reflexes to Voluntary Control from 6 to 12 Months

Infant Reflexes		Caregiver Responses
Rooting	<p>The infant is learning to control the strength of response based on hunger and a sense of history of past experiences when this reflex was triggered.</p> <p>Beginning at about 5 months, the rooting reflex may be strong when the infant is hungry yet not appear if the infant is satisfied or has significant experiences that indicate that no milk is coming after the stroke of the cheek.</p>	<p>Across these reflexes, caregivers can see how the infant is changing over time by gaining experiences within each feeding session and as the infant builds his motor control skills.</p> <p>Infants are developing a sense of pattern and routine with their important people for meals and starting to branch out from needing their parents/caregivers for every sip and bite.</p>
Sucking	<p>This reflex begins to fade at about 6 months as mouthing objects increases. This means the infant does not automatically suck-swallow but is starting to explore items and their caregivers' reactions by gumming/biting, swishing, and spitting. Infants have also started bringing their hands to their mouths, sucking on fingers, fists, thumbs and things they are holding.</p> <p><i>* teething often starts between 6-8 months, influencing these actions.</i></p>	
Swallowing	<p>Older infants are beginning to control their tongues and thus their automatic swallow reactions. Introduction of soft solid food gives the infant experiences of what happens when the tongue pushes versus pulls food into his mouth.</p>	
Breathing	<p>Infants likely have a consistent routine for feeding and burping established by now. As the infant is more able to get to and hold a sitting position, he is also learning how breathing and feeding change with his body position.</p>	



Development of Self-Feeding Skills: It's Far More than Motor Skills!

As infants grow into their 6th month and beyond, they start developing several other fine and gross (small and large) motor skills to build their self-feeding skills. These motor skills do not happen separately from other kinds of skills. For example, communication and cognition (thinking, understanding) are woven into learning to feed oneself. Meals are often a social activity, such as shared family meals, which may be a daily occurrence or planned for special holidays, celebrations, and meeting friends.

Very young infants experience social connection from their very earliest days with every feeding session. Sometimes those feeding sessions are quiet, such as those that happen in the evening and nighttime hours, while others may be quite lively with lots of communication with their parent and other family members.

The following charts give examples of how different areas of development and growth contribute to an infant and toddler's growing abilities to be a partner in their own feeding and eventually as part of the family system helping with routines that include preparation and cleanup after meals.

Through a Young Child's Eyes	
Feeding	
0-4 months	4-6 months
I have a special cry that tells you, "I am hungry" or "my tummy hurts."	I let you know I am hungry in different ways. I may cry or fuss, reach for you, smack my lips, or get frustrated if I have to wait.
I look in your eyes, coo, and smile when you hold and feed me.	I can control my head better. I can roll over and am beginning to sit with help.
I discover my hands and may reach out to touch your hand, breast, or the bottle.	I adjust my position to get milk easier from breast or bottle.
I feel better when I'm burped because this whole sucking, swallowing, and breathing thing is tough to coordinate!	I am gaining the skills I need to eat solid foods. I can sit in my high chair. My tongue moves food to the back of my mouth, and I know how to swallow it.
	If I am pushing cereal or mashed food out, I may not quite be ready yet, but I'm learning.
	I tell you "I am done" when I turn away or push away the breast or bottle or spoon.



Through a Young Child's Eyes

Feeding

6-12 months

I may babble, coo, catch your eye, reach for the breast, or point to my bottle to tell you "I am hungry."

I can hold my own bottle. I also begin to use my fingers and hands to feed myself. I reach for a graham cracker and dip my finger in the bowl of applesauce and lick it off.

I may push the bib away to say, "I don't want it." (You can put it on me anyway.)

I reach for the spoon when you feed me or the washcloth when you wipe my face.

I may push your hand or the spoon away or shake my head "no" to say, "I am done."

I may start drooling (a lot!) and mouthing both food and non-food items as my teeth start coming in. You can help me stay safe by watching what I pick up - because I don't yet look at things before putting them in my mouth. And, I may enjoy and be comforted by a teether that you keep chilled in the refrigerator

12-18 months

I may say "Ba ba," point to or try to reach for a cracker to tell you, "I am hungry."

I still enjoy sitting with you and nursing or having my bottle, especially when you talk and sing with me.

I can drink from a sippy cup.

I like to explore my food and the utensils I'm learning to use. Things may get messy!

I can hand you the cup or banana when you ask for it.

I am getting new finger skills. I try to pick up a crumb and eat it, or I may try to buckle or unbuckle the strap on my high chair.

I may refuse to eat mashed cauliflower and point to the applesauce that I want instead.

I may kick the high chair, push my cup onto the floor, or say "down" when I am done.

Through a Young Child's Eyes

Feeding

18-24 months

I may say, "Eat" when I am hungry.

I may grab the spoon and try to feed myself. (Having two spoons will make life easier for both of us).

I may use my word for bottle when I want my cup.

I can use my thumb and forefinger to pick up small pieces of food.

I may get frustrated when things don't go my way, like when the cooked carrots slip off my spoon or fork.

I pretend to feed my stuffed animals or dolls and to cook. Watch and you may hear me say and do things you say and do with me.

I may say, "No," "Done," or pull off my bib or shake my head to tell you when I am done.

I may get angry when someone teases me with food or pretends to take something off my plate and eat it.

24-36 months

I may walk over to the fridge and try to pull open the door when I am hungry.

I may ask for a "sandwich" and refuse apple slices when I am hungry.

I may reach for food on your plate or hand you a piece of my peach.

I feel proud to be a real helper when you let me carry the napkins to the table or stir the pancake batter or tear the lettuce leaves for our salad.

I can walk to the sink and wash my hands with you before we eat.

I can hand you the plate when you ask me to pass the sliced pears to you.

I may watch to see if someone gets a bigger cookie than I do.

I may tell you, "Get down please," when I am done.

I may show you my sense of how things work by demanding only milk in my blue cup and only juice in my orange cup.



Nutritional Needs Across Infancy and Toddlerhood

There are excellent, evidence-based sources of nutritional information for infants, toddlers, and nursing mothers available in a 2017 report from the Healthy Eating Research group. This report is available in the TRHV portal. TRHV encourages you to explore, in particular, the appendices in the 2017 report for family-friendly information about nutritional needs of infants and toddlers and the different hunger and satisfaction cues they express as they learn to connect with their caregivers and engage in meal and snack-time routines.

The following bulleted lists provide a quick summary of nutritional needs and cautions for children from birth to 24 months. By age 2 years, most children are able to eat food similar to their older family members, just with caution for smaller bites and portions.



General Nutritional Needs

Birth to 12 Months:

- Breast milk and/or infant formula should be given exclusively for the first 6 months, unless directed by a pediatrician.
- Introduction to cereals and soft solid food can begin between 4.5 and 6 months, with consultation with the infant's healthcare provider. The introduction does not replace breast milk or formula. New foods and textures are more likely to be tolerated if mixed with formula or breast milk.
- Between 6 and 9 months, soft solid foods and cereals are *complementary* to the child's diet. The main source of nutrition is still breast milk or formula.
- At about 6 months, infants can transition from bottles to cups like *sippy* cups.
- By an infant's first birthday (12 months) just over half of daily calories come from solid foods, and the remaining half comes from formula or breast milk.
- Offering a variety of vegetables, cereals, proteins, dairy, and fruits (pureed, no added sugar!) helps infants develop their taste buds and regulate their feelings of hunger and fullness.
- Water can be given as a supplemental drink once an infant starts to eat pureed/soft proteins.
- Supporting food exploration with hands, fingers, and infant-sized utensils helps develop large and small motor skills, cognition, and positive responses to new foods when introduced.



Cautions for Birth to 12 Months

- Even very young infants learn to recognize their bodies' hunger and satisfaction cues. Parents do not need to force feed or withhold food to externally regulate what the child's body is telling her.
- Always mix formula according to the manufacturer's directions. Do not add more or less water than directed as this changes the calorie and nutritional intake by the infant.
- Solid foods introduced before 4.5-6 months often cause gastrointestinal (GI) distress due to the infant's immature digestive abilities.
- Serve cereals and soft foods from a spoon, not a bottle. Serving from a spoon helps the infant learn new skills and reduces early dental problems from unswallowed food sitting in the child's mouth (e.g. falling asleep with a bottle).
- Avoid processed foods that have added sugar and salt. These are not good baby food substitutes, and the added sugar and salt can interfere with the infant learning to like the natural taste of foods.
- Avoid all plant-based milks (e.g., soy, pea, rice, cashew, oat, almond) as these do not provide the needed nutrition and many have added sugar.
- Avoid honey and eggs as each can carry different types of very serious food poisoning.

General Nutritional Needs 12 to 24 Months

- Breastfeeding can continue. If using formula, parents can switch to whole cow's milk or 2%, if recommended by the pediatrician.
- Toddlers this age often eat five to six times a day because their tummies are small. Some of these meals and snacks may be large, and some may be just a bite or two. Toddlers are pretty good at regulating their calorie intake and needs.
- Cow's milk can be introduced after 12 months, and whole milk (and whole milk products, such as yogurt and cheese) is recommended over lower-fat and fat-free options. Look for options with no added sugars (e.g., avoid flavored milks or sweetened yogurt products)
- Offer a wide range of vegetables and fruits. Vegetables that are dark green, red, and orange have vitamins and minerals that are hard to get in other food sources. Fruits that can be eaten with the skin offer fiber, which is good for the GI system, and are naturally sweet. These benefits are more difficult to get in juice form. Offer veggies and fruit at most meals and snack times.
- Children this age benefit from protein. Providing about ½ to 1 ounce at almost every eating opportunity is a good idea. This can come from poultry, fish, meats, and veggie-based options (e.g. lentils, tofu, beans).

Avoid highly processed options like lunch meats, ham, and pre-packaged and breaded chicken and fish (often found in the frozen or refrigerator aisles). These foods often have higher levels of salt and other additives and preservatives that are linked with sensitivities and allergies.



Cautions for 12 to 24 months

- Sweetened foods (candy, processed food with sugar added) and beverages (juices, flavored drinks, sodas) are not recommended as they can interfere with healthy food choices and displace good and nutritiously-dense food with simple sugars.
- Choose snacks with good nutritional values, such as apple slices and carrot sticks or whole grain crackers with a nut or seed butter.
- Avoid using food as a reward, punishment, or bribe. Everyone needs food and good, nutritionally-sound options. If a toddler refuses most or all of his lunch, offer the next snack at the regular time without judgment.
- Fad and commercially available diets/programs are not recommended for very young children. These often restrict vital nutrients, which help grow healthy brains and bones. Such programs can also reduce the energy needed to be a healthy, active toddler!
- By the time a child turns 2 years old in the United States, most children are eating food similar to their parents, just in smaller proportions and with less control over their choices and servings.

When parents and other caregivers make healthy food choices, young children benefit from learning the natural taste of foods and instill early habits to make better choices themselves. The adults' choices influence a child's experiences with a variety of textures and flavors, self-feeding occasions, and food preparation opportunities.



Why Healthy Eating and Nutrition Matters to Families

Eating well is key to good health – today and in the future. Research shows that eating habits are developed at a young age, and eating nutrient-rich foods can lessen the chances of obesity and dental caries and promote good overall health. In addition to meeting nutritional needs, mealtimes can also provide families the opportunity to deepen relationships and teach children their family's culture and traditions.

Knowing the importance of this *Everyday Moment* can empower parents to step back from the demands and stress of providing for and raising young children and take the time to invite children to participate in meal preparation and shared family meals.

Why Healthy Eating and Nutrition Matters

- It is never too early to teach children about healthy eating. As their children's most important adults, family members are setting examples and modeling behaviors, including food choice and mealtime traditions that children will make their own.
- Healthy eating is an important step towards enjoying a healthy and productive life.
- Food is an element of cultural identity that helps children learn about who they are and, over time, be able to share their culture with others who may come from similar or very different backgrounds.

For some families, mealtimes and food choices may be challenging. Here are some concerns or challenges parents may have (or that you may notice, but they think are typical) and some strategies to use to find better responses and patterns:



Sharing the Care– Sometimes it can be overwhelming to figure out feeding routines with very young infants. Early patterns of one parent doing most of the feeding may become habits that are hard to break or could cause resentment for the partner who is not involved. If a family has more than one caregiver in the system, such as a spousal partner or other relative living in close quarters, there are some ways to create feeding opportunities to share the work whether breast or formula feeding.

A breast-feeding mother may hand the infant over to her partner and supporter for burping; a partner may bring the baby to the mother for night-feedings; the mother may pump and store extra breast milk so that other caregivers can provide feeding to the infant.

Sometimes, there is concern that a partner or relative may be doing something not quite right. Being able to frame those concerns in ways that support instead of frustrate the partner can mean all the difference in developing a sense of truly shared care during feeding.



Food refusal– This has been touched upon in some of the earlier points about children’s ability to recognize their hunger and satisfaction signals and, in turn, regulate their food intake. But, it is worth a bit more discussion when a parent is worried that her toddler only wants hot dogs – NO BUN! – and ranch dressing for every meal. Many children go through phases where a food that they liked is suddenly off the list of acceptable options. Their taste buds are changing throughout the early years. That food may come back onto the list in 6 months. Additionally, toddlers are exploring routines and models of *how things work*. You know that divided plate that keeps food from touching? A toddler may refuse to eat a food that is put in the *wrong* place, even if it is a favorite. Depending on the individual toddler, it might be a quiet refusal or a very loud refusal.

Parents may want to think ahead of time if there is an alternative choice that can be offered that meets the needs of the meal/snack and is available (e.g., a cheese stick instead of the chicken bites).



If the child seems to be refusing, the parent might look for other cues – is the child not hungry or does she not like the food? Maybe the toddler is overly tired and sitting and eating just takes too much control at the moment.

What are some responses that honor the child’s communications? If the refusal is putting stress on a family schedule, what are some options that can ensure that the child can eat when ready without creating a separate meal or going to extraordinary lengths? Finite choices (e.g., cheese sticks or chicken) and back-up options that are already identified (e.g., sunflower seed butter and crackers, cereal with milk) are good strategies to put into place. It may be comforting to know that it can take up to 15 offers of a new food for a very young child to decide whether he or she likes it or not! So, it is OK to try again on another day or meal after a child has communicated a “No.”

Food Insecurity– Food insecurity occurs when a person or family has reduced access to food, usually due to economic limits. The United States Department of Agriculture (USDA) describes two levels of food insecurity:

- *Low food insecurity (less severe level)* - a household reports reduced variety, quality, or desirability of food available to the household but no reports of hunger.
- *High food insecurity (more severe level)* - when there are reports of disrupted eating patterns, food accessibility, and intake in addition to reduced variety, quality, or desirability of food.

In 2016, food insecurity across the U.S. population was estimated to be highest in single, mother-headed households with children (20%) followed by married parents with children (16%) Why does this matter to families? Experiences with food insecurity, whether short-term or chronic, impact behaviors and expectations within family systems,



including the parent-child relationship. Recent research, focused on adverse childhood experiences (ACEs), indicates that ACEs can have a generational impact on families regarding food insecurity. Mothers who indicate they experienced four or more ACEs and who have also reported depression are also more likely to report both current household and child food insecurity.

Recognizing the potential effects of food insecurity experiences can help a home visitor work more effectively with families from connecting parents to the WIC program to helping parents think about their own experiences and how those might influence their thoughts and responses when they see a young child playing with food instead of eating. Using food as a reward, punishment, or bribe may come from some of these experiences, as may other behaviors that are serving to control the food environment of the home, but using food in these ways may have other unexpected consequences. For example, a parent may buy several sandwiches at a fast food place that is running a special and then refrigerate them for several meals and cut them into bites. Parents may dilute a bottle of formula or reuse an open jar of baby food from which they have already fed their infant. While these examples may show frugality, each introduces food safety challenges or reduced nutrition to the child. Home visitors may be able to work with a family to reset their food patterns and behaviors to a healthier level - from food choices to greater security.

Failure to Thrive (FTT)– *Failure to Thrive* is a clinical diagnosis identified by a healthcare provider during a well-baby or other medical visit. Infants who do not meet the 5th percentile of height and weight standards for their age, or who have negative growth changes across two major growth percentiles, would be assessed further. The next step in assessment is to determine the underlying causes of poor growth so that appropriate interventions can be identified:

- Medical causes: Under-nutrition; infection; digestive system or metabolic problems; physical issues, such as a cleft palate; or food intolerances.
- Psychosocial causes: Parent/caregiver mental health or physical health challenges, including substance use; family stress, such as economic issues; or lack of knowledge about healthy feeding or understanding the infant's needs.

While it is not within the scope of practice for most home visitation programs, it is helpful for home visitors to have a basic understanding of the characteristics of FTT so that referrals and recommendations to other service providers can be coordinated. If food insecurity is part of the family context, home visitors can be resource bridges for families to connect to community resources, such as WIC and food pantries.





Boots on the Ground: Everyday Moment Conversations with Families

This section highlights content and skill building strategies you can use as you plan your home visits. For the *Everyday Moment* section of the visit, you will find a list of topics to choose from and to explore in conversations with parents who have questions or concerns about their child's eating habits – or their own practices.

For each topic, the associated *Protective Factors* and *Trauma-Informed Principles* are addressed. *Family Pages* designed to support your conversations are listed next.

In addition, you will find suggestions of related one-on-one activities to choose from for the parent-child interaction portion of the visit.


There are many feeding and nutrition related topics to choose from as you plan a visit to a family, and you should tailor the conversation to that family's specific needs and interests. You may find that you discuss one topic now and come back to discuss another in a month or two depending on certain circumstances.






Using the information you have about a family's *Protective Factors*, you can guide your curriculum choices to tailor the home visit discussion and activities. Ideas are presented below with their associated icons to highlight how they correspond to meeting a family's needs and building each family member's resilience. These include the following:


Nutrition guidelines for infants, toddlers, and 2-year-olds

-  *Knowledge of Parenting and Child Development* can be promoted through discussions about a young child's nutritional needs and how to offer healthy choices when a child is a picky eater.




Developing routines for family meals with toddlers

-  *Social and Emotional Competence of Children* is encouraged when young children learn to contribute to meal routines, such as placing napkins by each plate and holding hands or becoming still while a moment of grace or silence is observed.



Food exploration and refusal

-  *Knowledge of Parenting and Child Development* can guide parents' reactions in appropriate and responsive ways when their child smears food across the high chair top or spits out a bite of a vegetable.


Eating out with infants, toddlers, and twos

-  *Parental Resilience* and
-  *Knowledge of Parenting and Child Development* and
-  *Social and Emotional Competence of Children* are strengthened when parents are able to plan ahead when eating at a restaurant by planning for their child's needs while out (e.g., food, quiet activities, emotional support), knowing how their child responds to unfamiliar environments, and thinking proactively about how to handle difficult situations like a toddler meltdown.

Understanding food allergies and sensitivities

-  *Parental Resilience* and
-  *Knowledge of Parenting and Child Development* are fostered when parents are able to recognize their child's adverse reactions to a food, seek timely medical help, and ask questions of their child's healthcare providers.

Safe food and feeding practices

-  *Knowledge of Parenting and Child Development* is gained when parents know how to store and prepare infant food safely, such as milk storage and heating, and how to support their young child in safe feeding practices, like not putting an infant to bed with a bottle and making sure foods are in small pieces.



Family Pages

A series of *Family Pages* on *Nutrition and Feeding* have been created to support your conversations with families while you are visiting and to become a resource for a parent to refer to between visits. These include the following:

- Focus on You: Looking Back and Moving Ahead with Your Child
- Learning to Feed Myself from a Child's Point of View
- Understanding Your Baby's Needs
- Eating Right for Toddlers and Twos
- Meals are About More than Eating Right
- Safe Eating

Related One-on-One Activities

These are suggested activities to promote healthy eating and family routines around meals. A broad selection of one-on-one activities are available in the Activity Card deck.

- Notice and Wonder: How does your child participate in feeding himself?

- "Cooking" and "Eating" with your Toddler or Two: Pretend playing a scenario of cooking or eating a meal together.
- Matching lids and containers, utensils: If you have a container storage space, ensure it is in a toddler-friendly place where a child can explore matching lids to containers; can identify and match other kitchen items, like spoons and forks; or can learn to set parts of a table.

Book suggestions:

- *The Very Hungry Caterpillar* by Eric Carle
- *Bee-bim Bop!* by Linda Sue Park

Additional Resources

Community and health connections may include:

- WIC
- Lactation Consultants
- Pediatrician's Office, other Healthcare Providers
- Community/County Health Department





Nutrition & Feeding





Focus on You: Looking Back and Moving Ahead with Your Child

Eating right is a win-win for you and your family! You will be more healthy, focused, and optimistic—even when life gets bumpy. Family members will be more healthy and strong too.



What have you been eating since your child arrived on the scene?

- ☐ Meals you plan and prepare ahead? (If so, give yourself a pat on the back for eating healthy.)
- ☐ Meals prepared for you by family or friends?
- ☐ Meals that are almost ready-to-eat from the supermarket (like frozen meals, rotisserie chicken/deli meats, or salads)?
- ☐ Ice cream and other quick or comfort foods (like mashed potatoes)?
- ☐ Anything to add? _____

Even if you started off healthy, you may have slipped into eating some of the following:

- ☐ Meals of fast food burgers, chicken, fries, and shakes
- ☐ Junk food, like cake or a chocolate bar
- ☐ Anything to add? _____

Maybe some days you are lucky to even eat and, gratefully, grab whatever you can find quickly. You are not alone. Who knew someone so little could take so much time and energy?

The choices you make about foods are one part of what mealtimes involve. Meals are about more than eating. Preparing and eating foods provide opportunities to deepen family relationships.

Looking Back at Mealtime

The foods you eat and serve your family are likely shaped by your childhood mealtimes. Being aware of this can help you decide what you want to do today.



Take a Moment: Looking Back at Mealtimes

What were mealtimes like in your family? For example, was there enough food? Did people sit together and talk? Was dinner on the run? Did you have to clean your plate? Were you given choices? Were certain foods family favorites?

What are mealtimes like today with your family?

Is there anything you would like to change?



Ready to upgrade to more healthy choices?

Eating well will help you keep your energy up. Thinking about what your child is eating is a chance for you to think about what you are eating.

Nutritious foods will help you be healthier and have more energy. If you are nursing, eating nutritious foods will help you produce more milk and could help you drop some baby weight.

The U.S. Department of Agriculture and the American Dietetic Association have published guidelines to help you make healthy choices. Most women should consume 1,800 to 2,000 calories per day. For men, 2,200-2,800 calories per day is recommended. If you are a breastfeeding mom, an additional 500 calories per day is typically suggested.

Talk with your home visitor if you want more information about healthy eating. She can guide you to information online and supports in your community to make a plan that is just right for you.



A Note About Beverages

What you drink is as important as what you eat! It is critical to drink fluids to stay healthy, but sweetened beverages add extra sugar and calories to your diet. Avoid sugary drinks, including soda, sports drinks, energy drinks, lemonade, juice, and sweetened coffee and tea.

Here are some tips to help you make better choices:



Water: Make water the beverage that you choose most often.



Milk: Milk has beneficial nutrients, such as protein and calcium and 1 cup counts as a serving of dairy. Choose 1% or skim milk to help reduce fat and calories.



Juice: Limit the amount of juice you drink and be sure to choose 100% fruit juice instead of fruit-flavored juice drinks. Juice drinks contain added sugar and only a very small amount of juice.



Coffee and tea: When choosing coffee or tea, try reducing the amount of sugar, cream, or whole milk you use.



Soda: Try replacing soda with sparkling water. Add a splash of 100% juice or a squeeze of lemon or lime for flavor.



Aim to drink zero sweetened beverages. Buy fewer and fewer sugary drinks each week until you no longer buy any!



To Help You Sleep

Keep after-dinner snacks light and healthy, like nuts, an apple, or popcorn. Finish any munching an hour before bed. In addition, try to follow these recommendations:



Try to not drink water for 2 hours before bed.



Caffeine keeps you awake, so finish that coffee or soda 4 hours before bedtime.



Alcohol may make you sleepy at first, but it often wakes you up later.



Nicotine may also keep you awake. (Another reason to stop smoking).

Planning Ahead for More Healthy Eating

How is your eating going? What are ways you can improve your eating habits? Consider the questions below to help guide you in improving your eating habits, one meal at a time.



What is one small change you'd like to make?



What ingredient might you add to your next food shopping trip to accomplish this change?



Consider creating a shopping list of grocery items that you can keep in your house to help you make meals healthier. What items would you put on this list?



Partnering with Your Child

As you think about family mealtime, think of you and your child as partners. While you start off doing most of the work when it comes to preparing and serving food, it won't be long before he is reaching for the spoon, feeding himself finger-foods, and helping you prepare healthy snacks. Here are some ideas to help:



Show him how it's done.

Prepare and eat healthy foods for snacks and mealtimes. (Of course, treats are allowed). Talk together at meals and discuss your day, what is on your plate, and how these foods will help all of you be healthy and strong.



Look for how he does his part.

For example, does he turn towards you when he sees you coming with his bottle? Does he reach for the spoon you are using to feed him applesauce? Does he ask to help tear up the spinach leaves to make a salad?



Be aware of how much he has to learn to be a healthy eater.

For example, he has to learn to swallow, chew, and pick up finger food; bring the food to his mouth; use a spoon, fork, maybe chopsticks, and a cup; discover how his tummy feels when he is full; learn to stop eating when he feels full; and recognize what healthy foods are.



Provide what he needs for success.

For example, offer child-sized plastic plates, spoons and forks, a sippy cup with handles, a bib, your patience, and plenty of paper towels because there will be spills for sure.



Take a Moment: Being Partners

How does your child show you he wants to be your partner at feeding or mealtimes?

What healthy eating skills do you think he will work on next?



Think of Eating as a Learning Time

Meals are times to learn:



New vocabulary words.

Use interesting words. For example, describe the refreshing feel of the soft water or the glimmering stars on his pajama pants.



New concepts or ideas.

These are words and phrases that help define the world, such as cool and warm, soft and crunchy, sweet and sour.



"I can do it."

When you point out how he is helping, he learns he is competent.

"Thank you for handing me your spoon. Would you like to take a drink now?"



He can trust you to keep him safe and comfy.

When you are sure he has had enough to eat and remind him to stay seated in the high chair so he doesn't fall, his trust in you builds.



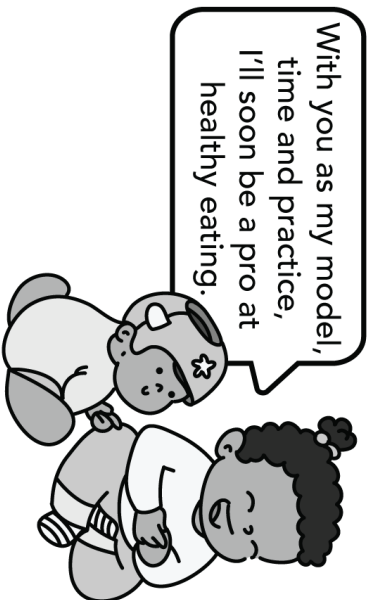
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Eat healthy foods and take care of yourself...	Taking care of yourself is important. Because you do it, I will want to do it too. I love you and want to be like you.
Think about your childhood mealtimes and what you want to share from them with me...	Mealtime is family time. Our family has our way of doing things. We share a prayer and a story about our day.



Learning to Feed Myself from a Child's Point of View



Figuring It Out Together

Here are some of the things your child might tell you about learning how to eat, if she had the words:

Through a Young Child's Eyes

Feeding

0-4 months

I have a special cry that tells you, "I am hungry" or "my tummy hurts."

I look in your eyes, coo, and smile when you hold and feed me.

I discover my hands and may reach out to touch your hand, breast, or the bottle.

I feel better when I'm burped because this whole sucking, swallowing, and breathing thing is tough to coordinate!

4-6 months

I let you know I am hungry in different ways. I may cry or fuss, reach for you, smack my lips, or get frustrated if I have to wait.

I can control my head better. I can roll over and am beginning to sit with help.

I adjust my position to get milk easier from breast or bottle.

I am gaining the skills I need to eat solid foods. I can sit in my high chair. My tongue moves food to the back of my mouth, and I know how to swallow it.

If I am pushing cereal or mashed food out, I may not quite be ready yet, but I'm learning.

I tell you "I am done" when I turn away or push away the breast or bottle or spoon.



Through a Young Child's Eyes

Feeding

6-12 months

I may babble, coo, catch your eye, reach for the breast, or point to my bottle to tell you "I am hungry."

I can hold my own bottle. I also begin to use my fingers and hands to feed myself. I reach for a graham cracker and dip my finger in the bowl of applesauce and lick it off.

I may push the bib away to say, "I don't want it." (You can put it on me anyway.)

I reach for the spoon when you feed me or the washcloth when you wipe my face.

I may push your hand or the spoon away or shake my head "no" to say, "I am done."

I may start drooling (a lot!) and mouthing both food and non-food items as my teeth start coming in. You can help me stay safe by watching what I pick up - because I don't yet look at things before putting them in my mouth. And, I may enjoy and be comforted by a teether that you keep chilled in the refrigerator

12-18 months

I may say "Ba ba," point to or try to reach for a cracker to tell you, "I am hungry."

I still enjoy sitting with you and nursing or having my bottle, especially when you talk and sing with me.

I can drink from a sippy cup.

I like to explore my food and the utensils I'm learning to use. Things may get messy!

I can hand you the cup or banana when you ask for it.

I am getting new finger skills. I try to pick up a crumb and eat it, or I may try to buckle or unbuckle the strap on my high chair.

I may refuse to eat mashed cauliflower and point to the applesauce that I want instead.

I may kick the high chair, push my cup onto the floor, or say "down" when I am done.



Through a Young Child's Eyes

Feeding

18-24 months

I may say, "Eat" when I am hungry.

I may grab the spoon and try to feed myself. (Having two spoons will make life easier for both of us).

I may use my word for bottle when I want my cup.

I can use my thumb and forefinger to pick up small pieces of food.

I may get frustrated when things don't go my way, like when the cooked carrots slip off my spoon or fork.

I pretend to feed my stuffed animals or dolls and to cook. Watch and you may hear me say and do things you say and do with me.

I may say, "No," "Done," or pull off my bib or shake my head to tell you when I am done.

I may get angry when someone teases me with food or pretends to take something off my plate and eat it.

24-36 months

I may walk over to the fridge and try to pull open the door when I am hungry.

I may ask for a "sandwich" and refuse apple slices when I am hungry.

I may reach for food on your plate or hand you a piece of my peach.

I feel proud to be a real helper when you let me carry the napkins to the table or stir the pancake batter or tear the lettuce leaves for our salad.

I can walk to the sink and wash my hands with you before we eat.

I can hand you the plate when you ask me to pass the sliced pears to you.

I may watch to see if someone gets a bigger cookie than I do.

I may tell you, "Get down please," when I am done.

I may show you my sense of how things work by demanding only milk in my blue cup and only juice in my orange cup.



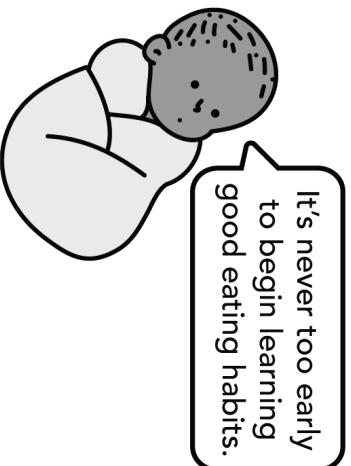
Take a Moment: You and Your Child

What would your child tell you about learning about healthy eating?

How would you respond to help her take her next steps in learning about being healthy?



Understanding Your Baby's Needs



Figuring It Out Together

Get your baby off to a healthy start. For the first 4-6 months, breast milk and/or formula will give her the nutrients she needs. At her 4-month well-baby visit to her healthcare provider, talk about when you can begin to give her water and when and how to introduce solid foods.

If you are breastfeeding:



Ask for help.

Breastfeeding is a skill that can take practice – for both mom and baby. Someone with experience, such as a lactation consultant or community group (e.g., La Leche League), can help you with basic instruction.



Keep it up as long as you can.

Breast milk is all your baby needs for the first 6 months. It helps keep baby from getting sick and can help prevent obesity later in life.



Pump milk to give other family members a chance to feed her –
and to give mom a break.

If you are bottle feeding:



Be exact.

Wash your hands. Follow the instructions to mix her formula.



Put only breast milk or formula in her bottle before 6 months of age
(unless her doctor says otherwise). No water, cow's milk, or juice.



Hold, don't prop.

Propping up the bottle can make it easier for baby to choke. It can cause liquid to collect in her mouth and get into her ear which can lead to ear infections and even hearing loss. It can also lead to early tooth decay.



To warm baby's milk use a bottle warmer, warm a bottle or milk bags in tap water, prepare formula with warm tap water.



SAFETY ALERT: Warming milk or food in the microwave can lead to *hot spots* that can burn baby's lips and mouth. Always stir, shake, and test the temperature before feeding baby.



Breast or Bottle...

No matter how you are feeding your baby, here are some ideas to keep in mind:



Show your love.

Put down your phone. Turn off the TV. Hold baby. Eye to eye. Talk to her – about anything. Your voice is music to her ears.



Hold off on water until baby is about 6 months old.

Breast milk or formula is all she needs.



Look for hunger signs.

Babies have several ways to show they are hungry! These actions include smacking or licking her lips; opening or closing her mouth; sucking on her lips, tongue, hands, fingers, toes, toys, or clothing; and fussing and crying.



Burp her.

Tummy gas hurts. The American Academy of Pediatrics says to burp before switching breasts or between every 2-3 ounces if using a bottle—up until about 6 months old.



Look for signs she is full.

Slowing down on sucking, pausing between sips, releasing the breast or nipple, and relaxing or even dozing off are signs she is full.



End mealtime when she has had enough.

It will help prevent a tummy ache today and reduce risk of obesity later in life.



Take care of her gums and mouth.

Wrap a piece of gauze or soft wet washcloth around your finger and wipe inside her mouth and gums after feeding and before bedtime. This removes bacteria that can cause plaque and damage new teeth as they emerge. No toothpaste needed.



Introducing Solids



Get the OK from her healthcare provider.

Decide first steps for baby's first foods. Keep in touch about baby's growth and weight during scheduled visits and in between visits, if there are concerns.



Look for signs she is ready.

Is she around 6 months old? Can she hold her head up? Sit up in her high chair? Use her tongue to move food to the back of her mouth (instead of pushing it out)? Is she looking at or trying to reach for your food?



Lessen the chance of allergies.

Most babies begin their eating careers with infant cereal and pureed veggies, fruits, and meats that rarely cause allergies.



Take it slow.

Offer her a teaspoon or two of soft food after nursing or bottle-feeding, and use a baby-sized soft-tipped plastic spoon. Let her smell it. Gum it.



Keep food safe.

Pour baby's food into a small dish. If you dip her spoon into the jar throw the rest away because bacteria from her mouth will now be in the jar.



As teeth begin to appear, brush them gently with a soft baby toothbrush.

Brush her tongue too, if she'll let you. Use a tiny rice-sized dab of baby toothpaste (available in drug stores and supermarkets). Keep on the outlook for decay (brown spots or pits). Talk about her teeth care with her healthcare provider and decide when to make her first dental appointment.



Keep up brushing until she learns to do it herself.

Usually around age 6.



A Word on Food Allergies

If other members of your family have food allergies, your child is at higher risk of developing similar allergies. If your child is adopted, you may not know her medical history.

Talk with your baby's healthcare provider to learn what is best for your baby.

Research shows that introducing foods that can cause allergies, like soy, eggs, wheat, fish and peanut butter at 4-6 months may help to prevent the development of food allergies later. You and your healthcare provider can develop a plan to accommodate your child's food allergy needs.



Take a Moment: Any Questions?

What questions do you have about feeding your baby in her first year of life?

Write them down to share with your home visitor or healthcare provider at the next visit.



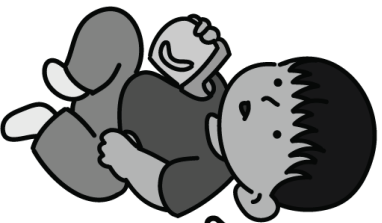
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Feed me and add in social time...	Eating together is about more than food. It is about our relationship.
Work with our home visitor to get information or food that we need...	There are people I can depend on besides you and other family members.



Eating Right for Toddlers and Twos



Let's eat!
And drink --
milk!

Figuring It Out Together

Get your baby off to a healthy start. For the first 4-6 months, breast milk and/or formula will give her the nutrients she needs. At her 4-month well-baby visit to her healthcare provider, talk about when you can begin to give her water and when and how to introduce solid foods.

Basics of Healthy Eating for Toddlers and Twos



Expect a slow-down around 1 year of age.

At this age, children aren't growing as much. They generally need 1,000 calories a day on average.



Expect the unexpected.

He may eat as much as he needs for the day at breakfast and pick for the other meals. He may not eat much today and make up for it tomorrow.



Stick with the food groups.

Your child needs the vitamins, minerals, fats, and roughage she gets from these food groups: whole grains, fruits and vegetables, milk and dairy products, meat, fish, and meat alternatives. Treats she could enjoy occasionally may include: cut up fresh fruit, cheese sticks, bagels or mini pita breads with cream cheese, sweetened or lightly sweetened cereals, animal or cheese crackers, drinkable yogurt or a small glass of juice diluted with water.



Give her milk.

Children should have 16 oz. of milk each day. The American Academy of Pediatrics (AAP) recommends children drink whole milk until they are 2. Then switch to low-fat and then no-fat over a few weeks.



Avoid power struggles as much as possible.

Let him make choices. Offer finger foods and child-sized utensils so he can eat on his own. Assist as needed.



A Note of Reassurance

Most parents worry about eating. It's natural. Is he eating enough? Too much? The right foods? The thing is, most of the time, your child will know how much to eat and will choose a variety of foods that give him the nutrition he needs over time. Of course, if you have concerns about his appetite and growth, speak to his healthcare provider. But most of the time, if you are giving him healthy food from the basic food groups with different textures and colors, he will be A-OK.



Be Prepared for Picky Eating and Food Refusal



Honor what your child is learning about himself and his needs.

Children eat when they are hungry. If you give them good options from which to choose, they can't go wrong. Research suggests that children do a better job of eating when they choose what and how much they want.



Mix it up.

There is no law that says you can't serve a grilled cheese sandwich or hamburger for breakfast or have whole-wheat pancakes for dinner.



Give it time.

Researchers have found it can take 10 to 15 tries for a child to get to know and like a new food.



Watch the milk and juice.

Too much to drink will fill his tummy and he won't have room to eat.
(Note about juice: Always add some water to cut the calories and sugar.)



Take a deep breath.

The more you can relax about eating, the less tense mealtime will be, and the more likely everyone, no matter their age, will eat and be happier.



Another idea you want to try?



Take a Moment: Trying a New Food

How do you feel when someone offers you a new food that may look, taste, and feel different from what you are used to eating?

How do you respond to new or unfamiliar food offerings?

Do you think your child has similar thoughts and reactions when you give him a new food?



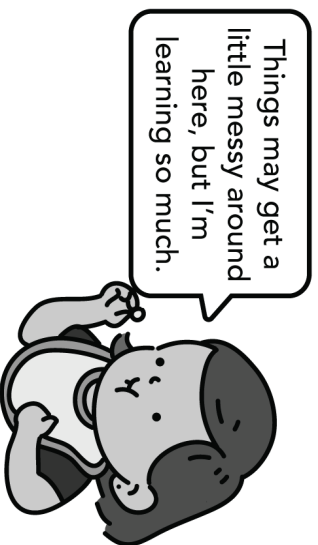
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Let me choose foods from what you offer and don't force me to eat more than I want...	I have some control over my own eating. I can trust myself to know what I like and how much I want.
Offer me many chances to try a new food...	There are lots of tasty foods out there to try. Some I like. Some I don't.



Meals are About More than Eating Right



Figuring It Out Together

Eating is about more than good nutrition. It is about helping your child develop new motor skills, like chewing, swallowing, and holding a cup or spoon. It is also about deepening relationships as you prepare food and the table together, eat together, and share stories of your family and culture.

Check in with You

- ?** What is your picture of mealtime? What do you want mealtime to be like?
- How is this the same or different from mealtime when you were growing up?

- ?** How do you feel about *messiness*? What can you live with? How can you keep your feelings from making mealtime a tense time?

- ?** What can you do ahead of time to reduce the stress of a mess? (For example, putting a bib on your child, having paper towels nearby, changing from work or school clothes).

- ?** How do you navigate decision-making? When do you follow his choices? Insist on yours?

- ?** What do you want him to learn about mealtime from watching you? You are his model.



Take a Moment: Your Influence

How do you shape family mealtime?

Is there anything you want to continue doing? Anything you'd like to change?



Invite Your Child to Help You Prepare for a Meal

Of course, there are times you are in a hurry and just want to get dinner ready alone and quickly. This may be true most of the time. But, when life allows, these ideas will help your child develop new skills and feel *I can do it* as you work together:



Your baby, sitting safely in his baby seat, may enjoy the sights, sounds, and smells as you prepare dinner and talk with him about what you are doing. He may enjoy a nap knowing you are nearby.



Your toddler will enjoy doing *real jobs* as he tears lettuce leaves for the salad, stirs with a wooden spoon, carries napkins, or pushes his high chair to the table.



Your 2-year-old will enjoy pouring milk from a measuring cup into a plastic bowl and stirring the pancake batter; counting and scrubbing carrots or potatoes (on a small tray with a little water and vegetable brush); carrying anything unbreakable to the table; and wiping crumbs off a table, chair, or floor.



Another idea you want to try?



Eat and Talk Together



Find times when everyone sits and eats together – or at least some of you – as your family schedule allows.

It isn't always easy to get everyone together these days. Gathering everyone lets your child know that eating is about being together too.



Give mealtime a sense of order by developing a simple routine.

For example, wash hands, everyone sits down, say or sing a prayer, put on your child's bib, be sure everyone has a napkin, and then begin to eat.



Give your child a sense of control.

Remind him to chew. Give him child-sized utensils and plastic dishes he can use on his own.



Create one or two basic rules for everyone—for now.

For example: everyone sits in their seats to eat or talk in inside voices, or food is for eating not throwing. And for the adults: "Put cell phones away" is a big one. It is hard to be a family and to enjoy a little time together when the adults and older kids are worlds away on their phones.



Model mealtime conversation.

It isn't always easy to think of something to say when trying to get a toddler to eat. Something simple like everyone sharing a sentence about their day can get you started.



Another idea you want to try?



Eating Out



Choose a place that is family friendly.

If you aren't sure, check ahead. Find out if they have high chairs.



Choose the right time.

A tired, cranky child will guarantee no one will enjoy their meal so plan to go out after a nap. Is he not feeling well or have there been many unusual events lately? Wait for another day.



Bring the right stuff.

Pack wipes and a clean shirt to take care of spills. Small toys or books can keep him busy at his seat. Put a healthy snack in your bag, so he can start to eat, if service is slow.



Take a walk.

Young children can't sit too long. If you notice he is getting antsy, take him for a walk around the restaurant inside or outdoors.



Be prepared to leave.

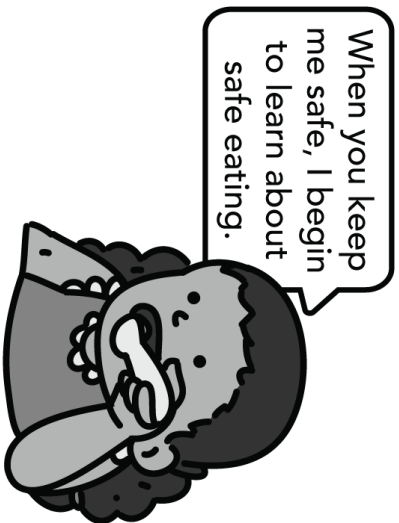
If he - and you too - are spending more time fussing and start to lose it, pack up a doggie bag and head home. You can try again another day.



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Invite me to help you set the table or stir the pancake batter...	I am competent. I am a part of this family, and I am proud to help get dinner ready.
Tell us about your day and ask about mine...	There are lots of tasty foods out there to try. Some I like. Some Eating together is a time for listening and talking together. You care about what I have to say. I don't.



Figuring It Out Together

Here are some ways to help you keep your child safe while eating. You can do this when you pay attention to where, how, and what your child eats. Knowing what to do if there is a problem, and being sure all the adults in his life know it too are also safety steps to take.

Let Him Know Where and How to Eat



Help your child understand that her high chair is the place she eats when she is able to sit.

She should drink her bottle there, too, or in your arms. Walking around with food and drink can lead to choking.



Invite her to pay attention to chewing and swallowing.

Show how you chew and swallow. Explain: "Mommy chews and swallows her food before she talks."



Is she a big eater? Redirect her from putting too much in her mouth at a time.

Invite her to slow down by talking and singing together between bites.



Safety Alert: Prevent Choking

Safety Tests: You can check food items and toys or other play objects for their safety against choking.



Use the toilet paper roll test:

Safe items CANNOT fit through a toilet paper roll.



Read the packaging of any new toys for suggested ages.

Small pieces are not meant for children under 3 years. Avoid latex balloons, small balls, marbles, and toys with small parts intended for older children. Check her toys for pieces that could break or fall off.



Check used toys (yard sale, hand-me-downs from friends and family) to make sure they are in good working order and that there are no small pieces that can come off.



Choking is always a hazard. Young children explore and learn by putting things in their mouths. They have small airways, and their coughing is not strong enough to push out something that is blocking it.



Some health conditions, such as swallowing disorders, neuromuscular disorders, developmental delays, and traumatic brain injury, may make it more likely a child will choke.



Foods to avoid for children age 4 and under include the following: hot dogs, chunks of meat or cheese, grapes, raw vegetables, fruit chunks that could lodge in your child's throat, seeds, nuts, popcorn, hard candy, chunks of peanut butter, marshmallows, and chewing gum.



Your baby is new at chewing and swallowing. Cut fruit and cooked vegetables into small pieces—about ¼ inch (pea-sized). Give her a little bit of food at a time, so she is not tempted to put too many pieces into her mouth at once.



Take a Moment: Safe Eating

What steps do you already take to keep eating safe and healthy for your child?

Is there anything you may want to do differently? Add?



Food Allergy Basics

A food allergy happens when the body reacts against harmless proteins in food. The reaction often occurs shortly after eating or drinking that food.

A child can be allergic to any food. There are eight common suspects to check out first with your doctor: milk, eggs, peanuts, soy, wheat, tree nuts (e.g., walnuts, cashews), fish, and shellfish (such as shrimp).

Signs of an allergy can include itching, rashes, vomiting, diarrhea, wheezing, sneezing, and/or difficulty breathing,

The good news: Most kids outgrow egg, milk, wheat, and soy allergies by age 5. Allergies to peanuts, nuts, and seafood more often can last for a lifetime.

Research shows that introducing foods that can cause allergies, like soy, eggs, wheat, fish, and peanut butter, at 4-6 months may help to prevent the development of food allergies later. Talk with your baby's healthcare provider to learn what is best for your baby.



SAFETY ALERT: No honey for your honey – until she is at least 1-year-old. Honey may contain spores of botulism bacteria that may be linked to SIDS.

Talk Safety with Other Adults Your Child's Life



Be clear about safety messages, and convey these messages to everyone who cares for your child whether in your home, their home, or a child care program. You may want to even write down and post the safety rules you want them to follow.



Talk food allergies. Make a sign at home and be sure your child care facility has a list of food allergies for your child. When you go to a birthday party or travel, be sure there will be food your child can eat or take some with you.



Be sure anyone and everyone has your contact information and your child's healthcare provider contact information.



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Tell other adults safe eating rules and let them know about any allergies I have...	I can count on you to protect me –even when you are not there.
Bring food I can eat to a birthday party even with my allergies...	It is fun to eat and be with others.



Everyday Moments

Diapering and Toileting



Main Elements

Content Areas

- Teaching About Diapering and Toileting: *Protective Factors and Trauma-Informed Principles*
- The Science: Body Awareness and Control, Understanding Routines and Time, Stress and Regression
- Why it Matters to Families: Opportunities to Connect, Developing Routines and Normalizing Body Functions, Reading Your Child's Toilet Cues, Working with Child Care, Cultural and Family Influences on Expectations
- Home Visit Activities and *Family Pages*
- Important Safety Supports and Knowledge: Physical safety – Changing Tables, Toilet Locks, Diaper Rash, Dehydration, and Constipation

Support Connections

- Pediatrician's Office

Teaching About Diapering and Toileting: Protective Factors and Trauma-Informed Principles

Toilet learning is one of the most discussed and anticipated milestones of early childhood. Parents may experience pressure to get their young child to meet expectations from a variety of sources – extended family members, child care professionals, and other parents in their social networks. Parents may have expectations of when young children will consistently be successful in *staying dry* and managing their toileting needs throughout the day and overnight. Parents may also face economic pressures for their children to meet this milestone. Diapers are expensive, whether disposable or cloth systems are used. Helping parents support their young children in achieving the body control and communication skills needed for successful, consistent toilet use is multidimensional.

Helping parents address the sources of pressure they experience is vital in helping them help their child learn these skills without shame and punishment. When shame and punishment are used to try to force a child's bodily control, those can create long-term challenges to a child's sense of competency and self-esteem. TRHV purposefully uses the phrase "toilet learning," rather than the more adult-focused phrase of "toilet training," to help keep the focus on supporting the child's growing abilities and skills.



Accidents are going to happen. Bodies do not always do what we think they should in the manner they should. Normalizing regular body functions and recognizing both the abilities and limitations of a young child's body awareness and control are key to building parents' healthy expectations for toilet learning. This awareness and understanding, in turn, can help parents address the range of comments and advice they may receive from well-meaning individuals. In addition, parents will be more confident and competent in working with healthcare providers if their young child experiences challenges that are not typical or that indicate a potentially serious issue related to toileting. These may include diaper rash, significant changes in stool consistency (e.g. diarrhea or constipation), or unexplained pain.

This chapter helps to address the following *Protective Factors*:



Parental Resilience



Knowledge of Parenting and Child Development



Social and Emotional Competence of Children

Diapering and Toileting is a topic that may open home visitor-family conversations about control and expectations in a variety of ways including the following:

- Parent control and desires for toilet learning,
- Insight into what parents think are important for developing their child's abilities,
- Stories parents have heard from family and friends about how children were *early* or *late* for this milestone and the associated emotions of pride or shame,

- Parents' feelings about experiencing diaper blowouts or a toddler's loud announcement in every restaurant that they need to use the potty, and
- Feeling embarrassed by an early childhood care professional when the parent is given a bag of wet or soiled clothes and announces the child went through three sets of clothes that day.

The principles of *Trauma-Informed Care and Practice (TICP)* can help you create conversations and strategies to support families and their infants and toddlers. These principles highlight ways that families can create safe, loving, and empowering connections to support young children's progression toward successful toileting in their first 3 years.



Safety– Both physical and psychological safety are important for an infant and toddler's experiences with diapering and toileting. Babies typically have diaper changes 8-12 times a day, and the diaper routines that are established by their caregivers create early expectations for how they will be treated, talked to, and touched as they are cared for. Physically, very young children who stay in wet or soiled diapers for extended periods of time are more at risk of diaper rash and infections. These can lead to having pain and negative emotions associated with that part of their body. Medical interventions to address these condition(s) may also be stressful and painful. Making sure that a changing space is secure for an increasingly mobile infant is another element of physical safety.

Psychologically, diaper changing times are opportunities for parents to connect with their infants – talking about their body and the actions the parent is taking to clean and support them. Parents can begin communicating about how their child's body works, normalizing daily functions, and showing care. When accidents occur, a parent's response can lead a child toward increased or decreased feelings of competence.



Everyday Moments

Diapering and Toileting



Trustworthiness and Transparency– Early infusion of care and connection into diapering routines supports a growing sense of trust between infants and their caregivers. This forms a foundation for emotional and physical support as the child grows into toddlerhood and starts taking steps to gain greater body awareness (e.g., recognizing sensations that one needs to pee or potty) and body control (e.g., the ability to hold one’s bladder until at a toilet and clothing is out of the way). Young children who can trust their parents and caregivers when accidents occur are less likely to experience shame or punishment as a result. This, in turn, can lessen the likelihood of a young child developing fears about toileting.



Peer Support and Mutual Self Help– Home visitors can model supportive, non-judgmental responses when a young child has a toileting need, including accidents and toilet-learning milestones. Sometimes, parents do not have supportive words or responses from their own experiences or watching others; maybe they only know what they *don’t* want to do or say.

By modeling developmentally-appropriate strategies and language, home visitors can offer positive alternatives to replace or prevent parents from using punishment and shame-based responses. These can include setting realistic goals, making charts, and using positive reinforcement. Sharing information about their child’s development supports parents by fostering patience and realistic expectations. It also helps parents address social pressures that they may feel in their day-to-day lives related to their child’s toileting.



Collaboration and Mutuality– Parents can help even the youngest infants become engaged partners in diapering and later toilet learning. Sometimes, parents can benefit from narrating their and their infant’s actions so that movements and abilities become more visible to each person in the partnership. For example, you can model language that connects to the infant’s actions, such as “You pushed up your bottom to help me move the diaper – thank you!” Parents can meet their toddler during play and change the pull-up without interrupting the child’s exploration, narrating “Now lift your right leg” while touching it to cue which leg to lift.



Empowerment, Voice, and Choice– Young children are developing their internal motivations for toileting (e.g., I like to stay dry, I don’t want to wear a diaper/pull-up) as their families and caregivers provide external motivation and support (e.g., buying a child-sized toilet, reading books, providing rewards for peeing and/or pooping in a toilet).

There are several strategies to support a young child’s empowerment and choice. For example, parents can help children learn how types of clothing affect how easy or difficult it will be for them to manage their own toilet needs. Parents and other caregivers can establish a standard routine that everyone uses the toilet before an event or travel or limits drinks before bedtime. Some children may be more or less inclined to use *strange* or public toilets. Can you think of other strategies that are supportive and safe?



Everyday Moments

Diapering and Toileting



Cultural, Historical, and Gender Issues— As mentioned at the beginning of this topic, parents bring their own experiences and expectations with diapering and toileting and often receive comments and advice from extended family and friends. Families you serve may have diverse cultural backgrounds with different methods for caring for young children's toileting needs and strategies for bladder and bowel control that have worked well in their cultural context. Taking time to learn about the family's cultural and historical background helps you understand their concerns, motivations, and expectations around toilet learning.



The Science: Understanding Progression of Infant/Toddler Toilet Learning

Development of Body Awareness, Communication, and Control

There are several individual cognitive, communicative, and motor skills that must develop in order to successfully reach toilet learning milestones. Remember, there are many smaller milestones to notice and celebrate with a young child. It is also very important to note that complete control over toileting typically does not occur before age 3 years. It is common for young children to gain the abilities to control their bladders and bowels during the daytime, yet they may still need support for nap-time in preschool and nighttime during the elementary years. In addition, it can be difficult to make a choice to stop playing or doing something interesting and engaging just to go to the bathroom. It is common for children into early elementary years to make an error in judging how long they can wait when there are options for doing other things. Even adults can make a mistake in how long an errand, a meeting, or a trip home will take and then need to do the "I gotta GO!" dance to the nearest restroom!

Body Awareness

Body awareness is the cognitive and sensory development of young infants learning about themselves. Infants are learning about things they experience internally, such as recognizing physical states of hunger and fullness; being tired; and tummy rumbles, burps, and toots and emotional states, like contentedness, fear, and happiness. Infants are also learning about their physical presence in their world – where their body is in relation to other aspects of their environment, including their important people, places where they are put (e.g., carriers, the floor during tummy time, sleep spaces) or move to on their own (e.g., pushing up into a corner of a crib, rolling across the floor to a toy).



Body awareness is a necessary first step in being able to eventually control and guide one's own actions, including holding and releasing one's bladder and bowels.

The feelings of being wet and of having a bowel movement are some of the most direct and recurring sensations a young infant can experience. There is significant cultural variation in infants' development of this awareness. The type of diapering products used can influence how easy or difficult it is for an infant and toddler to feel that wetness or messy diaper. In cultures that use cloth diapers or simply cloth coverings or let their infant be bare-bottomed, infants develop body awareness for bladder and bowel control in the first year. These cultures also tend to have adults (e.g., mothers, extended family members, older siblings) carry infants in slings and wraps, so, when an infant pees or poops, there is a person right there who knows immediately and who can help the infant make connections to anticipate their body functions. In many of these early awareness communities, mothers and extended caregiving kin will use cues, such as a certain whistle or phrase and then hold the infant over an appropriate space to toilet and repeat this on a regular routine. Toddlers in these communities tend to reach daytime toileting milestones as early as 12-14 months, which is much earlier than in the United States.

In the United States, disposable diapers are the most common choice of parents, and many parents need to use paid or familial child care during part of the week in order to meet other family and work responsibilities. In addition, parents are not as likely to do extended baby-wearing. Instead, they use cribs, play spaces, bouncy seats, strollers, and car seats throughout the day. These different contexts impact how close an adult is to an infant and how quickly one can respond when a diaper change is needed. Disposable diapers are also highly absorbent and wick away moisture from a baby's skin, which can be positive in



terms of helping reduce risk of diaper rash. However, these product characteristics also mean that it can be more difficult for infants and toddlers to become aware of their body's functions.

Did you know that when disposable training pants (e.g., Pull-Ups) first came out in 1989 and through the mid-1990s, they advertised that cartoon characters on the front of the pull-up would disappear when the child was wet, and that was how a toddler could *learn* a change was needed? This meant that toddlers could not feel when they were wet, and the marketing directed parents to teach their young children to look at the cartoon character to know if they had wet themselves. It probably seems silly to look for disappearing cartoon characters instead of learning about one's body sensations to know if one is wet.



Everyday Moments

Diapering and Toileting



But, sometimes products have more direct benefits for a parent or caregiver than for the child. High absorbency and disappearing characters work for caregivers who cannot quickly change out a wet pull-up or who need to care for multiple children and respond swiftly if a child needs a change. It can be helpful to talk with parents about diapering choices they make and how each choice can have both expected and unexpected benefits and drawbacks in helping a young child work toward toileting milestones.

There is a lot of sensory information coming in through sight, hearing, touch, smell, and taste. Each of these experiences help infants understand just a bit more about themselves and their world. Learning about one's body functions and sensations prepares a young infant to anticipate changes in feelings and sensations due to changes in the caregiving or physical environment. Think of a father who crinkles up his



nose and face while changing a messy diaper, drawing his infant into the running conversation about what the infant's body accomplished with a "Shew! That's a lot today. Look at you, digesting all that food. Let's get you cleaned up and feeling comfortable." That dad is helping his infant learn about body functions, engaging with the child in a positive way, and encouraging responses from his infant with the way he is speaking. Dad is helping his infant form a mental script of sensations and expectations that are not yet words. If words were to describe what the infant hears and learns, they may be: "When my diaper is uncomfortable, my dad talks to me about what my body did and what he is doing to help me, while wiping my bottom and changing my diaper and clothing."

Communication

In the first few months of infancy, a child will communicate about wet and soiled diapers through a range of distressed expressions, body movements, and cries. Parents can support these early communications by using words that reflect and respond to the infant's emotions and needs and using touch that conveys care and respect for the infant's body and emotional state.

As infants gain motor control, they can begin coordinating their actions with the routines that are developing during diaper changes. This, too, is a form of communication and contributes to an ordered pattern infants are learning to anticipate. As the relationship deepens, both infants and parents may introduce silly and teasing moments. A parent may blow raspberries on a child's tummy, kiss and count toes and fingers, or use a clean diaper to play a bit of peekaboo. Infants and toddlers may lift a foot in the air for a kiss or tickle or roll over in a new game of "watch me flip!" – for which a parent needs to have both quick reflexes and make safety adjustments!



As a child grows into toddlerhood, words are added to communicate a body function or need. A 14-month old may go to the changing table and point to the wipes and then to his or her messy diaper. Unique personality and temperament characteristics develop that let parents understand how their toddler feels about and reacts to potty needs.

Some toddlers may really not like the feeling of a wet or messy diaper and demand immediate changes or decide they want to potty like a big girl or boy, while other toddlers may not care deeply about a messy diaper and want to continue with their current activity. Others simply need more time for their body control to mature, and it can be stressful to feel pressure to perform for parents, preschools, and others.

Children may communicate their level of comfort with toileting in new or different places, such as restaurants and churches. Older toddlers are often curious about bathrooms in different places, and they may want to explore them. It is common to have a toddler who is shy or cautious about unfamiliar bathrooms and who does NOT want to use it.

Tuning in to the verbal and non-verbal communications infants and toddlers share is important for parents as they build a partnership with their young child to work together and take care of their child's toileting needs. These needs may happen on a typical schedule, like after nap; an inconvenient time and place, like the checkout line of the grocery store; or when the child is ill or reacts badly to a food, losing body control. Being able to engage with the goal of supporting the infant or toddler through the moments of struggle make a big difference in helping children move forward with confidence and success on their milestone timelines.





Body Awareness → Body Control

Body control for toileting uses a wide-ranging set of fine and large motor skills, which continue to develop through and past the infant and toddler years. If body awareness is learning what your body does and recognizing certain cues and urges for peeing and pooping, then body control is the brain's growing ability to decide what actions need to be taken and what muscles need to engage and disengage to get the job done in a timely manner and in an appropriate spot!

There are internal body control aspects, such as learning to hold one's bladder or bowels when there is an urge to go to the restroom. These develop from the growing awareness toddlers have about their own body's functions. These skills typically develop over several months and years. As mentioned earlier, daytime milestones for staying dry and using a toilet often occur before a child is able to stay dry and not have a bowel movement at night. In the United States, there are typically higher levels of monitoring on a regular basis and routines in the home and in child care for going to the restroom at particular intervals. Nighttime wetting may occur through the early elementary years, depending on how deeply a child sleeps and how effective the brain and nervous system are at rousing them to go to the bathroom. Parents may try to help with nighttime needs by making sure that late night drink requests do not become a habit, scheduling bathroom visits just before bedtime, and taking their young child to the bathroom again just before they go to bed.

There are other aspects of body control that impact a young child's ability to take care of the overall toileting process. Mobility is one aspect – can toddlers get themselves from where they first feel the need to use the toilet to their potty seat or climb up onto a big toilet if that is all that is available? Fine motors skills to undo pieces of clothing is another aspect of body control.



Many parents start looking for elastic waist pants instead of button/zipper/overall options as toilet learning progresses. Fine motor skills are also necessary as toddlers learn to clean themselves after using the toilet. Support is typically needed for some time once young children start adding this step to their toileting.

Using the toilet requires coordination of fine and large motor skills as one must reach a light switch, open a toilet seat, pull down clothing, reach and get toilet tissue or wipes, put clothes back into place, and wash and dry hands. These are steps of navigating a bathroom space and going through the entire toileting sequence of actions. Toddlers who are not yet mobile or who cannot navigate the bathroom environment safely, must rely on a caregiver to respond to their communications to help get them situated for toileting.



Everyday Moments

Diapering and Toileting



Through a Young Child's Eyes

Diapering and Signs of Readiness for Toilet Learning

0-4 months

I am learning the sounds and feels of milk moving from my tummy and out from my body.

Sometimes my body makes funny noises, and you can help me by holding and burping me and by rubbing my tummy.

I may be a baby who does not like feeling wet or soiled at all! I cry as soon as I notice it. I may be a baby who does not seem to get upset with a full diaper. You will get to know me and my reactions to wet and messy diapers and then be able to help me.

One day I will be using the potty. Can you believe it? I will need your support all the way.

4-6 months

The gentle, respectful, safe way that you handle my body tells me that you love me and teaches me about respect. You also help me begin to learn I can count on you to keep me safe and comfortable.

I want to be a partner. I begin to lift my bottom when you slide my clean diaper under me.

I learn new words you use to describe what is happening and that talking with you is fun when you tell me about what we are doing together.

I start to babble and talk back to you, letting you know I'm paying attention, and I want to stay engaged.

6-12 months

I look at you and hold out my arms to be picked up when you say, "Time to get changed."

I might cry or kick in frustration when you interrupt my play to pick me up and change my diaper.

I am learning parts of my body. I point to my nose, tummy and belly button when you name them.

I may protest, squirm, and try to roll over when you lay me on my back to change me.

Through a Young Child's Eyes

Diapering and Signs of Readiness for Toilet Learning

12-18 months

I can carry my clean diaper to you, and, if I'm close to that box of wipes, I may pull out a few to help you!

I may want to continue playing when a diaper change is needed. I can stand and play and still help you change me.

It will take some practice and coordination, but we can do it together.

I am very busy. I can be in the bathroom in a flash so be sure toilet locks and cabinets are secured.

18-24 months

I am learning the names of more parts of my body and repeat the new names you tell me.

I can go to the sink and wash my hands (with a little help) after you change me.

I stick out my legs one-by-one as you pull on my pants.

I may start noticing differences and similarities between my body and others – particularly if I have siblings or go to a day care with others my age.

24-36 months

I act out using the potty – with my doll or myself. You can support me and also help me learn about setting my own privacy about my body.

I begin knowing when I have to go or when I have gone to the bathroom. I may pull on my pants. Tell you, "I am wet." I might hide when I am having a bowel movement.

I love to practice flushing the potty. Again and again. Unless the noise frightens me, in which case, I may ask you to flush.

I can hold my urine longer and can signal to you when I need to pee-pee.

I'm curious. I may follow you into the bathroom and imitate you by sitting on my potty seat and reading just like you are doing as you sit on the toilet.

I may be able to stay dry during the day but learning to stay dry at night can take much longer. Sometimes even children in elementary school have nighttime accidents.



Challenges to Toileting Control

There are some situations in a young child's life that may interfere with reaching or maintaining toileting milestones. Stress and illness are known to impact a young child's abilities – and not just with toileting, although that often feels very stressful to parents who thought they had just finished with daily diapers. Regression is the term that health-care providers and early care personnel may use to describe these experiences. It means that a child who has reached a certain milestone or ability and seems to have been stable at being able to maintain that skill starts *going backwards*. One of the ways young children show they are stressed is through this regression. New skills and abilities are not always the most comfortable ones. Children tend to go back toward a level of ability that is easier to maintain. New toileting skills can be particularly tough to sustain when a new baby comes into the family or when parents and caregivers are not able to be as consistent and supportive as they were before a family stress situation occurred.

Illness can also adversely impact toileting control. Sometimes bodies do things that are painful, explosive, constipating, and bewildering. Having a plan for accidents and frequent changes will go a long way to reducing some of the stress of illness. Being able to communicate with toddlers about what their bodies are doing can help relieve fears and potential disappointment in failing to control themselves. Knowing what is and what is not normal is key for parents as they must make timely decisions to seek medical care. If a fever or unusual low energy is noticed and if there is a change in stool quality to very loose or constipated, healthcare providers will want to know information about water and liquid intake and food intake to help assess what needs to happen next.

Why Healthy Diapering and Toileting Matters to Families


For most parents, the day a child starts using the toilet is cause for celebration. Toilet learning is an opportunity for children to master new skills and gain positive, healthy sense of their body. It is natural that parents grow tired of changing diapers and are eager to put pressure on their child to use the toilet. Parents may also experience pressure from their families, child care settings that make using the toilet a prerequisite for admission or moving up to the next class, and other parents. Waiting until a child shows signs of being ready, such as items in the chart on the last page and working in a respectful, supportive way with a child as a partner can help parents make the process less stressful and more positive for all.







Boots on the Ground: Everyday Moment Conversations with Families




Parents' experiences with and expectations of diapering and toileting

-  *Parental Resilience* can be supported when parents are sorting through all the advice they may receive from family and friends about toilet learning and are trying to figure out what works for their child and family.


Partnering with and making diapering work for infants and toddlers

-  *Knowledge of Parenting and Child Development* and
-  *Social and Emotional Competence of Children* can be fostered when parents see their infant or toddler as an active partner in diaper routines, maybe by lifting her bottom and holding a clean wipe.

Making toilet learning work for parents, twos, and threes

-  *Parental Resilience* and
-  *Knowledge of Parenting and Child Development* and
-  *Social and Emotional Competence of Children* are nurtured as parents work with and appreciate their young child's growing body awareness and control, and can support and advocate for their child's toileting needs with family, friends, and child care providers.

Safe diapering and toileting practices

-  *Knowledge of Parenting and Child Development* can encourage parents to be proactive in creating and maintaining safe toileting routines and environments as their child grows and becomes more mobile from infancy to toddlerhood.



Family Pages

A series of *Family Pages* on *Diapering and Toileting* have been created to support your conversations with families while you are visiting and to become a resource for parent to refer to between visits. These include the following:

- Focus on You: Looking Back and Moving Ahead with Your Child
- Diapering & Toileting from a Child's Point of View
- Making Diapering Work for Your Baby and You
- Making Toilet Learning Work for You and Your Child
- Safe Diapering and Toileting

Related One-on-One Activities

These are suggested activities to promote healthy and family routines around diapering and toileting. A broad selection of one-on-one activities are available in the Activity Card deck.

- Notice and Wonder: How does your child participate in diaper/pull-up changes or in managing his need to visit a toilet?
Is your toddler wearing clothes he can pull on and off by himself?

- Talking and reading about bodies with your Toddler or Two: Develop routines that help address daily toileting needs with care and connection – make up a silly “Everybody potties before we get in the car” song, find books to read together about toilet learning, play a “name that body part” game.
- Pretend play about using the toilet with a doll or stuffed animal.

Book suggestions:

- *Please, Baby Please* by Spike Lee & Tonya Lewis Lee
- *Once Upon a Potty* by Alona Frankel

Additional Resources

Community and health connections may include:

- Pediatrician's Office, other Healthcare Providers
- Community/County Health Department





Diapering & Toileting





Focus on You: Looking Back and Moving Ahead with Your Child

Say you change your baby eight times a day. In his first year of life, you will have given him a new diaper 2,920 times! Let's say your 2 ½-year-old who is learning to use the potty has two accidents a day before he gets it. Anything you do together this often deserves thought and attention.

To be honest, diapers and soiled clothing can be smelly and messy. Sometimes, you will hurry as fast as you can to get your child into fresh and clean clothes.

But, the rest of the time, diapering and toilet learning are opportunities to teach your child that his body and what it produces is natural and healthy and there are new words to learn. Most of all, diapering and toilet learning are a way to deepen your relationship by working with him as a partner while he develops the body awareness and control that he needs to be a successful toilet-user.



How do you feel about diapering and toileting?

How you feel about diapering and helping your child learn to use the toilet was likely shaped by what your adults said and did when you were little. Looking at your feelings can help you move forward with your child today.



Take a Moment: A Look at Your Feelings

How do you feel about changing your baby's diaper? Or helping your child learn to use the toilet?

How old do you feel a child should be to starting using the potty?

How do you feel about having your toddler or two come into the bathroom with you when you are using the toilet?



Partnering with Your Child



Think of you and your child as partners.

It is natural to feel you are in charge, and, in many ways, you are. But, when it comes to going to the bathroom, it is up to your baby or toddler as to when and where he is going to go to the bathroom. Your job is to support him as he gains awareness and control of his body.



Look for how he does his part.

For example, does he lift his tiny bottom so you can slide his diaper under him? Does he have a sign to tell you he needs to use the potty like tugging on his pants or saying “pee-pep”?



Choose your words.

What words does your family use for parts of the body? For body products? If you are comfortable talking with your child, he will sense this and be comfortable too.



Be aware of how much is involved in toilet learning.

Here are some of the skills that your child needs to learn when mastering toileting: knowing you need to go, stopping play, going to the bathroom, turning on the light, pulling down your pants, getting onto the toilet or potty seat, getting toilet paper (not too much, not too little), wiping yourself, flushing, pulling up your pants, and washing and drying your hands.



Provide what he needs for success.

Show him what happens in the bathroom, read children's books about using the potty, find a potty chair he likes, tell him that *things happen*, show patience, and use your sense of humor.



Take a Moment: Being Partners

What does your child do to partner with you around diapering or toilet learning?

What partnering skills do you think he will work on next?



Think of Diapering and Toileting as Learning Times

Besides learning about his body and using the potty, diapering and toileting are a chance for your child to learn:



New vocabulary words.

Use interesting words as you talk about the colors and pictures on his clothing (for example, “That is a magenta humpback whale on your shirt”) and what you are doing (for example, “I am dabbing on some diaper cream”, “I am sanitizing your changing table”).



New concepts or ideas.

These words help define the world, such as up and down, wet and dry, cool and warm, used and fresh.



You keep him safe.

He learns to trust he is safe with you – even when being changed in a high place or the first time sitting on the toilet in a new place.



Things happen and life goes on.

Your matter-of-fact response when he wets his pants teaches him, “No big deal... let’s take care of it and keep on moving.”

Avoid the Comparing Game

Avoid comparing as much as possible. It is natural to compare what and how your child is doing in regards to toileting to others. Comparing can put unnecessary pressure on you, which ultimately can end up adding stress or tension to your interactions.

Every child learns to use the potty in his own way and at his own pace. Some are happy to try and, if they have accidents, so be it. Others wait – and it can be a long time – until they feel they *have* it and are comfortable letting go of their diapers.

Lots of people like to share advice for toilet learning. Think ahead about what you might say when someone comments about your child or compares your child to others.

If you have a concern, talk to your child’s healthcare provider. Ask your questions and pursue them until you have the information you need.



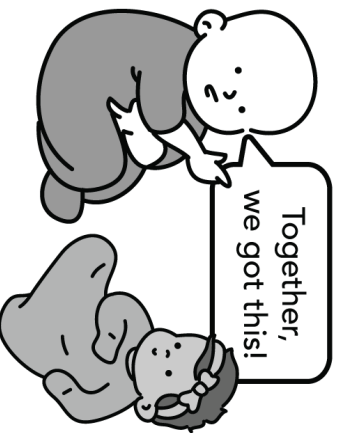
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
Are my partner in toilet learning...		I am capable and competent. Together we can do anything.	
Talk about and treat my body and body products with respect...		You value me and my body. Pooping and peeing are natural body functions, and they are not anything to be ashamed or embarrassed about.	



Diapering & Toileting from a Child's Point of View



Figuring It Out Together

Here are some of the things your child might tell you about diapering and learning to use the toilet:

Through a Young Child's Eyes

Diapering and Signs of Readiness for Toilet Learning

0-4 months	4-6 months
<p>I am learning the sounds and feels of milk moving from my tummy and out from my body.</p> <p>Sometimes my body makes funny noises, and you can help me by holding and burping me and by rubbing my tummy.</p> <p>I may be a baby who does not like feeling wet or soiled at all! I cry as soon as I notice it. I may be a baby who does not seem to get upset with a full diaper. You will get to know me and my reactions to wet and messy diapers and then be able to help me.</p> <p>One day I will be using the potty. Can you believe it? I will need your support all the way.</p>	<p>The gentle, respectful, safe way that you handle my body tells me that you love me and teaches me about respect. You also help me begin to learn I can count on you to keep me safe and comfortable.</p> <p>I want to be a partner. I begin to lift my bottom when you slide my clean diaper under me.</p> <p>I learn new words you use to describe what is happening and that talking with you is fun when you tell me about what we are doing together.</p> <p>I start to babble and talk back to you, letting you know I'm paying attention, and I want to stay engaged.</p>
6-12 months	
<p>I look at you and hold out my arms to be picked up when you say, "Time to get changed."</p>	<p>I might cry or kick in frustration when you interrupt my play to pick me up and change my diaper.</p> <p>I am learning parts of my body. I point to my nose, tummy and belly button when you name them.</p> <p>I may protest, squirm, and try to roll over when you lay me on my back to change me.</p>



Through a Young Child's Eyes

Diapering and Signs of Readiness for Toilet Learning

12-18 months	18-24 months
<p>I can carry my clean diaper to you, and, if I'm close to that box of wipes, I may pull out a few to help you!</p>	<p>I am learning the names of more parts of my body and repeat the new names you tell me.</p>
<p>I may want to continue playing when a diaper change is needed. I can stand and play and still help you change me. It will take some practice and coordination, but we can do it together.</p>	<p>I can go to the sink and wash my hands (with a little help) after you change me.</p>
<p>I am very busy. I can be in the bathroom in a flash so be sure toilet locks and cabinets are secured.</p>	<p>I stick out my legs one-by-one as you pull on my pants.</p>
24-36 months	
<p>I act out using the potty – with my doll or myself. You can support me and also help me learn about setting my own privacy about my body.</p>	<p>I may start noticing differences and similarities between my body and others – particularly if I have siblings or go to a day care with others my age.</p>
<p>I begin knowing when I have to go or when I have gone to the bathroom. I may pull on my pants. Tell you, "I am wet." I might hide when I am having a bowel movement.</p>	<p>I'm curious. I may follow you into the bathroom and imitate you by sitting on my potty seat and <i>reading</i> just like you are doing as you sit on the toilet.</p>
<p>I love to practice flushing the potty. Again and again. Unless the noise frightens me, in which case, I may ask you to flush.</p>	<p>I may be able to stay dry during the day but learning to stay dry at night can take much longer. Sometimes even children in elementary school have nighttime accidents.</p>



Take a Moment: Focus on You and Your Child

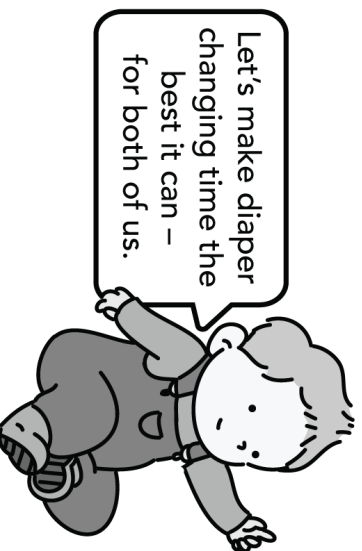
What might your child tell you about diapering or learning to use the potty?

How could you respond?



Figuring It Out Together

A few basic steps can help make changing time safer, healthier, and easier.



Diapering Basics for a Baby



Choose a safe spot.

There are many flat, clean surfaces that will work just fine. Anything from a changing table to a cleared dresser top or floor can work.



Be prepared.

Have your supplies within easy reach. Warm water and cotton balls (if he has sensitive skin), wipes, diaper rash cream (if needed), a clean diaper, and a little extra patience.



Keep one hand on baby at all times.

Even a newborn can surprise you and roll off a table or the bed.



Wipe from front to back – never from back to front.

You won't spread bacteria that can cause urinary tract infections, especially in little girls, when you follow this rule. Don't forget to get underneath and to clean the creases in those little legs and that sweet bottom.



Place a clean cloth or diaper over your little boy's penis – or get out your umbrella.

Being uncovered, out in the air, often causes baby boys to urinate.



If you find marks on baby's legs or waist, the diapers you are using are too small, or you are closing them too tightly.

Try them a little looser next time, and, if that doesn't work, try the next bigger size. Talk with your home visitor about possible places to get diapers at low or no-cost, like a diaper bank or community-based panties.



Another idea you want to try?



Diapering Basics for a Toddler On-the-Move



Be prepared.

Have your supplies within easy reach. Wipes, diaper rash cream (if needed), a clean diaper, and a little extra patience. Don't forget a spare set of clothes!



Keep one hand on him at all times.

It only takes a second for him to tumble off the changing table or bed.



Put yourself in his place.

Changing means holding him still—on his back. To understand how difficult this is for baby, try to imagine you want—and need—to move and do, to see and explore an amazing world that has opened up for you. How would you feel if you were asked to stay still in these circumstances?



Change him standing up, if at all possible.

This is an art, but one you can master with practice.



Give him a job.

Ask him to hold his clean diaper or count to five with you as you replace his diaper.



Laugh it up.

Make a silly face. Sing a silly song. Play peek-a-boo.



Make it quick.

Be as quick as you can.



Another idea you want to try?



SAFETY ALERT: It only takes a few seconds for a baby to roll off a changing table or bed and land on the floor. Even a newborn can surprise you with a roll.

Buckle your baby in on his changing table at home and when using public restroom facilities. Keep one hand on him at all times.



To Prevent or Treat Diaper Rash



Change diapers often and right after bowel movements.

Laying or sitting urine and feces will irritate baby's tender bottom.



Clean gently.

Use a cotton ball or clean soft cloth and warm water. Dab gently instead of rubbing back and forth. If necessary, use mild soap. Avoid wipes when baby has a rash because they may burn or irritate his skin.



Diaper ointment.

Check with the baby's healthcare provider to see what will protect your baby's skin and help it heal.



Let your baby go diaper-less – as much as possible.

For example, let him play on a waterproof tablecloth covered with cloth. Or place an absorbent dish drying mat under his sheet in his crib.



Make a plan with other adults.

If your child has diaper rash and is going to child care, make sure his providers know what to use to care for his tender bottom.



Take a Moment: What Others Say

What do family members, friends, or neighbors tell you about diapering and toileting?

Is there anything you've heard that you think will work for you and your child?

Is there any advice you will decide not to act upon?



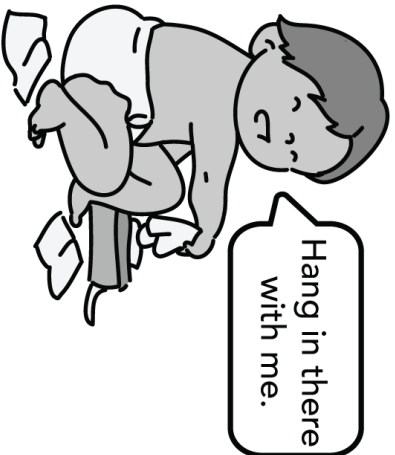
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
Say to me, "Let's try to change your wet diaper standing up. I know lying still on your back is very hard to do."		My feelings matter, and you understand what they are. You get me.	
Give me a job like holding my fresh diaper or new pair of pants...		We are partners. I can do real work to help.	



Making Toilet Learning Work for You and Your Child



Figuring It Out Together

Looking at your feelings can help you move forward with your child today.

Check in with You

? How do you feel about the smells and messiness that are a natural part of toilet learning? What can you live with? How can you keep your feelings from making toilet learning a tense experience?

? What is your comfort level with sharing bathroom time? Your child may be curious about what happens in the bathroom and joining you there is one way to find out.

? What can you do ahead of time to reduce stress for you and your child? Be realistic that toilet learning can take a while. Pack extra underpants and clothes for her in your bag.

? What choices can you let your child make? Being a decision-maker gives your child a sense of control and competence. By giving her realistic, genuine choices during toilet learning, you convey the message you are truly partners. Things she might decide include where to put her potty seat in the bathroom, what pants she wants to wear, and does she want to sit on the potty now or in 5 minutes.

? What do you want to show her about her body and using the toilet? She looks to you and is very tuned in to your feelings. What messages do you want your facial expression, words, and actions to say to her?



Signs Your Child is Ready

If your child could tell you in her own words when she is ready to work on toilet learning, she might say, “I am ready when I...”



Stay dry for at least 2 hours or during my nap.



Show you that I know I am urinating or having a bowel movement.

For example, I might tug on my wet diaper or walk away and hide behind the door when I am having a bowel movement.



Show the skills I will need to put together to use the potty.

For example, pull my pants up and down, turn the bathroom light off and on, climb into my potty seat or up onto the toilet with your help, follow your simple instructions.



Follow you into the bathroom and imitate what I see you do.



Ask you to change me as soon as my diaper is wet or soiled.

Tell you I want to wear “big boy underpants” or sit on the potty like you do.

When not to Begin Toilet Learning – or When to Press Pause



Toilet learning will take your attention, time, and patience.

Think about what is happening in your life – at home and work. Can you be there for and with your child? If your answer is yes – go for it!



Times of big changes are not the time to begin toilet learning or can be a time to put plans on pause.

For example, are you moving to a new home? Is your child beginning a new child care program? Are you expecting or welcoming a new baby?



Challenging times can be a time to wait.

For example, if a family member is ill, has recently died, or has lost a job.



Have Realistic Expectations for Success



It will take some time.

At times, you may feel like you take one step forward, two steps back. This is an age of pushes and pulls and intense emotions – for both of you. She may want to be big and little at the same time. You may be pushing for her to use the potty when she isn't so sure herself.



Be matter-of-fact.

This is part of growing up. Everyone learns to use the potty – some sooner, some later.



Be cautious about rewards.

Rewarding your child can add pressure and a feeling of failure when she wets or soils herself.



Think about your words and tone.

Focus on your child's effort rather than on success or failure. "You sat on the potty." Share your enthusiasm and support with your tone and smile. "You are trying hard to remember to stop your play and to go to the bathroom." Avoid words that will shame your child.



Read together.

There are many children's books about learning to use the toilet. For example, *Everybody Poops* by Taro Gomi and *Once Upon a Potty* (a boy and girl version) by Alona Frankel. You may be able to find these and others by taking an outing to your local library. This is a good way to promote toilet learning and love of books and reading.



Be aware – keeping dry at night comes later.

Sometimes staying dry at night does not happen until a child is in elementary school.



Another idea you want to try?



Take a Moment: Learning Something New

Can you remember a time someone supported you as you were learning something new?

What did that person say or do?

How did that support make you feel the next time you faced something new?



Preventing and Responding to Accidents – at Home and Away



Invite your child to use the potty before you go out.
Make it a habit for everyone in the family.



Carry the right stuff.
Things happen. Packing wipes, extra clothes, and a plastic bag will assure you are prepared.



Watch to see how she responds to new or different bathrooms.
Different toilets and loud hand dryers can be upsetting for some children. They may refuse to go. Others are eager to *dive right in* and explore. When possible, time your trips so your child can use the bathroom at home. Bring plenty of hand wipes. Do your best and know she is trying to do her best too.

Keeping Dry at Night



Count on it - this will take time.
It might be until elementary school until she stays dry all night. Boys may take longer than girls.



Wait until she is ready.
You may even want to ask her if she is ready to try staying dry at night, if you notice her pull-ups are dry some mornings.



When you are both ready, let her try sleeping in her underpants.
It can feel like a big step. Using a waterproof mattress cover and having a spare pair of sheets on hand can help you breathe easier.



Stay calm and know she may wet the bed.
Be matter-of-fact as you change her bedding. Things happen. Focus on the positive – the fact that she tried.



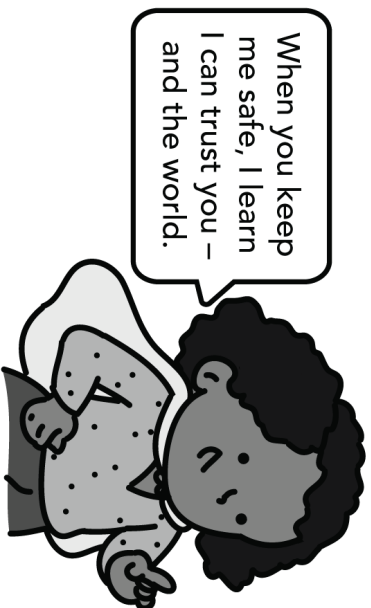
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Avoid shaming me – even if I wet or soil my pants...	You respect me. You are on my team. I will get it with your support.
Give me real choices between two options - sitting on my potty seat or the big toilet; what pants to wear...	I have ideas. You listen to me. I can decide.



Safe Diapering and Toileting



Figuring It Out Together

Here are some ways to help you keep your child safe during diapering and toileting.



SAFETY ALERT: One Hand on Baby at all Times

It takes only a second for a child – even a newborn – to roll off a changing table or other surface onto a hard floor. Prevent a fall that could change your baby's life – and yours forever.

Talk Safety with Other Adults Your Child's Life



Be clear about safety messages.

Talk with any and every adult who takes care of your child – whether at home or in child care – about bathroom safety. Your messages may include, “Never leave my child alone in the bathroom” and “Always secure the toilet lock.”



Share your realistic expectations that toilet learning takes time and that things happen.

Changing diapers and toileting accidents can frustrate even the most kind and loving adults. You can help everyone in your child's life keep their cool by sharing that learning to use the toilet may take your child time, and you are OK with that.



SAFETY ALERT: Toilet Locks

Prevent splashing and the possibility of drowning with toilet locks. Note: be sure all the older children and adults in your home know how to open them and secure them each time they use the toilet.



Take a Moment: Safety Steps

What steps do you already take to keep diapering and toileting safe for your child?

Is there anything you may want to do differently? Add?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
	Tell other adults how to keep me safe...		I can count on you to protect me – even when you are not there.
	Choose words that work for you to talk about parts of my body and what it produces...		My body and its products are healthy and natural. I do not have to feel embarrassed or ashamed.



Everyday Moments

Bathing and Dressing



Main Elements

Content Areas

- Teaching About Bathing and Dressing: *Protective Factors and Trauma-Informed Principles*
- The Science: Thermoregulation, Routines for Hygiene and Typical Skin Conditions in Infancy, Body Awareness and Curiosity, Exploring Personal Styles
- Why it Matters to Families: Developing Routines and Understanding Body Curiosity, Helping Your Child Discover Their Personal Styles and Expressions, Working with Child Care, Cultural and Family Influences on Expectations
- Home Visit Activities and *Family Pages*
- Important Safety Supports and Knowledge: Safety During Bathing, Clothing, Developing a Sense of Personal Safety and Autonomy Through Respect of One's Body

Support Connections

- Pediatrician's Office
- Child care Personnel

Teaching About Bathing and Dressing: Protective Factors and Trauma-Informed Principles

Bathing and Dressing are unique, yet related topics that parents may have questions or concerns about throughout their child's first 3 years. First-time and expectant parents may have questions or concerns about safe bathing practices, what to do if their baby cries when bathed or poops in the bath water, what is cradle cap, or is a rash something that needs medical attention. New parents also often wonder and worry about how to keep their baby comfortably dressed in cooler and warmer environments. Parents might need time to figure out which clothing is easy or difficult to adjust for diaper changes or how many layers (in winter) can be used such that the baby still fits into the car seat safely. Parents also learn what textures and clothing their infants like by the way children communicate their comfort or discomfort; this is part of developing an early sense of personal style.

As they become parents of a toddler, parents' questions and concerns change to topics about continued supervision during bath time, shared baths with siblings or buddies, body curiosity, and the developmental struggles of self-dressing. For instance, why does putting on shoes seem to always trigger a melt-down, and what should they do if their 3-year-old insists on wearing his full-body superhero costume to school every day and it's summer?!



This chapter focuses on safe and recommended care for bathing and dressing and working with parents who are beginning to understand their children's curiosity about their bodies and themselves as unique persons. Some parents may not have much confidence in talking with their young child about bodies, particularly when young children discover or notice a body part that is considered private by adults. Infants and toddlers are naturally curious about their bodies and how other bodies look and work as they learn more about their world. Working with parents to find healthy and developmentally-appropriate ways of communicating about bodies provides a foundation for helping young children build a sense of who they are and how they want to present themselves to the world.

This chapter helps to address the following *Protective Factors*:



Parental Resilience



Knowledge of Parenting and Child Development



Social and Emotional Competence of Children

Bathing and dressing routines can have strong safety and cultural elements. Both are daily-living tasks that parents will do with their child over and over again. These tasks create opportunities to build skills for a new parent and a young child and to introduce early expectations and norms for self-care, dress, expression, and gender and social norms. The principles of *Trauma-Informed Care and Practice (TICP)* can help you create conversations and strategies to support parents and their infants and toddlers and highlight ways that parents can create safe, loving, and empowering connections to support young children's first practices of taking care of personal hygiene and beginning to learn how they express themselves.



Safety– New parents often express feelings of anxiety around infant and toddler bathing processes. Even the youngest infants are wiggly, and all people are slippery when wet and soapy! There are several practical strategies in the *Family Pages* to help minimize risks and build parents' confidence in safely and successfully bathing their infant. When parents are able to create a safe and comfortable bathing experience early, infants and toddlers can begin to anticipate this routine positively.

Bath time may become a routine that parents and children look forward to! For parents, bathing times are wonderful opportunities to make sure that their infant's skin and overall body are healthy. If a change is noticed, like a rash, swelling, or sensitivity, parents are able to take action to see if the change is something to monitor or find medical care to address.

Safety in dressing certainly focuses on clothing and clothing embellishments that could be a choking or strangulation risk. But, safety can also be modeled by parents talking with their 3-year-old about why a coat and hat is needed on a wintry day or by a parent taking a moment to consider that a 2-year-old boy wanting to wear his older sister's new dance leotard is probably about exploring different ideas about people, not, in fact, a strong indicator of gender identity.



Everyday Moments

Bathing and Dressing



Trustworthiness and Transparency– Infants can experience bath times filled with trust by parents who hold them securely, sponge them gently, and offer reassurances and comfort if something feels stressful, such as water rolling onto their face or if a slip happens that startles baby and parent. As infants grow into toddlerhood and beyond, the theme of “I can trust my parent when I’m bathing” can remain stable as their own skills grow, and they can sit in a tub with supervision but not need extra help.



Peer Support and Mutual Self-Help– Some parents may feel uncomfortable or unsure about how to approach conversations with their child about body curiosity. Providing culturally-sensitive suggestions for how to handle these conversations in an age-appropriate way is a great way to offer support to a parent. It is also an opportunity to normalize this potentially awkward experience for the parents because most children have questions about their bodies!



Collaboration and Mutuality– Bath times are a good opportunity for parents to develop a partnership-style interaction with their little one. As with other daily-living routines, bathing, even though it may not be a full bath every day, offers experiences of narrating to the infant what is happening and naming body parts and items used to help bathe (e.g. washcloths, sponges, towels, soap, lotion/oil).

As infants grow, their gains in body awareness and control help them become an active collaborator in bathing. Bath water can be a good sensory experience with splashing and bubbles. Having a partner who engages with them while ensuring safety builds the child’s sense of their world as a safe place.

Young children can also actively help select their clothing. While dressing has the potential to become a battle of the wills, there are ways to engage with young children to help them identify their desires while also learning about times when some clothing is not negotiable (e.g. pants must be worn in public places!) or special routines for pieces of clothing, like taking off shoes inside the house and putting on slippers.

Young children may develop a strong attachment to a particular piece of clothing and want to wear it every day. Parents can work with their young child to develop a mutually agreed upon wash-and-wear plan that can lessen the drama and model a routine of care for self and clothing to their child.





Everyday Moments

Bathing and Dressing



Empowerment, Voice, and Choice— Parents can develop messages that empower their young children across bathing and dressing routines. Describing what their toddler is doing to help wash as part of a bath narrative and noticing how their 2 ½-year-old can zip, button, or snap a piece of clothing are ways to build on their child's growing capabilities. Giving a young child realistic choices about bath options (e.g., quick rinse down or tub of bubbles tonight?) and clothing choices (e.g., You need a shirt for tomorrow. Let's look at your shirts and pick one together) encourages participation in self-care and expression at levels where young children can notice their own skills, make a choice, and experience the follow through of that choice.



Cultural, Historical, and Gender Issues— Parents' cultural background and gender expectations may become apparent in conversations about advice they've received for proper bathing and hygiene, particularly for newborns and very young infants. Cultural influences and gender expectations may also be visible in the clothing they choose for their young infant.

Some cultures have very specific clothing associated with the child's gender and/or age. In the United States general culture, colors and types of clothes often are used to signal a child's gender, such as pinks and dresses/frilly tops/hair bows for little girls and blues and jeans/button down shirts/t-shirts with action figures for little boys. Clothing for very young children in Mediterranean-origin families often include a *nazar*, a small glass bead that is blue with a white or yellow center that has a black dot in the very middle. It is a physical sign of protection from the evil eye or ill wishes from others.

Young children can and do develop their unique way of expressing their clothing preferences and explore different styles and ideas through dressing that does not necessarily match or relate to the child's gender or culture. Parents can benefit from exploring their own expectations and family traditions of bathing and dressing and having a skilled home visitor as a partner to think about ideas and strategies if a particular event feels troubling.



The Science: Understanding Bathing, Dressing, and Milestones in Infancy and Toddlerhood

Bathing and dressing are part of a young child's care routine, and parents can guide a child's sense of how things work in the family system. While bathing is not strictly a daily routine, personal hygiene practices are started early, and many families establish a 3-times-a-week schedule for regular bathing. Families also develop bathing variations for quick rinses, hair washing, and sometimes seasonal schedules for bathing. For example, more bathing in the summer or when certain activities occur, like vigorous play, and less in winter when skin may be more sensitive or it is more difficult to keep warm afterward. Infants in the United States typically are clothed and/or covered before and after a bath, so bath time also becomes a time of curiosity as the child grows.

This curiosity shows up in body exploration, such as when a child asks names of different body parts or wiggles a foot when a parent asks, "Where's baby's foot?! There it is!" Young children have not yet developed a sense that certain parts of bodies are private. However, if they spend time with others in bathing and private settings, they will soon learn about body differences and similarities, and they will show interest and ask questions. Parents can start, when their child is very young, to create their language for talking about bodies and body parts, privacy, and sharing family norms for public and private conversations.

Dressing is often a logical next action after bathing whether one is starting the day or ending it. In these early infant and toddler years, dressing and undressing happens multiple times a day – through diaper changes, spit-up, illnesses, and adding or removing layers when moving inside and outside, and these are just the ones that may be parent initiated! Once toddlers start practicing their (un)dressing skills, matching socks and shoes may be hard to find.



Young children also find their voice in showing dressing preferences, which can present some challenges for their parents and other caregivers. For example, a 3-year-old may have a very strong style preference that includes wearing three dresses (at the same time!), which makes her feel strong and beautiful, and a pair of rain boots.

If this child's parents feel that the three dresses are a hassle or go against their own expectations of what we wear and how we wear it, the moment is set for a tussle of the wills. Alternatively, parents may just let the child's choices play out and caution the child regarding what she might experience while wearing three dresses and rain boots. Maybe it is hot with all those layers and boots, or clothes fit very tightly as more layers are added, or clothes just don't fit at all. This could be a moment of struggle and frustration, or it could be a moment where a child is supported in her choices and learns more about herself and how her decisions can play out.



Work with parents to identify ways their young child is exploring different social roles and making connections to how clothing can make her feel and imagine herself in different roles. These discussions can help address anxieties or fears that parents may be feeling if their child is doing something that does not fit cultural or family expectations or is simply baffling (e.g., “Why does my toddler want to wear footie pajamas underneath shorts and t-shirt to day care?”).

Thermoregulation and Bathing and Dressing

A young infant’s body and brain are working to master several self-regulation tasks soon after birth, including temperature regulation and healthy production of skin oils. As with any new skill, these tasks can take a while for a newborn’s brain to master. Young infants are not able to regulate their body temperature quickly in response to external temperature changes. They simply do not have a lot of range in what temperatures they can tolerate comfortably without a caregiver providing support through adding or subtracting clothing or coverings, adjusting

the air temperature, or making sure the infant is dry and protected from wet conditions. Younger infants also lack the motor skills to take action for themselves to cool down or warm up, like an older child or adult might do. For instance, a preschooler can toss covers aside or move to play in a shady area out of direct sun; an adult can stick one foot out from under blankets or adjust the thermostat in a home to change the conditions of the larger environment. The daily or routine actions of bathing and dressing can also support or challenge a young infant’s temperature regulation.

Daily bathing is not recommended or needed for most young infants and toddlers. Their skin can be sensitive to soaps and lotions with fragrances, in addition to water that is too warm or cool. Daily bathing and extended bathing sessions can also dry out their skin. Current recommendations by the American Academy of Pediatrics indicate that three times a week is fine for very young infants and toddlers, and sponge baths for newborns may be preferable, at least until the child’s umbilical cord falls off and heals.

Dressing and keeping a young infant comfortable temperature-wise may be challenging for new parents. Infant stocking caps and full body sleepers or sleep sacks, along with regulating the temperature in their environment, keep the infant’s body warm without adding in blankets, which are NOT recommended in an infant’s sleep space. If the environment is warm, short onesies and options for fewer clothing layers are fine. If the environment is very warm, parents may need to watch for heat stress and take steps to cool the environment (e.g. using a fan). Families may be living in a location where there are wide-ranging temperature changes from day to night, like the high desert. Learning to adjust for these fluctuations with bathing and dressing can take some time.





Common Skin Conditions and Care

The skin is the largest organ on the human body. It is active in helping us stay cool or warm and generally protects everything that is underneath it. It is also a body system that needs some time to regulate its different jobs, such as glands that produce oil and sweat working with hair follicles. There are a few typical skin conditions that infants may experience as their bodies are sorting out how to regulate all the internal and external systems. Some of these are more likely for infants under 6 months, for example: cradle cap, intertrigo (rash around the neck and chin area), eczema, neonatal acne, and milia (little white bumps). These conditions typically do not need professional medical treatment.



Reputable web-based information can be found at:

- <https://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/multimedia/baby-rashes/sls-20076668>
- https://www.babycenter.com/101_visual-guide-to-childrens-rashes-and-skin-conditions_10332129.bc

Cradle Cap— Also called Seborrhea, it often looks like crusty dandruff on the scalp and eyebrows, and sometimes neck and chest.

What to do: A bit of baby or olive oil can be rubbed into the area to soften it. You can talk to your healthcare provider to see if there are other recommendations.

Intertrigo— Typically develops in the skin folds of a young infant's neck and is due to the moisture from drool and spit-up that does not get air to dry out. It is more common in chubby babies.

What to do: Clean the creases of skin with warm, soapy water. Pat dry and apply a zinc oxide (diaper rash) cream.

Eczema— Dry patchy areas of skin that may turn red, raw, and crust over. More common in infants and young children when there is a family history of skin allergies.

What to do: Clean with a gentle (fragrance-free) cleanser and then use a moisturizer – again fragrance-free. Talk to your healthcare provider if it does not improve.

Neonatal Acne and Milia— Both of these skin conditions are common in newborns and can last a few months. Neonatal Acne is thought to occur because of exposure to maternal hormones prenatally. Milia are caused by blocked oil glands.

What to do: No treatment or special cleaning is needed. As the infant's brain and body get better at regulating their hormones and skin protection, these conditions will resolve on their own.



Prickly Heat (Heat Rash)— Usually seen on the head, neck, and shoulders of infants, it looks like small red pimples across the skin. This usually happens when the infant is dressed too warmly or in very hot weather and is caused by blocked sweat glands.

What to do: Remove layer(s) of clothing and cool the child. Within 30 minutes the rash should improve.

Diaper Rash— The groin area of young children is exposed to constant irritants through pee and poop. In the U.S., this area is rarely exposed to open air for extended periods of time. This creates a prime opportunity for skin irritation. Diaper rash is often red and looks inflamed.

What to do: Change wet or soiled diapers as soon as possible and complete careful cleaning. Use of a zinc oxide cream will address most diaper rash. Allowing the area to dry without a diaper so that the skin gets air is also helpful.

If diaper rash does not respond to the above treatment, have it checked by a healthcare provider. It could be a sign of yeast infection that will need a prescription medication.



Seek medical care for a skin condition if you see the following:

- The condition does not respond to gentle cleansing and moisturizer.
- A rash is NOT localized (only in a certain spot, like Intertrigo) but spreads to significant portions of the body, including torso and back.
- A rash is accompanied by any of the following: swelling, hives, blisters, fever, or vomiting.
- A rash appears on palms of hands, bottoms of feet, or in the mouth.



Developing an Early Sense of Personal Style

As young children move toward greater independence in their second and third years, the *Everyday Moments* of dressing (and re-dressing!) can become a challenge point. Decisions about what to wear, how long to wear it, and what does or does not go with an item can create opportunities for young ones to express their opinions and preferences to the people who are trying to direct them and get everyone out the door or dressed appropriately for an event or weather condition. Toddlers and 2-year-olds are watching the people around them and are starting to learn associations of who people are, what they do, and what they wear. These early associations are often simple, but they help children create models for understanding the people, places, and experiences of their world.



Think about the dress-up play areas in many child care settings and the toys and props that are available for pretend play. Firefighters wear big hats and rain boots. Doctors wear white coats. Dancers wear tights and tutus. Superheroes wear capes and masks. Movie stars wear shiny tops and shoes. Young children *try on* social roles through a variety of means, and clothing is one way of learning about different roles and jobs. A young child with older siblings may want to wear the same clothes as them to show they are big too or because they want to be like their older brother or sister. Around the 3rd birthday, there will probably be conversations that include ideas about what boys do and wear and what girls do and wear; these conversations are part of the learning process of one's social world. Thus, exploring social and gender roles is normal. However, that doesn't mean that a particular dressing moment will be easy. Sometimes a toddler or 2-year-old just doesn't care that the favorite shirt is in the laundry or that those sparkly red shoes are too small. They are the best shirt and shoes **EVER** and they need to be worn **NOW**.

If parents are facing a situation that feels challenging, a home visitor can help guide the conversation to see what the parents' ideas and expectations are and what their young child is feeling in these moments. Working with families to assess what is important to insist upon, such as safety and appropriate layers, can be helpful to diffuse clothing battles. Parents can be encouraged to choose thoughtful and supportive language and convey respect for the child's choices. Sometimes those choices become a one-and-done – the shoes hurt his feet after a few minutes, or it is really uncomfortable to wear all her pretty dresses at the same time. Sometimes those choices last for a few weeks or a season or transform into long-term preferences like wanting to wear colorful shirts or favoring blue.



Through a Young Child's Eyes

Bath Time

0-6 months

Let's start with sponge baths. In a few weeks we can use the sink or a small plastic tub.

In the first few weeks, I need to have some special care around my umbilical cord until it heals. Follow directions from my healthcare provider to keep it clean, dry, and protected.

Don't be surprised by the appearance of some mild skin irritations. My skin is very soft and sensitive, but these irritations will resolve over time with gentle care.

18-24 months

You may have to remind me to stay on my bottom. "No standing in the tub" is a good rule for us to have.

And remind me to keep the water in the tub. Splashing is fun! It makes me feel powerful to move my body and make waves.

Keep it short to keep my skin from getting dry and itchy. 10-15 minutes.

6-12 months

We have to figure out the best way to wash my hair. Let's experiment. Maybe I can lean back sitting in my small tub. Maybe I am ok leaning forward and holding a washcloth over my eyes. Please use a no-tears baby shampoo and keep water from getting into my ears. We're going to have to be creative and work together.

After bath, rub baby lotion over my body. It feels so good! (And will keep my skin from getting dry.)

We may have figured out that I like baths at a certain time of day, mornings or evenings. Let's make this a regular schedule.

24-30 months

I may challenge you when you say "It's bath time," I like choices, though. They make me feel like a partner, and I may offer a deal of doing my bath later - after I finish what I'm doing...But give me a time!

I can also do some things myself - wash my face and hands, dump rinse water over my own head.

Remember that I may be confident, but I should not be left alone in the tub! Never ever! Empty the tub right away after my bath. I may want to continue playing while you are not watching. It only takes 2 inches of water for me to drown.

12-18 months

When I start to outgrow my baby tub and am a strong sitter, you may want to give me a try in the big tub. Give me some time to get used to such a big, open space. We might want to start with putting my baby tub into the big tub.

Let's play. No need to buy anything. Plastic kitchen containers and cups will do.

Let's have playtime, then bring on the baby soap and shampoo and a rinse. Staying in soapy water can give me a urinary tract infection.

30-36 months

I have skills and opinions about this bath stuff. I may bargain with you about hosing off outside in the summer with a bar of soap or ask to use the shower like you do.

My self-cleaning skills are getting strong. You help me notice where I need to pay attention - between the toes, behind my ears and knees, my private areas. You can support me and also help me learn about setting my own privacy about my body.



Through a Young Child's Eyes

Dressing

0-6 months	6-12 months	12-18 months
<p>Please move my body gently so you don't twist or hurt me.</p> <hr/> <p>Dressing will be easier for both of us if you dress me in clothes that are easy to put on and off like onesies, shirts with openings that can expand, pants with snaps so you can change my diaper easily.</p>	<p>I love it and hear different sounds of words when you tell me about what you are doing.</p> <hr/> <p>I may start showing you my preferences for certain textures of clothing and how many layers I like to wear to keep comfortable.</p>	<p>I want to be on the move – and that makes it hard for me to stay still and to have you move my body when dressing me. I'm not trying to be bad when I fuss. I want to move. Try to distract me. Make dressing fun. Most important, make it fast.</p> <hr/> <p>I'm also developing some preferences for how I like my clothes to fit on me – sometimes I like to feel like I can stretch and stretch! Other times, I like to have clothes that hold me close to my center and make me feel safe and snuggly.</p>
18-24 months	24-30 months	30-36 months
<p>You know how I want to do things my way? When I want? It is the same with dressing. Sometimes I know there is no choice, and I have to get dressed no matter what. But when you can, it will be easier for both of us if you can allow extra time, be patient and keep your sense of humor. One day I will be dressing myself. I promise.</p> <hr/> <p>I may be able to pull off my shoes, socks, or pants. Once you get my shirt over my head I may be able to pull it down. If I can't do these things yet, I will do them soon. Keep watching.</p>	<p>When you give me choices between 2 options, I learn about making choices and feel competent and proud. (For example: Do you want to wear your red shirt or yellow one?)</p> <p>If you give me choices, please let me wear what I choose. Even if my green polka dots and red stripes aren't your fashion choice.</p> <hr/> <p>Watch. Can I unbutton large buttons? Do I try to put on my socks? What other new skills am I working on?</p>	<p>Will you help me learn dressing skills? Teach me how to flip my coat over my head. If you start it, I can do the rest of my zipper. Let's see if I can make a snap go snap.</p> <hr/> <p>Keep a look out and see my new skills growing. With a little help, I may be able to put on my shoes (they might be on the wrong feet), pull my pants with an elastic waist up and down, and zip or unzip my jacket if you get it started.</p>




Why Bathing and Dressing Matter to Families

For most parents, dressing and bathing can feel like daily chores to be hurried through to get to more important parts of the day. It can be easy to forget that a child will dress and bathe themselves soon. But, for a baby, toddler, and 2-year-old, bathing and dressing can be fascinating learning opportunities. Children have the chance to master new skills and gain new understandings about themselves, their bodies, and the world around them. By working with a child as a partner, taking a few moments for fun, and watching to see and appreciate the development of new skills, parents can make these tasks less stressful and more positive for all – at least some of the time.


Most families also have to operate on a budget, and young families may have particularly tight budgets. Young children grow out of clothing at a rapid rate, and, when there are distinct seasonal changes, specific clothing can be more difficult to purchase multiple times (e.g., winter coats, boots). Working with families to make the most of their dollars and to identify if there are social pressures to have the latest cute outfit or style for their child can be helpful to set realistic expectations and healthy money management practices. Families can benefit from learning about resale, thrift, and other second-hand shops in their communities.

Boots on the Ground: Everyday Moment Conversations with Families



Parents' experiences with and expectations of bathing and dressing

-  *Parental Resilience* is nurtured when parents are able to develop healthy and age-appropriate language for conversations with their child about her body, personal care, and self-expression.



Bathing across the ages

-  *Knowledge of Parenting and Child Development* allows parents to meet their infant's or toddler's hygiene needs while also building routines that create safe and nurturing interactions.

Dressing across the ages

-  *Knowledge of Parenting and Child Development* and
-  *Social and Emotional Competence of Children* assist parents in making sure that their child is appropriately dressed for his physical environment (e.g., cool/warm, wet/dry conditions) and to be partners in supporting their young child's dressing skills and self-expression.

Safe bathing and dressing

-  *Parental Resilience* and
-  *Knowledge of Parenting and Child Development* provides parents with skills to establish safe and healthy bathing routines and identify potential safety issues with clothing.



Family Pages

A series of *Family Pages* on *Bathing and Dressing* have been created to support your conversations with families while you are visiting and to become a resource for parent to refer to between visits. These include the following:

- Focus on You: Looking Back and Moving Ahead with Your Child
- Partnering with Your Child
- Bathing & Dressing from a Child's Point of View
- Bathing Across the Ages
- Dressing Across the Ages
- Safe Dressing and Bathing

Related One-on-One Activities

These are suggested activities to promote good practices around bathing and dressing your young child. A broad selection of one-on-one activities are available in the Activity Card deck.

- Notice and Wonder: How does your child partner with you in bathing and dressing?

- Dressing with your child: Pretend playing scenarios of dressing dolls or stuffed animals
- Practice skills like snapping and buttoning big buttons on a piece of clothing

Book suggestions:

- *Where is Baby's Belly Button?* by Karan Katz
- *Pete the Cat and His Four Groovy Buttons* by James Dean

Additional Resources

Community and health connections may include:

- Pediatrician's Office, other Healthcare Providers
- Child Care Personnel





Bathing & Dressing





Focus on You: Looking Back and Moving Ahead with Your Child

How many times do you bathe your child a week or dress or undress your child each day? Chances are, for his first 4-5 years, it may seem as if you are doing most of the work. You wash and dry his body and hair and snap and unsnap his clothes.

But, watch closely. From the very start, your child is partnering with you on his way to independence. Do you see him looking at you when you explain it is time for a bath? Close his eyes as you pull a shirt over his head? Hold out the arm you are washing?

He is busy exploring and learning. Bathing and dressing are important opportunities to learn about his body and his self-image, to develop self-care skills, and to gain new vocabulary words. These are also perfect times for him to explore concepts like *off-on*, *up-down*, *left-right*, *clean-dirty*, and *wet-dry*.



Most of all, bathing and dressing are chances to deepen your relationship during these one-on-one times as you work as partners and learn more about each other.



How do you feel about bathing and dressing?

How and when you bathe your child, the clothes you choose for him, and how warmly you dress him are likely shaped by what your adults did when you were little. Being aware of this can help you decide what you want to do as a parent.



Take a Moment: Look Back at Bathing and Dressing

What do you remember about bath time? Was it a time to play or all business?

What do you remember about dressing? Were you expected to keep your clothes neat and changed the moment you got a spot? Or were you allowed to get messy?

Is there anything about bathing or dressing from when you were little that you want to do the same? Differently?



Partnering with Your Child



Think of yourselves as partners.

While you start off doing most of the physical work of bathing and dressing, each year he will be able to do a little more. By age 5 or 6, he will be able to wash and dress himself with your guidance.



Choose your words.

What words does your family use for parts of the body? If you are comfortable talking about your child's body, he will sense this and be comfortable too.



Look for how he does his part...

For example, does he turn towards you, so you can wash his face? Take the washcloth from you and say, "My do it"? Does he stand still when you towel dry him? Does he try to zip up his jacket when you start the zipper?



Think about how much he has to learn to bathe and dress himself.

For example, bathing takes these skills: safely climbing into the tub, ringing out the washcloth, washing, rinsing, climbing safely out of the tub, drying with a towel.

Dressing skills include doing snaps, buttons, and zippers; fastening or tying shoes; figuring out that socks go on before shoes; and learning that holding his head back will keep the zipper from pinching his neck.



Provide what he needs for success.

For example, offer a washcloth or scruffy with liquid soap and give him clothing with elastic waistbands and shoes that fasten with Velcro. Most important of all, give him your patience and sense of humor.



Take a Moment: Being Partners

What does your child do to partner with you while bathing?

What does he do to partner with you while dressing?

What partnering skills do you think he will work on next?



Think of Bathing and Dressing as Learning Times

Bathing and dressing are times he could learn the following:



New vocabulary words.

Use interesting words. For example, describe the refreshing feel of the soft water or the glimmering stars on his pajama pants.



New concepts or ideas.

These are words and phrases that help define the world, such as up and down, in and out, tight and loose, cool and warm.



"I can do it."

When you point out how he is helping, he learns he is competent.

"Thank you for pulling off your hat. Now will you hold out your arm, and I'll pull off your sweater."



He can trust you to keep him safe and comfy.

When you keep the soap out of his eyes as you wash his hair and replace his shoes that are too small, trust builds.



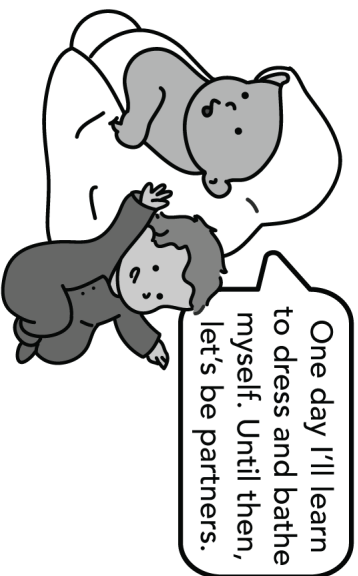
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
	Call attention to how I help you dress or bathe me: "I notice how you rinsed the soap off your arms." "Thank you for pulling off both of your socks."		I am capable and competent. Together we can do anything.
	Choose words that work for you to talk about parts of my body and what it produces...		My body and its products are healthy and natural. I do not have to feel embarrassed or ashamed.



Bathing & Dressing from a Child's Point of View



Figuring It Out Together

Here are some of the things your child might tell you about what is he is experiencing and learning during dressing and bathing:

Through a Young Child's Eyes

Bath Time

0-6 months

Let's start with sponge baths. In a few weeks we can use the sink or a small plastic tub.

In the first few weeks, I need to have some special care around my umbilical cord until it heals. Follow directions from my healthcare provider to keep it clean, dry, and protected.

Don't be surprised by the appearance of some mild skin irritations. My skin is very soft and sensitive, but these irritations will resolve over time with gentle care.

6-12 months

We have to figure out the best way to wash my hair. Let's experiment. Maybe I can lean back sitting in my small tub. Maybe I am ok leaning forward and holding a washcloth over my eyes. Please use a no-tears baby shampoo and keep water from getting into my ears. We're going to have to be creative and work together.

After bath, rub baby lotion over my body. It feels so good! (And will keep my skin from getting dry.)

We may have figured out that I like baths at a certain time of day, mornings or evenings. Let's make this a regular schedule.



Through a Young Child's Eyes

Bath Time

12-18 months

When I start to outgrow my baby tub and am a strong sitter, you may want to give me a try in the big tub. Give me some time to get used to such a big, open space. We might want to start with putting my baby tub into the big tub.

Let's play. No need to buy anything. Plastic kitchen containers and cups will do.

Let's have playtime, then bring on the baby soap and shampoo and a rinse. Staying in soapy water can give me a urinary tract infection.

24-30 months

I may challenge you when you say "It's bath time." I like choices, though. They make me feel like a partner, and I may offer a deal of doing my bath later - after I finish what I'm doing...But give me a time!

I can also do some things myself – wash my face and hands, dump rinse water over my own head.

Remember that I may be confident, but I should not be left alone in the tub! Never ever! Empty the tub right away after my bath. I may want to continue playing while you are not watching. It only takes 2 inches of water for me to drown.

18-24 months

You may have to remind me to stay on my bottom. "No standing in the tub" is a good rule for us to have.

And remind me to keep the water in the tub. Splashing is fun! It makes me feel powerful to move my body and make waves.

Keep it short to keep my skin from getting dry and itchy. 10-15 minutes.

30-36 months

I have skills and opinions about this bath stuff. I may bargain with you about hosing off outside in the summer with a bar of soap or ask to use the shower like you do.

My self-cleaning skills are getting strong. You help me notice where I need to pay attention – between the toes, behind my ears and knees, my private areas.

You can support me and also help me learn about setting my own privacy about my body.



Through a Young Child's Eyes

Dressing

0-6 months

Please move my body gently so you don't twist or hurt me.

Dressing will be easier for both of us if you dress me in clothes that are easy to put on and off like onesies, shirts with openings that can expand, pants with snaps so you can change my diaper easily.

6-12 months

I love it and hear different sounds of words when you tell me about what you are doing.

I may start showing you my preferences for certain textures of clothing and how many layers I like to wear to keep comfortable.

12-18 months

I want to be on the move – and that makes it hard for me to stay still and to have you move my body when dressing me.
I'm not trying to be bad when I fuss. I want to move. Try to distract me. Make dressing fun. Most important, make it fast.

I'm also developing some preferences for how I like my clothes to fit on me – sometimes I like to feel like I can stretch and stretch!
Other times, I like to have clothes that hold me close to my center and make me feel safe and snugly.



Through a Young Child's Eyes

Dressing

18-24 months

You know how I want to do things my way? When I want?

It is the same with dressing. Sometimes I know there is no choice, and I have to get dressed no matter what. But when you can, it will be easier for both of us if you can allow extra time, be patient and keep your sense of humor. One day I will be dressing myself. I promise.

I may be able to pull off my shoes, socks, or pants. Once you get my shirt over my head I may be able to pull it down. If I can't do these things yet, I will do them soon. Keep watching.

24-30 months

When you give me choices between 2 options, I learn about making choices and feel competent and proud. (For example: Do you want to wear your red shirt or yellow one?)

If you give me choices, please let me wear what I choose. Even if my green polka dots and red stripes aren't your fashion choice.

Watch. Can I unbutton large buttons? Do I try to put on my socks? What other new skills am I working on?

30-36 months

Will you help me learn dressing skills? Teach me how to flip my coat over my head.

If you start it, I can do the rest of my zipper. Let's see if I can make a snap go snap.

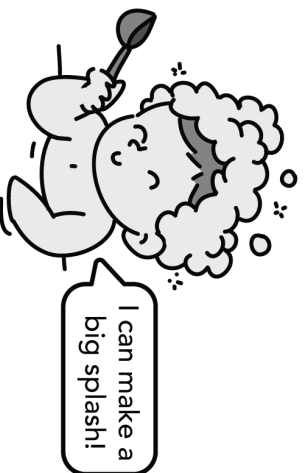
Keep a look out and see my new skills growing. With a little help, I may be able to put on my shoes (they might be on the wrong feet), pull my pants with an elastic waist up and down, and zip or unzip my jacket if you get it started.



Take a Moment: You and Your Child

What might your child tell you about bathing and dressing?

How could you respond?



Figuring It Out Together

A few basic steps can transform the task of bathing into quality time for you and your child!

Bathing Basics for Your Infant



Sponge bathe her the first few weeks after birth. Remember to gently clean around the umbilical cord. After a few weeks you can move her bath to the sink or a small plastic tub.



Have all the supplies you will need within reach before starting the bath. Have a washcloth, towel with hood, mild shampoo or soap (talk with your child's healthcare provider about which ones), clean diaper, and clean clothes within your reach.



Run the water – 2 inches is enough for starters – before you put baby in the tub. That way the water won't get suddenly hot and burn her.



Test the temperature with the inside of your wrist as it runs into the sink or plastic tub. It should be body temperature.



Handle her gently and surely. Take care not to twist, pull, push or turn her body into uncomfortable positions. Support her head and body as needed. Always remember – a wet baby is a slippery baby.



Talk about what is happening. Talk about anything and everything.

"You are moving your hand in the water." "And now let's dry those tiny, sweet toes."



Wash her from top to bottom. Pay attention to creases in her little arms, legs, and her diaper area. Wash between her fingers and toes.



Don't be surprised if she pees or poops in the bath! This will likely happen at least once. If you know that she had a dry diaper or hasn't had her normal poop yet, you can plan around what may happen and be ready to change the water and do a mid-bath clean-up.



Wrap her in a towel right after taking her out of the water so she doesn't suddenly get cold. Rub her gently dry from head to toe keeping her covered as much as possible. Then, it is time for a little lotion.



Another idea you want to try?



Bathing Basics for a Toddler On-the-Move



Test the temperature with the inside of your wrist as it runs into the tub.

The water should be body temperature, not too warm or cold but comfortable.



Sit her on her bottom in her bathtub or on the plastic mat in the big tub.

The water should be no higher than her waist. Make “Bath time is sitting time” a bath time rule.



Add some playthings and let her play for a while.

No need to buy toys. Plastic kitchen containers, measuring cups, and a funnel will lead to exploring and fun.



Give a 2-minute warning after playtime and explain, “Now it is time to wash you.”

Start washing your child at the top and work down.



Wash her hair.

Most children don’t like to have their hair washed. You will have to be creative to figure out how to get this job done with the least hassle for both of you. Once a week is fine. Sing or tell a story to distract her. Try this for starters and modify as needed for you and your child: put a nickel-size dab of no-tears baby shampoo in your hand, add some water, and rub it into her hair. Then, have her lean back and rinse her hair with a cup of water, repeating until her hair is squeaky clean.



Wash her face.

Many children don’t like to get their faces wet so remember to ring out the washcloth well.



Soap up her body and rinse.

You may want to use the rinsed washcloth or have her stand up with your help and rinse her with a sprayer.



Dry her off with a big hug in a towel.

Then, dry her from head to toe.



Another idea you want to try?



Bathing Basics for a 2-year-old



Try to stay calm and relaxed.

Bathing usually happens at the end of a busy day. Take a breath, and try to make it a relaxing time to be together to talk about the day, enjoy the feel of the water, and enjoy each other.



Allow a little extra time – when possible.

Feeling like you don't have to rush as you help get her undressed, in and out of the tub, and dressed for bed can make bathing work for everyone. She will sense you are with her, which can be calming for her.



Add plastic kitchen objects or small plastic toys to make bath time more fun.

Blow bubbles. Bring on the shaving cream. Sometimes 2-year-olds have their own ideas of what they want to do and taking a bath isn't always one of them. A few props can make bath time more inviting.



Invite her to do it herself.

Ring out the washcloth and invite her to wipe her face. Put some soap on her feet and invite her to wash each toe. When it is time to come out of the bath, give her a hand towel to help you dry her hair.



Another idea you want to try?



Take a Moment: Quality Time

Think of a time that bathing time was quality time for you and your child.
What did you do to make that happen?

How did you feel?

How do you think your child felt?



Bath Time Safety Alerts: Across the Ages



Water temperature should be body temperature.

It may feel cool to you but be just right for your child. Check the temperature of the water as it runs into the tub. As your child gets older, invite her to put her hand or toes into the tub for a temperature check.



Bath time is sitting time.

Make sure she understands she must sit on her bottom and on a plastic no-slip mat. Always.



Never leave her alone.

DO NOT ever leave your child in a tub alone – not even for a minute.



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
	Take a few minutes to laugh and enjoy a little playtime with me in the bath...		We enjoy things together. I love being together with you – even when we have a job to do, like getting me clean.
	Remind me to sit down in the tub ...		There are ways I have to behave in different places. Sitting down in the tub is a way to keep myself safe.



Figuring It Out Together

A few basic steps can transform the task of dressing into quality time for you and your child:

Dressing Basics for Your Infant



Handle him gently and surely.

Take care not to twist, pull, push, or turn his body into uncomfortable positions. Support his head and body as needed.



Talk to him about what you are doing together.

"Let's lie you down here on the bed." "How about wearing this bright red shirt from Auntie today?"



Change his clothes on a safe, flat surface keeping one hand on him at all times.

The bed, a changing table, the floor with a pad or blanket will do. Even a newborn can surprise you and roll off a table or the bed.



Choose clothes that are easy to put on and remove.

For example, stretchy onesies, shirts with folds in the necks that can open to make necks bigger (sometimes called envelope openings), pants with stretchy waistbands, and snaps for easy diaper changes are good choices.



Loosen clothing before putting it on or taking it off.

Unsnap each snap. Stretch open a neck or arm or pants leg opening. Put a hand through openings and then use your hand to guide the clothes onto baby's arms and legs.



Another idea you want to try?



Dressing Basics for a Toddler On-the-Move



Make it fun.

Sing a song. Be silly. "Does your hat go on your foot?"



Give him a choice between two options that are alright with you.

Limiting the number of choices keeps your child from not being overwhelmed and makes it easier for your child to be a successful decision-maker.

For example: "Would you like to wear your red socks or yellow socks?"

"It's raining outside. Do you want to put on your raincoat now or in 3 minutes?"



Put yourself in his place.

Getting dressed means holding still and someone else moving your body.

To understand why he might protest at times, imagine you want, and need, to

move and do and to see and explore an amazing world that has opened up for you.

How would you feel if you had to stay still, and someone was moving you where

they wanted you to go instead of where you wanted to go?



Choose clothes that are easy to put on and remove.

For example, stretchy body suits, shirts with folds in the necks (envelope openings), pants with stretchy waistbands, and snaps for easy diaper changes are good choices.



Give him a job.

Ask him to hold one sock while you start putting on the other sock or ask him to reach his slipper that you can see under his bed.



Don't be surprised to turn around and find him undressing, faster than you dressed him.

It is easier – and usually gets quite a reaction.



Another idea you want to try?



Dressing Basics for Your 2-year-old



Expect protests.

It is hard to stop what he is doing and to be still enough to get dressed.



Take a breath and allow a little extra time.

When you are calm and relaxed, he will sense it, and dressing will be easier for both of you.



Invite him to pick out his outfits and put them out the night before.

Talk about the weather and if he needs long or short sleeves, pants, or shorts. Give him a choice between the blue short socks and the yellow ones with cars on them. Put his clothes in the same place each evening.



Invite him to do it himself.

Gently pull his socks over his toes or his pants over his feet. Invite him to pull them up. When it comes to undressing, chances are he won't need an invitation. Undressing is easier than dressing, and it feels good to be free of clothes.



Make a rule that you have to wear clothes when you go outside – as needed.

Some children don't like to wear to clothes. The clothing may feel scratchy, uncomfortable, or stiff. No clothes are OK inside your home, but, when you are going out, it is a different story.



Show him the routines you have for shoes, outerwear, or other items and invite him to participate.

Do you have a place you put your coats when you come inside, like a closet or set of hooks by the door? Maybe your family takes off shoes once inside the home and puts on slippers or inside shoes. Maybe everyone puts on a bathrobe after a shower or bath that they hang inside the bathroom until needed.



Another idea you want to try?



Take a Moment: Quality Time

Think of a time that dressing time was quality time for you and your child.
What did you do to make that happen?

How did you feel?

How do you think your child felt?



Dressing Safety: Across the Ages



Choose safe and comfortable clothing.

Whether buying or using hand-me-downs, look for cotton to put near baby's skin. Be sure sleepwear is flame resistant.



Avoid drawstrings, ribbons, laces or anything else that hangs off clothes.

They can strangle a child.



Avoid small pieces that can come off and choke a child.

Buttons, bows, and plastic decorations can look tasty to a young child.



Bare feet are best for learning to walk.

His foot muscles will get a work out, and he will learn the feel of different surfaces, such as a wood floor, tile floor, and carpet. Non-slip socks or soft slippers can keep baby's feet warm. He won't need real shoes until he is walking outdoors.



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

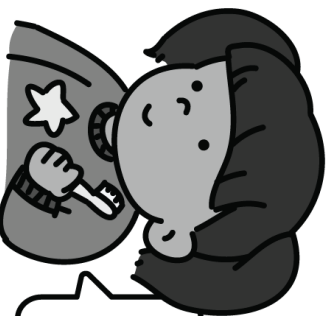
When You...		You Help Me Begin to Learn That...	
	Choose clothes that are easy to take off and put on and loosen openings at my neck, arms, and legs while dressing me...		Dressing can be uncomfortable. There are right ways to do things. You take extra steps to keep me comfortable.
	Allow a little extra time to talk with me and to give me a chance to take part...		We are partners. You respect me and have confidence that I can understand and work together with you as a partner.



Safe Bathing & Dressing

Figuring It Out Together

Here are some tips for safe bathing and dressing:



When you keep me safe, I learn I can trust you – and the world.

Safe Bathing



Never, ever leave your child alone in the bath.

DO NOT leave your child in any kind of tub, at any time, no matter if your phone rings in the other room or if the doorbell rings. Never!



Run water in the tub, and test it with your wrist before you put your child into the bath.

The water should feel warm and comfortable, about body temperature.



Bathe your child in a warm room and wrap him in a towel after taking him out of the water.

This will keep his body temperature from lowering too much.



Make a bath time rule: "Bath time is for sitting."

Put a non-slip mat on the bottom of the big tub for him to sit on.

Remind him of this rule if he forgets, which he will at times.



Talk Safety with Other Adults Your Child's Life

Be clear about safety messages.



Talk with any and every adult who takes care

of your child, whether at home or in child care, about dressing and bathing safety. While your child won't be taking a bath in child care, he may play with water or go swimming. Never leaving a child alone in or around water is a rule that should apply everywhere.



Share this page of safety messages with anyone dressing or bathing your child.

Sometimes seeing something written down makes it seem more important and helps people remember it.



Safe Dressing



Choose safe and comfortable clothing.

Whether buying or using hand-me-downs, look for cotton to put near baby's skin. Be sure sleepwear is flame resistant.



Avoid drawstrings, ribbons, laces or anything else that hangs off clothes.

They can strangle a child.



Avoid small pieces that can come off and choke a child.

Buttons, bows, plastic decorations look tasty.



Bare feet are best for learning to walk.

Non-slip socks or soft slippers can keep baby's feet warm. He won't need real shoes until he is walking outdoors.



Protect your child's skin and eyes from the sun with a hat and sunglasses.

A chinstrap will help keep his hat in place.



Take a Moment: Keep Your Child Safe

What steps do you already take to keep bathing and dressing safe and healthy for your child?

Is there anything you may want to do differently or add to your routines?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
Talk with other adults about how to keep me safe and I hear you...		I can count on you to protect me – even when you are not there.	
Remind me to sit when I am in the tub...or to hold on to you when I stand on one foot to pull off my pants...		I can do things to keep myself safe.	



Everyday Moments

Young Children's Play and Exploration

Children are born curious and ready to learn and engage with the people and things in their world. As they play and explore, they gather information. At first, babies experience the world through their senses. As they begin to move and do (in other words, get into things), their learning and sense of self as a learner continues to grow – always at a child's own pace and in his or her own way. Later children gather information from words. Bit by bit their images grow of themselves and how the world works.

Infancy and toddlerhood is also a learning time for parents who find themselves in an ongoing juggling act when it comes to finding the just-right balance between promoting exploration and learning and, at the same time, keeping their young children safe. This is a time when parents guide behavior and set limits for their children in nurturing ways. As parents discover what works for their child and for them, the trust between parent and child grows.

Children begin to view themselves as respected, competent explorers and learners when they are supported by trusted adults. This is a good foundation for personal satisfaction and success in school and life.

In this section, you will find Chapters and *Family Pages* that will support you in conversations with families as you discuss how to support children's exploration and learning; build trusting relationships; and provide nurturing guidance in ways that balance the styles, expectations, and needs of both adults and children.

Exploring and Learning about the World

Children learn about themselves, others, and the world around them during play and daily routines. Play gives children opportunities to experiment, explore, pretend, observe how things work, develop and

practice new skills, solve problems, and figure out how to get along with each other. Daily routines invite children to investigate the extraordinary learning opportunities of ordinary daily life events. This chapter talks about why and how parents are children's first and most important teachers and discusses how they can keep children safe and support exploring and learning during play and daily routines.

Building Trusting Relationships

When parents show their children they can be trusted, children begin to learn what trust is and how to be a person who can be trusted. Children learn they are safe when their needs are met. Children feel valued and cared for. Children who feel good about themselves are more likely to be more successful – in school and in life. They are more prone to feel free to explore, experiment, take risks, question, and learn. This chapter offers parents insights into what trusting relationships are, why they matter, and strategies for building the trusting relationships their children need to be confident and capable learners.

Nurturing Guidance and Discipline

Nurturing guidance and discipline goes beyond getting children to stop certain behaviors. These strategies encourage children's development of the self-control that will guide their decision-making about how to behave throughout their lives. Learning to guide a child's behavior in positive and nurturing ways can take time. This may require parents to question and make decisions that differ from those made by their important adults when they were growing up. In this chapter, parents are invited to reflect upon their childhood experiences and are provided with information and insights to help them consider how they want to guide their child's behavior.

Everyday Moments

Exploring and Learning about the World



Main Elements

Content Areas

- Teaching About Children's Exploration and Learning: *Protective Factors* and *Trauma-Informed Principles*
- The Science: Sensory and Experience-based Pathways of Development in Cognition, Language, Movement, and Socio-Emotional Relationships; Supportive and Safe Physical Environments; Supportive and Safe Caregiving Environments; Exploring and Learning Through Play
- Why it Matters to Families: *Everyday Moments* as Natural Opportunities; Child-centered and Parent-centered Play; Play Dates and Other Planned Opportunities; Distracted Parenting; Supports for Families Who Have a Child with Special Developmental Considerations; Supervision Challenges
- Home Visit Activities and *Family Pages*
- Important Safety Supports and Knowledge: Exploration and Safety; Family and Neighborhood Pet Safety; Poison Control, Choking Hazards, and Car Seat Safety

Teaching About Children's Exploration and Learning: Protective Factors and Trauma-Informed Principles

Infants are born ready to learn and engage with others. They are born with the basic abilities to connect to others, learn about their caregiving and physical worlds, and express emotional reactions to experiences. These first few years are intense for everyone! Infants, toddlers, and young children need constant support, high supervision, and parents and other caregivers who can establish a safe and supportive environment while also allowing children to take reasonable risks.

Sometimes it is not possible to create or maintain an environment with all those qualities. How can the home visitation process strengthen parents' decision-making about balancing exploration and supervision needs? How can home visitors provide insight into how everyday routines and different play opportunities provide sensory and learning experiences that help build young children's social and emotional competence?

This chapter helps to address the following *Protective Factors*:



Concrete Supports of Families



Parental Resilience



Knowledge of Parenting and Child Development



Social and Emotional Competence of Children



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Exploring and Learning about the World



Teaching about *Children's Exploration and Learning* offers opportunities to model the following *Trauma-Informed Principles* in the parent-child and parent-home visitor relationships:



Safety— Infants, toddlers, and twos need safe and supportive environments in order to grow and thrive. Parents and other primary caregivers are responsible for creating and maintaining these environments. This means they must be able to assess children's abilities and interests and elements of the immediate environment that create opportunities for learning and exploring and/or pose safety risks. Key characteristics of thinking about safety with families include exploring parents' *supervision* and *child-proofing expectations*. Supervision conversations can include topics of when, where, and for how long parents believe it is OK to let their young child(ren) explore or play without direct visual contact by an adult (e.g., in a child's room, bathroom, kitchen, a vehicle, outside).

Questions and conversations about *whom* is an appropriate supervisor in different situations are also important; would an older sibling, a family friend, grandparent, or a babysitter from down the street be OK? Supervision and safety are being assessed when parents think about what types of safety features need to be in place in their own home or homes they frequent, such as putting things out of reach (e.g., pet food dishes, table clothes that are grabbable and could pull down items on the child), using electric outlet covers and cabinet and toilet locks, and keeping cereal and other child friendly foods in a *safe* area (e.g., not in an upper shelf over the stove or refrigerator and separate from cleaning products).

Within these conversations, home visitors can learn about parents' tolerances for risk and expectations for children learning from *natural consequences* (e.g., if you hug the kitty too tightly, she may scratch or bite you). Some parents are likely to be proactive in maintaining a safe daily environment, monitoring and assessing risk before problems arise, and being responsive to changes. Other parents may allow quite a bit of latitude in open exploration and only intervene if a clear danger is apparent or if something negative happens. Yet other parents, who feel like their family's daily environment is not safe, may show behaviors that look intrusive to a child's ability to explore even when a specific environment is safe. Probing the underlying reasons for behaviors around safety and supervision can give a home visitor insight into the parents' understanding of their circumstances.





Trustworthiness and Transparency– Trustworthiness is connected to young children's sense of safety in exploring and learning. Very young children seek out information from their trusted adults to learn what is and who is safe or risky. Young children who trust their parents' responses adjust their actions to continue exploring or to draw back. Parents and important others who are absent, inconsistent, or give inaccurate information in their responses undermine their children's sense of trust and security in exploring and learning. *For more on developing healthy parent-child relationships, please see the chapter on Building Trusting Relationships.*

Within the parent-home visitor relationship, there may be on-going conversations focused on how a family can better support their child's exploration and learning. Parents who need extra support to understand their child's development, who may not have had good models for appropriate supervision, or who may not understand some of their child's safety needs can benefit through a strong, trusting, and transparent parent-home visitor partnership. Difficult or challenging topics are more easily approached as parents' sense of trust in their relationship with the home visitor increases.



Peer Support and Mutual Self-Help– Parents; caregivers; and significant others, like older siblings; are often a young child's *more skilled partner* in an exploring or learning moment, which means these individuals bring particular knowledge, skills, and abilities to the interaction. Young children can benefit from having partners at different levels of expertise. Each person engages with the child in a slightly different way and ultimately shows the child variations in learning and growing. For example, a parent may read with a toddler and may voice the different parts of the book and point out details in each picture. An older sibling may read the same book and make up new sounds or parts of the story, which gives the toddler a different experience, but the parent and the sibling are sharing language, communication, and connection with the toddler.

Learning and exploring is also a significant part of young children's first friendships with same-age peers. As young children are given opportunities to be in social settings with others their age, they learn to work and struggle together, show care, and develop empathy with peers who are *similarly skilled partners*.

Depending on the families with whom you work, you may be the *more skilled partner*, and, at other times, you may be a *more equal partner*. Regardless of differences in the knowledge or skills you and the family members bring to the relationship, you are working together to ensure the family is building or maintaining safe and supportive environments that foster children's development and learning.



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Exploring and Learning about the World



Collaboration and Mutuality– Young children are learning to be partners with their parents and important others. This means they are learning give and take rhythms within relationships, play, and daily routines. Engaging with young children during play and daily routines by asking questions, drawing attention to their responses or abilities, and following their lead in what they are interested in doing models collaboration and partnership.

Collaboration and mutuality are relationship characteristics that grow out of a sense of trust. Sometimes, home visitors have to work around the edges of unknown challenge points that parents may have to help lower barriers parents have or feel in becoming partners with their children. When the home visitor is able to take time to reflect on the information and cues a family is sharing, the home visitor can see different ways of engaging, which can help foster a collaborative parent-home visitor environment that then flows into the parent-child relationship. For example, you may work with parents who are very limited in their experiences playing and interacting with infants and toddlers. Other parents may have strong expectations that specific kinds of opportunities need to be scheduled in order for their young child to be *successful*, which could be defined in a lot of ways. You may be able to help parents recognize how everyday interactions are opportunities for learning, play, and exploration for their child.



Empowerment, Voice, and Choice– Very young children can flourish when their parents and important other adults are able to establish and maintain safety and support across a variety of environments (e.g., home, community, early care). Safe and supportive environments can change how parents and caregivers talk to children about exploring, trying new things, and being safe. In a safe environment, there are more opportunities for

the adults to say “Yes” and “It’s OK – go for it!” when the adults know that the situation is one with few risks or things to worry about. Children, in turn, have more opportunities to practice making choices, exploring, and having conversations about things they CAN do. When adults are not able to establish or maintain elements of safety in a child’s environment, the interactions they have with their young child may be more directive and rule-oriented, so more “No” and “Don’t” limits are set. While parents are working to keep their child safe, there can be unintended consequences for the child’s ability to build a strong sense of being able to choose actions, seek out new experiences, and associate fear or anxiety with exploration and learning.

Home visitors work with parents from a broad range of life experiences, and all families can benefit from a home visitor-parent relationship that reflects belief in each family’s resilience. When parents come from backgrounds where their home life or larger environment were not always safe or supportive, it will likely take time for them to build responses that foster positively-phrased language and interactions with their children. An example of this shift in language is changing from “Don’t run in the house” to “Use your walking feet.” Investing in the parents’ work to recognize what areas of their daily living environments and parent-child interactions are changeable to improve their and their children’s lives is powerful and empowering.



Cultural, Historical, and Gender Issues— Parents may have different perspectives on what comprises a safe environment due to their unique cultural values and own experiences as a child. For example, parents who grow up in high-density, urban housing may expect to use local parks for outdoor play, connect with neighbors for short-notice child care, or keep children inside most of the time to keep them safe from harmful elements, like traffic or strangers. Parents who grow up in suburbs and more rural areas with land surrounding homes may feel their yards are suitable play environments and expect older children to watch over younger ones.

Every culture also brings gender roles and expectations into exploring and learning. Parents may have ideas about which toys and types of play are appropriate for their child based on their gender. Boys may be given more freedom to explore but less freedom to express emotions and needs. Girls may be encouraged to play nurturing roles in pretend play or be expected to play more quietly.

Parents bring their histories and expectations into the parent-child relationship, and home visitors bring their own histories, expectations, and training. Engaging in conversations around these contexts can help parents make active choices in shaping their children's exploration opportunities while keeping them secure.

The Science: Understanding How Children Explore and Learn

Infants, toddlers, and twos gain an enormous amount of information about their world from their senses. Learning occurs through using their senses, experimenting (e.g., dropping spoons off the high chair), observing others (e.g., watching parents using a tablet), and imitating (e.g., barking like their dog). Young children combine different modes of learning to master knowledge, like colors, words, and shapes and to master skills, like feeding oneself, riding a tricycle, and hopping on one foot. There is a great deal of developmental change during the first 3 years, and everything is new, interesting, and unknown. Parents may feel like they are always at the edge of preventing an injury, figuring out what needs to be child-proofed next, or wondering what their young one is getting into when out of sight! Very young children need strong relationships with caregivers and safe physical environments in order to develop their motor, socio-emotional, language, and cognitive skills in ways that foster their lifelong potentials. These environments shape the experiences available to young children and will have lasting impact on their lifetime potentials.

Sensory Development in Children's Exploration and Learning

Newborns are amazing and potentially intimidating to new or new-again parents. During the last few months of gestation, infants can hear their closest people talking, reading, singing, or playing music for them, and they've been flexing muscles, feeling a parent's rub of the belly, or their own hiccups. Their senses of hearing and touch are useful from their very first minutes after birth. Their senses of taste and smell are close behind; newborns just a few days old can recognize the smell of their mothers and taste differences in breast milk and formula. Their least developed sense is sight; it will take almost the first 12 months for an



infant to develop adult-like vision of 20/20 and see variations in colors and shades of colors. The following paragraphs describe several different ways sensory development changes over the first 3 years. All of this is dependent on a combination of the infant's own capacity to grow and learn and the quantity and quality of opportunities within their caregiving and physical environments. These things shape and tailor each infant's brain to his or her specific experiences.

Throughout all aspects of building their sensory abilities, young children are immersed in language with their parents and other important people. The way parents and other people communicate with and to them by using language, emotions, and body expressions guides



young children's understanding of themselves and their world. This social environment, whether rich or restricted in language and emotional connection, structures young children's opportunities to build skills across their cognitive, language, socio-emotional, and physical skills.

Coordinating Sight and Hearing

Around 4 months of age, infants are beginning to coordinate their senses and the different information that each sense gives them about an experience. For example, a 4-month old will begin to turn to a sound (hearing) and visually scan for the source of that sound and will anticipate certain people or things (e.g., the family dog) if it is a common sound. If the sound is novel or unexpected, they may do extended looking. By 8 months, the same infant can listen to multiple voices and pick out which voice goes with which person by visually matching each person's mouth movements to the voices. If adults try to fool or trick the infant by mouthing different words while a person next to them is talking, that infant will focus very hard on trying to sort out what is really going on. An adult example of this matching experience would be if you are watching a movie and the sound track is off by a second or more – it is disorienting to have the sound and sight not match!

Coordinating Touch (and Taste/Smell) and Sight

By about 8 months, infants' sight is much improved. It is still not the expected 20/20, but things and people who are within reach to about 10 feet are clear and interesting; about 8 months is also when infants are learning to roll, scoot, and crawl (whether army, backwards, or typical style) to get to interesting things! Before 8 months, infants will grab an interesting object like a book or soft toy and immediately put it in their mouths because the level of sensitivity to learn about that



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object by mouthing is very high. The tongue, lips, and gums have lots of experience touching things, and that is the quickest way to figure out important things about this object: Does it have a flavor or smell? Is it bitable? Is it smooth or bumpy, soft or hard, cold or warm?

Around 7 to 8 months, infants will bring an object to their mouths and then pull it back out to look at it. They switch back and forth between feeling and looking and gradually add in both hands to explore new features. By 12 months, infants' sight has improved to the degree that they will look and explore objects by sight and hands before bringing the objects to their mouths. By 18 months, a toddler can identify known toys and objects by touch alone (hand) – without needing to see it. *However, using the mouth as a way to explore and learn lasts throughout early childhood and into the elementary years, so safety around choking hazards and non-edible or dangerous items, like household cleaning products, is critical!*

Touch, Sight, and Mobility

The most sensitive and useful aspects of touch are around infants' mouths and cheeks at birth and are intended to help them learn to nurse. However, young infants soon learn to recognize additional kinds of touch as they are held and cared for throughout their days and nights by one or more important caregivers. Infants also begin exploring their environments by feeling with their fingers as they grasp a parent's hand, shirt, or hair and as they move around in their cribs, car seats, or swings. Starting around 3 months, infants are beginning to learn that they can affect their environment by moving. At this age, infants may seem very wiggly when they are awake and engaged. These whole-body movements can be observed during tummy and floor play times with arms and legs moving; hands opening and closing; and legs pushing against a surface, which perhaps builds momentum to

complete that first flip from back to tummy or, more likely, tummy to back. When they are in settings like a crib with a mobile hanging overhead or a play mat/seat with an arching set of toys, they will start to move their bodies to make the toys on the mobile move.

From 3 to 6 months, infants are practicing reaching and grabbing, which makes their fingers more sensitive to details and differences and gives them more information about things they hold and touch. The bottoms of their feet can also become more sensitive to feel different floor and other surfaces (e.g., bedspreads, crib sides, jeans while they are standing on a person's lap).

Improving vision helps infants see more things and drives their interests in exploration. But, getting to those interesting things can be a challenge! In many ways, sensory input helps drive motor skills.





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Exploring and Learning about the World



Hearing and seeing interesting things or wanting to move away from things that are uncomfortable, are actions that play a part in encouraging children to move to their next level of mobility and balance in the first 12 to 17 months. Those next levels can include holding up their heads, sitting upright with support and then independently, rolling over, supporting themselves on belly and hands and moving to knees and hands, figuring out how to coordinate all body parts to move towards a goal without falling on one's face, pulling to a stand, cruising around a coffee table or couch, and taking those first wobbly steps of independence. For infants who may have sensory impairments or developmental delays, often they can make developmental progress and many will still reach these milestones, but their physical and caregiving environments must be adapted to support and encourage their explorations and learning.

Infants and toddlers who are moving to their next level of mobility test their physical environments in many ways, and, when a type of environment is new, like stairs, they typically do not show any fear or understanding of danger. It's a case of "they don't know what they don't know"! For example, an almost or new walker has not yet learned to scan the walking surface and make adjustments for changes in flooring from carpet to tile. If this child is wearing socks, booties, or shoes, he cannot feel the surface change directly. As children gain experience with each level of mobility, they incorporate their touch and visual senses into their experience and learn to look for hazards, like a toy in their path, and test surfaces through movement by tapping their feet or touching with hands to test before moving forward. Being able to be barefoot as an exploring cruiser and almost walker helps infants move toward independent walking by helping them develop touch sensitivity to different walking surfaces through their feet. Some studies have shown that infants in northern climates, where bundling up is

necessary in colder seasons, walk about 1 month later on average than their peers who are in climates that stay warmer year-round. Weather conditions, like ice and snow, and wearing different clothes, like shoes, boots, socks, and layers of warm clothing can impact how easy or difficult it is to learn to walk. So, seasons and weather are ways that the physical environment can impact a young child's development!

Through a Young Child's Eyes

Exploration and Learning

0-6 months

When I am born, I can see about 8-15 inches away – just the right distance to see your face when you hold me. Over the months, I will be able to see more.

I will turn my head to follow an object or person. When I see you coming, I might kick my feet and coo with excitement.

I start to bring my fingers and toys to my mouth.

When I smile or coo and you respond, I learn that I can make something happen. You will respond. I am learning how relationships work.

I am learning I can make things happen, like when I kick in my bath and splash us.

6-12 months

I like to study and explore objects around me. I might turn my toy caterpillar over and shake it many times.

I almost always bring things to my mouth to learn about them. My mouth is sensitive and can tell me about how something feels and tastes. So, please watch to be sure I am only mouthing things that are safe and good for me. Try the toilet paper roll test: If something is too big to fit through the cardboard roll, it is safe. If it slips through, keep it out of my reach. It could choke me.

I remember things. I might turn my head away when I see my washcloth in your hand because I know you are going to wipe my face.

I am beginning to move from place to place. I am eager to explore everything – the outlets, the electrical cords that I can reach (and pull on), and the breakable items on low shelves. It is time to childproof if you haven't already. Keeping our space safe is one of the most important ways you can help me explore and learn.

I expect that when I squeeze my toy it will squeak. When I turn the can over, the clothespins will fall out. If something different happens it is a big surprise.



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Exploring and Learning about the World



Through a Young Child's Eyes

Exploration and Learning

12-18 months

I love to experiment and explore. I like to push, pull, bang, fill and dump and fill, and taste things.

You might call it "getting into things" or "making a mess," but, for me, it is learning.

I can use my hands now to grab and hold something to explore and to wave and play patty-cake with you.

I can pick up pieces of cereal and banana from my high chair tray to eat. I can and will pick up crumbs and other small things like buttons or coins that you drop on the floor and eat them too. So, please pick up what you drop. We will both be happier and healthier.

I remember how things happen. I might imitate how you put on your hat or the way you stir milk into a pretend cup of coffee.

I notice when our routines change and might get upset if we go away, and I have to sleep in a new crib.

I try the same things over and over again. I know what will happen, at least most of the time, like when I drop my spoon off my high chair tray and wait for you to pick it up again and again!

It feels good to make things happen and to know what to expect next.

That's why it can be hard for me to stop dropping the spoon or banging the pot lids – even when you ask me to.

Watch me play. I am putting together my picture of the world. I might pretend to make a call on a toy phone – just like you do. Or use a wooden spoon to stir in a pan – like you.

I can move from place to place easily and quickly. I can crawl up the stairs, go over and stick my fingers into an outlet, and pull myself up on a bookshelf. So, please be sure our home is safe for me.

This is one of the most important ways to help me explore and learn. Plus, if everything dangerous is out of the way you won't have to tell me "no" so often.

Through a Young Child's Eyes

Exploration and Learning

18-24 months

I want to explore and learn about everything. When you explore with me or I find something very interesting you will see that I can have a long attention span, I check out things carefully and with focus.

I am learning to use my hands and eyes together to do many things: turn the pages of a book, string large beads, or explore putting together a puzzle or scribbling with a crayon.

Keep your eye on me – just in case I decide to suck or chew on something that isn't food.

I remember what is supposed to happen at certain times. Knowing what to expect helps me feel secure and safe. It gives me a sense of control in the big world around me. That is why I can get upset when we change routines.

It is why I ask you to sing the same song and read the same book over and over. I know it may be boring for you sometimes, but routines and repetition help me learn how things work.

I love to try things in new ways. You may see me bang a pot lid on the hard kitchen floor and then the rug in the living room to make different noises.

I may push my truck in and out of the cardboard box garage you made for me to learn more about how my truck, even though I cannot see it in the garage, is still there.

Watch me play. Let me help you with chores. I am learning about our daily life. You might see me singing our goodnight song to my doll before laying her to sleep or sorting the blue socks from the green ones.

I can walk, run, and climb now. I love to jump and dance, throw, and push things around.

I learn about myself and the world by moving. So, please be sure I am in a safe place whether we are indoors or outside.



Through a Young Child's Eyes

Exploration and Learning

24-30 months

I am curious about everything I come across – and that's a lot. I am beginning to understand ideas and concepts like colors, same and different, big and little, and on and off. I am getting good at matching and comparing things.

My eyes, fingers, and hands work together better now. So let's explore – painting, simple puzzles, rolling the ball back and forth, and drawing with crayons or markers.

I enjoy tearing paper, gluing, playdough, counting and arranging big bottlecaps or beads and doing puzzles. I still need reminders to not put things in my mouth.

I am learning to plan to make things happen. I may ask you if today Grandma is coming or push my blocks together to make a road for my car.

You might see me making cookies out of playdough, pretending to bake them and then serving them to my stuffed animals. I still count on our routines to help me feel secure.

30-36 months

I may want the same color marker as my big brother or notice my friend has more crackers than I do. I am learning about sharing, taking turns, and fairness. It is not easy! You can help me understand how and when it is important to share, wait for a turn, be kind, and speak up for myself.

I love to move and am learning more new skills. I am beginning more to have a goal in mind when I move and do. I might gallop with my friends so we can be a herd of horses or ride my push toy and pretend I am a truck driver delivering packages.

You can help me learn to problem solve by giving me words for what is happening and ideas for what I might try. I love to do things for myself now– and may protest if you try to help me. I may want to dress myself, feed myself and bathe myself (and the walls around the tub).

I need practice and your patience to get better at these tasks. Pick your battles. Does it really matter if I don't eat my carrots? Warning: Our everyday moments will take longer now.

Supportive and Safe Physical Environments

Home visitation and related early childhood programs have made information about safe living environments part of their educational focus, and there are several high-quality, home safety checklists used across the United States. Addressing each of the listed elements can be intimidating.

In addition, considerations need to be made for various outdoor environments, other people's homes, and things needed for different types of transportation – WHEW! That's a lot of safety to try to manage along with daily parenting life. But, stay vigilant - the job is not done when outlets are covered, shelves and dressers are secured to the wall, and safety gates are installed. Parents still have to decide how to talk about safety, set and maintain rules for behaviors with their children, and get other adults to partner in using a consistent set of strategies across caregiving situations.

The *Family Pages for Exploring and Learning* make the range of safety needs manageable and meaningful for parents. The goals of these pages are to help families see how safety and supervision go hand in hand in creating physical spaces that are safe for children to explore, play, and grow in. It is a bit like building up each parent's *child safety and supervision toolkit*. Parents who can identify and adequately address physical safety needs in their homes ahead of time have a great start to creating a space that allows free exploration by young children. Safety needs change as children grow; reassessing and planning ahead of time helps prevent injury and accidents and supports proactive instead of reactive responses.



Everyday Moments

Exploring and Learning about the World



Parents' supervision knowledge and decisions extend safety across different living and learning environments. Parents and their children benefit from building routines and language for supervision as part of an overall focus on safety. In many ways, the foundations for quality supervision include being physically present and aware of one's child across situations and contexts. These actions are followed closely by being able to assess risks for a child's safety and make decisions that encourage exploration (and even failure!) without letting the child be in danger. Distracted parenting is linked with lower supervision and increases in children's injury risk. Research indicates that almost everyone thinks they are better at multi-tasking than they really are.

Close proximity and vigilance by adults are positive strategies to minimize serious risk and quickly intervene when problems arise. Young children are curious explorers who do not know what could cause them harm or injury. Stairs, water, swinging doors, and random small objects on the floor are just a few of the common household items that can pose risks for young children. The presence of animals and water features (e.g., pools, ponds, hot tubs) or the absence of secure outdoor recreation space require additional attention by parents.

Several daily care routines need to integrate safety and supervision, such as diapering, bathing, and feeding. Each daily routine requires caregivers to set up safe environments for completing the daily routine, including choosing a safe space for diaper changes, ensuring bathing water is not too hot, making sure the child is always supervised and supported when near water, and offering bite-sized choices to prevent choking. While many safety needs are addressed in the details of daily routines, there are also safety and supervision expectations that parents should use in the other environments their young children explore. For example, parents should make sure their child's sleeping spaces and practices are safe at a relative's home or that their church

nursery has shelves that are secured to the wall to prevent them being pulled over by curious climbers. Being able to communicate those expectations clearly and address differences between caregivers are important. If there are still differences between parents and other potential caregivers, those differences could be a deal-breaker for leaving an infant in their care whether these individuals are paid or not. Some co-parents and caregivers have different tolerances for risk and may perceive risk very differently. Sometimes, parents simply do not understand what can be risky for their child. This could be due to lack of experience or not appreciating their child's developmental abilities and limits.





Everyday Moments

Exploring and Learning about the World



Lastly, parents and other caregivers can incorporate safety language into their ongoing communication, which creates a communication style that helps young children understand what behaviors are desired rather than what needs to stop. Building a communication pattern of positive guidance with very young children fosters their emerging skills for self-regulation and control. These skills are necessary for later school readiness and social and emotional competency. For example, when a 10-month-old child crawls into his grandparent's kitchen and rattles the cabinet doors, PopPop can join in the moment with a "We knew you were coming, and we made sure you would be safe! We have the safety locks on, and you noticed right away!" Parents can talk with their 20-month-old fast walker and can say, "We hold hands for our daily walk down the street." These simple sentences incorporate safety language into everyday conversation and help young children develop expectations for themselves and of their important adults.



Of course, there will be times when there is urgency to keep a child from harm, and times when there is only one choice for a child. You can help parents realize that their supervision and safety strategies and language can and will change based on specific situations. With each milestone their child meets and experience their child has, there will be opportunities to make or adapt their strategies and language. *For more on positive language, please see the chapter on Nurturing Guidance and Discipline.*

Supportive and Safe Caregiving Environments

The section on *Trauma-Informed Care* included opening information about parents becoming a young child's collaborator and helping their child learn to be a partner as their child learns and explores. Supportive caregiving means that parents and important others are tuned in to the child's actions, emotions, interests, and needs and are able to respond appropriately and in a rhythm that continues an interaction or completes it with satisfaction on both sides. Caregivers who struggle to effectively tune in, interpret, and respond to their young children are less likely to report that they feel warmly connected to their children and more likely to report that their children are difficult to soothe, please, and play with enjoyably.

These struggles can negatively impact parents' sense of competence and satisfaction. In more serious cases, continued struggles to connect with and create a sense of safety for their children can become warning signals of risks for parent and/or infant mental health concerns and child maltreatment (i.e., neglect and/or abuse), which can include a marked lack of empathic and nurturing behaviors.

Infants, toddlers, and twos develop a range of strategies to build their learning and exploring partnerships with parents and caregivers. These seeking behaviors typically include staying physically close to a parent,



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venturing out to explore and coming back to check in with the parent, looking at a parent's face and body motions for emotional and verbal cues for reassurance or concern, and vocalizing and pointing to a new or unfamiliar object or person to make sure the parent is paying attention to the situation. Based on previous experiences, positive and negative, young children will adjust these strategies and the important adults they seek out. *For more information about these first relationships, please see the chapter on Building Trusting Relationships.*

So what are some ways that a parent can create a sense of psychological safety and support in an everyday interaction with their young child? As you read the next few paragraphs, you will see parents can use a range of behaviors to create that sense of safety and support.

What might a parent who is struggling do that would look and feel different? Again, there are many ways that a struggling parent might present, including showing a lack of engagement or interest, being intrusive (forcing interest on what the parent wants), and using harsh or neglectful actions and/or harsh language.





Everyday Moments

Exploring and Learning about the World



Let's think about a 12-month-old whose favorite stuffed toy is Elmo. She is not quite walking. She babbles and says about three words for purposeful communication with her parents. She sees her father come in to the living room after a tough work shift. She smiles at him and picks up Elmo, shakes the toy at her dad and says, "da-da-da" with excitement.

Supportive and Safe Example #1

Dad could respond positively with a return smile and ask, "Where is Elmo's nose? Did you and Elmo have a good day?" Dad becomes a collaborator with the child and extends the interaction she started and helps her learn more about herself and her world.

A home visitor could highlight how this parent is connecting and building his child's social world, building on her lead, and giving her a sense of safety and support.

Supportive and Safe Example #2

Dad gives a tired smile and a pat on her head before saying, "I need to change my clothes – be right back." He drops his gear and returns a few minutes later and tells his daughter, "Hey, Peanut. It's good to see you. Can I give you and Elmo a hug?" Dad is still a collaborator because he connects with her initially, tells her what he is doing, and returns to connect with her in a way that builds on her actions.

A home visitor can emphasize the different ways that this parent initially connected with his child, took the time to explain what he was doing to help stay connected as he completed some quick self-care tasks, and then made choices to re-engage at the child's level with what she wanted to share.

Struggling Example

Dad looks at his daughter but walks past her without saying anything. He says, "Hey! I'm taking a shower" loudly enough for everyone else in the house to hear. Fifteen minutes later, he returns to the living room, sits down, and turns on the TV. His daughter, still there, crawls to him with Elmo and pulls up on her Dad's leg. But, Dad tells her, "Not now. I'm watching the news." Dad has not responded in ways that recognize or encourage interaction with his daughter.

For a home visitor, it is time to try to find out more information. It is possible he did not know or recognize this was an opportunity to build connections; perhaps he is actively trying to stop the interaction his daughter wants. It could be that he sees the interaction as too much effort or work at that time or that her wanting to connect does not match what he thinks a child that age should be doing. Finding out more helps you to understand what is important to share and what ways you, as the home visitor, can support a parent's own growth and development.





Supporting Exploring and Learning through Play

Play is a key mode of exploring and learning for very young children, yet not all exploring and learning will be play. Play is defined in many different ways, but at the heart of it, whether something is play is how the person – child or adult – feels about the task and actions. This means that play comes from within each person even though there are many ways to share in a play opportunity with others. Play activities are those that are self-selected and self-directed. Yet, not everything may look like typical play to an adult.

For example, a 5-month-old may spend 15 minutes of floor time on a mat with toys and an overhead mobile kicking, rolling, reaching for interesting objects, and noticing what he can make happen with his body motions. He coos and shrieks when he can make interesting things happen and when he reaches a toy. If a parent joins in and follows his lead and pushes a toy closer, describes the toy and actions, or helps position him to better reach and explore, all of these actions are play.



Likewise, a 2 ½-year-old might see her older sister mixing cookie dough, ask to join in, and push her step-stool to the counter. Measuring, pouring, and mixing are sensory experiences that are enjoyable, and there may be satisfaction that comes from working with her big sister and doing big girl things. This is also play!

Anyone who is playing, whether alone or with others, is free to stop at any time. If the 5-month-old's play partner tries to force the infant to squeeze a toy that squeaks instead of letting him grab and mouth it, the baby will likely disengage, and that play moment is over. Similarly, the 2 ½-year-old may get frustrated if the rules for making cookies are too difficult for her to meet, like there can be no spilling or putting hands in the bowl. This moves the activity from play to work. She may continue to engage, but the playfulness and goals of her engagement are diminished in order to meet someone else's goals rather than her original intent to enjoy the moment and processes.

Safe and secure environments allow a variety of play opportunities for young children to do the following:

- Try out new things, such as exploring sounds in language through babbling or pretending to be a cowboy;
- Discover new properties of items, like playing in a mud puddle after the rain or observing which toys bounce;
- Test out new and emerging skills, like balancing on one foot or wiping down the table after snack;
- Learn to get along with others through agreeing to rules, such as how we treat each other and how to take turns; and
- Build coping skills by envisioning different outcomes for situations that were stressful or difficult, such as pretending a doll needs hugs and a Band-Aid after a toddler scraped his knee.



Everyday Moments

Exploring and Learning about the World



Sometimes, play is quiet; sometimes it is loud and boisterous. Play is, sometimes, a quick moment and other times an elaborate production. Sometimes, play is solitary, and, sometimes, it is with one or more partners. One young child may stay focused on a particular interest for an extended time, like sorting toys by color or pretending to care for a baby doll. Yet, another young child is always on the move, scanning, touching, or moving lots of different things in the play area but not focusing attention on one thing.

TRHV provides a set of activities that can be play opportunities for solo and partner play. These activities are in a card deck format that families keep and can select from when seeking out a new or different way to join in with their child. These activities offer, whenever possible, ideas that can be done without having to buy something special. Games, puzzles, and toys are fine, but, when families are on a budget, it is helpful to model how common household items can provide everyday play, learning, and exploring options.

Why Learning and Exploring Matters to Families

Everyday Moments are naturally occurring events in every family's life and provide experiences for children to grow and learn. Routines can incorporate play and playful elements to make daily tasks more engaging and build a sense of working together. Some parents may believe they need to buy certain things or enroll their child into specific kinds of experiences in order for their child to do well. Home visitors can help parents see the extraordinary in *Everyday Moments*, and household items can alleviate the sense of pressure to have the latest and greatest things for their child.

Each child's immediate physical and caregiving environments create and constrain opportunities for exploring and learning, and families often have the most influence on what these environments are like.

Parents make decisions each day about activities, routines, living and playing spaces, who is around their children, and how they themselves choose to join in with their children at any given time. The degree to which parents and caregivers are aware of these choices will vary within and across families. It is not uncommon for a choice to be made for a very good reason, with unexpected consequences later on. This could be a fairly significant family decision, such as opting to have one parent stay at home after an infant arrives because the cost of child care is equal to or greater than the current salary earned, and then realizing there are very few social learning and play opportunities outside of a child care setting in the community. Or, there could be several small, daily moment decisions to use playpens, cribs, bouncy chairs, and strollers for so much of a child's waking hours that there is little opportunity for a young child to do free exploration and large motor skill activities. Parents could have some well thought out reasons for keeping their young one in restricted spaces, but they may not understand how these decisions shape their child's experiences and development.

Families can struggle in a variety of ways that impact their children's opportunities for exploring and learning. Learning more about the decisions and assumptions parents make open communication about how children grow and learn and how families can support their young children's development.



Boots on the Ground: Everyday Moment Conversations with Families

This section highlights content and skill-building strategies you can use as you plan your home visits. For the *Everyday Moment* section of the visit, you will find a list of topics to choose from and to explore in conversations about building strong and healthy relationships. For each topic, you will find the associated *Protective Factors* and *Trauma-Informed Principles* addressed. *Family Pages* designed to support your conversations are listed next.

In addition, you will find suggestions of related one-on-one activities to choose from for the parent-child interaction portion of the visit.

There are several *Exploring and Learning* topics to choose from as you plan a visit to a family, and you should tailor the conversation to that family's specific needs and interests. You may find that you discuss one topic now and come back to discuss another in a month or two depending on certain circumstances.

Using the information you have about a family's *Protective Factors*, you can guide your curriculum choices to tailor the home visit discussion and activities. Ideas are presented below with their associated icons to highlight how they correspond to meeting a family's needs and building each family member's resilience.

These include the following:

Parents' experiences with and expectations for exploring and learning



Parental Resilience may be enhanced when parents reflect on their own early experiences of exploring, learning, and playing. These reflections can guide parents' decisions about what they would like to carry forward with their own children or do differently to support their child's development and curiosity.

Supporting your child's exploring and learning



Knowledge of Parenting and Child Development and



Social and Emotional Competence of Children are supported through exploring and learning in ordinary daily moments, which can be extraordinary to young children. As their child's first teacher, parents construct the physical and caregiving environments for play and exploration.

Keeping a child safe while learning, exploring, and playing



Knowledge of Parenting and Child Development and



Social and Emotional Competence of Children help parents address safety and supervision needs for their young child so that she may explore, learn, and play with confidence.



Family Pages

A series of *Family Pages* on *Exploring and Learning* have been created to support your conversations with families while you are visiting and to become a resource parents can refer to between visits. These include:

- Focus on You: Looking Back and Moving Ahead with Your Child
- Encouraging Exploring & Learning from a Child's Point of View
- Exploring & Learning Happen All the Time
- What Do You Notice and Know About Your Child
- You are Your Child's First and Most Important Teacher
- Keeping Your Little Explorer and Learner Safe

Related One-on-One Activities

These are suggested activities to promote exploring, learning, and play. There is a broad selection of one-on-one activities available in the Activity Card deck.

- Notice and Wonder: How does your child explore and learn about his/her environment? What kinds of play does he/she enjoy?
- Peekaboo
- Create an obstacle course
- Sensory bag (guessing an object by feel)
- Finger paints

Book suggestions:

- *Star in the Jar* by Sam Hay
- *Kite Flying* by Grace Lin
- *Where the Wild Things Are* by Maurice Sendak
- *Pat the Bunny* by Dorothy Kunhardt
- *Brown Bear, Brown Bear, What Do You See?* by Bill Martin

Additional Resources

Community, Physical, and Mental Health connections may include:

- Community/County Health Department
- Parks and Recreation
- CDC Developmental milestone charts/app for 2 months to age 5 years old: <https://www.cdc.gov/features/developmental-milestones-matter/index.html>
- Home Safety Checklist: <https://www.dcf.state.fl.us/programs/childwelfare/caregivers/docs/HomeSafetyChecklist.pdf>
- Pediatrician
- Early Head Start





Encouraging Exploring & Learning





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Encouraging Exploring & Learning



Focus on You: Looking Back and Moving Ahead with Your Child

Parenting is a continuous journey of new discoveries about your baby—his preferences, his way of moving in the world, how he thinks, what catches his attention, and what makes him smile. It is also a journey of discoveries about yourself. You learn about your beliefs, values, and patience level. You may also discover abilities you didn't know you had, like being able to make up silly songs.

Have you ever noticed how just when you figure something out, your child moves to a new stage, and you have to start all over again? Exploring and learning are essential when it comes to parenting.

It can be easy to look at another parent or a teacher and think that person has figured it out. The truth is, everyone knows some things when it comes to parenting but no one - no parent, no teacher, no home visitor - knows it all.

The good thing is that your child doesn't need you to know everything! He needs you to be you. Every child's needs are different, and, when you think about what you do that works and what you might do differently next time, you are exactly what your child needs. You show him what it means to be a learner when you are open to asking questions, trying out new ideas, or making new discoveries (on your own and with family, friends, teachers, and home visitors).

Rest assured, sometimes you may stumble. Other times, you will get it, and it will feel great. It is all part of the journey of parenthood.

Looking Back at Exploring and Learning

How you feel about you and your child as an explorer and learner is likely shaped by how your adults supported you as you were growing up. Thinking back on your own childhood can help you determine what you want to do as a parent today.



Take a Moment: Look Back at Exploring and Learning

Are there ways in which your adults helped you feel safe to experiment and explore?
What did they say and do?

How did they respond when you made a new discovery?

What do you want to do that is the same or different with your child?



Your Feelings About Exploring and Learning



Do you remember the wonder and joy of a making a new discovery in your life?

For example, seeing raindrops on a flower and its leaves after a shower passes by? Realizing that, yes, you can replace a dripping faucet or being confident enough to taste a new food that a friend introduces you to are examples of new discoveries.

If you find you have forgotten those feelings, try slowing down and looking at the world through your child's eyes. To him, everything is new. Share his wonder of lying on his back and discovering that those are his arms flying past and that he can control them; that he can turn his little pail upside down and all the pop beads inside scatter across the floor; or his amazement at those ants walking across the sidewalk when you walk outside.



How do you feel about messiness? About noise?

Both can be part of exploring and learning.



Can you slow down? If no, how can you figure out a way to slow down and give your child and yourself time to mess around?

Life can be busy – you know that. Yet, exploring and learning take time. Trying to do something, trying to do something in new ways, and repeating things are part of exploring and learning.



Watching and Guiding Your Child's Exploring and Learning

Your child depends on you to supervise him as he explores and learns. If he had the words, he might say, "I rely on you to watch over me, to keep me safe and to guide me as needed." He might add, "Sometimes, I need space and time to experiment and enjoy. Sometimes, I may need you to step in to say or do something that can extend my learning or make it even more fun."

The decisions you make every day, sometimes without even realizing you are making them, shape possibilities of what your child explores and learns during daily routines and play. Some of these decisions you make ahead of time. For example, deciding to child proof rooms in your house so your child is safe as he explores or deciding to go to the park with another parent so your child has a playmate are decisions made in advance. Other decisions you make in the moment. For example, what kinds of toys you provide, what you say and do as you bathe your child, what songs you sing, or which crayons you put out so he can color are more spontaneous decisions.

Here are some ideas to consider as you decide how best to guide your child as he explores and learns:



Use household items and homemade toys to promote learning.

No need to spend a lot of money. No need to buy fancy toys. Household objects, such as measuring cups, spoons, pots, pans, a roll of masking tape, and a blanket, are fascinating to your child because he sees you use them. You can make an obstacle course using chairs, pillows, a low step stool, and masking tape to create a path on the rug. A cardboard box can become anything: a garage for a toy car, a fire engine, house, or space for your child to sit in. Old keyboards and calculators will keep toddlers and twos busy pretending for a long time.

Ideas for homemade toys may include a drop and fill container, a board book, a stacking game made of large lids from different containers, and a matching game made from magazine photos.



Share in your child's curiosity or delight.

Be a mirror, and reflect his feelings. For example, smile when he smiles or stick out your tongue when he sticks out his tongue.



Look through his eyes to see what he might be exploring and learning.

Sometimes, it may feel like he is just making a mess or trying your patience when you are trying to get out of the door. While these both may be true, look through his eyes and you will see he is exploring and learning:

- When he splashes in the tub or in a puddle, he is learning he can make things happen and discovering that water moves and takes different shapes.
- When he drops his spoon off the high chair tray – again! - and looks at you to pick it up, or drives his car in and out of the cardboard box garage you made for him, he is learning that the spoon and car (and more importantly you) exist even when out of sight.
- When he puts on your hat, or stands in your shoes, offers you a taste of the soup he just made, reassures his teddy bear everything is alright, or pretends to be a firefighter, he is exploring roles, how to treat others, and seeing the world from different perspectives.



Give him time.

Today, even toddlers often get scheduled into playdates and classes. Yet, children need time to be quiet and to think and dream. Even to be bored, which can lead to wondrous ideas and discoveries!



Watch to see if he needs you to step in to keep him safe.

For example, step in if you see him or his friend getting frustrated and ready to hit each other. If you have to keep reminding him on a rainy day that the couch is for sitting on, not climbing, give him a chance to move by making an obstacle course together on the living room floor.



Ask yourself if there are opportunities you can say or show to enrich or extend his learning.

Perhaps ask a question, offer a prop, describe what he is doing, or invite him to think and problem-solve with you and link something new to the familiar.



Sometimes, the best thing you can do is stand back and watch.

Give your child space and time to think, to try ideas, and solve problems to make exploring and learning his.



Appreciate How Much You are Learning Too

Like your little one, you are learning and growing every day. It can be hard to see the changes in yourself when you are busy or tired. But, it is important to take a moment to reflect on how you have changed and grown as a parent since your child came on the scene and to give yourself a pat on the back.

Here are some of the things you may be learning to do:



Get quickly out the door with your baby and all his things.



Sing and read during the day with your child.



Find you don't mind reading the same book and singing the same song over and over again.



Laugh more easily when things don't go as planned.



Share your child's wonder at falling leaves or ants walking across the sidewalk .



Other ideas?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

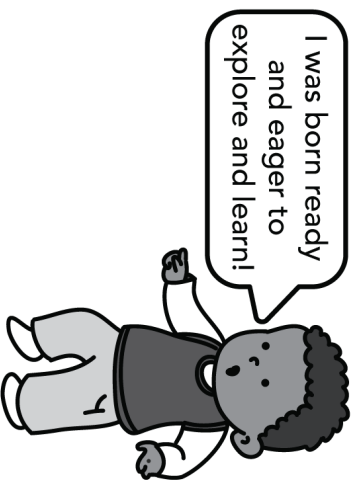
When You...	You Help Me Begin to Learn That...
Give me real objects to play with like a plastic measuring cup to pour water in the bath or a pot and spoon to bang together...	I can make the water move or make a big sound. I can make things change. I can do it!
Decide to step back and watch me play sometimes...	What I am doing is important if you ware watching. I have time to explore and discover. I can figure things out.



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Exploring and Learning from a Child's Point of View



Figuring It Out Together

Here are some of the things your child might tell you about exploring and learning:

Through a Young Child's Eyes

Exploration and Learning

0-6 months

When I am born, I can see about 8-15 inches away – just the right distance to see your face when you hold me. Over the months, I will be able to see more.

I will turn my head to follow an object or person. When I see you coming, I might kick my feet and coo with excitement.

I start to bring my fingers and toys to my mouth.

When I smile or coo and you respond, I learn that I can make something happen. You will respond. I am learning how relationships work.

I am learning I can make things happen, like when I kick in my bath and splash us.

6-12 months

I like to study and explore objects around me. I might turn my toy caterpillar over and shake it many times.

I almost always bring things to my mouth to learn about them. My mouth is sensitive and can tell me about how something feels and tastes. So, please watch to be sure I am only mouthing things that are safe and good for me. Try the toilet paper roll test: If something is too big to fit through the cardboard roll, it is safe. If it slips through, keep it out of my reach. It could choke me.

I remember things. I might turn my head away when I see my washcloth in your hand because I know you are going to wipe my face.

I am beginning to move from place to place. I am eager to explore everything – the outlets, the electrical cords that I can reach (and pull on), and the breakable items on low shelves. It is time to childproof if you haven't already. Keeping our space safe is one of the most important ways you can help me explore and learn.

I expect that when I squeeze my toy it will squeak. When I turn the can over, the clothespins will fall out. If something different happens it is a big surprise.



Through a Young Child's Eyes

Exploration and Learning

12-18 months

I love to experiment and explore. I like to push, pull, bang, fill and dump and fill, and taste things.

You might call it "getting into things" or "making a mess," but, for me, it is learning.

I can use my hands now to grab and hold something to explore and to wave and play patty-cake with you.

I can pick up pieces of cereal and banana from my high chair tray to eat. I can and will pick up crumbs and other small things like buttons or coins that you drop on the floor and eat them too. So, please pick up what you drop. We will both be happier and healthier.

I remember how things happen. I might imitate how you put on your hat or the way you stir milk into a pretend cup of coffee.

I notice when our routines change and might get upset if we go away, and I have to sleep in a new crib.

I try the same things over and over again. I know what will happen, at least most of the time, like when I drop my spoon off my high chair tray and wait for you to pick it up again and again! It feels good to make things happen and to know what to expect next. That's why it can be hard for me to stop dropping the spoon or banging the pot lids – even when you ask me to.

Watch me play. I am putting together my picture of the world. I might pretend to make a call on a toy phone – just like you do. Or use a wooden spoon to stir in a pan – like you.

I can move from place to place easily and quickly. I can crawl up the stairs, go over and stick my fingers into an outlet, and pull myself up on a bookshelf. So, please be sure our home is safe for me.

This is one of the most important ways to help me explore and learn. Plus, if everything dangerous is out of the way you won't have to tell me "no" so often.



Through a Young Child's Eyes

Exploration and Learning

18-24 months

I want to explore and learn about everything. When you explore with me or I find something very interesting you will see that I can have a long attention span, I check out things carefully and with focus.

I am learning to use my hands and eyes together to do many things: turn the pages of a book, string large beads, or explore putting together a puzzle or scribbling with a crayon.

Keep your eye on me – just in case I decide to suck or chew on something that isn't food.

I remember what is supposed to happen at certain times. Knowing what to expect helps me feel secure and safe. It gives me a sense of control in the big world around me. That is why I can get upset when we change routines.

It is why I ask you to sing the same song and read the same book over and over. I know it may be boring for you sometimes, but routines and repetition help me learn how things work.

I love to try things in new ways. You may see me bang a pot lid on the hard kitchen floor and then the rug in the living room to make different noises. I may push my truck in and out of the cardboard box garage you made for me to learn more about how my truck, even though I cannot see it in the garage, is still there.

Watch me play. Let me help you with chores. I am learning about our daily life. You might see me singing our goodnight song to my doll before laying her to sleep or sorting the blue socks from the green ones.

I can walk, run, and climb now. I love to jump and dance, throw, and push things around.

I learn about myself and the world by moving. So, please be sure I am in a safe place whether we are indoors or outside.



Through a Young Child's Eyes

Exploration and Learning

24-30 months	30-36 months
<p>I am curious about everything I come across – and that's a lot. I am beginning to understand ideas and concepts like colors, same and different, big and little, and on and off. I am getting good at matching and comparing things.</p>	<p>I may want the same color marker as my big brother or notice my friend has more crackers than I do. I am learning about sharing, taking turns, and fairness. It is not easy! You can help me understand how and when it is important to share, wait for a turn, be kind, and speak up for myself.</p>
<p>My eyes, fingers, and hands work together better now. So let's explore – painting, simple puzzles, rolling the ball back and forth, and drawing with crayons or markers.</p> <p>I enjoy tearing paper, gluing, playdough, counting and arranging big bottlecaps or beads and doing puzzles. I still need reminders to not put things in my mouth.</p>	<p>I love to move and am learning more new skills. I am beginning more to have a goal in mind when I move and do.</p> <p>I might gallop with my friends so we can be a herd of horses or ride my push toy and pretend I am a truck driver delivering packages.</p>
<p>I am learning to plan to make things happen. I may ask you if today Grandma is coming or push my blocks together to make a road for my car.</p> <p>You might see me making cookies out of playdough, pretending to bake them and then serving them to my stuffed animals. I still count on our routines to help me feel secure.</p>	<p>You can help me learn to problem solve by giving me words for what is happening and ideas for what I might try. I love to do things for myself now – and may protest if you try to help me. I may want to dress myself, feed myself and bathe myself (and the walls around the tub).</p> <p>I need practice and your patience to get better at these tasks. Pick your battles. Does it really matter if I don't eat my carrots? Warning: Our everyday moments will take longer now.</p>



Take a Moment: Focus on You and Your Child

What might your child tell you about her exploring and learning?

How might you respond?

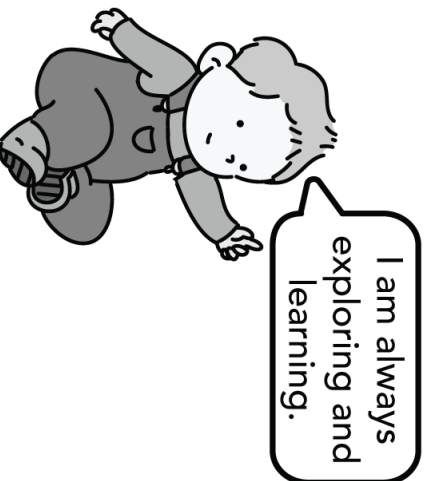


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Exploring and Learning Happen All the Time



Figuring It Out Together

You child is exploring and learning all the time and everywhere he goes.

Exploring and Learning Happens Any Place and Any Time

Your child makes new discoveries in your home, as you push him in his stroller, as you ride in a bus or travel together in the car, while you shop at the supermarket, when you visit his doctor or a relative or friend, and when you listen to the birds while playing in the sand at the park.

Each of these experiences and the hundreds of others you experience together in a week are filled with colors, textures, smells, and sounds to notice. Your child sees, listens and communicates, and interacts with you and other people. He learns about trust when he is comforted after receiving a shot or when grandma reads the book she promised to read when he visited last week. There are toys, car seat buckles, and zippers for his little fingers to work on. There are apples, pomegranates, and pineapples to see and to talk about as his vocabulary grows. He has the chance to develop new physical skills as he crawls, runs, climbs, jumps, and slides.

Slowly but surely, over the weeks and months and years, he picks up bits of information that get pulled together into his first pictures of himself, other people, and the world around him. These early views can shape his ideas for a lifetime.

At First, He Learns Through His Senses

At first, your baby takes in the world through his senses. He fingers the soft edge of his blanket, mouths your shirt or a nipple when you hold it to his lips, hears the sound of your voice as you sing him a song, sees your face when you hold him close, and smells your special smell and tastes his milk.

His mouth is very sensitive and gives him a lot of information. This is why over the first months and years he may put things in his mouth - even things he shouldn't eat like specks from the floor or your keys. He wants to learn. He needs you to keep him safe by keeping small items he might choke on or that could make him sick off the floor and out of reach.



As He Learns to Move and Do, He Can Explore in New Ways in New Places

His world and his ability to explore and learn grow over the months and years as he gains more control over his body at his own pace and in his own way.

He learns to roll over, sit, crawl, pull himself up, walk, climb, walk up and down steps, run, throw a ball, and, maybe, catch it. When you give him the chance to move and do, inside and outdoors, he develops his skills and has the chance to learn even more.

By around 3 months, he discovers that those things moving in front of him are his arms and that he can control them. He learns to use his fingers and hands to reach for and hold and let go of his toy cloth caterpillar. Over time, he learns to reach for his bottle, feed himself a cookie or a cracker, shake a rattle, stack rings, turn the pages of a book, pick up a spoon to feed himself, scribble on paper, or drink from a cup.

These new skills let him see the world in new ways, go to and play with objects and toys that catch his interest, and gain a sense of competence and confidence.

Language Lets Him Explore Feelings and Ideas

As his language develops, it is another way he can gather information about here and now, and about people and objects that are not right there for him to see and handle. He is able to understand, communicate, and explore how people connect with each other. He is able to think about and begin to understand how he and others feel about things. He begins to engage in pretend play, which stretches his imagination and understanding. He begins to understand ideas about time and what it means to be under, over, in, out, and beside something.



Take a Moment: Your Child's Picture of the World

What do you see your child say and do as he explores something in your home?

What are three things your child has already learned?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
	Keep the floor clear of small things that are not healthy or could make me choke...		I can trust you to keep me safe. The world is a safe place for me to explore.
	Give me a chance to move and do, indoors and outdoors...		I can reach and explore and learn – everywhere. The world is an exciting place!



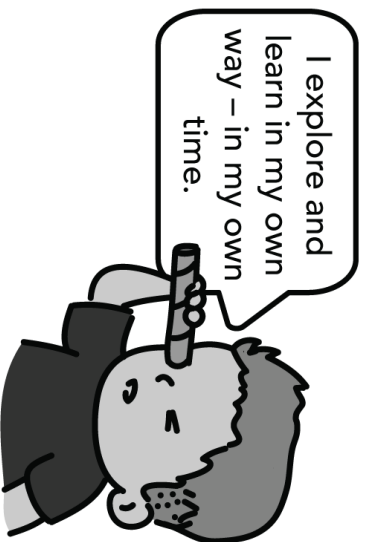
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Encouraging Exploring & Learning



What Do You Notice and Know About Your Child



Figuring It Out Together

You know more about your child than you may think. Taking the time to think about all you know – and your questions too – will help you decide how best to support her as she explores and learns.

Press the Pause Button: Take Time to Think About What You Know

Life as a parent is so busy, and it can be hard to find the time to think. But, taking some time will help you see how much you know about your child!



What makes her smile and laugh?

For example: Peek-a-boo games? Your face in the morning? When you sing a silly song using her name? Her favorite stuffed animal?



What is something you see her learning?

For example: A new skill using large or small muscles? Exploring what happens when an object moves out of sight by dropping her spoon from the high chair tray? Saying new words? Counting?



What is a new accomplishment that she had made over the last month or so?

For example: Sitting on her own? Pulling herself to standing? Pointing to a picture of a dog in the book you are reading when you ask, "Where's the doggie?" Putting together a four-piece puzzle?



What upsets her?

For example: Unfamiliar adults who come too close, too quickly? An unexpected sound like a thunderclap or doorbell ringing? Another child crying? When you walk out the door?



What have you found as a way to comfort her?

Hold and rock her gently? Offer her a favorite blanket or stuffed animal? Tell her goodbye with her caregiver and remind her you will come back like you always do?



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Watch Her Explore and Learn

One amazing thing about young children is you can often see what they are feeling and thinking on the inside as you watch them from the outside. Try watching or observing your child for a few minutes. Do this on your own, or better yet, with a person who is also part of her life. Perhaps your partner, another family member, her teacher, or your home visitor would like to join you. Compare thoughts about what you see her doing and how she does it.

Find times to watch her every now and then. The more you practice observing, the more you will see. Here are some questions to consider as you watch her:



What interests her?

Signs a child is interested include she is looking at something, reaching for it, touching and moving it, pointing to it, naming it, talking about it, or focusing on it for a while. Do you see something else?



What seems to be her personal style of exploring something new?

Does she jump in and go for it? Does she watch and then begin to explore at her own pace? Does she respond with intensity, for example, with joy or a lot of activity? Do you see something else?



How does she respond to sounds, new textures, tastes, and smells?

Does she take new sensory experiences in stride? Does she take time to get used to them? Does she respond intensely showing her like or dislike of a new sensory experience? Do you see something else?



How does she respond when she gets frustrated?

For example, when the block tower she is building falls over, does she start to rebuild it? Does she get quiet or look at you for support? Does she get very upset and perhaps throw blocks or break into tears? Do you see something else?



Discuss What You Notice About How Your Child Explores and Learns

Here are some questions to talk about with your observing partner:



How is what you and your observing partner see the same? How is it different?
People often focus on different things when watching a child.



Is there something you saw that you already knew about your child?
Anything new that you learned about your child?



How can you use what you know to support her? For example, does she take her time to get used to new people, places, and situations? You may decide to stay nearby until she is comfortable. Does she get easily frustrated? You may decide to try to encourage her to try again.



Take a Moment: Watching Your Child

What is something new you have seen your child exploring in the last 2 months?

What do you think she may be learning?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
	And our home visitor watch me play and talk about what I am doing and learning...		You care about what I am doing and think that what I say and do is important. That helps me feel that I matter..
	Are a learner – about me or other things...		Being a learner is something you care about. If you care about learning, I will care about learning too.



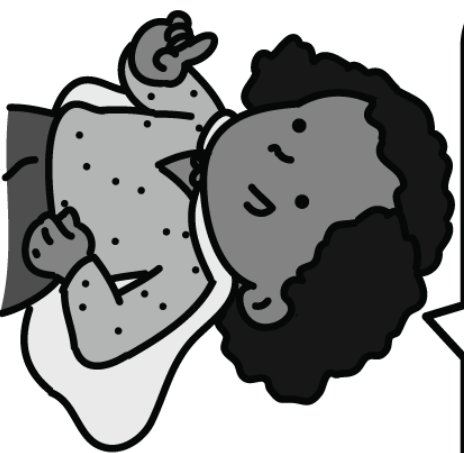
You are Your Child's First and Most Important Teacher

Figuring It Out Together

You are your child's most important teacher.

Because you are so important to him, your child is always paying attention to you. He has an amazing ability to tune into you – the sound of your voice, the look on your face, how you move.

You may purposefully focus on a moment or experience. For example, you might add plastic measuring cups or decide to blow bubbles at bath time. You can invite your child to find the yellow lemons at the supermarket and to put three in a bag. You and your child can take a listening walk around your back yard or neighborhood.



Sometimes you may experience the wonder of discovering something new too. For example, you might see the beauty of a dragonfly that lands nearby, or you might slow down and enjoy the soft feel of the grass on your feet as you walk across the park with him.

Other times, the lessons you teach may not be lessons you want him to learn. For example, when you burn your finger in the kitchen and curse. You can almost count on it that you will soon hear your child repeating your language. You may scream at a friend, which is obviously not behavior you want to promote. You may keep checking your phone during dinner and get upset when your child tries to get your attention at the end of a long day apart.

Your child loves you like no other and wants to be like you. He learns from you every day.



Your Trusting Relationship Supports His Exploring and Learning

When your child trusts you, he feels free to move, to do, to take risks, to discover, and to stretch his thinking and skills. He knows you are there to keep him safe. Around the age of 2, his favorite blanket or lovey or a photo of you together can help him feel connected with you when he is at child care or grandma's house. Here are some ways to build a great relationship and support your child as he explores, experiments, discovers, and learns.



Keep the trust between you growing.

Show him the many ways he can count on you. Listen and respond. Keep your promises. Let him know what is happening next. *For more: Ask your home visitor for a family page on Trust.*



Be there as he gets to know new people and places.

Your presence gives this new person or place your seal of approval. If he feels unsure, he can come to you or look over for a smile before he interacts and explores more.



Get in the habit of trying to see through his eyes.

Ask yourself, "What might he be exploring? Learning?" to help you decide what to say and do. It may help to imagine a thought balloon over this head. What might he be saying, for example, when he is banging on a pot ("I am powerful. I can make this loud noise start and stop."), turning the pages of a book ("I am learning how books work. Look, I found a picture of a dog! What else?"), or making marks on a paper with big crayons ("This is a long line. This is a short one.")?



What You Say and Do Supports Exploring and Learning

Here are some ways you can support him and always keep in mind that to your child, the ordinary is extraordinary:



Welcome him to be your partner in everyday moments and chores.

Dressing, bathing, combing your hair, brushing your teeth, preparing meals, dusting the living room, doing laundry, watering the plants, and feeding the cat are all amazing learning opportunities. They happen often enough for a child to gain a sense of mastery as he learns to understand what is coming next, yet there is enough variety to keep these tasks interesting.



Help him see himself as a thinker.

Think out loud with him. Comment on his thinking. "That was good thinking to blow on your noodles to cool them off."



Talk with him about what he is doing.

When you notice what he is doing and you comment on it, he feels valued and that what he is doing matters. "You are taking little breaths to blow bubbles."



Point out words everywhere.

Invite him to be a reader with you as you run your finger under the words in his book. Point out signs on the street, in the store, or on the front of a bus. Show him the words on food cartons as you prepare dinner. Invite him to help you write a shopping list or snail mail note to Grandpa.



Use interesting and fun words.

Help his love of words and vocabulary grow. "Did you see how that excavator moved the dirt?" "That tree is enormous." "That sign is golden, glowing yellow."



Ask questions.

Invite his curiosity and stretch his thinking muscles. "Where is your nose?" "What color is your ball?" "What did you see on our walk today?" "What does this seashell feel like?" "How do you think that works?"



Have fun together.

Smile. Laugh. Enjoy. You will be showing him learning is important and fun, and he can do it. Enjoying being a learner is key to success in school and life.



Take a Moment: Seeing Through Your Child's Eyes

As your child plays, imagine there is a thought balloon over his head. What do you think he is feeling? Thinking? Learning?

What is something that makes you and your child laugh when you are together?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Build a trusting relationship with your child...	I can depend on you to be there for me. You make me feel safe to experiment and discover new things.
Invite me to help you do daily chores...	I am a real member of this family. I can help you. That makes me feel competent and proud.



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Keeping Your Little Explorer and Learner Safe

Figuring It Out Together



Make Your Home Safe

Childproofing means eliminating possible dangers from your home. Not only does it keep your baby safe, it also cuts down on how often you have to say “No,” which allows baby to be freer to explore, discover, and learn. If you haven’t child proofed, now is the time to do so! You may be wondering, “How do I start?”

Whether you live in a city apartment, a mobile home, a house in the country, or student or military housing, there are common hazards and basic steps you can take to help keep your baby safe.

Use the home safety checklist below with your home visitor. As you do so, try to look through your child’s eyes. Get down on the floor at her eye level. What interesting and possibly dangerous things do you see? What is calling her to touch, taste, pull, or explore? What might be a danger to a new crawler or walker?

Post the phone number of your local Poison Control Center in a place where you can find it easily.

Choose Safe Toys

The American Academy of Pediatrics offers these tips about toy safety. You can use them to check for safety when buying a toy, checking out a used toy at a garage sale, or when your child is given a gift.



Choose toys that suit the age, abilities, skills, and interest level of your child.

These will build developmental skills. Toys that are too advanced may pose safety hazards for younger children.



Keep button batteries and magnets away from young children.

They can lead to serious stomach and intestinal problems – including death – if swallowed. Call your health care provider immediately if your child swallows one.



Do not give children under age 10 a toy that must be plugged into an electrical outlet to prevent burns and electrical shock.

Instead, buy toys that are battery-operated.



Look for toys without small pieces.

Young children can choke on small parts contained in toys or games. Government regulations specify that toys for children under age 3 cannot have parts less than 1 1/4 inches in diameter (slightly wider than a quarter) and 2 1/4 inches long. A toilet paper roll is an everyday item you can use to test if parts are too small.



Do not allow children under 8 to play with balloons.

Children can choke or suffocate on broken or uninflated balloons.



Remove tags, strings, and ribbons from toys before giving them to young children.

Watch for pull toys with strings that are more than 12 inches long because they could be a strangulation hazard for babies.



Read the label and instructions on toys.

Warning labels give important information about how to use a toy and what ages it is for. Be sure to show your child how to use the toy. The ages listed on the label are as much for safety as for appropriate ages to be engaging.



Store toys in a designated location, such as on an open shelf or in a bin.

Keep older kids' toys away from young children. If you use a toy box, choose one with no lid or a lightweight, non-locking lid and ventilation holes.



Being Safe Outside Your Home



Water Safety

Never Leave Your Baby Alone Around Water – in the tub, by a pool, even near a bucket of water.

For children under 5, drowning is a leading cause of death. Never leave your baby alone around water. Not ever. A baby can drown in less than 2 inches of water. It can happen quickly and quietly.



Sun Safety

A few serious sunburns can increase your child's risk of skin cancer and eye damage later in life.

Protect your child's skin from the sun's harmful ultraviolet (UV) rays whenever she is outdoors by using sunscreen or clothing. Have your child wear sunglasses that block these damaging rays.



Car Safety

Your baby should ride in his car seat no matter how short the trip or how hard he protests.

Infant car seats should be installed in the back seat, ideally in the middle but, most importantly, in a position where it fits securely. It should face the rear of the car. The American Academy of Pediatrics recommends that children should sit in a rear-facing seat until they are 2 years old or until they reach the weight and height limits of the seat's maker. Read the owner's manual for instructions. If you need help installing your car seat, check for a nearby child car seat inspection station or with your local health, police, or fire department. Ask for a certified child passenger safety technician to assist you.



Animal Safety

Teaching your child about how to be safe around pets and other animals will help your child – and you – be able to enjoy pets and even wild animals.

Animals can bring great delight and love to your child – and to you. Being safe with animals can enrich your child's life.



Take a Moment: Keep Your Child Safe

Take a safety tour with your home visitor. Focus on one area of your home (e.g., the kitchen or playroom) to get started.

What is something you do already that keeps your child safe?

What is something you can change to eliminate a danger in your space?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
	Take steps to keep me safe indoors and outdoors...		The world is safe. I am safe. I can count on you.
	Put me in my car seat or put on my hat or sunscreen – even if I fuss...		Even if I protest, you will do what it takes to keep me safe.



Everyday Moments

Building Trusting Relationships



Main Elements

Content Areas

- Teaching About Trusting Relationships: *Protective Factors and Trauma-Informed Principles*
- The Science: Brain Development, Chronic Stress, *Failure to Thrive*, Attachment, Temperament Influences
- Why it Matters to Families: Challenges in Early Relationships
- Home Visit Activities and *Family Pages*
- Important Safety Supports and Knowledge: Baby Blues and Postpartum Depression, Emotional and Physical Safety Plans, Family Care Plans (Military-Specific)

Support Connections

- Pediatrician's Office
- Parent's Healthcare Provider(s)

Teaching About Trusting Relationships: Protective Factors and Trauma-Informed Principles

Trusting Relationships are a cornerstone of healthy individual and family development. Infants are born ready to connect and communicate with others. Their earliest reflexes, coos, and cries support connection and safety as they learn about their new physical and caregiving environments. Their families and other significant caregivers provide the first models of what a relationship is and how to be in a relationship with others. Every person who interacts with a young child passes along relationship expectations and assumptions, whether they realize it or not.

Home visitors are in a position to model healthy relationship building with every member of the family from the adults to their young children. Relationships are dynamic, and they can run smoothly or can wobble. Building trust in parent-child and parent-home visitor relationships takes time and shared experiences, including learning one another's preferred interaction styles and being able to recognize and appreciate what each person brings to the relationship.

Home visitors bring their own relationship and caregiving history into their work with families. Being able to reflect on and recognize your own experiences can be helpful in maintaining a strengths-based stance when working with families.



Everyday Moments

Building Trusting Relationships



The families you serve will bring their collective relationship experiences and expectations into this current partnership. Some parents will have challenging histories, while others may be new and inexperienced. You may also have families who need a boost of support and connection because of current trials in their lives. Some parents may have already done a significant amount of work to identify and address issues from past caregiving experiences or intimate relationships. Other parents may be at the very first steps or in the *messy middle* of such work. You may work with families who have a strong sense of how they want to parent and care for their young child, whereas other families may only know what they DON'T want to pass along to their children.

Meeting each family where they are in their parenting journey requires several skills, including listening, compassion, and discernment. The overall topic of *Building Trusting Relationships* can stir up old feelings and memories, which may be warm and comforting for some parents but painful or conflicted for others.

Be sure to connect with your colleagues and supervisors if you believe a family needs a higher level of support for relationship work and potential parent or infant mental health than is provided through home visitation.

This chapter helps to address the following *Protective Factors*:



Parental Resilience



Knowledge of Parenting and Child Development



Social and Emotional Competence of Children

Teaching about *Building Trusting Relationships* offers opportunities to model the following *Trauma-Informed Principles* in the parent-child and parent-home visitor relationships:



Safety– Very young children experience their first feelings of safety by how consistently and effectively their daily needs are met. Parents who can anticipate and respond to their child's needs appropriately and in a timely manner foster their child's sense of security, connection, and positive stability.

Parents who struggle with appropriate, consistent, or timely responses can generate a sense of insecurity and doubt in their children's budding understanding of their caregiving world. The care young children receive shapes their sense of being a relationship partner and understanding who can be relied upon to meet their needs.

Parents who have a low sense of safety, whether physical or emotional, can transmit those stressful feelings to their young children. Helping parents and other family members identify ways to increase their sense of safety fosters a healthier daily environment for young children and their caregivers.

Examples of increasing safety include knowing where to go or who can be contacted for support with a particular need and building problem-solving skills and strategies.



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Building Trusting Relationships



Trustworthiness and Transparency– Trustworthiness and safety are intertwined for infants and toddlers. The consistent, appropriate, and emotionally connected care they receive through daily routines give very young children critical information about the people they can rely on in good or stressful times. Parents and other significant care providers become literal *touch points* for young children as these children encounter new environments and people and seek out physical and/or visual connections for reassurance while they explore. Children who trust their parents and care providers will check in for reassurance visually, vocally, and physically. These check-ins serve to give young children a *second opinion* about how to interpret and explore or avoid a new experience.

For parents, there may be some important moments in the home visitation experience that demonstrate how they can rely on you, as a trustworthy professional, to support them and their family. Your openness to discuss difficult topics and remain engaged and honest if a disclosure requires you to engage other professionals or start a mandated reporting process can model healthy relationship development and repair between adults.



Peer Support and Mutual Self-Help– The parent-child relationship is one of the most intimate and long-lasting relationships possible. Parents are most often their child's first supporters as they meet their infants or toddlers at their developmental levels and give support to help their children solidify and expand their skills. Meeting children at their developmental level may look like parents letting their 11-month-old grasp their fingers to support first steps or talking with their toddler to determine who will pour the water into the dog's dish.

Within the parent-home visitor relationship, you may become part of the family's *Circle of Support*, a person with whom the parents can discuss opinions during decision-making processes or disclose something that is troubling them. Families can gain confidence in building their own positive parenting and family life practices as information and experiences are shared in the parent-home visitor relationship.





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Building Trusting Relationships



Collaboration and Mutuality– Young children’s relationships are built through routine interactions with their caregivers, whether parents, siblings, extended kin, or caregivers. Each early relationship develops unique rhythms of *give and take* and styles of interaction. Both persons in the dyad – infant/toddler and partner – build what their relationship looks and feels like through their collaborative actions. These actions, which are repeated, adjusted, and emphasized, over time give feedback to each participant. This feedback includes how one should treat another, expect to be treated, and what one can do if something unexpected happens within the interactions. Parents and other important persons are more skilled and knowledgeable about relationships and can foster collaboration and mutuality to help build healthy first relationships for the young child(ren) in their lives.

Home visitors and parents are more likely to be able to foster a relationship that is closer in power than the parent-child relationship. This is an intentional relationship with the home visitor and parent working and learning together for the benefit of the family. As with every relationship, it will take time to develop a rhythm and build trust. Experiences are created through sharing power and decision-making for the family’s goals and needs.



Empowerment, Voice, and Choice– Very young children’s earliest sense of self – who they are in the world – comes from the relationships that guide their first few years. Infants and toddlers thrive when their caregivers notice and promote their budding abilities, use descriptive words to help explain what is happening around them, and consistently offer caring responses. These kinds of supportive interactions promote young children’s confidence in exploring and learning about their world, finding their early voice in expressing themselves, and becoming a skilled social partner. When caregivers are inconsistent, harsh, or unengaged, very young children learn adaptive behaviors to minimize their distress. These behaviors, while adaptive to such an environment, work against building healthy social and emotional skills that connect them to others, which can have long-term negative impacts on multiple areas of children’s development.

Home visitors who work from a strengths-based foundation with families are able to help promote *Protective Factors* and reflect a belief in a family’s resilience. The parent-home visitor relationship can provide a pathway for new or high-need parents to see themselves as capable of building their parenting skills, increasing their resilience, and effectively handling challenges. Thinking about change and exploring new ways of building relationships can be daunting for some families and make them feel uncomfortable. Using a strengths-based approach can help families see how their small steps and new practices are working toward their goals.



Cultural, Historical, and Gender Issues— All relationships carry cultural, historical, and gender-based characteristics and expectations. First relationships are no different. Infants and toddlers receive subtle and not so subtle messages about their culture, their family's history, and their gender by their parents and extended family and caregiving systems. Families immerse their young children in a larger social world in many ways, including the following:

- Inclusion in communities of religious and cultural identity;
- Using care strategies that carry meaning from previous generations of their family;
- Choosing clothing and other visible markers that give other people cues about the child's gender that shape interactions and expectations; and
- Promoting gender role development through expectations for coping with stress, emotional expression, language, and early interests in types of play.

Home visitors and families each come into this relationship with their respective cultures and histories. Being aware of and reflecting on potential biases or gaps in understanding one another can be helpful in being respectful as this partnership grows.





The Science: Understanding How Trusting Relationships are Built

First relationships are critical to the survival and well-being of infants and toddlers. The ways in which parents and other caregivers respond to an infant's daily needs shape an infant's brain at a structural level and create lifelong building blocks of understanding the world as a safe or threatening place. High-quality caregiving relationships are one of the three pillars of healthy brain development: sleep, nutrition, and supportive and safe caregiving and physical environments. So how do these first relationships impact a child's brain development, and what happens if there are challenges to healthy attachment and caregiving?

Brain Development and First Relationships: Is My World Safe or Threatening?

The most rapid and detailed brain development in humans occurs during the first 3 years of life. Supportive and safe care is one of the three pillars of healthy brain development during this key period of development. The three pillars are sleep, nutrition, and supportive and safe caregiving and physical environments. The infant's brain is working hard:

- to set up all the basic infrastructure to process, connect, and make sense of sensory input;
- to develop pathways to build and control body movements and functions; and
- to build the basic working models of relationships through interacting with important people in their lives.

More specifically, early brain development focuses on the parts of the brain that develop emotion, connection, and the assessments of and responses to people and things as either safe or threatening. The first

3 years are critical for building the child's foundation of how and when to engage with others, explore their world, and seek support. From the preschool to early elementary years, ages 3 to 8, brain development shifts to parts of the brain that focus on thinking, pattern-building, and problem-solving. These skills are necessary for school readiness in reading, math, and music. The brain continues to specialize and adapt throughout one's life. Yet, early experiences build the base for later changes.

Safe, stable, appropriate, and responsive caregiving environments promote early brain development and growth that foster flexibility in learning and remembering. Young children in healthy caregiving environments are more likely to be able to learn to *flexibly* adapt (i.e., cope) with challenges and regulate their emotions and behaviors in ways that positively support their growth and learning. These positive responses to challenges include seeking out important others for help (e.g. parents, teachers, friends) and building an early sense of self as a person who can solve problems (early self-efficacy). Early high-quality care environments provide a strong foundation for brain development in the preschool and early elementary years. Such experiences nurture the social and emotional skills needed to make friends, get along with others, and trust early care and school professionals.

Conversely, unsafe and unstable caregiving environments and caregivers who do not respond in an appropriate and/or timely manner to young children can raise infants' stress hormone levels. This can trigger a fight, flight, or freeze response. This means that young children are learning they cannot depend on others for safety or support. Children's early brain development and growth focus on building survival responses that discourage building social connections. Each of these responses can be important for survival at any given time.



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But, if young children's caregiving and physical environments remain threatening or neglectful, their potential to develop positive, trusting social connections and a healthy early sense of who they are becomes inhibited.

Early and chronic exposure to neglectful and threatening caregiving and physical environments has measurable long-term impacts on developmental outcomes. For example, children who live in these environments have more difficulty as they enter the preschool and early elementary years. Young children may find it difficult to make friends and get along with others, due to limited positive social and emotional skill opportunities, and they may have developed a sense



of mistrust or wariness of unfamiliar adults. The skills they have learned to survive in their environment do not promote exploration and engagement with new people or experiences, including formal learning (e.g., reading, math, music).

Chronic exposure to threatening or neglectful caregiving and physical environments keeps the stress hormone cortisol raised in a person's body. In very young children, this prolonged activation suppresses their immune systems and physical growth and increases the formation of memories related to stressful events and situations. These types of environments can put a very young child at risk for a condition called *Failure to Thrive (FTT)*. *FTT* is a clinical diagnosis of a particular set of health conditions that can have medical causes, psychosocial causes, or a combination of both. While diagnosis is not within the scope of practice for most home visitation programs, it is helpful for home visitors to have a basic understanding of the characteristics of *FTT*, so referrals and recommendations to other service providers can be coordinated.

FTT is most commonly identified by a healthcare provider during a well-baby visit. Infants who do not meet the 5th percentile of height and weight standards for their age or who have negative growth changes across two major growth percentiles at a visit would be assessed further. The next step in assessment is to determine the underlying causes of poor growth, so appropriate interventions can be identified:

- *Medical causes:* Under-nutrition; infection; digestive system problems; issues, such as a cleft palate or food intolerances.
- *Psychosocial causes:* Caregiver/parent mental health or physical health challenges, including substance use, lack of knowledge about healthy feeding, or understanding the infant's needs.



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Once an initial assessment is completed, the child's healthcare provider will start the process to connect the family to other professionals who could be involved in treatment, such as nutritionists, social workers, home visitors, and physical or occupational therapists.

Attachment: Building Trusting Relationships Through Behaviors, Thoughts, and Emotions

As you learned in the previous section, there is a lot going on inside a child's mind that is influenced by one's caregiving and physical surroundings. But attachment is more than those pieces of brain development. Attachment is relational; each partner brings skills and needs for connection to the collaborative effort. The attachment relational system includes behaviors, thoughts, and emotions by both partners.

Attachment describes a dynamic relationship between two persons that is built, maintained, and influenced by both partners. It is primarily used to describe parent-child relationships, yet it has been expanded to include other important relationships children develop, such as with paid early care providers, extended relatives, and siblings. A key feature of attachment is the intention of creating and maintaining a sense of closeness with one another. Closeness can be physical, like a parent holding, cuddling, and soothing a young child, or a toddler who clings to his teacher at a park for a while before venturing out to explore. Closeness can also describe the emotional connection when a parent and child both squeal in excitement as they reunite at the end of a work day, when a 2-year-old hears her grandpa's voice on the phone, or when an infant drops a cup off the high chair to try to get her big brother to laugh and pick it up so she can do it again.

A healthy attachment with one or more parents/caregivers can provide opportunities for young children to build their abilities to develop more sophisticated coping skills within a protective relationship with a parent/caregiver. Let's look at the graphic on the next page to see the behaviors and skills that infants, toddlers, and twos can bring into an attachment relationship.

Through a Young Child's Eyes	
Trusting Relationships	
0-6 months	6-12 months
Reading my cues to understand what I am telling you is key to our trusting relationship.	Around 6 months, I may have some people who are at the top of my list: parents, maybe an older sibling, a child care provider. I will look for these people first – I know I can count on them.
Crying is my first way of communicating how I feel and what I need. If you listen closely you will hear different cries for different needs.	Other people I see occasionally may be OK, but I have stronger routines and histories with my main people.
When I'm a newborn to about 2 months, I will respond to everyone who gives me care and comfort. I recognize the voices and smells of the people who care for me and talk to me, but I am not picky about who takes care of my needs... yet.	I kick my legs or reach for you with arms or catch your eye and smile to say I want to be with you.
As we get to know each other better, I will start to coo, smile, and squeal when I see and hear people I feel connected to.	I reach for you for comfort when I get hurt or upset. No one else will do.
By 4 months, my vision has improved, and I can look to see if you are coming before I start crying.	I trust you. I look to you to tell me if I am OK when I get a little bonk or fall onto my bottom. If your face and words say I am OK, I keep on going. If you are upset, I get upset too.
	If I meet a stranger, I will look at you to see if this person is OK. I may still bury my face in your shoulder and stay close to you.



Everyday Moments

Building Trusting Relationships



Through a Young Child's Eyes

Trusting Relationships

12-18 months

I rely on you as my home base of security. When I wander off to explore or play, I check in with you. I may come over and touch you or look for your smile and nod across the room.

When you are nearby, I am more comfortable to play with a new toy or try a new activity, like doing an obstacle course.

I may interrupt you when you are talking on the phone or with a friend in the park. I am not trying to be bad. It's that I want you to be with me. You make me feel safe.

I may fuss and cry when you drop me off at child care – or even at grandma's house. After a while, with that person's help, I'll settle down.

I may have a special object, like an old t-shirt of yours, a stuffed animal, or a blanket that you've used when you comfort me. That may become my lovey, something to remind me of our relationship when we are separated.

I talk to my stuffed animals in a kind, gentle voice and pat their backs when they are upset – just like you do with me.

18-24 months

As I grow more active and move more, I need you to be there so I can check in with you more.

When you are close by, I feel safe to move and do, explore, experiment, and learn.

Sometimes, I put my toys in your lap or try to eat food from your plate or pull your face to look at me when you are talking with someone else. Why? I love you and trust you. I want to be with you.

Please help me take care of my lovey. If we lose it, chances are I won't accept a substitute. My lovey lets me carry you with me, and I want and need it.

If there are changes to my daily routines, I may protest about it because I rely on things I know to help me understand and predict my world.

You can help me learn about flexibility when things feel bumpy.

Through a Young Child's Eyes

Trusting Relationships

24-30 months

Even though I insist on doing things myself – even when they are too hard – you are still my base of security.

I may stay close to you, then go to see a new toy in the park, then come back and want to sit in your lap.

I am learning what your words and expressions mean when you talk with me, and I can change my goals to match yours – or I may challenge them!

I am learning that other adults help me feel safe too. I may look for a smile and nod from my teacher before I run through the sprinkler for the first time.

I may be testing limits of my skills and safety. That can make me frustrated. Sometimes I may take chances that aggravate or frighten you. You help me learn I can have negative and scared feelings and still be loved.

I look at family pictures, and it makes me feel safe and happy.

30-36 months

I may seem very grown up, but I still depend on you to be there for me, to reassure me, and help me know I am safe.

I am learning to be like you. You may see me singing to my baby doll just like you sing to me at bedtime.

I am starting to form my first friendships. What I've learned from you will help me understand how I should treat others and how I want to be treated.

I may teach you a nursery rhyme I learned in child care and be patient like you are when you teach me something new.

When we are apart, I might pretend to call you on the phone (a block) or paint a picture of us together.



The examples on the previous pages show how young children can experience positive and healthy social and emotional development when they have healthy attachment with their parents and caregivers. Young children are continually learning and growing from their experiences and building their understanding of the world around them.

Research on Attachment in the U.S.: Understanding the Quality of the Relationship Through Child and Parent Interactions

When attachment is studied in research and clinical settings, the quality of a parent-child attachment system is assessed by determining how very young children organize their attachment behaviors to find a balance between their need for protection and reassurance and their desire to explore their environment. Parents' actions are also assessed for the different ways they may engage with or draw back from their child. For example, is a parent able to recognize signals that a child is seeking help, or does the parent miss or misunderstand signals for help? Does a parent communicate that he or she is available to support the child either physically by opening up his or her arms to lift the child or emotionally by responding to soothe, reassure, or otherwise connect? Does the parent communicate he or she is not available by actions that close him or her off from the child or through language that dismisses, ridicules, or rejects the child's efforts for support?

Lastly, parents' behaviors have been studied to better understand how parents work to match their child's needs and signals, so the interaction between parent and child continues. Sometimes, parents and their children have very different temperaments or preferred ways of engaging with others and environments. These differences can make it challenging for parents to learn how to connect with their children in ways that they both find positive.





While home visitors are not expected to provide a clinical diagnosis for an attachment disorder, it is helpful to be able to recognize the kinds of behaviors young children and parents display that give insight into their relationship. The quality of the parent-child attachment system in the general U.S. population is usually categorized as one of the three below:

- **Secure Attachment:** The parent consistently provides sensitive and nurturing care, which, in turn, promotes the child's ability to organize his or her responses to stressful situations and seek out the support needed to lower distress. This is thought to occur in about 55% of the general U.S. population.
- **Anxious Attachment:** The parent does not provide sensitive or appropriate care. In both situations outlined below, the child develops an organized response to distress, but the parent-child attachment system does not provide protection or support.

- **Anxious-Ambivalent:** Parents' responses to their child are inconsistent or unpredictable, and the infant is not able to build trust or rely on the parent for help (about 8% of the general population). The child develops an organized system to try to reduce feelings of distress. Some young children will exaggerate extreme emotions and reactions to distress because they are trying to emphasize the seriousness of their needs and elicit a parental response. Other young children become quite passive and show a sense of helplessness. When the parent does respond to either of these strategies, the child is less likely to be able to be soothed.
- **Anxious-Avoidant:** Parent responses are negative and rejecting, which deter the child from seeking help when distressed (about 23% of the population). The child develops an organized strategy that includes avoiding the parent instead of seeking support and comfort and trying to minimize showing negative emotion in front of the parent.
- **Disorganized Attachment:** Young children who are disorganized in their strategies are unable to seek out support from their parent or rely on their own strategies to reduce their distress. Estimated to occur in about 82% of high-risk populations and in about 15% of low-risk populations, these children may look disoriented or show contradictory behaviors (e.g., flight AND fight), and their coping behaviors may look more typical and healthy when their parent is removed from the stressful situation.

This type of attachment is strongly linked with families that have a traumatic history and parents who display atypical parenting behaviors (e.g., frightening the child, showing fear of the child, sexualized or dissociated behaviors).



Everyday Moments

Building Trusting Relationships



Recognizing some of the basic patterns of parent-child interactions can help a home visitor assess whether a family would benefit from more visits that focus on strengthening attachment relationship(s) or may be a good candidate for more intensive, clinical support.

Families bring a variety of traditions and expectations into their caregiving relationships with young children. You may work with families where it is very unusual for infants or toddlers to be separated from their mothers or grandmothers. Some families may have expectations that young children need calm and quiet daytime environments, which might look like the family offers very little exploration and stimulation at first glance. Other families may have fathers who provide the primary daily care for their young children. Observing, listening, sharing experiences, and asking questions provide openings to better understand how parents and caregivers are building trusting relationships with their young children. You may also be able to provide new insights into a young child's behavior that is difficult for a parent to see or appreciate.

Temperament and Trusting Relationships

Each person is born with preferred ways to respond to people and experiences in one's environment. This is called temperament. At its foundation, temperament describes individual differences in how people react to their social and physical worlds and how they regulate or moderate their reactions. Temperament is fairly stable over a lifetime, but people usually continue to refine and expand their regulation skills as they gain experiences and learn from others around them.

Young children are at the very beginning of learning about themselves, others around them, and their physical world. This means young children are born with basic patterns of responding to the world but are very limited in regulating or modifying those patterns. They need time, experience, and supportive environments to build those skills!



Young children's early patterns of responding to new situations and people include the following:

- *Activity level*– is a child always on the move, exploring new things, and meeting new friends, or does a child wait for new people or things to come to him or her and wait before venturing out to new experiences?
- *Positive feelings*– how often or easily does a child show positive emotions (e.g., smiling, laughing, giving affection) with others?
- *Negative feelings*– how often or easily does a child show negative emotions (e.g., fearfulness, anger, frustration, sadness)?
- *Reactions to the unknown*– how comfortable is a child with unfamiliar people or situations?
- *Attention and concentration level*– how well can a child pay attention and focus on a task?



Everyday Moments

Building Trusting Relationships



Each member of the family can have a different temperament, which can be challenging at times. You may work with families where the parents are very outgoing and active, but their toddler struggles when there are more than two or three buddies at a play date and prefers to find a quiet space to play with puzzles. You may work with a parent who is pretty easy-going and yet is bewildered by how reactive and easily distressed his 2-year-old may become when there are changes in daily routines, such as taking a bath before dinner rather than after.

Whether parents and children share similar temperaments or seem to be opposites of one another, every child and parent can build a trusting relationship that respects each person's individual styles. Parents and other caregivers are the more skilled partner in this relationship. They carry the responsibility of learning about their young child's early response patterns, so they can create opportunities to connect in ways that support continued interactions. This is sometimes called *tuning in* or the *dance of attachment*. No matter if young children appear to be easy-going, slow-to-warm-up, or feisty, the trusting relationships they develop with their important people provide opportunities for them to practice adapting and regulating their responses in a safe environment.

Why Building Trusting Relationships Matters to Families

Who a child becomes depends in large part on their early relationships. When the important adults in a child's life work to form trusting relationships with a child and with each other, children will learn that they are valued and loved. When their adults listen and respond to their needs, they learn they are effective communicators and someone is paying attention to them. Through daily interactions, they learn to respect others, try to understand what others are feeling, and cooperate with others. These are attitudes and skills that will help

children form lasting, trusting relationships with friends and family throughout their lives. These earliest relationship experiences provide a lifelong foundation for how children will engage with the world and what types of relationships they will seek to build and maintain as they grow through childhood into adulthood.

Some families will face significant challenges in developing trusting relationships with their infants, toddlers, and twos. Sometimes, their specific challenges are beyond the scope of practice for home visitors. It is important to know what your practice's professional boundaries are and when to alert a supervisor or another professional to a family's need. Clinical and other interventional support(s) may be advised when there is a presence of mental health conditions, including post-partum depression, *Failure to Thrive*, substance use or misuse, and issues of immediate safety – whether due to living conditions or volatile family dynamics.

All families are going to experience bumps and wobbles that can impact parent-child relationships. Bumps are experiences or circumstances that can be short-term, like everyone in the household coming down with stomach flu or, longer-term, like living in a community damaged by a fierce storm or having a close family member who struggles with anger and self-control.

Wobbles can be more particular to a parent-child dynamic due to the characteristics each brings into the relationship. For example, maybe a toddler acts just like a family member who always seems to be in trouble and has a few of that person's behaviors! On the other hand, a family could be overwhelmed with an infant's diagnosis of a developmental delay. Home visitors can support families and help them find their rhythm again or build a rhythm that works better with their changed circumstances.




Boots on the Ground: Everyday Moment Conversations with Families

This section highlights content and skill building strategies you can use as you plan your home visits. For the *Everyday Moment* section of the visit, you will find a list of topics to choose from and to explore in conversations about building strong and healthy relationships. For each topic, you will find the associated *Protective Factors* and *Trauma-Informed Principles* addressed. *Family Pages* designed to support your conversations are listed next. In addition, you will find suggestions of related one-on-one activities to choose from for the parent-child interaction portion of the visit.



There are also several *Trusting Relationship* topics to choose from as you plan a visit to a family. You should tailor the conversation to that family's specific needs and interests. You may find that you discuss one topic now and come back to discuss another in a month or two depending on certain circumstances.

Using the information you have about a family's *Protective Factors*, you can guide your curriculum choices to tailor the home visit discussion and activities. Ideas are presented below with their associated icons to highlight how they correspond to meeting a family's needs and building each family member's resilience. These include the following:



Parents' experiences with and expectations of trusting relationships

-  *Parental Resilience* may be covered when parents are invited to reflect on early relationships they had and think about what they want to do as parents, whether the same as or different from the adults who cared for them.

Connecting and communicating across the ages

-  *Knowledge of Parenting and Child Development* and
-  *Social and Emotional Competence of Children*
Parent-child relationships are like a dance. At first parents are in the lead, but, over time, children add in steps of their own, and experiences will shape how both partners change over time. Relationships can wobble when partners are out of sync, but there are ways to regroup and become stronger.

Keeping children safe when life gets bumpy

-  *Parental Resilience* and
-  *Knowledge of Parenting and Child Development* allows parents to use their strengths and identify resources to make plans that keep their children physically and emotionally safe.



Family Pages

A series of *Family Pages* on Building *Trusting Relationships* have been created to support your conversations with families while you are visiting and to become a resource parents can refer to between visits. These include the following:

- Focus on You: Looking Back and Moving Ahead with Your Child
- Building Trusting Relationships from a Child's Point of View
- Your Trusting Relationship Dance with Your Baby
- Your Trusting Relationship Dance with Your Toddler On-the-Move
- Your Trusting Relationship Dance with Your Two-Year-Old
- Thinking About Temperament: Your Child's and Yours
- All Relationships Wobble Sometimes
- Keep Your Child Safe: Use the *Protective Factors*
- Keep Your Child Safe: Provide Emotional and Physical Safety
- Keep Your Child Safe: Create a Family Care Plan

Related One-on-One Activities

These are suggested activities to promote trusting relationships. A broad selection of one-on-one activities is available in the Activity Card deck.

- Notice and Wonder: How does your child show trust in you and others?
- Singing and dancing together
- Peekaboo and Hide-and-Seek

Book suggestions:

- *Mr. Seahorse* by Eric Carle
- *Is Your Mama a Lama?* by Deborah Guarino
- *Full, Full, Full of Love* by Trish Cooke

Additional Resources

Community, Physical, and Mental Health connections may include the following:

- Pediatrician's Office, other Healthcare Providers
- Community/County Health Department





Building Trusting Relationships





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Building Trusting Relationships



Focus on You: Looking Back and Moving Ahead with Your Child

When you trust another person, you believe they are dependable. You can count on them. You feel safe with them - physically and emotionally.

A trusting relationship develops when each of you decides to trust the other.

A trusting relationship lasts when each of you discovers you can rely on the other over time.

Every day you interact with your child, you have the opportunity to teach her about trusting relationships. Pausing a moment to reflect on your own experiences with trust can help you understand what you bring as a partner in a relationship with your child.



Can you think of a trusting relationship in your life? Perhaps the relationship was with a family member, teacher, friend, or healthcare provider?



What did that person say or do that invited your trust? Smile at you? Listen to you? Help you when you needed support?

Some parents have many trusting relationships in their lives, while others may not be able to think of one. Either way, learning about the behaviors that lead to trust within a relationship can help you decide what to say and do to show your child that she can count on you.



Take a Moment: Look Back at Relationships

When it comes to trust, are there ways you want your relationship with your child to be the same as the one you had with the adult(s) who raised you?

How do you want it to be different?



Why Building a Trusting Relationship with Your Child Matters

Who your child will be as an adult depends in large part on your relationship when she is young. When you show your child that she can trust you, she begins to learn what trust is and how to be a person who can be trusted.

She learns she is safe when you meet her needs. She feels valued and cared for. Over time, she will begin to trust and care for herself. Children who feel good about themselves are more likely to be more successful – in school and in life.

When you try to understand what she is communicating to you – with or without words – she learns she can relay her message successfully. She also learns how she feels when someone listens and pays attention to her. This, in turn, teaches her to listen and pay attention to others.

She learns how to interact with others from the way you relate to her. When you show her respect, try to understand what she is feeling and cooperate with her. She will be more likely to do this in other relationships with family and friends throughout her life.

You also help her learn about the world around her. Your presence helps her feel safe in a big world. You give her confidence to explore, experiment, and learn.



Note: None of this means that you have to be perfect. There is no such thing as a perfect parent...or a perfect child...or a perfect anyone. Do your best, ask for support when you need it, and know that tomorrow is another day.



Take a Moment: What do You Want for Your Child?

What do you want your child to think and feel about herself?

What do you want your child to think and feel about relationships with other people?

What do you want her to think and feel as she explores, experiments, and discovers the world around her?



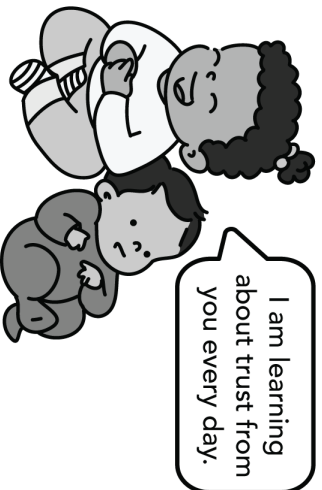
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Come as soon as you can when I cry...	I can trust you will come – even when I have to wait a few minutes for you.
Stay nearby when I am learning about a new person or place...	I am safe and free to experiment and explore.



Building Trusting Relationships from a Child's Point of View



Figuring It Out Together

Here are some things your child might tell you she is learning about trust – if she had the words.

Through a Young Child's Eyes

Trusting Relationships

0-6 months

Reading my cues to understand what I am telling you is key to our trusting relationship.

Crying is my first way of communicating how I feel and what I need. If you listen closely you will hear different cries for different needs.

When I'm a newborn to about 2 months, I will respond to everyone who gives me care and comfort. I recognize the voices and smells of the people who care for me and talk to me, but I am not picky about who takes care of my needs... Yet.

As we get to know each other better, I will start to coo, smile, and squeal when I see and hear people I feel connected to.

By 4 months, my vision has improved, and I can look to see if you are coming before I start crying.

6-12 months

Around 6 months, I may have some people who are at the top of my list: parents, maybe an older sibling, a child care provider. I will look for these people first – I know I can count on them.

Other people I see occasionally may be OK, but I have stronger routines and histories with my main people.

I kick my legs or reach for you with arms or catch your eye and smile to say I want to be with you.

I reach for you for comfort when I get hurt or upset. No one else will do.

I trust you. I look to you to tell me if I am OK when I get a little bonk or fall onto my bottom. If your face and words say I am OK, I keep on going. If you are upset, I get upset too.

If I meet a stranger, I will look at you to see if this person is OK. I may still bury my face in your shoulder and stay close to you.



Through a Young Child's Eyes

Trusting Relationships

12-18 months

I rely on you as my home base of security. When I wander off to explore or play, I check in with you. I may come over and touch you or look for your smile and nod across the room.

When you are nearby, I am more comfortable to play with a new toy or try a new activity, like doing an obstacle course.

I may interrupt you when you are talking on the phone or with a friend in the park. I am not trying to be bad. It's that I want you to be with me. You make me feel safe.

I may fuss and cry when you drop me off at child care – or even at grandma's house. After a while, with that person's help, I'll settle down.

I may have a special object, like an old t-shirt of yours, a stuffed animal, or a blanket that you've used when you comfort me. That may become my lovey, something to remind me of our relationship when we are separated.

I talk to my stuffed animals in a kind, gentle voice and pat their backs when they are upset – just like you do with me.

18-24 months

As I grow more active and move more, I need you to be there so I can check in with you more.

When you are close by, I feel safe to move and do, explore, experiment, and learn.

Sometimes, I put my toys in your lap or try to eat food from your plate or pull your face to look at me when you are talking with someone else. Why? I love you and trust you. I want to be with you.

Please help me take care of my lovey. If we lose it, chances are I won't accept a substitute. My lovey lets me carry you with me, and I want and need it.

If there are changes to my daily routines, I may protest about it because I rely on things I know to help me understand and predict my world.

You can help me learn about flexibility when things feel bumpy.



Through a Young Child's Eyes

Trusting Relationships

24-30 months

Even though I insist on doing things myself – even when they are too hard – you are still my base of security.

I am learning that other adults help me feel safe too. I may look for a smile and nod from my teacher before I run through the sprinkler for the first time.

I may stay close to you, then go to see a new toy in the park, then come back and want to sit in your lap.

I may be testing limits of my skills and safety. That can make me frustrated. Sometimes I may take chances that aggravate or frighten you. You help me learn I can have negative and scared feelings and still be loved.

I am learning what your words and expressions mean when you talk with me, and I can change my goals to match yours – or I may challenge them!

I look at family pictures, and it makes me feel safe and happy.

30-36 months

I may seem very grown up, but I still depend on you to be there for me, to reassure me, and help me know I am safe.

I may teach you a nursery rhyme I learned in child care and be patient like you are when you teach me something new.

I am learning to be like you. You may see me singing to my baby doll just like you sing to me at bedtime.

When we are apart, I might pretend to call you on the phone (a block) or paint a picture of us together.

I am starting to form my first friendships. What I've learned from you will help me understand how I should treat others and how I want to be treated.



Take a Moment: You and Your Child

How do you describe your relationship with your child?

What do you imagine your child might say about your relationship?



Your Trusting Relationship Dance with Your Baby



Figuring It Out Together

Your baby was born ready to communicate and connect with you. She is ready to be your partner in a trusting relationship.

Your relationship is like a dance. At first, your baby totally depends on you to take the lead. However, it won't take long for you to see she is your partner. It may be subtle at first. As a newborn, she may turn her head towards you when she hears your voice.

By the time she is 2 months old, she may wait a minute or two after waking up from her nap without crying because she knows you are coming to feed her.

Over time, she will begin adding more steps of her own to your dance. Your steps will influence your child's and vice versa. Together you will create your own dance of trust.

Getting to Know You

Your newborn will welcome care from anyone. This can be good because, in the busy first weeks of life, you can hand her over to someone you trust when you need a break.

Between 1 and 6 months, she will begin to let you know that she knows you and other familiar adults in her life and wants to be with you. For example, you may notice that she does the following:



Turns her head towards you when she hears your voice.



Follows you with her eyes around the room.



Fusses to get your attention.



Coo or smiles and looks into your eyes when you talk or sing to her.



Kicks her legs and reaches towards you when you come near her.

Understanding Her Sounds and Movement

Babies communicate through their different cries, the expressions on their faces, and how they move their bodies. They begin to understand the meaning of words before they can speak them. You may see this, for example, when a baby laughs at a silly song or gets excited when her adult asks if she wants a bottle.



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Building Trusting Relationships



Over time, you will understand more of what your baby is communicating. This gives you the information you need to decide how best to respond to her.

For example, is it late in the morning and is she rubbing her eyes? Knowing she is tired, you decide to get her ready for a nap. Does she squeal and smile when you start a game of peek-a-boo? Knowing she is excited and happy, you may decide to play again. But, if she turns away and starts to fuss, you know she is telling you she has had enough. It is time to stop the game.

By tuning in and trying to understand what she is communicating, you build trust between you. Here are some ideas to help you understand her:



Be a detective looking for clues.

Pay attention to her face, her gestures, and her crying and look for sounds and words.



Ask yourself, “What is she feeling?” “What is she saying to me?”

As you watch her from the outside, try to figure out what is happening on the inside for your child. Is her face relaxed as she plays? Tight? Is she smiling? Frowning and about to cry?



Listen and look for patterns.

Have you noticed that the sound of her crying when she is wet differs from how she cries when she is hungry? Keep listening, and you will discover that what the crying sounds like can tell you many things.



Tell her in a gentle, calm voice:

“I am trying to understand what you are saying.” This may lead to a calming moment of connection that will help you understand what she is saying.



Compare notes with others who know her well.

Check in to learn what other adults who are regulars in her life notice as they try to figure out what she is communicating.



Be patient with yourself.

You will miss some of what she is saying; count on it. Sometimes this may lead to upset – for one or both of you. It's part of life. Keep trying. Over time, your baby will learn she can trust you to be there for her.



Another idea you want to try?



Take a Moment: Understanding Your Baby's Sounds and Movements

What is something your child has told you without words?

What did she do to relay her message to you?

How did you respond to her?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Pay attention, watch, and listen to me...	You care about me. What I do and the sounds I make are important. I am important too.
Tell me, "I am trying to understand what you are saying."	Even if I am upset or can't get my message across, I can count on you to be there for me.

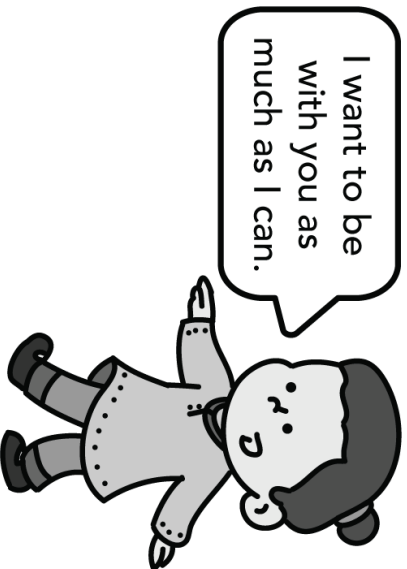


Your Trusting Relationship Dance with a Toddler On-the-Move

Figuring It Out Together

Your relationship is like a dance. As you communicate and model trusting interactions with your child, she learns about the back and forth of trust. By the time she is a toddler, your child has a clear idea of who she wants to be with, usually you and other familiar and trusted adults in her life.

Her new communication and physical skills allow her to make this known, clearly and loudly.



For example, you may notice that she does the following:



Clings, hits, and/or screams when it is time to say “goodbye” at child care even though you know she has a good time there.



Runs toward you for a hug when you come home after being away, or she may also ignore you or be angry. These are all ways of letting you know she missed you, though some are harder to take than others.



Brings a book to you and climbs up on your lap even though you are ready to start making dinner.

Over time, the trust that exists between you and your child allows her to trust others and want to be with them also. But for now, your dance partner may often stick as close to you as she can. Keep watching and you will see signs of her growing trust in herself and others. For example, you may hear her repeating your words to her teddy bear, “You are OK. We are together, and I will keep you safe.”



Figuring Out Her Moves on the Dance Floor

Toddlers' behaviors can be confusing. She may insist, "No!" even as she reaches for a cookie. She may blurt out "Me do it!" one minute, and the next moment she calls for help to put on her shorts. Here are some ideas to help you understand her moves:



Ask yourself "What is she experiencing?"

It may help you to imagine the words in a thought balloon over her cute little head.



Look for patterns in her behavior.

This can help you figure out how to keep your dance as smooth and enjoyable as possible. For example, knowing she is a child who needs lots of time to wake up in the morning can help you adjust your morning routine.



Follow her lead, then respond.

Researchers call this "serve and return," and it is one of the best ways you can help organize her brain and strengthen the trust between you. For example: When she wiggles and protests as you change her diaper, she may be telling you, "I love to move. I have to move." When you say, "I know this isn't your favorite," then give her a diaper to hold, you are helping her learn, "You understand what I am feeling. We are partners in changing my diaper. I can help! I can do it!"

When You Step on One Another's Toes

All dancers get out of sync or stumble. There will be times you get upset with each other. It is part of life.

When things don't turn out the way you planned or wish, acknowledge it:

"We both sure got upset today when you wanted to walk, and I wanted you to ride in your stroller. I am sorry I yelled at you. How about we try again tomorrow? If we leave earlier, you can walk, and I'll bring the stroller in case you get tired."



take root
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Building Trusting Relationships



Take a Moment: Getting Back In Sync

Think of a time you have been upset with an adult family member or friend.

How did you recover and move forward in your relationship?

What do you think your child will learn from moving forward together with you after you both get upset?



You are Her Base of Security

No matter how big and independent she seems, she still relies on you (and other familiar, trusted adults) to help her feel safe. Your presence energizes her to be able to play, explore, discover, and learn. Your toddler shows you how important you are when she does the following:



Sticks by your side even when other children are playing a fun game.



Pulls you by the hand over to the sandbox and insists you sit down next to her.



Pulls your face towards her when you are talking with another adult.



Looks back at you from across the playground and waits for your smile before she starts to climb.



Wants to eat the food on your plate.



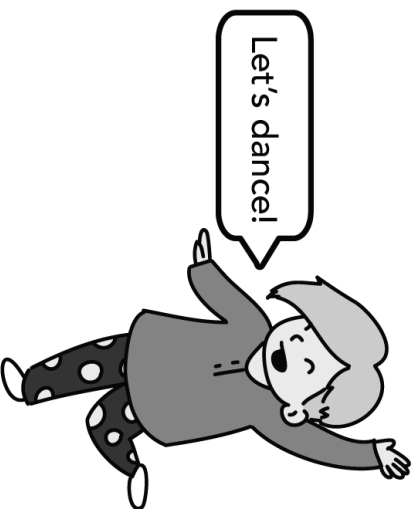
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Follow my lead, then respond...	I am competent and have good ideas.
Tell me the story of why we both got upset and that we will do better tomorrow...	Our relationship can be bumpy, but it can recover, and we can move forward together.



Your Trusting Relationship Dance with Your Two-Year-Old



Figuring It Out Together

Your relationship is like a dance. As you communicate and model trusting interactions with your child, she learns about the back and forth of trust.

By the time she is 2, your child often switches between wanting to be in charge and wanting to be a baby. No matter how grown up she may seem, she still relies on you and other familiar, trusted adults to feel secure and to have the confidence to explore new people, places, and objects.

Her new communication and physical skills allow her to stick close to you and to show you how much she has already learned about relationships. For example, you may notice that she does the following:



Holds your hand tightly, then she lets go to check out another child's toy.



Climbs into your lap, out of your lap, goes to see what other children are doing in the sand box, then climbs back into your lap.



Insists on tying her own shoe even though she doesn't know how.



Cries for you when she falls and scrapes her knee.



Looks to you and waits for your nod and smile before trying a scooter for the first time.



Runs toward you for a hug when you come home after you have been apart, or she may ignore you or be angry. These are all ways to let you know she missed you. Some are harder to take than others.

If not already, she soon will begin early friendships with other children though you are her favorite play partner for now.



Figuring Out Her Moves on the Dance Floor

Two-year-olds' behaviors can be maddening and bewildering. Twos want to be independent *big kids*. At the same time, they still want to be babies. It can be a time of intense feelings for both of you.

Here are some ideas to help you understand her moves:



Ask yourself "What is she experiencing?"

It may help to imagine the words in a thought balloon over her cute, little head.



Look for patterns in her behavior.

This can help you figure out how to keep your dance as smooth and enjoyable as possible. For example, knowing she is a child who does best in small groups may lead you to not take her to the sandbox when it is crowded.



Follow her lead and respond – as often as possible.

Researchers call this "serve and return," and it is one of the best ways you can help organize her brain and strengthen the connection between you.

For example: When she brings you a book to read, one you have read many times before, she may be saying, "Let's read this book. I love how we snuggle and cuddle and look at it together." When you pat your lap and invite her to crawl into it and then say, "This is a book about a baby llama and his momma. Do you remember what happens? Let's see what they are going to do," you are helping her learn that reading is enjoyable, which will encourage her to be a reader.



When You Step on One Another's Toes

All dancers get out of sync or stumble. There will be times you get upset with each other. It is part of life.



When things don't turn out the way you planned, acknowledge it.

At this age you can use more direct language about relationships and how she should behave, for example: "We both sure got upset today when you didn't want to hold my hand crossing the street. No matter how upset we get, we don't pinch. How about we try again tomorrow? We can sing a song together as we walk across the street holding hands."



Expect Nos! and testing.

They come with this age as children try to figure out who they are.



Help her feel safe by setting clear limits that guide her behavior and, at the same time, allow her to feel good about herself and her growing abilities.

For example: "Climbing on the dining table is dangerous because you might fall off and hurt yourself. You are a good climber and can practice your skills in the park, but we don't climb on the table at home."



Model upsets and recovery with your home visitor and others in your life.

No relationship is perfectly smooth. When your child sees you and another adult have to work things out together, such as the timing of home visits or who is going to clean the dishes after dinner, she sees a trusting relationship in action.



Another idea you want to try?

Your Words May Last a Lifetime

Because you are so important to her, she pays attention to what you say about her.

Your words can become a voice that replays regularly in her head, maybe even for her whole life.

No matter how tired or frustrated you may be at times – and all parents are at times – think before you speak.



Take a Moment: Messages You Want to Give Your Child

What message do you want your child to hear about herself over the years?

What messages do you want to give her about relationships with other people?



First Friendships

Two-year-old children are very interested in other children. At first, they tend to play side-by-side. But, watch and listen and you will see that they pay attention to and know a lot about one another. For example, they could tell you who the green shoes belong to or who has a big sister.

Over time and with your support, they are able to pretend play together. For example, the children may take their baby dolls shopping, or they may be firefighters together. They start to play in small groups; however, they will need you (or another trusted adult) to be nearby to help negotiate hurt feelings, taking turns, sharing, and problem-solving.

Between the ages of 2 and 3, you may notice your child do the following:



Sit next to another child, both making a tower with small blocks.



Tell a friend her mother is here at pick up time.



Drive her toy truck along the block road, saying “beep beep” when she reaches a friend’s car.



Choose to play at the sand table because her friend is playing there.



Be angry when another child reaches for her stuffed bear, then, with your help, say, “My bear” instead of hitting.



Pretend to go food shopping or drive a fire truck with two other children.



To Support Your Child in Forming New Friendships



Model being a friend.

Your child is always watching you and learning. Show her how to be a good friend as you interact with others.



Take photos of family friends.

Look at the photos together. Talk about what it means to be a good friend.



Stay nearby or arrange for a trusted adult to be near when two or more children are playing together.

Watch what children are doing. Give them a chance to work things out before getting involved. At the same time, be prepared to step in if needed to avoid hurt feelings and to keep children safe.



Have realistic expectations.

Encourage them to, but do not expect children this age to share. Be aware that 2-year-olds often have intense feelings and may hit, scratch, or bite to express big feelings they cannot yet put into words.



Notice and talk about your child's positive experiences with friends.

For example: "You and Jorge sure had fun collecting stones in your buckets. I saw you give Jorge some stones, and he smiled and said, 'thank you.'"



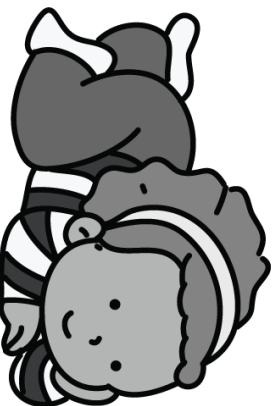
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
	Talk, laugh, solve problems, and learn with our home visitor...		Trusting relationships are important. People who trust each other can work together and learn together.
	Stay nearby when I play with other children...		I can have fun with my friends and trust you to be there if we need your help.



How are we the same?
How are we different?



Figuring It Out Together

We are each born with our own personal style – our own way of approaching the world and responding to it - our own temperament.

Think about yourself for a moment. How do you typically respond to a new situation? Are you the type of person who jumps in, engages with new people, and is ready to try whatever comes your way? Or, would your approach be to quietly arrive, blend in, and take time to become familiar with what is happening in this new situation?

Maybe you find new situations hard and avoid them whenever possible. Maybe you just do your best to stick with the known and familiar?

Now look back over the years. Do you see a pattern? Our temperaments tend to remain fairly consistent throughout our lives.

There are also patterns in your toddler's behavior. They have been there since birth but are a little easier to see now that he is a bit older, and you can see consistencies in his behavior.

Being aware of how your temperament is the same and/or different than your child's can help you deepen trust by taking steps to make situations, like going to a busy supermarket, work better for your child and you.

Patterns of Temperament

Researchers have described three general types of temperament. Understanding these general types can help you see patterns in your child's behavior. It's important to remember, though, that children and temperaments do not fit neatly into a box.



Thoughtful or Cautious: This child tends to be reserved and watchful, and he takes in everyone and everything around him. He might protest at first when you put him in his stroller or shopping cart seat, or he may turn away when someone stops to say, "Hello." Then, he slowly warms up and smiles as he points at a doggy.



Feisty or Intense: This child is more active, and he squirms to get out of his stroller or the seat in the shopping cart. You may have to hold onto him with one hand on the bus or give him something to hold to keep him from pulling items off the drugstore shelf. When he thinks something is funny, you are likely to hear a belly laugh. When he is upset, everyone will know it.



Flexible or Adaptable: This child sits happily in his stroller or the shopping cart. He smiles at people you walk by. When you talk about a dog or bus or the flowers you notice, he smiles and points when he sees one. When this child finds something funny he laughs with delight. If he is upset, he cries or fusses and then moves on.



Using What You Know About Temperament to Strengthen Your Relationship

Learning about your child's temperament can help you predict how your child might respond in different situations, such as a trip to the supermarket. This, in turn, can help you think about steps you can take to make these experiences as enjoyable as possible for everyone, which deepens your relationship.

For example, a child who is thoughtful or cautious may find a shopping trip easier if you plan and give him some warning about what is going to happen next: "We are going to the supermarket to buy some fruit after we finish our lunch." A child who is flexible/adaptable may be able to quite easily handle a quick last-minute stop. For a child who is feisty or intense, you may decide to go shopping following some active outdoor play.

As you think about your child, remember temperament is a way of being, not a guarantee of behavior. Someone once described temperament as the "climate" and behavior as the "daily weather." Also, keep these two facts in mind:



There is no right or wrong way for a person to be.



There is no better or worse when it comes to type of temperament.



Take a Moment: Think About How You and Your Child are the Same and Different

Imagine walking down the aisle in the supermarket. The lights are bright, and it is busy as people walk by pushing their carts. You can hear people talking, and music is playing in the background. You are looking for one kind of cereal on shelves crowded with over 30 different types.

How would you describe your child's reaction? Yours?

- Thoughtful or cautious?
- Feisty or intense?
- Flexible or adaptable?

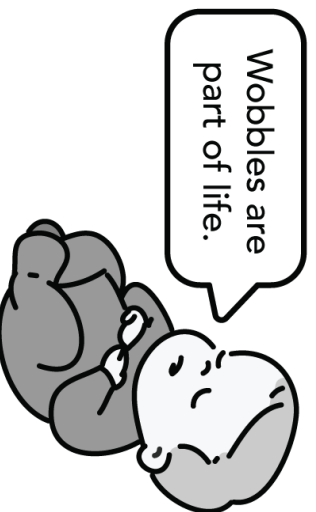
What is one thing you could do to make shopping work better for both of you?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
See me as a unique individual and how we are the same and different ...		I am respected for who I am.	
Decide how to make our daily routines and play work for both of us...		We enjoy our time together. When there is a problem or one of us gets upset, we can figure it out.	



Figuring It Out Together

All relationships have wobbles. It may feel as if you and your child are dancing to different music or at different speeds, or it may feel as though you are dancing on unsteady ground.

Wobbles can happen at any age. All parents feel them, and children do too.

Reasons for Wobbles

Wobbles are part of life. In some cases, it may take only a few steps for you and your child to get back into your special rhythm with each other.

Other times, you may feel out of sync for days or weeks or even months. You may not even be aware of the reason why it is happening, but you notice that you and your child are no longer dancing like partners. You feel disconnected. When this happens, it is important to talk with someone. Your home visitor can help you think about what is going on, and together you can decide what steps to take. You may have other people you can connect to for support. Every parent needs support sometimes. A wobble is one of those times.

Here are some common causes of wobbles:



You didn't fall in love at first sight.

People often talk about falling in love at first sight with their newborn baby. While this is true for many parents, it is not the case for many others. It can take time to love a new little person in your life – one who cries and wakes you up and who needs his diaper changed all the time. Needing time is natural.



You are experiencing baby blues.

If you have just given birth, you may have mood swings, feel down, irritable, tired, sad, or impatient. You may even have trouble sleeping, despite the fact that you are exhausted. These *postpartum blues* are very common. The blues can make it hard to enjoy and respond to your baby.

Don't feel alarmed. Many new mothers (i.e., 50-80%) experience the blues. Fathers, adoptive parents, and foster parents can also experience the blues.

Usually, baby blues tend to lessen in a 1 or 2 weeks. The key is to recognize the signs. Get as much rest as possible; accept the help of family and friends; talk with other new parents; and avoid alcohol and recreational drugs, which can make mood swings more intense.



You are experiencing postpartum depression.

If the blues don't disappear after a few weeks, or become more intense, you may be experiencing postpartum depression. Postpartum depression most commonly affects mothers within the first 3 months after giving birth but can occur at any point during the first year.

Not only mothers can feel depressed after welcoming a new child to the family—fathers and adoptive parents can experience it too.

If you think you are depressed, talk with your home visitor to find out about available supports in your community. Arrange to talk with your health care provider. There are treatments, including talk therapy and medications, that can help. The sooner you get support, the sooner you will feel like yourself again, and you will be able to enjoy your baby.



SAFETY ALERT: At any time, if you feel you may hurt yourself or your baby, put your baby in her crib or another safe place and call for help right away.



Your child may not be who you imagined.

For example, she may not look like the baby you have pictured. She may have a disability – emotional or physical. Her curly red hair might remind you of your cousin who cannot keep a job, or her insistence to do things her way may remind you of your ex-partner whom you hope to never see again. She may not be cuddly. Not all children are.



You may want to be a different parent than you had and worry you don't know how.

For example, your parents may have hit you when you did something they didn't like, and now your 2-year-old is pushing your buttons. You have already taken the first step: realizing you want to be different. Now, it will take work and support to find your own parenting style. Knowing what you don't want to do is not the same as knowing what you do want to do.



You may be stressed out in other areas of your life.

There are many factors that could be influencing your stress level: trying to balance parenting with school or work, getting settled in a new home and community, being away from family, caring for an older relative, or expecting or caring for a new baby while also looking after older children. Give yourself permission to slow down – you do not have to do everything. Reach out to someone in your circle of support to talk to or take a moment to breathe.



Here are Some Ideas to Support Your Relationship

Make sure home visits work for you.

You and your home visitor are partners in making visits helpful. If and when you are feeling a wobble, tell your home visitor. Sometimes, just knowing you are not alone is enough.

Other times, you can make a support plan with your home visitor for you and your child.



Give yourself some time.

Some children's ages and stages may be easier than others for you to appreciate and enjoy.



Be aware of your individual styles or temperament.

Each of us is born with our personal way of being. For example, you or your child may be described as one of the following:

- Flexible or Adaptable: You take things in stride - most of the time
- Feisty or Intense: You react in big ways - most of the time
- Thoughtful or Cautious: You watch before joining in. It takes time for you to adjust to new people, places, and activities - most of the time

When it comes to temperament, there is no good or bad or right or wrong. Yet, you may find your child's temperament challenging to handle. For example, if you are easy going, you may feel mismatched when your feisty and intense infant screams louder than you ever knew a baby could scream when she is hungry.

Understanding each of you is an individual can help you begin to appreciate your baby for who she is, which is a big step to connecting.



Take steps to see, accept, and appreciate your one-of-a-kind child for who she is.

Watch her with your home visitor. What do you notice? What does your child say or do that makes you smile? What interests her? What makes her happy? What upsets her? What are five things she has learned in her short life? What is she working on learning now?



Figure out ways to adapt your dance steps to fit hers.

For example, some babies and children do not like to cuddle. They may stiffen their bodies or push away from you when you try to hold them close. It is who they are; this reaction is not a rejection of you. Be creative. Find ways to show your love: lay your baby on your lap and gently rub her back, play horsey by bouncing her on your lap, or kiss a toddler on the head.



Support your child's use of a lovey.

Does your child hold onto or carry around a soft object, for example a stuffed animal, a blanket, or one of your t-shirts? This is a *lovey* or transitional object. Its feel and smell give your child the safe and secure feelings of being with you. Keep track of her *lovey* and be sure she has it with her when you are apart – whether for the night or day or longer.

If your child doesn't have a *lovey*, think of other ways to help her carry feelings of your love and trusting relationships with her. For example, give her a photo of you together to keep in her pocket or put a love note in her cubby or tape it to the wall by her bed.



Create a place(s) to be together at home.

Do you and your child have a special place where you cuddle together?
Read together? Play together?

Perhaps you spend time together in a comfy chair or on the living room rug. Maybe, you read or tell a story each night in a rocking chair before your child goes to sleep.

These are places that are filled with the safe feelings that come from you being together. They are places to enjoy each other's company and places that will provide feelings of security and comfort when you and your child are in sync and when your relationship is wobbly.



Take a Moment: Connecting with Your Child

Have you ever found it hard to feel close to your child?

Why do you think this is so?

What did you do or can you do to get back in sync?



What You Decide to Say and Do Matters

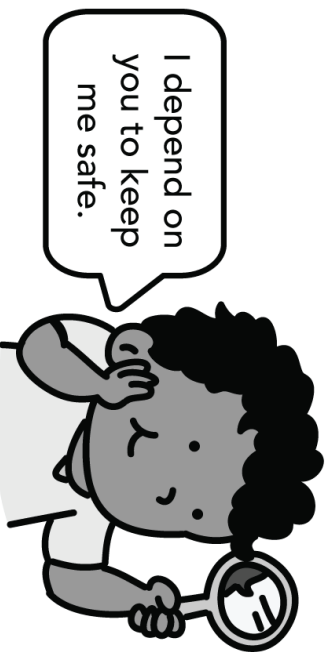
Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
	See me as a unique individual...		I am respected for who I am.
	Ask for support to help you feel connected with me...		You are there for me.



Figuring It Out Together

The trust between you and your child deepens when you keep him safe during bumpy times. There are actions you can take to keep your child safe - sometimes on your own; sometimes with help from family members; and sometimes with outside resource people you trust, such as your home visitor or healthcare provider.



When you keep your child safe during bumpy times, you teach him he can trust you and also trust himself. He may also begin to learn that challenges can be handled, you can bounce back, and life moves on. These early lessons about dealing with difficult times can help your child develop self-confidence, coping skills, and resilience.

To keep your child safe and deepen the trust between you means you will probably buffer him and your family from stress and encourage everyone to be resilient during difficult times. The protective factors can help you do this.

Use the Protective Factors to Help You Deal with Stress so You can be There for Your Child

When you feel safe, secure, effective, and confident, your child senses this. He is more likely to feel that way himself. Making the protective factors part of your family's everyday life can help you feel more confident, so you can be there for your child and decide how best to deepen the trust between you.

On the following page are the protective factors some of which you and your home visitor may have already seen in your family or decided to work on. We invite you – on your own or with a family member, trusted friend, or your home visitor – to think about each factor and how it supports you as a person and a parent when you face challenges.



Protective Factors - Helping Your Family Thrive

You will help your family grow stronger and thrive when you make these protective factors part of your everyday moments and lives. Like a tree in stormy winds, these factors will help your family grow deep roots that will let you bounce back to stand straight and tall when the going gets tough.



Social connections.

Having family members and/or friends you can count on and who can count on you makes life easier and more enjoyable. Giving and receiving support makes everyone stronger.



Concrete supports.

Every family needs a support network of people and community services to provide information and other resources during challenging times. Knowing you are not alone can help you make the best decisions possible for your family and yourself.



Parental resilience.

Every parent faces challenges that can be stressful. Your ability to bounce back – your resilience – means learning to solve problems; building trusting relationships, including with your child; and knowing how to find help when you need it. When you respond to stress in these positive ways, you are teaching your child how to manage difficult times – a key skill for life.



Knowledge of parenting and child development.

Learning about how young children grow and learn will help you know what to expect at different ages. This will help you decide how to respond in ways that will help your one-of-a-kind child thrive.



Social and emotional competence of children.

Your relationship teaches your child what to expect and how to relate with others. When your child learns to interact in positive ways, manage his behavior, and communicate his feelings, his relationships with adults and children will be more positive.



Take a Moment: Your Family's Protective Factors

Are there one or more protective factors that you feel are already part of your family's life?
What is this factor(s)?

Is there a protective factor you want to develop or to make stronger? What is it?

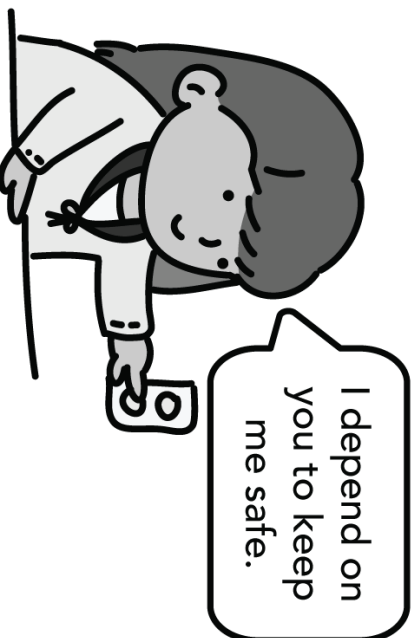
What steps will you take to develop this specific protective factor?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Talk and learn together with our home visitor...	People care about each other and help each other.
Bounce back the best you can from a tough time...	You are strong. I am safe. I can count on you to be there for me.



Figuring It Out Together

The trust between you and your child deepens when you keep him safe during bumpy times. There are steps you can take to keep your child safe—sometimes on your own; sometimes with family members; and sometimes with trusted outside resources, such as your home visitor or a healthcare provider.

When you keep your child safe during bumpy times, you teach him he can trust you and also trust himself. In addition, he may begin to learn that challenges can be handled, and life moves on. He may experience how you bounce back from a challenge. These early lessons about dealing with difficult times can help your child develop self-confidence, coping skills, and resilience.

To keep your child safe and deepen the trust between you means you will be aware of his emotions or states of mind, such as anger, happiness, hatred, love, or fear, which can be caused or intensified by a situation or interaction with a person. It also means responding in ways that help your child feel he can manage or cope.

Notice if Your Child Isn't Growing or Gaining Weight as You Might Expect

All babies develop and grow at their own rate. Most young children go through times of not wanting to eat or even losing weight. Sometimes there are medical reasons, and sometimes there are stress-related reasons. The good news is you can work with your child's doctor to take steps to help your child get back on a path of healthy growth.

If you are concerned your child isn't eating enough, it is important to talk to your home visitor and with your child's healthcare provider. Some important signs include the following: he isn't interested in what is happening around him; avoids meeting your eyes; becomes fussy; or seems to be behind in reaching developmental milestones, like walking and talking.

These may be signs of a condition called Failure to Thrive. This condition is treatable, and your child's doctor can help coordinate the care your child needs.



Develop a Family Plan for Emotional and Physical Safety

Everyone gets angry, fearful, or anxious sometimes. Sometimes, these feelings can be so strong they can be overwhelming.

When a person is under great stress, shocked, or frightened by something or when a person experiences fear, anxiety, anger, or hurt, the primal brain takes over. The brain shifts into survival mode making it hard to think, to problem-solve, and to make good decisions. In this state of mind, adults may say or do things that can injure a child (or worse) and undermine trusting relationships.

Planning ahead can help you keep your child physically and emotionally safe. Here are some parts of a plan to consider:



Know the signs someone is losing control.

Signs can include a tensing of face or body, a change in the sound of one's voice, pacing, or quieting and growing still.



Create a cool-down spot.

"I will go to the cozy red chair in the living room. When I am there I will...(take 10 deep breaths). I will return to my family when...(my body feels calm and I can think about how glad I am I sat in my chair)."



Choose a place(s) to go when you and your children have to get out of the house.

The house of a family member, friend, or neighbor or your place of worship are options.



Be sure contact numbers are easy to access.

Put contact numbers on your phone or on a card in your bag, and include numbers for family members, a neighbor, doctor, police, and ambulance services.

If there are intense and stormy emotions in your home most days, you need to get some outside emotional support. Getting this help is a big step in keeping your child safe and healthy. If you have doubts about finding help for yourself, understand that getting help is in the best interest of your child. Your home visitor will be able to give you the names of places that can support you.



SAFETY ALERT: Never shake your infant, toddler, or two!

When a young child is shaken or thrown, his head whips back and forth and from side to side. His brain slams against his skull. No matter how long he has been crying, one forceful shake in a moment of frustration—even when playing—can damage his brain, neck, spine, or eyes forever. It can even lead to death. His life and yours will never be the same.

IF YOU FEEL LIKE YOU ARE GONG TO LOSE CONTROL:



Put him in his crib or in another safe place.



Shut the door.



Pull out your headphones, take deep breaths, and have a good cry yourself.



Call someone.



Wait until you have calmed down before you try again to calm him.



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
Observe me and seek help if you see I am not eating or growing as expected...		People have questions. Sometimes, they know the answers. Other times, they need to ask someone to help find the answer.	
Create a cool-down spot, and tell me about it...		Adults have big feelings too, and there are ways to handle big feelings while keeping me safe.	

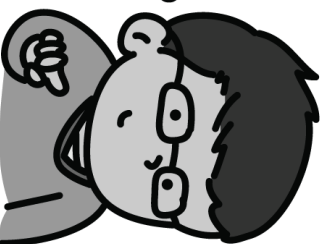


Keep Your Child Safe: Create a Family Care Plan

Figuring It Out Together

The trust between you and your child deepens when you keep him safe during bumpy times.

There are steps you can take to keep your child safe- sometimes on your own; sometimes with family members; and sometimes with trusted outside resources, such as your home visitor or a healthcare provider.



I depend on you to keep me safe.

When you keep your child safe during bumpy times, you teach him he can trust you and also trust himself. In addition, he may begin to learn that challenges can be handled, and life moves on. He may experience how you bounce back from a challenge. These early lessons about dealing with difficult times can help your child develop self-confidence, coping skills, and resilience.

If you or your spouse is a member of the military and is going to be deployed, create a family care plan to keep your child safe. This plan provides vital information about child care or school, medical and dental care, and daily life to those who will be caring for your child. This will allow your child's caregiver to keep a sense of continuity in his life.

Create a Family Care Plan

If you or your spouse is a member of the military, you may be called away from home for training or a deployment. Create a family care plan to care for your child(ren) when you are apart. While slightly different for each Service, this plan will give your child's caregiver important basic information that will allow him or her to meet your child's needs and provide a sense of continuity that can help your child feel safe and connected to you.

Information in a family care plan includes details about a child's daily activities; your family's routines; medical and dental information and contacts; information about how to reach close friends and relatives who will remain part of your child's life; contact information for resources your family uses on and off base; and the location of important documents, including wills, insurance certificates, and power of attorney forms. Care plans will also include information about the importance of dependent IDs and how to use services available on your installation.



Take a Moment: Create a Family Care Plan

If you were taking care of a relative or friend's child for months, what information would you want and need?

How can keeping daily routines consistent help your child when you are away?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
Give someone information about the things we do together every day so they can take good care of me ...		I can count on you to keep me safe-- and feel close to you because my routines are the same -- even when we are apart.	
Imagine what information you would want to take care of someone else's child and share that information with my caring person...		Life continues and I will be well taken care of -- even when you are away doing your job.	



Everyday Moments

Nurturing Guidance and Discipline



Main Elements

Content Areas

- Teaching About Nurturing Guidance and Discipline: *Protective Factors* and *Trauma-Informed Principles*
- The Science: Children's Development and Positive Parenting Practices, Nurturing Guidance and Discipline; Children's Development and Harsh/Neglectful Parenting Practices, Physical Punishment, and Psychological Punishment; Helping Families Move Toward More Nurturing Responses; Punishment and Child Maltreatment
- Why it Matters to Families: Addressing Challenging Behaviors; Temperament Differences Between Parent and Child; Parents Who Experienced Physical and Psychological Punishment
- Home Visit Activities and *Family Pages*
- Important Safety Supports and Knowledge: Shaken Baby Syndrome, Crying/Colic, Signs of Maltreatment

Teaching About Nurturing Guidance and Discipline: Protective Factors and Trauma-Informed Principles

Parents are their children's first guides. They introduce their children to their physical and social worlds and show them how things work and connect. Everyday routines provide a system for parents to guide their young children, which teaches expectations about relationships and establishing family rhythms. Guidance is infused in the big and small interactions of these rhythms and relationships. Discipline is a specific part of guidance. It has many uses, including redirecting young children's behaviors, helping them feel and process big feelings, keeping them safe, helping them discover connections between actions and consequences, and helping them learn to respect others.

Nurturing Guidance and Discipline are a set of applied behavioral strategies that support young children's efforts and development toward self-regulation of their emotions, responses, and social competence. It is grounded in the belief that parents and other important adults can partner with children to help them figure out how to make good choices, manage frustration, and learn how to be a skilled social partner in ways that do not harm, belittle, or ignore children's experiences of events. At the core of *Nurturing Guidance and Discipline* is the recognition that parents and other caregivers understand that there are power



differences between them and the children in their care, and this power is used in positive ways to protect children and promote healthy development and learning. These positive and nurturing strategies are non-violent, thoughtful, and keep in mind long-term goals of helping young children grow into socially and emotionally competent and connected adults. Yet, parents and caregivers can often find themselves in cycles of using strategies that focus only on stopping certain behaviors in the moments they occur without encouraging a child's development of self-control or more desired behaviors.

Families can come into a home visitation program with a wide range of discipline experiences in their own childhood and family systems. Often, they use power the way it was used to enforce or guide their own behaviors when they were young:

- Some parents may have grown up with non-violent strategies as their norm, having never been spanked or had other harsh punishment (e.g., pinching, slapping, belittling);
- Other parents may have experienced unpredictable discipline from one or more caregivers;
- Some parents may have grown up with very few limits and little supervision;
- Other parents may have had indulgent and permissive parents who shielded them from consequences; and
- Some parents may have experienced fear- and punishment-based strategies to try to force behavioral change, including mild to harsh physical, verbal, emotional, or sexual maltreatment.

Building a set of nurturing guidance and discipline strategies takes time and practice as does understanding each child in one's care. Adults come into parenting and caregiving roles with some patterns well established from their own experiences. These can become default responses, whether positive or not.

Parents, no matter their own childhood experiences, can benefit from developing a deeper awareness of their own past and what strategies they fall back on when parenting under stress or *in the moment*. Recognition of these patterns is a beginning point to making decisions about current and future practice that can guide their children's behaviors for long-term, positive outcomes. Parents' nurturing guidance and discipline skills can and need to be integrated into the ongoing work of building safe and secure trusting relationships with their children and significant others.

This chapter helps to address the following *Protective Factors*:



Concrete Supports of Families



Parental Resilience



Knowledge of Parenting and Child Development



Social and Emotional Competence of Children



Teaching about *Nurturing Guidance and Discipline* offers opportunities to model the following *Trauma-Informed Principles* in the parent-child and parent-home visitor relationships:



Safety– Young children are in their early stages of learning self-regulation and social expectations for their behaviors. Nurturing discipline and guidance strategies help keep young children physically and psychologically safe as they learn to feel big emotions, experience stressful situations, and develop relationships with others.

Trusting relationships provide a safe environment in which young children can experience challenges in ways that support them and help extend their abilities to cope. Strategies that rely on psychologically or physically harsh responses weaken young children's sense of safety within relationships and can lead to reduced social and emotional competency.

Parents who have a low sense of safety, either for themselves or their children, may respond inappropriately or inconsistently in situations where guidance or discipline is needed. For example, a parent who has grown up experiencing chaotic or unsafe living situations may have an outsized reaction to her toddler's exploration of a new (safe) play space and may panic and yell for him and pick him up if he moves out of her sight.

Or the opposite could be true - the parent may perhaps appear uninterested in the child's exploration even if there are potential dangers, which can lead to the child feeling physically and psychologically unsafe with the parent. Working with families to increase safety and awareness of each member's fear-based and safety-based responses can create possibilities for significant movement toward nurturing strategies.



Trustworthiness and Transparency– Trusting relationships with parents and other important adults help buffer children's tough or stressful experiences. When parents are able to share in their children's highs and lows of the day, acknowledging and labeling these feelings and experiences, they are helping young children learn more about themselves and how to make different choices, if needed. These actions help build trust in the child's relationship while also providing supportive guidance. Providing words to describe feelings and states of being (e.g., tired, hungry, overwhelmed) helps young children learn to recognize their own experiences, which makes feelings and states visible.

Parents who talk to their young children about their own (i.e., the parents') feelings and needs help build children's understanding of other people's emotional and physical states. Open communication and explanations of why one does or does not do certain things helps children link actions to emotions, accomplishments, and consequences. Open communication can also help parents reconnect positively with their children if an interaction does not go well. Being able to acknowledge mistakes or responses that were not helpful models the truism that everyone makes missteps and can learn from them to do better next time.



Everyday Moments

Nurturing Guidance and Discipline



Peer Support and Mutual Self-Help– Nurturing guidance and discipline strategies can be integrated into everyday routines where parents partner with their very young children to help them learn about the world around them. These routines build children's partnership and connection skills as they acquire a range of daily living and self-help skills. When parents and other important adults use guidance strategies that build and maintain trust and safety, children's confidence and competence grow in learning how to be in healthy relationships, understanding how their behaviors affect others, and making choices. Nurturing guidance promotes supportive connection between partners when one or both are feeling big feelings and potentially experiencing friction between one another.

Parents and home visitors can build a supportive relationship in which each person can provide and receive information and assistance to meet a family's goals in nurturing guidance and discipline. When the parent-home visitor alliance is grounded in connection and support, difficult conversations about harsh or ineffective discipline techniques and/or family histories of violence or harsh punishment are possible.



Collaboration and Mutuality– Young children learn how to negotiate, share, and be actively engaged in activities with others when parents and important adults model these behaviors in their own interactions. Nurturing guidance and discipline encourages children to connect what they feel – emotionally and physically – with how they respond to situations and how others respond to them. These strategies help young children build a sense of *being in this life together* with their important people, which can help maintain connection when life is bumpy.

Home visitors may be in a position to model collaborative decision-making with families that have never experienced such. Working with families who may have difficult histories or practices around guidance and discipline requires home visitors to listen, observe, and learn in order to find a common starting point for conversations. Modeling how to meet others who feel or believe differently can create opportunities for parents to explore and test nurturing practices while minimizing feelings of judgment, guilt, or fault over past and/or current practices. Intentional practice to foster a sense of working and learning together can be powerful for families.





Empowerment, Voice, and Choice— Infants, toddlers, and twos are discovering so many things about themselves and their world. As part of this learning and growing, they are developing likes and dislikes – and how to communicate about them!

They are learning about choices, consequences of actions, and limits – whether limits of their abilities or limits placed on them by others. Parents and important adults can use nurturing guidance strategies to help young children work through these experiences and help children build their growing skills of self-regulation and confidence as they work through challenges.

Families may feel uncertain or overwhelmed when thinking about changing discipline and guidance strategies. Helping parents recognize current patterns and reflect on their long-term goals for raising healthy, resilient children creates chances to make different guidance and discipline choices for their family.

Change, while often uncomfortable and not straightforward, can empower parents to make conscious decisions and be proactive in guiding their children instead of relying on habits or being reactive after something happens.



Cultural, Historical, and Gender Issues— Multiple aspects of one's culture, life history, and gender influence beliefs and attitudes about guidance and discipline, such as how to provide it, who should or should not provide it, and what behaviors warrant it. Young children are immersed within their family's culture(s) and the larger community culture. In some families, guidance and discipline may be a primary responsibility of grandparents who live nearby as part of an extended family system. In other families, women may provide early guidance and discipline for boys and girls with fathers taking more primary roles with their sons as they enter elementary school years.

Family discipline histories can play a significant role in shaping new and emerging parenting roles. The strategies established in one's own childhood are the most practiced, most automatic, and easiest to use when a need arises for guidance or discipline – even if those are NOT the strategies that a parent WANTS to use moving forward. It takes time, practice, and a willingness to feel vulnerable to learn different ways of guiding children and providing discipline when needed. It is literally rewiring a caregiver's brain connections to think and act differently.



The Science: Why Nurturing Guidance and Discipline?

The early years are full of firsts for very young children and their parents. Children's self-regulation of their emotions and behaviors is a topic that is typically of high interest to parents of toddlers, twos, threes, and children who are in the early elementary school years. It is fairly common for parents to overestimate young children's abilities to control their emotions and actions in ways that adults and society expect. Parents also get a lot of advice regarding their children's behaviors, whether they have asked for input or not. Parents most often have to employ guidance or discipline *in the moment* as behaviors are happening. Yet, those immediate responses may not work well for longer-term, self-regulation goals or be the strategies that the parent would choose if he or she could think about it ahead of time.

From very young children's perspectives, all experiences are novel. Their knowledge of limits, safety, expectations, and social connections across life experiences is very limited. It will take years – literally – for them to develop a self-history and self-awareness that can provide insight and practice opportunities to regulate their own emotions and reactions from the inside. Each experience is shaping their unique memory and response pathways in their brains, which connects emotions and people to experiences that are positive and negative and intense and subtle. Infants, toddlers, and twos rely on their parents, extended family members, and other important adults to be their external partners in helping them successfully negotiate their emotions and responses to every day and novel experiences.

The strategies parents and caregivers use to provide guidance and discipline matter! The research on using consistent, positive, and nurturing guidance strategies continues to show positive short- and long-term developmental outcomes for young children. Research on the use of physical and power/fear/shame-based strategies, whether

occasional or routine, strongly indicates that there are no positive developmental outcomes, short-or long-term, for children's healthy development. Rather, developmental harm occurs due to the punitive and harsh nature of these strategies, which interrupts young children's abilities to build healthy social and emotional regulation skills and influences their brains, so learning and engaging are more difficult.

Developing a routine of using nurturing guidance and discipline strategies requires that parents understand what their child's behaviors are communicating. It also requires parents to recognize their own reactions to their child's behaviors and the situations in which they occur. Parents must anticipate challenges before they happen, think through their response choices, and reflect on past and current experiences to make decisions about future responses.





A quick note about intentional language used in this chapter:

Discipline versus Punishment

Discipline is used to describe strategies that are instructive and constructive, which means they do not physically, verbally, or emotionally harm the person who is the target of the discipline. The goals of discipline are to guide the targeted person to a desired alternative behavior, not just stop the unwanted behavior, and to do so in a way that shows respect and meets the person where they are in that moment. Discipline is non-violent and combines empathy and firmness to redirect and teach.

Punishment is used to describe harsh, neglectful, or abusive strategies that may be intended to hurt or humiliate the targeted person; the goals are often to *make a person pay* for misconduct through physical and/or emotional pain and usually only focus on getting the undesired behavior to stop. At times it can be violent. Violent or not, punishment comes from a place of power to coerce a person to bend to another's demands without regard for the target person's dignity.

Children's Development and Positive Parenting Practices

The most rapid and detailed brain development in humans occurs during the first 3 years of life. Supportive and safe care is one of the three pillars of healthy brain development during this key period of development. The three pillars are sleep, nutrition, and supportive and safe caregiving and physical environments. During the first 3 years of life, the infant's brain is working hard to do the following:

- Set up all the basic infrastructure to process, connect, and make sense of sensory input;
- Develop pathways to build and control body movements and functions; and
- Build the basic working models of relationships through interacting with important people in their lives.

More specifically, early brain development focuses on the parts of the brain that develop emotion, connection, and the assessments of and responses to people and things as either safe or threatening. The first 3 years are critical for building the child's foundation of how and when to engage with others, explore their world, and seek support.

From the preschool to early elementary years (i.e., ages 3 to 8 years old), brain development shifts to parts of the brain that focus on thinking, pattern-building, and problem-solving. These skills are necessary for school readiness in reading, math, and music. The brain continues to specialize and adapt throughout the lifespan. Yet, early experiences form the basis of later changes.





Nurturing Guidance and Discipline

Nurturing actions are part of building a safe and supportive caregiving environment. Nurturing guidance and discipline strategies help parents anticipate safety issues, set expectations of themselves and others, and identify elements/situations that are likely to catch their children's attention (whether the child engages or disengages) across environments, such as their own home, grocery store, or playgroup. Nurturing guidance and discipline strategies try to help children learn from and make connections between actions and consequences with the longer-term goal of helping them internalize their own regulatory language. There are several different strategies parents can use and practice and different ages at which these strategies will be more effective.

It is important to understand that discipline strategies, if applied when adults' emotions are running high, can turn into punishment.

For example, a dad may use a *time out* to remove his 2-year-old from a fight over a toy with her older brother. Dad can make this a *time in*, a moment of connection when feelings are big and hard to handle, by directing her to sit in a quiet place for a couple minutes, sitting and talking with her, acknowledging her feelings, and helping her remember she can use words to tell her brother she wants a toy.

The actions of the dad in this response are appropriate, nurturing, and supportive. However, if this dad puts his 2-year-old into time out and then makes her stay there for an extended time (e.g., more minutes than her age in years) before letting her get up and does not explain why she shouldn't hit and yell, the time out has become punishment. Other elements can bring greater or lesser degrees of punishment into the time out action, such as use of shaming or belittling words (e.g., "Quit being such a brat") or threatening and/or using physical force to keep the child in the time out space.



Some types of age-appropriate discipline strategies and nurturing examples of each follow below. Notice how each example is constructive and shows respect for the young child, even if the child is having a hard time showing respect to a parent or others.

Exclusion: separating a child from an activity or group of peers where a problem is occurring

- Time in/out, as used in the earlier examples, is a form of exclusion. Setting limits also creates exclusion by putting boundaries on an activity, such as limiting how many minutes an activity, like playing with videos or blocks or being on a swing, can be done.

Redirection: changing a child's focus and attention to a different activity

- When a toddler is interested in pulling things out of containers and has found the trashcan, redirecting her to the kitchen cabinet with storage containers lets her continue to explore without the hazards of trash items. Parents can describe clean things to play with and that leaving trash or dirty things in their place is important.



Natural consequences: child experiences the direct results of his or her actions

- A 2 ½-year-old wants to wear his footie pajamas to day care because they are superhero *jammies*. But it is summer, and these are thermal. It is OK for him to wear them and experience being hot. Parents can talk to his teachers, and they can make sure he has a change of clothing and drinks plenty of water. This addresses potential safety issues while still letting the child learn from his choices.



Related, logical consequences: the consequences are related to the actions of the child, but the adult is the one imposing them and the one who needs to explain how the discipline is related to the child's actions

- **Deprivation**– the child loses access to a toy, activity, or privilege
 - A 2-year-old is throwing blocks, even though the family rule of not throwing things has been said many times, “We don’t throw things in the house.” You walk to him and gain his visual attention, and direct him to stop because this is not OK in the house. “If you want to play with blocks, you cannot throw them. If you want to throw the blocks, I will put them away because it is not safe.” Parent then follows through with the actions needed.
- **Logical consequence with social reciprocity** – the consequence is related to the child’s action and directed by the parent, which models how others will change their responses based on what the child does
 - A 3-year-old pours milk from her cereal bowl onto the floor. Her parent responds, “Hmm, looks like there is a bit of a mess to clean up. What do you need to clean up the milk? Let’s figure out the steps together.” The parent continues the conversation to direct the child through the cleanup process. If the child refuses to clean/help clean, the parent can tell the child that cereal may not be a meal option again until she decides to practice being careful and, if a spill happens, is willing to help clean it up. Messes and accidents are going to happen, but we can learn from them and be helpful when they happen.



Nurturing guidance comes through in the language used in everyday interactions and routines, the efforts parents and caregivers take to create environments that minimize having to say “No!” or that are unsafe, and the ways that parents reflect their own emotional experiences back to their children. These strategies, the language, and the tone of delivery convey a sense of respect for the child and his or her experiences while also guiding the child toward a more desired behavior and/or through practicing early coping and comfort strategies. When young children know and trust that their important adults will be their partners through tough times, it lowers their stress reactions and lets them stay connected and feel safe even though things are hard.

For example, a mama who integrates partnership language into daily routines by talking to her infant about how he is participating in feeding and bathing times is practicing positive, connecting language that conveys respect through tone and words. When a child drops food off his high chair to see what happens, mama can show nurturing guidance in many different ways. She can use words to describe what is interesting about dropping things and having someone pick them back up and maybe hand him a toy to drop instead of more food or place the high chair in a spot where dropping is not going to be a problem for cleanup. She can also start talking about how many more times she will pick it up, which is the beginning of communicating limits.

This example, above, is one that is *low stakes* and has no imminent danger factor that could intensify the responses of the parent. What might a *higher stakes* example with potential danger look like with nurturing guidance? Let’s say this little guy loves water and bath time as he becomes more mobile. One day he toddles off to try to play in the toilet water, so his mama can talk about safety and express how the infant’s playing in water scared her. She can show how she keeps

him safe and talk about how he needs a buddy like his mama anytime he wants to play with water. Then, she can redirect his attention to supervised water play or plan such a time in the near future.

As these experiences are likely to happen again, repeating the similar types of guidance and redirection provides consistency for her child and guides him away from certain variations of these actions and towards safer variations. Nurturing responses require thoughtfulness and emotional management of the parent’s own reactions. Repeating and using similar strategies across appropriate situations also helps this parent become more skilled in using these strategies and in learning when they may be more or less effective, depending on the specifics of the context.





Children's Development and Harsh/Neglectful Parenting Practices

Harsh practices weaken the parent-child relationship in several important ways that may not always be visible at the moment of their use. As defined above, these practices generally **are** viewed as punishment – causing harm and distress to the young child in order to stop a specific behavior. Whether the strategies use physical violence or not, harm occurs through the intention to cause physical or psychological pain. The intention to cause pain, using the power of being bigger, having authority, or using the parent-child relationship to coerce



change, damages the child's sense of safety and trust for the person inflicting harm. Such practices may stop the undesired behavior, but they fall short in guiding a child to acceptable alternatives. They also do not show a young child better options one could choose next time.

Harsh practices also make children's emotional distress more intense instead of providing a supportive connection that helps them feel their big feelings, learn to recognize them, and then start learning how to regulate those feelings with help from their parents. It is important to realize that violent and non-violent punishment are harmful. Further information about both forms of punishment follow on the next pages.

If young children's caregiving environments are threatening or neglectful, their potential to develop positive, trusting social connections and a healthy early sense of who they are become inhibited. Early and chronic exposure to neglectful and threatening caregiving environments has measurable long-term impacts on developmental outcomes. For example, children living in these environments have more difficulty as they enter the preschool and early elementary years. It can be more difficult for them to make friends and get along with others due to limited positive social and emotional skill opportunities, and they may have developed a sense of mistrust or wariness of unfamiliar adults.

The skills they have learned to survive in their environment do not promote exploration and engagement with new people or experiences, including formal learning (e.g., reading, math, music). In fact, children who receive punishment strategies are more likely to become aggressive towards others, including bullying other children, have higher anxiety and lower self-esteem, have lower self-regulation of emotions, fear their parents and caregivers, and have an increased risk of behavioral and mental health problems.



Physical (Corporal) Punishment

Research over the past 50 years, across the United States and around the world, has consistently shown that no form of physical punishment has positive outcomes for improving children's behaviors, self-regulation, or responses to challenging situations. This body of research has informed school and public policies and even national law in global communities. Spanking and other forms of physical punishment have been removed from the disciplinary options in many schools and treatment facilities and have been completely outlawed in 59 countries between 1966 and 2018 (e.g., Iceland, most of South America and Northern Europe, Mongolia, New Zealand, South Africa, Kenya, Israel, Spain, Portugal). This connection between physical punishment and poor short-term and long-term outcomes for children holds true, whether parents or caregivers use it occasionally or as their consistent disciplining response. The degree to which children experience adverse outcomes is related to how often punishment is used (e.g., about once a month or at least weekly/daily) and how harsh or violent the strategies are (e.g., sending a child to bed without dinner [that is, withholding something that is needed] versus hitting – with or without a tool).

This information can be tough to share with parents who are immersed in the broader U.S. culture. It could even be a bit challenging to some home visitors and other parent educators. Even though use of physical punishment has dropped over the past 20 years in the United States, many parents still think of it as an option in their disciplinary toolbox. Even more adults have a belief that moderate/light spanking and other *light* versions of physical punishment are OK in the long run. Usually adults who voice this belief add in something similar to "I was spanked, and I turned out OK." Or, "Scriptures say 'Spare the rod, spoil the child' and 'I don't want my kids to be brats.'" These types of statements are important windows into parents' discipline belief systems.

They are also opportunities to start conversations that may have a lot of emotions and memories that parents did not know were there or were going to come out.

Adults who grew up in an environment with physical punishment often have some discipline beliefs that link power, love, and violence together. Sometimes, particular emotions shown by parents are mentioned when reflecting on their histories, typically anger, fear, and/or shame. However, many adults who experienced physical punishments, including spanking, pinching, slapping, bruising holds, or being made to eat soap or hot pepper, do not register those actions as violence. Adults often reflect on the power difference (e.g., I was just little, I didn't know how to control myself) and the love they associate with the action (e.g., she slapped me because I was rude and she wanted me to be respectful). It is actually not surprising that adults might not recognize these actions as violent.





Most parents and caregivers love their children, and children start to link the punishment strategies they receive with that love, *which builds one's belief from an early age that physical punishment is a normal part of love*. It becomes part of the young child's socialization and normalizes that certain violent acts are acceptable within a trusting, loving relationship. Becoming aware of thoughts that link love, power, and violence and deciding to put aside those thoughts and build new ones using nurturing guidance and discipline are big tasks.



Psychological Punishment

Not all forms of punishment cause physical distress or pain. Parents and caregivers may use fear or shame-based strategies that focus on causing emotional distress to stop an unwanted behavior. These might include threatening to take away an object that is important to the child or withholding something that is necessary for her well-being, like a favorite comfort toy or withholding food until the next meal if she wasn't hungry at an earlier meal. Isolating a child for an extended period of time, like initiating a time out, using emotional blackmail by threatening love withdrawal, yelling, manipulating the moment to place blame on the child for how the parent reacts, and saying humiliating or shaming things to a child are all tactics intended to inflict emotional pain. Again, the desired result is to stop an unwanted behavior, but the use of psychological power and coercion undermine a child's sense of safety and trust in ways that are very similar to using physical punishment. There are long-term, negative effects for children when parents use emotional distress to try to control behaviors.

Adults who have experienced psychological punishment also often have unhealthy connections among love, power, and violence. In these instances, the violence is at the emotional level. Parents may describe how their parents would coerce them by saying things like, "Don't you love me anymore? You better straighten up, or you will regret it." Or, their parents would shame them by saying something like, "Why are you crying like a baby? I told you to put that truck away. Stop that crying. This is what you get when you don't listen." Adults with this kind of disciplinary history often recognize at least some of their memories as harmful and state intentions to parent differently with their own children.



Helping Families Move Toward More Nurturing Responses

One way to approach conversations that discuss punishment is to talk about building feelings of safety and stability in the caregiving relationship. For very young children, feelings of safety and stability are strongly linked to their understanding that they can depend on their parents and important caregivers for support. When parents respond to a child with their own anger, fear, or other intense emotions leading the response, the child's stress levels increase and they try to sort out whether to fight, run away, or freeze. It is a double whammy of survival emotions for each partner.

When they are angry, afraid, or emotional, parents tend to fall back on actions to stop a behavior that are part of their life experiences. These memories are the most familiar to them and most accessible in their minds. Parents' well-established response pathways hold years of personal experiences with guidance, discipline, and punishment. Helping a parent move toward nurturing responses and away from punishment is the work of helping rewire the parent's brain, laying down new response patterns, and reinforcing these patterns through practice.

Here are some examples of experiences that could provoke a range of responses and potential responses to those behaviors. We know young children are curious and do not have a keen sense of danger or how their own actions can impact others. There are all sorts of near misses that can happen throughout a day, and, as parents and children experience other stressors or hassles, reactions and responses can build up. A reactive, punishment response is given first, and a nurturing discipline alternative is given second.

A toddler tries to push a fork or stick into an electrical outlet to see if it will come out on the other side of the wall.

Punishment response: His mom sees the danger in this action, rushes over, and slaps the toddler's hand away from the outlet while yelling, "NO! Don't do that!"

Nurturing response: His mom sees the danger in this action, rushes over, and picks up the toddler thereby removing him from the current danger. Mom holds him close and explains that what he was doing was not safe, and it scared her to see him in danger.

She finds the outlet cover and puts it into place and tells her son these covers help keep him safe. If he is persistent in wanting to explore, she may find some other activities in which he can practice pushing his stick or fork into nonharmful items.





A 2-year-old has a meltdown after a swim lesson at the YMCA. It is naptime, and she is tired. She wants to be carried to the car, but dad is juggling a bag full of swim gear, wet towels, and paperwork for the next set of classes and asks his daughter to walk beside him instead. She falls down onto the sidewalk weeping intensely.

Punishment response: Dad shifts what he is holding, grabs his daughter by the arm, pulls her up, and tries to walk with her resisting and crying. "Get up! It's only a few feet, and you can walk that. Don't make me spank you!"

Nurturing response: Dad stops and sits next to his daughter on the sidewalk. He puts down all the things he is holding and gathers his daughter into his lap, letting her lean into him to share her big emotions. "It's OK. I know you are tired, and it is hard to do things when you are tired. I'm going to hold you right here until we both decide we can finish the next few steps to the car. I will buckle you in and then you can relax. I'll drive us home for naps."

A 7-month-old bites her mother's nipple with her new teeth that are coming through during a nursing session.

Punishment response: Mom stops the nursing session completely, swats her infant on the bottom to get her attention, and says "You don't bite Mama. If you bite again, I'll swat again!"

Nurturing response: Mom stops the nursing session for a moment and distances her infant so she doesn't bite again. Mom runs her finger across the baby's gums, "I can feel your teeth and you are learning how to use them. Let's learn to be gentle. Biting hurts Mom." Each time her infant bites, she pauses the nursing and pulls baby away to remind her not to do that during nursing.



Through a Young Child's Eyes

Guiding Behavior

0-6 months

I can feel when you are calm, and I can hear and feel the tension in your voice and arms when you are upset or angry.

When you are calm, it can help me feel calm and safe when I'm upset.

Crying is the main way I talk with you. You can also watch my expressions, listen to my sounds, and watch how I move – for example, when I look away.

This may mean that I need a little break from talking and playing together.

Crying can be hard to be around. I may cry a lot during these months, and that is normal.

I'm doing a lot of growing, and it can be hard to regulate myself when things are changing so quickly.

My crying can stir up deep feelings. It can feel like I am trying to get you. But that is not true. Please hang in there.

Try to understand what my crying is telling you and respond. Sometimes, I just need you to hold me and be supportive. I will figure this out with your help.

The research is in. There is no such thing as spoiling a baby. Please come to me when I cry and try to figure out what I need and help me with it.

Your supportive responses help me build trust and feel safe in our growing relationship.

When you soothe and comfort me, you are helping me begin to learn how to soothe and comfort myself when I am upset.

6-12 months

You are the center of my world. I pay attention to what you say and do – with me and others. I repeat actions and sounds back and forth with you. Showing me how to behave is even more powerful than telling me how to behave.

Crying is still my main way of communicating. I watch you to see if I need to cry to get your attention. I can also move to you, reach for you, and point to things I want.

I can let you know you are helping me by snuggling, smiling, babbling, and cooing. We are creating our conversation style as we go back and forth.

When you soothe and comfort me, you are helping me continue to learn how to soothe and comfort myself, when I am upset.

Baby proofing our home can cut down on telling me "No!". When our home is safe, life is easier for both of us.

You've become an expert in understanding my cries, but they can still stir up deep feelings. I still only have a few months of practice in being a partner.

I am not trying to hurt your feelings. I need you to gently guide me. I'm exploring and learning and can get overwhelmed with my discoveries. Please hang in there. Try to understand what my crying, fussiness, or distress is telling you.

With your help, I am learning how to control my own behavior. Notice and comment when I do so. For example, when I shake my head and push a spoon away at breakfast, ask "Are you finished? Would you like to get down?"

Thank you for letting me know you are full. Let's clean hands and get out of the high chair."



Everyday Moments

Nurturing Guidance and Discipline



Through a Young Child's Eyes

Guiding Behavior

12-18 months

You are my safe base of exploration. I want to know where you are as I explore and check in with you every few minutes. I check to see if you think I'm safe.

I mimic your actions and expressions. Showing me how you feel helps me understand how I feel.

I'm not crying as much, but my cries still tell you important things, like I'm tired and need support; I'm frustrated because I can't figure something out; I'm overstimulated and need to relieve some stress; I'm feeling anxious or scared and want to stay close to you; I'm not feeling well and need you to figure out what is wrong.

Encourage me to share but know it will take me time to get good at it. When you share with me and others, I learn sharing is important.

When you soothe and comfort me, you are still helping me to learn how to soothe and comfort myself when I am upset.

Using emotion words for your feelings and my feelings helps me know what I am feeling. Showing me how you calm down shows me ways to help myself.

I have more skills to get into things that can be risky for me. Updating the toddler-proofing in our home can cut down on telling me "No!". When our home is safe, life is easier for both of us.

With your help, I am learning how to control my own behavior. Notice and comment when I do so.

For example, "I notice that you were able to stop digging in the flower pot when I asked you to please stop. Thank you."

Through a Young Child's Eyes

Guiding Behavior

18-24 months

You are my social bridge, helping me learn to make friends and play as a partner. I want to be like you and will copy you. I watch you to see how to connect to others and how to treat others.

Showing me how to behave and describing respectful behaviors helps me understand how to adjust my behaviors, like using gentle touches and trying simple words like "No" and "Stop" when I'm upset instead of hitting or screaming with anger.

My crying is usually pretty specific and tells you that I've reached the end of my coping abilities, and I need some support.

I'm making progress in managing myself for longer periods of time, but I may have a meltdown after I get home from child care because I feel safe enough to ask you for support.

You may have helped me build some soothing routines in our 2 years together. If you start the routine, I can often find my part, and we can connect and find our rhythm. Calming and soothing routines help each of us settle when we are out of sorts.

It helps me when you use words to describe what you think I am feeling and how things also affect you. I am learning more about how I feel and how to respond to challenges and joys.

I'm still exploring and trying new things! Child proofing our home and setting up my play area so my curiosity doesn't create problems (like safely storing markers that might end up being used on walls and floors) can cut down on telling me "No!" When our home is safe and hassles are minimized, life is easier for both of us.

As I get to be 2, I want to be a big kid and a baby all at the same time. It can be a time of push and pull and intense feelings. I may say "No!" even when I want the cookie you are offering me. Hang in there. No matter how confusing my behavior may seem to you, it is just me figuring out who I am.

Encourage me to share but know it will take me a few years to get good at it. When you share with me and others, I learn that sharing is important. When I don't want to share something, such as a bite of food, you can show that you respect my choice by letting me keep my bite.



Through a Young Child's Eyes

Guiding Behavior

24-30 months

My social connections are growing, but you are still my most important person. I want to be like you and will copy you. I'm picking up your conversational phrases of how to say "hello and goodbye," "Yes, please," and "No, thank you," just like you do. If you say, "That's not nice," you can be sure you will hear me say that too!

If you complain about drivers when we are going to the store, I will start to do that too! I will try out those words in different situations and in my pretend play.

My crying is still a good indicator of me thinking or feeling that something's not right. I am developing a strong sense of fairness and starting to become possessive of things that are mine...or that I just really like and want. I need you to help me learn how to be fair, recognize when I am not fair or kind to others, and connect the feelings of fairness and unfairness to actions.

You may feel like you are a referee, sorting out conflicts and talking a lot about what is and is not OK. It's a lot of work to let me feel big feelings and learn to manage them in healthy ways. Stick with me!

I still may want to be big and little at the same time. This is a hard position to be in since that is impossible.

Expect that I will have many strong feelings that I don't know how to handle yet. This is a time of testing and temper tantrums.

Sometimes, my feelings are so big, I don't know how to control them. I might love playing in my bath so much that I splash you as I kick the water.

I might get so angry that I hit or bite or have a temper tantrum. With your trusting, kind, clear, and firm help from the outside, I will learn to control my feelings from the inside. It will happen slowly and surely over the next few years.

With your help, I am learning how to control my own behavior. Notice and comment when I do so. For example, you could say, "I notice that you said, 'I am angry!'" instead of hitting your friend. That was great use of your words."

Through a Young Child's Eyes

Guiding Behavior

30-36 months

My social connections are growing, but you are still my most important person. Showing me how to behave and talking to me about my and other's behaviors helps me become a skilled social partner.

My crying has really dropped off as I've learned other ways to communicate my emotions. I may do a quick cry-yell or screech to get a person's attention and then use my words to share what I'm feeling.

When I'm overwhelmed, I will fall back on crying, because that is my strongest and most practiced coping skill.

I'm becoming more skilled at sharing and understanding other's feelings. But, I will make mistakes.

Sometimes, I will try hard to get a friend to do what I want because I feel very strongly about it, and I may run right over their feelings.

Continue to show me how to be kind and fair and respectful of myself and others.

Keep encouraging me to share but know it will take me a few more years to get good at it. Assure me that some things I do not have to share, like my special book on dinosaurs. When you share with me and others, I learn that sharing is important.

Sometimes, my feelings are so big, I don't know how to control them. I might love riding on the strider at school so much that I go too fast and run into a classmate. I might be so overstimulated from a birthday party at the park that I just can't manage myself when we stop at the grocery store. I'm not really that upset about not getting my favorite box of cereal; that is just the thing that set off my meltdown from a full day.

With your trusting, kind, clear, and firm help from the outside, I will learn to control my feelings from the inside. It will happen slowly and surely over the next few years.

With your help, I am learning how to control my own behavior. Notice and comment when I do so. For example, you could say, "I notice that you shared part of your sandwich with Grandma. That was being very kind."



Punishment and Child Maltreatment

There are some specific safety concerns for young children whose families plan to use, or who are already using, strategies that inflict physical or psychological pain, fear, or shame to control their young child's behaviors. As a home visitor, you are very likely a mandated reporter. As such, it is important to (1) recognize observable signs of maltreatment from neglect to abuse; (2) know who you need to notify in your practice and beyond; and (3) what to do if you believe an urgent response is needed to address immediate safety needs of the child(ren), other family members, and/or yourself.

Observable signs that could reflect maltreatment of infants, toddlers, and twos are listed below and the list starts with one that is particularly important for this age group: Shaken Baby Syndrome. Some caregivers may have little understanding of their own reactivity to hearing an infant, toddler, or two cry. In an effort to get the crying to stop and lower their own distress (e.g., anger, frustration), caregivers may resort to shaking a child.

Within the birth to 5-year age range, signs of neglect or abuse are not always easily and quickly recognized. Very young children may be pre-verbal and, therefore, unable to use words to describe what they are experiencing. For young children who are becoming verbal, the words they choose and actions they describe can be a window into their experiences that communicate there is something atypical occurring. Young children's behaviors are also forms of communication. Crying and other distress behaviors signal needs that adults should view as part of understanding a young child's sense of safety within her caregiving environments. Work closely with your supervisor and colleagues to understand what your legal and ethical responsibilities are and which observations and parent-child interactions may highlight potential maltreatment concerns.

Some observable, physical indicators that neglect or abuse of a very young child may be occurring include the following:

- *Failure to Thrive* (please see more information in the chapters on *Building Trusting Relationships* and *Nutrition and Feeding*)
- Chapped or bruised skin around the mouth area
- Unexplained bruising, burns, black eyes, cuts, bite marks, broken bones
- Chronic diaper rash and/or yeast infections, urinary tract infections, pain, bleeding, or bruising in the genital area
- Difficulty walking or sitting, potentially due to genital or anal pain
- Repeat injuries





Some observable, behavioral indicators that neglect or abuse of a very young child may be occurring include the following:

- Changes in normal behaviors, such as becoming withdrawn, angry, or afraid of parents or other adults
- Crying and other protests when it is time to go to a regular place, such as day care or appearing frightened of their caregiver(s)
- Avoidance and distress behaviors (e.g., avoiding eye contact, hand flapping, rocking, arching back when held, shunning affection by parent)
- Regression in development (e.g., stopping talking or communicating, developing a stutter, losing progress in toilet learning)
- Reluctance to take off layers like coats/sweaters or insist on wearing multiple pairs of undies, vigorous protest of diaper changes
- Demonstrate sexual knowledge, curiosity, or behavior beyond typical age-appropriate interest
- Complain of stomachaches or other body aches without known medical causes



Shaken Baby Syndrome (sometimes referred to as *Abusive Head Trauma* and *Shaken Impact Syndrome*):

The average age of victims are 3 to 8 months old; the highest risk window is when infants typically cry more often (i.e., between 6 and 8 weeks old). It is the leading cause of death in child abuse cases in the United States; 1 in 4 cases of Shaken Baby Syndrome result in death in the United States. This injury occurs when a caregiver forcibly shakes a child or strikes the child's head against a surface. Infants have very little neck and head control and muscle strength, which makes this type of injury particularly severe and concussive to their brains.

Normal activities with a very young child, like bouncing on a knee, using a soothing technique that gently bounces a baby while being held close to a caregiver's chest, or riding securely in a stroller will NOT cause these injuries. Never shake a baby under any circumstances.

<https://kidshealth.org/en/parents/shaken.html>

Your practice may use materials from the National Center on Shaken Baby Syndrome, called The Period of Purple Crying. These materials explain crying in healthy infants and how to support a crying baby while also showing parents how to care for themselves when distressed by their child's crying. <https://dontshake.org/>

There are legal and ethical aspects to reporting suspected child maltreatment established in each community (e.g., state, territory, and district in the United States; each country around the globe). Within your specific home visitation practice, there should be clear processes to support the safety of the child and potentially other family members and home visitors. Communicate with your supervisor and organization to make sure you and your colleagues are trained in following the required reporting protocols for safety and reporting and to determine if home visitation will continue during an open inquiry or if the report is substantiated.



Why Nurturing Guidance and Discipline Matters to Families

Nurturing guidance is the process of guiding children's behavior from the outside in ways that promote children's ability to guide their own behavior. Parents model and provide clear, firm, kind, and consistent limits as opposed to using punishment and shame as they respond to challenging behaviors. For many parents, this may be different from how they were raised. Becoming familiar with the idea of guidance that promotes self-esteem and awareness, even as limits are set, provides parents with another option to consider. This is important because, when emotions run high as they often do when parenting a young child, parents are better positioned to make decisions about what to say and do instead of reacting on auto-pilot and following methods their adults used to respond to them.

Children may have different temperaments than their parents, which can lead to frustrations on both sides when reactions are very different across situations. When parents are able to understand their own way of engaging with the world and recognize how their child engages, whether similar or not, this awareness provides the opportunity to pause and consider guidance strategies that are more effective in supporting their child. Growing one's reflective and perspective-taking skills takes time and practice. A parent who responds in a nurturing manner to her toddler's challenges at breakfast may have a moment of melt-down at the end of the day when everyone is tired and her toddler cannot soothe himself to get to sleep and stay asleep. Parents benefit from learning their own self-management strategies to cool down, take a moment, and choose nurturing guidance and discipline options over angry and frustrated reactive strategies.

Some parents you work with may be survivors of child maltreatment and/or family violence. Often in survivors, there are strong, interconnected experiences between expressions of love, power, and violence. These connections can run deep and can create a need to spend some time untangling how to show love and healthy relationship connections while providing guidance. Some parents who are survivors may be quite hesitant to do any guidance or discipline because they believe all options could be hurtful to their child. Other survivor parents may not realize that love, power, and violence are connected in their thinking until they react to a discipline situation with physical or verbal force. These parents may benefit from relationship or counseling work that is beyond the scope of home visitation. As a trusted partner in the home visitation relationship, you may be able to facilitate the referral of such parents to appropriate resources while you continue to work with them to build their skills in using nurturing guidance and discipline in the caregiving context.



Boots on the Ground: Everyday Moment Conversations with Families

This section highlights content and skill-building strategies you can use as you plan your home visits. For the *Everyday Moment* section of the visit, you will find a list of topics to choose from and to explore in conversations about nurturing guidance. For each topic, you will find the associated *Protective Factors* and *Trauma-Informed Principles* addressed. *Family Pages* designed to support your conversations are listed next.

In addition, you will find suggestions of related one-on-one activities to choose from for the parent-child interaction portion of the visit.

There are several *Nurturing Guidance Behaviors* topics to choose from as you plan a visit to a family, and you should tailor the conversation to that family's specific needs and interests. You may find that you discuss one topic now and come back to discuss another in a month or two depending on certain circumstances.

Using the information you have about a family's *Protective Factors*, you can guide your curriculum choices to tailor the home visit discussion and activities. Ideas are presented below with their associated icons to highlight how they correspond to meeting a family's needs and building each family member's resilience. These include the following:

Parents' experiences with and expectations for nurturing guidance



Concrete Supports of Families can be vital for families that have a history or risk of violence. Knowing local resources for safety and support and being able to access them if or when needed can reduce risks of family violence, including harsh and punitive discipline strategies.



Parental Resilience is built when parents are able to reflect on their early experiences of guidance and discipline and make decisions for how they want to provide nurturing guidance and discipline for their child(ren).

Why nurturing guidance matters



Knowledge of Parenting and Child Development and



Social and Emotional Competence of Children can help parents recognize that children's behaviors, whether positive or challenging, have meaning and that these behaviors are ways children can communicate what they are experiencing and connect to a trusted adult.

Keeping a child safe while guiding behavior



Parental Resilience and



Knowledge of Parenting and Child Development can reduce parents' risks of reacting to challenging behaviors in ways that cause harm. Parents who can recognize their own emotions and reactions are better able to manage their responses in constructive and supportive way and build a set of discipline strategies that show respect for their child while also addressing challenging behaviors and situations.



Family Pages

A series of *Family Pages* on *Nurturing Guidance* have been created to support your conversations with families while you are visiting and to become a resource parents can refer to between visits. These include:

- Focus on You: Looking Back and Moving Ahead with Your Child
- Nurturing Guidance from a Child's Point of View
- Crying
- Temper Tantrums, Hitting, Grabbing, and Biting: Toddlers and Twos
- Testing Limits: Toddlers and Twos
- Sharing
- First Friendships
- Screen Time

Related One-on-One Activities

These are suggested activities to promote nurturing guidance and discipline. There is a broad selection of one-on-one activities available in the Activity Card deck.

- Notice and Wonder: How does your child respond when testing a limit (e.g., a rule like being kind to others) and how do you guide his behavior to help him regulate his actions and emotions? What words and actions from you help him?

- Introduce games that teach about following directions: Simon Says; Red Light, Green Light; Hokey-Pokey
- Play with bubbles, practicing breathing and calming strategies when emotions are big

Book and TV suggestions (*watch with them!):

- *Daniel Tiger's Neighborhood* (PBS) and the *Daniel Tiger* book series focuses on emotion regulation with practical strategies
- *Alexander and the Terrible, Horrible, No Good, Very Bad Day*, by Judith Viorst

Additional Resources

Community, Physical, and Mental Health connections include:

- Childhelp National Child Abuse Hotline 800-422-4453
- Period of Purple Crying <https://dontshake.org/>
- All Babies Cry (Parent-focused website with videos and practical tips from The Children's Trust) <http://www.allbabiescry.com/>
- Child Welfare Information Gateway "What is Child Abuse and Neglect? Recognizing the Signs and Symptoms" <https://www.childwelfare.gov/pubpdfs/whatiscan.pdf>





Nurturing Guidance





take root home visitation

Nurturing Guidance



Focus on You: Looking Back and Moving Ahead with Your Child

Children under three are just beginning to learn about the world. They are discovering what to expect from other people and how different objects and materials, like water and sand, behave. Perhaps most important of all, they are learning about themselves. Everyday routines and activities are a chance to explore their feelings, interests, and increasing abilities.

You are your child's guide as he explores his new, amazing; and, at times, overwhelming and confusing world. As you guide him, you build trust between you. Every action offers guidance: as you hold him, talk together, laugh together, ask questions, read together, sing, play together, try out new ideas, visit new places, set limits, and talk about rules.

When your guidance is nurturing, clear, and consistent, you help him feel safe, secure, and competent:



When you rock him gently and sing to him when he is crying, you help him learn how it feels to calm down. This is the first step in learning how to calm himself.



When you invite him to carry the napkins and spoons, you help him learn that he can contribute to daily chores, like setting the table. He learns an early lesson in what it means to be part of a family and how it feels to be competent and appreciated.



When you and your 2-year-old take turns rolling a ball back and forth, you help him learn about give-and-take with another person. It may feel like simple play, but it is a way to share important lessons about sharing and cooperation; noticing things in the world around you, such as balls roll and bounce; and noticing the satisfying feeling of cooperating with another.

How you guide him shapes who he is today and who he will become in the future.



Challenging Behaviors are Part of Life and Not Easy for Anyone

One thing you can count on as you and your child make your way through the world is challenging behaviors, like crying, temper tantrums, hitting, grabbing, biting, and not sharing, will occur. These behaviors stir up strong and deep feelings in parents and children.

When emotions are big, it can feel overwhelming – no matter your age. The part of the brain for experiencing emotions (the amygdala) takes over, which makes it hard to tap into the parts of the brain that control emotions (the hypothalamus) and allow you to think and make decisions (the prefrontal cortex).

Adults and children experience big, intense feelings. Children need their adults to show and help them how to manage these feelings.

Your Feelings About Guiding Your Child's Challenging Behavior



What is something that your child does or says that you find challenging to be around and handle? Why do you think these behaviors bother you so much?



What do you do to calm yourself when you are upset by your child's behavior?
Can you slow down? Take a breath? Think?



Who is someone you can talk to about guiding behavior? A partner, a family member, a teacher, your home visitor?



Looking Back at Guiding Behavior

How you feel about guiding behavior and what you say and do is likely shaped by your adults' actions when you were growing up. Taking a moment to look back can help you think about and decide how you want to respond to your child's challenging behaviors today.



What is a time when one of your adults guided your behavior in a way that helped you feel competent? Respected? Proud to be you?



Did your adults talk with you about what they expected and why? What happened when you didn't do what they told you to do or when your behavior was challenging? Did they give you a time out? Yell? Smack or hit you when you did something they did not like? Did you discuss and make family rules together?

This is especially important to think and talk about because when you are upset by something your child says or does, it can trigger deep feelings that cause you to go into *auto-pilot*. You repeat what was done to you without thinking about it or just automatically.

If you want to do things differently with your child, it will take thought and decision-making on your part.



Take a Moment: Look Back at Guiding Behavior

What did your adults say and do to guide your behavior when you were growing up?

How did their actions and words make you feel?

What do you want to do that is the same or different with your child?



Strategies for You to Take a Moment Before Guiding Your Child's Challenging Behavior

Here are some strategies that can help you as you respond to challenging behaviors in nurturing ways that, over time, will teach your child to manage his own behavior.



Pause, breathe, think.

These actions will help you calm down, so you can think and decide what to say or do. You will also be showing your child how to calm down and respond thoughtfully when the going gets rough.



Remind yourself that learning to guide his own behavior will take time.

Slowly but surely, your child will gain the ability to control his behavior.



Have realistic expectations.

Ask yourself, "What can I realistically expect?" For example, even though your baby hears you say, "No," he will most likely keep tugging at your hair. He isn't trying to defy you. He is curious and, at this age, he can't stop without your help. So, gently remind him. Explain, "It hurts daddy when you pull his hair." He needs you to stop and physically redirect him. Take his hand and gently touch his face saying, "Let's be gentle. This is how gentle feels."



Look through your child's eyes to try to understand what he is experiencing.

This will give you information to help you decide how to respond.



Model the behaviors you want to see.

Your child is always watching you. He wants to be like you. Behave the way you want him to behave.



Look for moments of success on your own or with another adult who knows and cares about your child.

Have you noticed that sometimes, in some situations, he is able to adapt or adjust his behavior? Is he able to handle situations that he may have found frustrating or upsetting in the past without losing it?

For example, he might do the following:

- Whine when he wants a cracker. Then says, "Cracker, please" when you ask him to use his words.
- Tell a friend, "Stop!" instead of hitting her.
- Take off his jacket, hang it on the hook, and then pick it up and hang it up again when it slips to the floor.
- Try and try again to pull his zipper up, crinkle his brows in frustration, and then ask you to help him.



Share your pleasure in behaviors you want to see.

When he gently pets the kitty or turns the page of a book without tearing it, comment with a big smile, "I see you are being gentle with kitty," or "You are learning to take good care of your books."



Redirect his attention.

Is he trying to grab your phone? Crawling toward the toilet bowl? Pick him up and dance around the room together or begin a game of rolling the ball. Invite your new walker to walk down the hallway or across the lawn with you as you hold his hand. Dance a silly dance.



Save "Nos" for times of danger.

For example, when he crawls towards the hot oven. If you say "No" too often, it will lose its meaning.



Remember that you are on the same team.

No matter how upset you may feel at your child, sometimes he needs you and your support to thrive.



Be kind to yourself.

Are you saying "No" too often? Losing patience more often? Put on your favorite song. Make yourself a cup of tea. Call someone from your **Circle of Support**, and talk for a few minutes. Give yourself a break!



Other ideas?



Taking a Time Out

Sometimes adults need a time out too. What might you do to help you calm down, think, and decide what to say and do? Here are some ideas to get you started:



Stop in your tracks. Step back. Sit down.



Take five deep breaths. Inhale, exhale. Slowly, slowly.



Count to 10, or better yet, 20. Or count backwards.



Say the alphabet out loud.



Do something unexpected and funny. For example, begin to dance. Make silly faces. Take five giant steps. Stand on one foot. It may just be enough to break the mood and help you and your child connect.



Other ideas?



SAFETY ALERT: Physical punishment is not the answer. Spanking—that is, hitting a child with an open-hand—has been shown in many studies to lead to negative behaviors in children. Spanking your child can also be a slippery slope that leads to harsher and more intense physical punishment. Avoid starting the habit of using physical punishment in the first place.



Cooperation Teaches Cooperation

Cooperating is a skill that leads to positive relationships and to success in school and life.

The best way to teach your child to cooperate is to cooperate with him. You do this when you do the following:



Take turns, back and forth, during *Everyday Moments*.

You teach your child this as you talk and listen to each other, turn the pages of the book, roll a ball back and forth, fill and dump small blocks from a bucket, stir the pancake batter, or put toys back on the shelf.



Work as a team to do chores together.

Work together as partners as you change your baby's diaper (watch and you will see him lift his bottom so you can put a new diaper in place), find and fold the washcloths in the laundry basket, set the table, water the plants, and write a shopping list.



Model and problem-solve together.

For example, when your toddler's noodles are too hot, talk about how you might cool them (e.g., wait, blow on them, stir them around with a spoon).



Notice and comment on cooperation.

Be specific about what your child does and why it matters. "Thank you for helping me carry the laundry basket into the living room. It is easier when there are two of us working together."



Give your child some say.

Offer realistic choices between two options. For example, "Would you like to wear your red shoes or the blue ones with polka dots?" or "Do you want cooked carrots or cauliflower on your plate?" or "Would you like to put on your socks or do you want me to help you?"



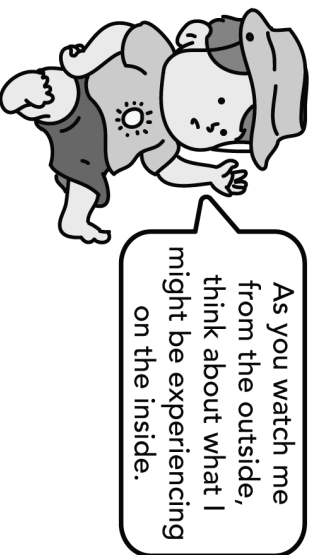
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Tell me you notice times I can manage my own behavior...	These behaviors are important to you. This makes me want to do them more often.
Tell me: "I am counting to 10 to help me calm down...1..2...3..4"	There are ways I can help myself calm down when I am getting upset.



Nurturing Guidance from a Child's Point of View



Figuring It Out Together

Here are some of the things your child might tell you about guiding her behavior

Through a Young Child's Eyes

Guiding Behavior

0-6 months

I can feel when you are calm, and I can hear and feel the tension in your voice and arms when you are upset or angry. When you are calm, it can help me feel calm and safe when I'm upset.

My crying can stir up deep feelings. It can feel like I am trying to get you. But that is not true. Please hang in there. Try to understand what my crying is telling you and respond. Sometimes, I just need you to hold me and be supportive. I will figure this out with your help.

Crying is the main way I talk with you. You can also watch my expressions, listen to my sounds, and watch how I move – for example, when I look away. This may mean that I need a little break from talking and playing together.

The research is in. There is no such thing as spoiling a baby. Please come to me when I cry and try to figure out what I need and help me with it. Your supportive responses help me build trust and feel safe in our growing relationship.

Crying can be hard to be around. I may cry a lot during these months, and that is normal. I'm doing a lot of growing, and it can be hard to regulate myself when things are changing so quickly.

When you soothe and comfort me, you are helping me begin to learn how to soothe and comfort myself when I am upset.



Through a Young Child's Eyes

Guiding Behavior

6-12 months

You are the center of my world. I pay attention to what you say and do – with me and others. I repeat actions and sounds back and forth with you.

Showing me how to behave is even more powerful than telling me how to behave.

Crying is still my main way of communicating. I watch you to see if I need to cry to get your attention.

I can also move to you, reach for you, and point to things I want.

I can let you know you are helping me by snuggling, smiling, babbling, and cooing. We are creating our conversation style as we go back and forth.

When you soothe and comfort me, you are helping me continue to learn how to soothe and comfort myself, when I am upset.

You've become an expert in

understanding my cries, but they can still stir up deep feelings. I still only have a few months of practice in being a partner. I am not trying to hurt your feelings. I need you to gently guide me.

I'm exploring and learning and can get overwhelmed with my discoveries.

Please hang in there. Try to understand what my crying, fussiness, or distress is telling you.

Baby proofing our home can cut down on telling me "No!". When our home is safe, life is easier for both of us.

With your help, I am learning how to control my own behavior. Notice and comment when I do so. For example, when I shake my head and push a spoon away at breakfast, ask "Are you finished? Would you like to get down? Thank you for letting me know you are full. Let's clean hands and get out of the high chair."



Through a Young Child's Eyes

Guiding Behavior

12-18 months

You are my safe base of exploration.

I want to know where you are as I explore and check in with you every few minutes.

I check to see if you think I'm safe.

I mimic your actions and expressions.

Showing me how you feel helps me understand how I feel.

When you soothe and comfort me,

you are still helping me to learn how to soothe and comfort myself when I am upset.

I am upset.

Using emotion words for your feelings and my feelings helps me know what I am feeling. Showing me how you calm down shows me ways to help myself.

I'm not crying as much, but my cries still tell you important things, like I'm tired and need support; I'm frustrated because I can't figure something out; I'm overstimulated and need to relieve some stress; I'm feeling anxious or scared and want to stay close to you; I'm not feeling well and need you to figure out what is wrong.

I have more skills to get into things that can be risky for me. Updating the toddler-proofing in our home can cut down on telling me "No!". When our home is safe, life is easier for both of us.

With your help, I am learning how to control my own behavior. Notice and comment when I do so.

Encourage me to share but know it will take me time to get good at it. When you share with me and others, I learn sharing is important.

For example, "I notice that you were able to stop digging in the flower pot when I asked you to please stop. Thank you."



Through a Young Child's Eyes

Guiding Behavior

18-24 months

You are my social bridge, helping me learn to make friends and play as a partner. I want to be like you and will copy you. I watch you to see how to connect to others and how to treat others.

Showing me how to behave and describing respectful behaviors helps me understand how to adjust my behaviors, like using gentle touches and trying simple words like “No” and “Stop” when I’m upset instead of hitting or screaming with anger.

My crying is usually pretty specific and tells you that I’ve reached the end of my coping abilities, and I need some support.

I’m making progress in managing myself for longer periods of time, but I may have a meltdown after I get home from child care because I feel safe enough to ask you for support.

You may have helped me build some soothing routines in our 2 years together. If you start the routine, I can often find my part, and we can connect and find our rhythm. Calming and soothing routines help each of us settle when we are out of sorts.

It helps me when you use words to describe what you think I am feeling and how things also affect you. I am learning more about how I feel and how to respond to challenges and joys.

I’m still exploring and trying new things! Child proofing our home and setting up my play area so my curiosity doesn’t create problems (like safely storing markers that might end up being used on walls and floors) can cut down on telling me “No!”

When our home is safe and hassles are minimized, life is easier for both of us.

As I get to be 2, I want to be a big kid and a baby all at the same time. It can be a time of push and pull and intense feelings. I may say “No!” even when I want the cookie you are offering me. Hang in there. No matter how confusing my behavior may seem to you, it is just me figuring out who I am.

Encourage me to share but know it will take me a few years to get good at it. When you share with me and others, I learn that sharing is important. When I don’t want to share something, such as a bite of food, you can show that you respect my choice by letting me keep my bite.



Through a Young Child's Eyes

Guiding Behavior

24-30 months

My social connections are growing, but you are still my most important person. I want to be like you and will copy you. I'm picking up your conversational phrases of how to say "hello and goodbye," "Yes, please," and "No, thank you," just like you do. If you say, "That's not nice," you can be sure you will hear me say that too!

I still may want to be big and little at the same time. This is a hard position to be in since that is impossible.

Expect that I will have many strong feelings that I don't know how to handle yet. This is a time of testing and temper tantrums.

If you complain about drivers when we are going to the store, I will start to do that too! I will try out those words in different situations and in my pretend play.

Sometimes, my feelings are so big, I don't know how to control them. I might love playing in my bath so much that I splash you as I kick the water.

My crying is still a good indicator of me thinking or feeling that something's not right. I am developing a strong sense of fairness and starting to become possessive of things that are mine...or that I just really like and want. I need you to help me learn how to be fair, recognize when I am not fair or kind to others, and connect the feelings of fairness and unfairness to actions.

I might get so angry that I hit or bite or have a temper tantrum. With your trusting, kind, clear, and firm help from the outside, I will learn to control my feelings from the inside. It will happen slowly and surely over the next few years.

You may feel like you are a referee, sorting out conflicts and talking a lot about what is and is not OK. It's a lot of work to let me feel big feelings and learn to manage them in healthy ways. Stick with me!

With your help, I am learning how to control my own behavior. Notice and comment when I do so. For example, you could say, "I notice that you said, 'I am angry!' instead of hitting your friend. That was great use of your words."



Through a Young Child's Eyes

Guiding Behavior

30-36 months

My social connections are growing, but you are still my most important person. Showing me how to behave and talking to me about my and other's behaviors helps me become a skilled social partner.

Keep encouraging me to share but know it will take me a few more years to get good at it. Assure me that some things I do not have to share, like my special book on dinosaurs. When you share with me and others, I learn that sharing is important.

My crying has really dropped off as I've learned other ways to communicate my emotions. I may do a quick cry-yell or screech to get a person's attention and then use my words to share what I'm feeling. When I'm overwhelmed, I will fall back on crying, because that is my strongest and most practiced coping skill.

Sometimes, my feelings are so big, I don't know how to control them. I might love riding on the strider at school so much that I go too fast and run into a classmate. I might be so overstimulated from a birthday party at the park that I just can't manage myself when we stop at the grocery store. I'm not really that upset about not getting my favorite box of cereal; that is just the thing that set off my meltdown from a full day.

I'm becoming more skilled at sharing and understanding other's feelings. But, I will make mistakes.

Sometimes, I will try hard to get a friend to do what I want because I feel very strongly about it, and I may run right over their feelings.

With your trusting, kind, clear, and firm help from the outside, I will learn to control my feelings from the inside. It will happen slowly and surely over the next few years.

Continue to show me how to be kind and fair and respectful of myself and others.

With your help, I am learning how to control my own behavior. Notice and comment when I do so. For example, you could say, "I notice that you shared part of your sandwich with Grandma. That was being very kind."



Take a Moment: Focus on You and Your Child

Think about a time when your child's behaviors frustrated you.

If you reframe her behaviors as trying to communicate with you, how does that change your frustration?

How can trying to understand her perspective help you decide how to respond?



Crying

Listen and you will learn what my different cries are saying to you.



Figuring It Out Together

At the beginning, crying is the main way that your child communicates with you.

Listen. Ask yourself, “What is he trying to tell me?” It won’t take long until you begin to recognize patterns and to understand him.

Ask yourself: “What might my baby’s crying be telling me?”

It can be helpful to run through, in your mind, a checklist of possibilities to figure out what your baby’s crying might be telling you. Here are ideas your checklist may include:



I am hungry. I show you I am hungry when I smack or lick my lips; open and close my mouth; or suck on my lips, tongue, hands, fingers, toes, toys, or clothing. This behavior is known as my rooting reflex.



Please burp me. This gas in my tummy hurts. If you check the American Academy of Pediatrics, they recommend burping me before switching breasts or between every 2 to 3 ounces if we are using a bottle until I am about 6 months old.



I’m tired. Signs that show you I am sleepy include pulling at my ears, yawning, staring into space, fluttering my eyelids, looking serious, sucking on my fingers, and being fussy. As a newborn, I can usually stay awake for 45 to 60 minutes before needing to sleep again. By the time I am 6 months old, this time stretches to about 2 hours. As a toddler, I’ll usually be good for 4 to 5 hours of awake time.



Whoa...there is too much going on for me to handle! Try sitting with me facing you or take me to a quiet space for gentle rocking and singing.



Hey...I’m bored. Smile at me. Sit down, and let’s talk or sing. Offer me a fun toy to play with.



My diaper needs to be changed. You got this one!



I want to be with you. How about a cuddle? I miss being together and need a little you-time.



I’ve been lying here a long time. Sometimes, I just need to change position. Pick me up. Let’s take a tour around the room. So many exciting things to see!



I don’t feel well. If you have questions or worries, check with your child’s healthcare provider.



Infantile Colic

No matter how good your checklist, sometimes babies cry for reasons that we don't really understand. Infantile colic is one of these reasons.

Infantile colic is crying. It is intense screaming that can make you feel like screaming too.

No one knows why infantile colic happens. What we do know is that it usually starts around 2 to 3 weeks and is pretty common. In fact, about one in five infants across the world get colic.

Colic typically happens on a schedule, usually beginning at the same time of day. Some common times for it to start are after meals, late in the afternoon, or in the early evening.

Many times, colic is recognized by what is known as the Wessell Criteria: it lasts for at least 3 hours, 3 days a week, and continues for at least 3 weeks. You may notice that your baby pulls his knees up, clenches his fists, and arches his back while crying.

While this may be a tough time for you, remember it is also hard for your baby. Remind yourself that it doesn't last forever. Usually, it goes away at about 3 months.

Sometimes Babies Just Need to Cry

You've checked everything. You've tried everything. Sometimes, some babies just need to cry. No matter how you try to soothe him. No matter if you spend all day with him or if you have periods apart while you work or run errands. This is a phase or *period* of development that begins around 4 weeks of age and often peaks around 3 to 4 months and then begins to lessen.

The National Center on Shaken Baby Syndrome refers to this time as the Period of PURPLE Crying®

THE LETTERS IN PURPLE STAND FOR

P	U	R	P	L	E
PEAK OF CRYING	UNEXPECTED	RESISTS SOOTHING	PAIN-LIKE FACE	LONG LASTING	EVENING
Your baby may cry more each week, the most in month 2, then less in months 3-5	Crying can come and go and you don't know why.	Your baby may not stop crying no matter what you try,	A crying baby may look like they are in pain, even when they are not.	Crying can last as much as 5 hours a day, or more.	Your baby may cry more in the late afternoon and evening.

THE WORD PERIOD MEANS THAT THE CRYING HAS A BEGINNING AND AN END

The word period means that the crying has a beginning and an end.

Researchers have found that babies in all cultures have periods of increased crying during the first few months. IT WILL END.



Make a Plan

Have some steps in mind for you to try to help you feel a little calmer when your baby begins to cry:



Listen for a moment.

Have you heard this kind of crying before?



Go to him.



Check your baby.

Run through your “Why is my baby crying?” checklist.



Does one idea seem more likely than the others?



Choose one.

Try it.



Give your baby a few minutes.

If his crying slows or quiets and his body relaxes, you’ve got it. If not, try another.



Always talk calmly and quietly to baby:

“I hear you. Let’s see what we can do to make you feel better.”

Sometimes your voice and presence will be enough to help him soothe himself.



Soothing a Crying Baby

Here are some ways to soothe your baby:



Go through your “Why is my baby crying?” checklist.

Offer him a breast or bottle. Check his diaper. Does he need to burp?
Rock or cuddle him.



Get moving.

Some colicky babies respond when you walk—and walk and walk - with them. Inside and outside. In your arms. In a carrier. In a buggy on smooth or rough surfaces. Others may like gentle rocking or going for a ride in their car seat.



“Shwoosh” in his ear or sing to him.

Making a white-noise type sound or one of your favorite tunes might calm him—and you.



Use a gentle touch.

A warm bath and gently rubbing his tummy might help.



Do knee bends.

Put him on his back. Gently push both his knees up to his chest. Hold them there for about 10 seconds, then slowly straighten his legs. Do it a few times in a row.



Hold him in different positions.

On your chest or across your lap or like a football or an airplane.



Swaddle him.

Wrap him up like a baby burrito in a cozy blanket. It helps some babies feel safe and secure and can be calming and quieting.

How does he respond? When you rub his back, does he relax or stiffen his arms and legs? When you gently bounce him, do his arms relax and move with you? Just like adults who like a neck rub sometimes and at other times prefer not to be touched, babies have their own preferences. The expression on his face, his sounds, and whether and how he moves and holds his body are other ways besides crying that he tells you what he needs.



Take a Moment: Your Crying Baby

What are three things your baby communicated to you in the last 2 days by crying?

How do you decide how to respond to your child when he is crying?



take root

home visitation



You Cannot Spoil Your Baby

The research is in. Picking up a baby who is crying is a good thing! It helps shape a baby's brain for his whole life. When a baby cries, he is asking for help, and it is important to respond. When babies get lots of holding, cuddling, touching, and rocking, it helps their brains learn to remain calm. Babies who are left to cry a lot are more likely to grow into adults who react more strongly to stress and who have a harder time calming themselves.

A baby cannot be spoiled! Pick him up when he is crying, cuddle him, and show him how much he is loved.



SAFETY ALERT Never shake your baby!

When it feels like the crying may never stop, it is easy to get upset and frustrated. No matter how frustrated you may feel, never shake your baby!

When a baby is shaken or thrown, his head whips back and forth and from side to side. His brain slams against his skull. No matter how long he has been crying, one forceful shake in a moment of frustration—even when playing—can damage his brain, neck, spine, or eyes forever. It can even lead to his death. His life and yours will never be the same.

IF YOU FEEL LIKE YOU ARE GOING TO LOSE IT:



Put him in his crib or in another safe place.



Shut the door.



Take some deep breaths, and have a good cry yourself.



Call someone.



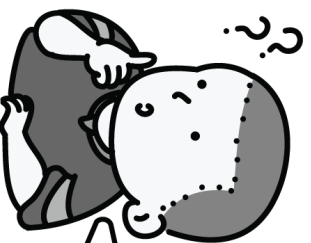
Wait until you have calmed down before you try again to calm him.



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Respond promptly when I cry...	You are listening to me. I can trust you. I can communicate.
Calm yourself and hold me when I just need to cry...	I am safe. With your help, I can learn to calm myself.



Sometimes my feelings get so big, they overwhelm me. I need you to help me manage my behavior.

Figuring It Out Together

It isn't easy to be a toddler or a two. Wanting to be *big* and *little* at the same time can be very frustrating and unsettling. Also, children in this age range are just starting to be able to control their own behaviors and be in charge of themselves. They can react strongly when adults tell them what to do and what not to

do. This can result in being swept away at times in *storms of powerful feelings*, which is also known as temper tantrums or meltdowns. These are feelings that young children have no control over or words to talk about.

It also isn't easy for parents. Sometimes, it can feel like your child is *out to get you*, but that isn't the case. Your child's behavior is telling you something. It's up to you to figure out her message.

Looking at these challenging behaviors through your child's eyes can help you understand what your child's behavior may be saying, so you can decide how best to respond. No matter how embarrassed, frustrated, confused, angry, or unsure you may feel, you are on the same team.

What Your Child Might Tell You About Why He Hits and Grabs

When I hit or grab...

"Sometimes my feelings are so strong that I can't control them yet. This happens sometimes when I am upset at you or when another child bumps me or takes my favorite toy. Sometimes, I am curious to see what happens when I grab my book from your hands or a toy from a friend.

I am still learning about my emotions and how other people feel and react to me. I know you tell me to be nice and to share, but I still often will need your help to manage my feelings and behavior.

When I am playing with other children, please stay close by and be ready to step in if I need your help. If I hit or grab something from you, remember how much I love you. I may just be frustrated or angry or tired or hungry. Take a breath. Gently but firmly help me to stop. Get us back in sync. We are a team, you and me, and I am counting on you to be on my side."



Here are Some Ways to Help Me When I'm Hitting or Grabbing



Give me lots of chances to feel and be competent.

Invite me to help you put napkins on the table, water the plants, dust, or carry my ball to the park. This will build my confidence and help me learn that I can manage my behavior.



Give me a chance to be a baby again.

Sometimes, I will ask you to feed me, carry me to bed, give me extra hugs and cuddles, and let me know I am still your little guy and that you love me like you always did even though I am growing up.



Keep my frustration levels as low as possible.

Am I tired? Hungry? It may not be the time to run errands. Is the new puzzle too difficult? Put it away and bring it out again in a few months. Is it too hard to blow bubbles? You be the bubble blower and let me be the bubble popper.



Keep your frustration levels as low as possible.

If you are upset, I will sense it. So consider little things—and big ones, too—that you can do to feel as calm and steady as possible. For example, you know those blocks that you are always stepping on? Ouch! Put them away for now. Need a break or at least some adult company? Call someone, a family member or friend, to give you a break or to meet you for a walk in the park.



What Your Child Might Tell You About Why He has a Temper Tantrum or Meltdown

When I have a tantrum or meltdown...

"I am having a 'feeling storm' inside. I need your help to calm down but I might push or kick or scream at you. Please stay by me so I know I am not alone. Big feelings can be scary. Be sure I am safe, and others around me are safe too. Talk quietly and gently to me. Say, 'I am here, and I will stay with you. You are OK.' When you can, maybe rub my back or give me a cuddle.

After I calm down, give me some words for what happened: 'You wanted to walk into the street. But that is dangerous. I took your hand and said, We have to walk on the sidewalk. You got very angry and frustrated. Mommy sat with you and you calmed down.'

I know it can be embarrassing when I do this in a place where people see us. But, hang in there with me. I need you."

Ways to help your child when he is having a tantrum or meltdown include the following:



Give him lots of chances to feel and be competent.



Give him a chance to be a baby again.



Keep his frustration levels as low as possible.



Keep your frustration levels as low as possible.



What Your Child Might Tell You About Why He Bites

"Biting is a behavior that seems to upset everyone. My parents, teachers, the child I bite – and it is upsetting and scary for me too. There are many reasons that I may bite. I may be teething, and my mouth hurts; I may be experimenting to see what happens; I may be frustrated or angry; I may feel threatened. Trying to think of what the reason may be can help you figure out how to help me stop from biting.

Just remember, "I am doing my best here."

Here are some of the reasons I might bite and how you can help me not bite:



Do you think I am teething?

Offer me a chewy toy; a cold, wet washcloth from the freezer; or a bagel to mouth.



Am I trying to cause something to happen?

Offer me more toys and objects that allow me to be the cause: pots to bang with a wooden spoon, blocks to stack and knock over, a pull toy to drag behind me.



Do I start to bite when I get angry or frustrated?

Try to keep the frustration down – yours and mine. Give me some space when I am with other children. Keep your eye on me and be ready to step in if needed.



Do you think I feel threatened? Afraid?

Some children withdraw while others may lash out and, yes, bite. Remind me that you are here to keep me safe.



Take a Moment: Looking at Challenging Behaviors Through Your Child's Eyes

How does it feel when you take a breath and try to look at a challenging behavior through your child's eyes?

How can taking a breath and looking through your child's perspective affect your decisions about how to respond to challenging behaviors?



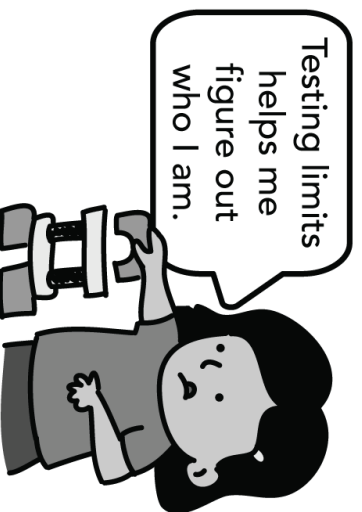
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Remember we are on the same team...	I am not alone. I can count on you to help me – even when I behave in ways that embarrass, confuse, or upset you.
Keep your frustration level as low as possible and stay present...	You are there for me. I can use our relationship to help steady myself as I learn to manage my own behavior.



Testing Limits: Toddlers and Twos



Figuring It Out Together

Testing limits is one of the ways children figure out who they are and how the world works. It is a sign he sees himself as a separate person and takes pleasure in his own actions. He is exploring and learning how far he can go. Often, that means pushing boundaries or breaking your rules to see what will happen.

When you set limits in positive ways, you give your child the chance to be a decision-maker. At the same time, you assure him that he is safe because you are in charge. This frees him to keep exploring boundaries and to discover he is competent and respected. He also learns that there are rules that people, including him, have to follow.

Looking at challenging behaviors through your child's eyes can help you decide how best to respond.

What Your Child Might Tell You About Testing Limits

“Testing limits helps me find out what exactly they are and to discover who is really in charge around here. It helps me figure out who I am. Because I trust you to be here for me no matter what I do, chances are I will test limits more with you than anyone else.

Sometimes I just want—and need—to do it my way, when I want to, even if you have told me ‘no.’ Please, try not to take it personally. I really am not trying to make your life miserable. I love you. I need you. I want to please you, but I want to try it my way this time.

My impulse control is still developing. My emotions are intense and, at times, stormy.

This is why sometimes I throw the ball or dig in the plant or even hit you, no matter how many times you have told me ‘no.’

Try to think of it this way, I test limits with you because I trust you to be there to keep me safe.”



What Your Child Might Tell You About Helping Him Learn to Manage His Behavior

To help me learn to manage my behavior, you could try these ideas:



Take a breath.

This won't last forever - though, we may find ourselves here again in the teenage years! Talk with some other parents and you will find it isn't just me. This behavior is a normal and expected part of development. When you take a breath, I learn that I can too.



Offer realistic choices between two choices.

This helps me to learn how to be a decision-maker. For example: "Do you want to wear your yellow shirt or the blue one?" or "Would you like watermelon or a peach?" or "Shall we put the puzzle together or read a book?"



Set only a few, clear, consistent, and doable limits.

Examples can include take off your shoes when you come into the house, no climbing on the coffee table, or we wash hands before dinner.



Respond in predictable, consistent, clear, respectful, and kind ways when I test the limits.

When you respond in clear, yet kind ways, you help me understand that I can learn rules and still feel good about myself.



Notice my positive behavior.

Behaviors you pay attention to are likely to be repeated.



Be a little flexible.

Does it really matter if you give me an extra 3 minutes to play? Or let me bring my boat into the tub? When you cooperate with me, I learn what it means to cooperate.



Pick your battles.

Does it really matter if I want to wear a polka dot shirt with striped pants? Sometimes, it is just easier to let it go.



Take a Moment: Testing Limits

Do you remember a time you tested limits in your childhood?

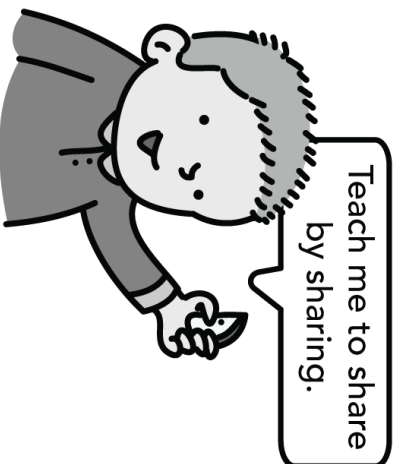
What was the response? How did this response make you feel? How did you respond in return?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Set limits in clear and kind ways...	You will keep me safe. Even when you have to guide my behavior, I feel competent and know you love me.
Notice my positive behavior...	What I am doing is something you like. This makes me want to do it more often.



Figuring It Out Together

Sharing is about being fair, taking turns, and being aware of another person's needs and feelings. It is a life skill that will take your child time to learn. Be patient, give your child lots of time to practice and, most important of all, show your child that you share.

Look at Sharing Through Your Child's Eyes

Looking through your child's eyes can give you a sense of how much there is to learning to share. Toddlers and 2-year-old children don't understand what it means to share. Everything belongs to them. Learning to share includes the following:



Understand you are a person – apart from your toys.

For many toddlers and twos, when a friend takes their ball or truck or doll, it feels like a threat. It feels like part of themselves is taken.



Manage emotions.

Toddlers and twos are often overwhelmed by big feelings, like when a friend takes something or has something they really want. Children this age are just beginning to learn how to talk about and manage their feelings.



Express empathy or understand someone else wants or needs something.

Most children don't really have a firm hold on this skill until about age 6.

So, for now...encourage but do not expect your toddler to share. Don't force sharing. Instead, promote sharing, support sharing, and show her what sharing looks like and how rewarding it can be.



Encourage and Model Sharing



Model sharing.

Because you are so important to her, she wants to be like you. Let her see you share with other adults. Share with her often by offering her a piece of your sandwich or peach. Take turns zooming her truck.



Notice when your child shares.

"I notice you shared your boat with Frank. He was very happy. That was kind of you."



Point out when others share.

Explain, "That was very kind when Lisa shared her markers with you."



Expect *selective sharing*.

For example, it may be easier for a 3-year-old to share with a baby than with a peer. Your child watches what you do and sees that you do not always choose to share. Sorting out when to share and when to say no takes time.



Reassure your child that some things are just for her and that's OK.

Things like her favorite stuffed animal or other *lovey* or the book from her grandparents are special and do not need to be shared.



Introduce a *timer* or *countdown* to mark times for friends to exchange and share toys.

It can be easier to respond to a *bing* than to an adult saying it is time to share.



Give her and her friends a chance to work things out.

Stay nearby in case they need assistance.



Tell stories or read books about animal and people friends who share.

Talk about how it feels to share and to have someone share with you. Invite your child to share her story about sharing.



Take a Moment: Being a Sharer

When and how does your child see you share?

What do you say and do to encourage your child to share with you? With others?



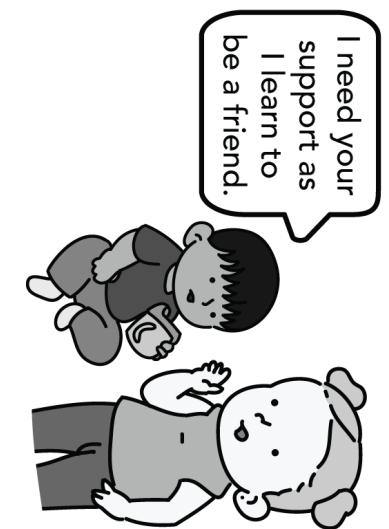
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Share with me and other people...	Sharing is something that is important to you. That makes it important to me.
Give me and my friends a chance to work things out while staying close in case we need your help...	You have confidence in me. I can count on you to be there when I need your help.



Figuring It Out Together



From the early months, children show interest in and awareness of other children. Babies watch their older siblings and may reach out to touch each other, connect to each other, share and take turns, listen, and solve problems. By the end of the first year, they may cry when they hear another baby cry or push a truck back and forth next to another child doing the same thing.

At first, they interact more with toys than with other children. They may offer a toy to another child, make a silly face with another child, or hit the child who tries to take their ball.

Toddlers may play briefly with others. They may run across the backyard together or see another child pretending to be a lion and do the same. Yet, they depend on their adults to stay close and be ready to step in as needed when they need help to take turns or to share.

As they approach 2 years, toddlers show growing awareness of other children's feelings. They might give a friend a big hug or pat the back of a crying child who fell off her riding toy. Children this age are learning to play together.

By the age of 3, children, of the same age, can play fairly well together in small groups with adult support. They might wear hats together and pretend to go shopping or turn the pages of a book with a friend.

For some children, playing with another child is a new experience. Others spend their day with other children in child care and are more experienced at playing with others.



Help Everyone Enjoy Playtime



It all begins with you.

Your child learns about being a friend by playing with you. As you play peek-a-boo, drive her cars across the rug, or make breakfast for her stuffed animals, you show your child what it is like to play back-and-forth. You give her a chance to practice taking turns, sharing, and solving problems. These are skills that are part of playing and living with others.



Keep playdates short.

An hour having fun is better than a morning filled with struggle and tears.



Give children space and time to do what they do.

You may be surprised. For example, your child and a friend may ignore the toys you brought outside and spend their time playing peek-a-boo, collecting leaves, and running.



Encourage but don't force sharing.

Sharing is a skill that takes years to develop.



Stay nearby and ready to step in if needed.

Children may need your helping hand to get along.



Offer a snack. Bring everyone together in a familiar routine.

Check to see if your child's friend has any allergies when choosing a healthy snack, like fruit chunks or string cheese.



Join in or pack it up if there is more upset time than playing time.

Are the children getting tired or frustrated? Are they starting to poke, hit, and cry more? They are telling you they have had enough time together. A short fun time teaches more about friendship than a longer time filled with upset.



Give a warning before it is time to leave.

Give children a 10- 5- 2-minute warning so they can get used to the idea playtime is almost over.



Take a Moment: Make Playtime a Fun Time for Friends

What does your child do or say that shows you she is interested in and learning about being friends?

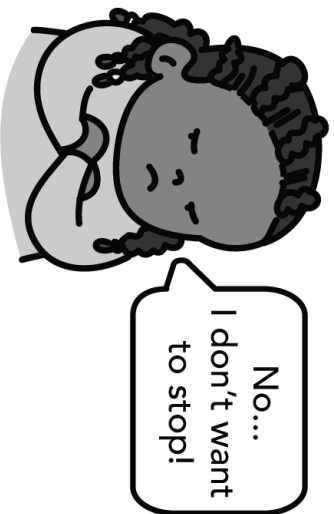
How do you decide when your child needs you to step in to help her get along with another child? What do you say and do?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Take turns, share and solve problems with me when we play...	Getting along with another person feels good and I want to do it more.
Give my friend and me a chance to play on our own – but stay nearby in case we need your help...	There are many fun things to do with a friend. As we play, we are safe because you are there.



Figuring It Out Together

Almost all children today are growing up in a world of smart phones, computers, tablets, and video games. Once they experience screen time, most children like it and want more.

The reality is most parents give their child some screen time. Here is some information to help you decide if and how much screen time to give your child.

Screen time for your child usually means free time for you – to cook dinner, take a quick shower, and, yes, to check your own screen. You may want screen time to last a little longer too. Sometimes, that is OK.

Here's the thing though, your child learns best by moving, doing, and interacting with people and objects in the world. You need to make a plan to limit screen time, to be sure the content is right for your child, and to make some of your child's screen time learning time. Of course, spend lots of time talking and being together during *Everyday Moments*.

Look at Screen Time Through Your Child's Eyes

Here is what your child might say about screen time:

"Hey. Look at me. I'm like my mom, my dad, my big brother (or sister) looking at this phone or tablet. The pictures change. There is music. Every time I press a button or slide my finger across the screen, something happens.

I can do it! And I want to do it again. It's fun. And it's hard to stop."

Thinking About Your Own Screen Time

Being aware of your screen time habits can help you decide if they work for you and your child or if you may want to adjust them in some way. Here are some questions to consider:



How do you decide if and when to check your phone?

Do you seem to check it automatically? Do you follow a more structured plan, for example, and check emails as soon as you get to the office?



How many times a day would you say you check your phone?

The number may surprise you.



When do you check your phone?

Do you check your phone during play time with your child? During meal times?

While you are bathing your child? Reading to your child? When your child is sleeping? Other times?



Take a Moment: Your Screen Time

How much time do you spend on screen time when your child is around?

What messages do you send to your child when you focus on your screen instead of him?



What Researchers Say About Screen Time

There are many concerns about how screen time can affect your child's development:



Children learn language by talking with parents, other family members, and those who care for them regularly. The good news is that children under 12 months can learn new words from a children's show if their parents watch with them and use the new words many times.



Screen time can get in the way of parents and children interacting with and enjoying time with each other.



Screens are always changing, which may lead to short attention spans.



Children who are distracted by screens when they are upset may find it harder to learn how to settle and soothe themselves.



Too much screen time can lead to overweight children in preschool and beyond.



Screen time in the evening can make it hard for your child to fall asleep. Young children need sleep to thrive.



Babies and toddlers learn most when they are moving and doing and exploring and discovering with adults they love and trust.

Guiding Screen Time

The American Academy of Pediatrics recommends the following:



Keep screens off around babies and toddlers younger than 18 months.



Limit screen time to an hour or less for older toddlers and 2-year-olds.



Choose high-quality shows and games.



Sit and watch with your child instead of just handing over a screen or tablet.



Be sure your child has plenty of time for active play outdoors and creative, hands-on play, and you have time together to talk and share *Everyday Moments*.



As Your Child Gets Older

Set and follow rules about how much screen time you will allow. Be sure your children know the rules. Giving a 5-3-2-1 minute warning or setting a timer can help your child know and prepare for when the time is up.



Choose what your child watches and does online.

Check out shows or visit websites before your child sees them. Does this programming reflect your values in terms of how people treat one another in regards to diversity of gender, race, culture, and ability? It is visually appealing? Is it appropriate for his age? Will it make sense to him? Will it frighten him? Will it engage him?



Watch together with your child.

Talk about what is happening and how the characters might feel. For example, you might ask your 2-year-old, “What do you see?” or you could ask your 3-year-old, “What do you think is going to happen next?”



Check with him often...

If you go off to do something while your child is focused on the screen – even if you have a lot to do while he is *busy* watching.



Ask if screen time is used in your child care?

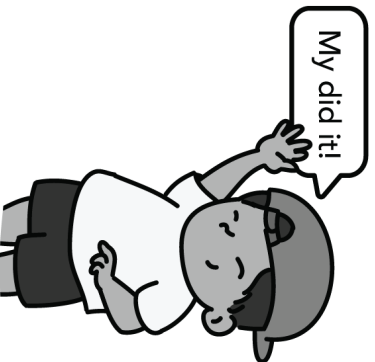
If so, how is it used and how often? Add this time into the amount of time your child may be in front of a screen at home.



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child’s perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Share screen time with me and watch and talk about what we see...	Looking and talking and learning with you is fun. I am a learner.
Give me lots of time to move and do, to play and explore, to talk and sing, and to read with you...	The world is an interesting place, and it is fun to learn about it with you.



Figuring It Out Together

Your child needs you to be her partner to learn to cooperate. Looking through her eyes can give you information you need to help you decide how best to create moments of cooperation between you. Moments will add up over time to give your child skills she needs to have trusting, caring relationships with others, which is key to life and school success.

Be Aware of How Much Your Child Needs to Know and Do to Cooperate

Imagine you ask your 2-year-old to put her two cars away on the shelf. Here is what she might experience in trying to do this task that seems simple, but it is not.

"I hear you. You want me to put away my cars. But I really want to play with them. I love to see how the wheels turn, and I can make them go so fast. It is hard for me to stop playing.



If I can stop...

Then I have to carry them over to the shelf. I dropped one. It made a noise on the floor. What will happen if I drop the other one? Oh, look, there is my favorite book on the floor. I want to look at the pictures. There goes Snowflake, our dog. I wonder where he is going. I am going to follow him into the kitchen.



If I make it over the shelf with my cars...

I have to find a space for them. Hey. Look. There are so many interesting things to see. Here is another car and my book about the hungry caterpillar and the collection of bottle caps you gathered for me. I love to stack those bottle caps.



When you tell me again to put the cars away...

I still have to find a space. Can you help me find a space? OK, there it is. I'll put my cars there. Look, there goes Snowflake. I'm off to play with him."



Partner With Your Child to Teach Cooperation

Being aware of what your child might be thinking is the first step in being her partner to teach her about cooperation. There is a lot going on in that little, sweet head. A lot. Always.

To teach her about cooperating and to help her be successful try the following:



Have realistic expectations.

Learning to cooperate will take years of practice. Think about some adults you know. They are still figuring it out!



Get her attention.

Say her name. Look her in the eye. Kneel down next to her.



Invite her to cooperate clearly and politely.

"Will you please carry your cars across the room. Put them on the shelf next to the bottle caps."



Give her a few minutes warning, then repeat your request.

"I can see you having fun racing the cars. This is the 3-2-1 minute warning." After you count down to one, say again what you are asking her to do.



Join her in starting, or completing, the task as needed.

"How about I pick up the red car and you get the yellow car? Then we can take them over to the shelf together."



Notice and appreciate the steps she takes to cooperate.

"I notice you have taken one car to the shelf. Thank you for cooperating. Now can you get the other one?"



When She Can't or Won't Cooperate

Most of the time when a young child doesn't cooperate, it is because she can't. Perhaps she doesn't yet have the ability to easily move from one activity to another. Maybe she is at the age when she has to test boundaries to learn who is who. She may be tired or hungry, which can make life harder for both of you. Maybe she is overwhelmed with big feelings.

Believe it or not, your child wants to please you. She wants to do things well. She wants to be like you. Here are some ways to figure this out together to have a win-win experience as often as possible:



Stay calm.

This is just one of hundreds of thousands of interactions and opportunities to teach her about cooperation.



Let her decide.

Give her a sense of control by offering two acceptable options: "Would you like to put away the cars in 2 minutes or 3 minutes?"



Turn it into a game.

Invite her to race her cars to the shelf or to see which one will get there first.



Be willing to back off sometimes instead of forcing the issue.

"OK. Then for tonight, park your cars by the shelf."



If big feelings take over, reconnect.

Talk about what happened: "You got so upset, you started screaming and threw one of your cars. Daddy got angry and yelled at you. How about we both take 10 breaths and start over."



Take a Moment: Cooperating

What are two times your child has cooperated with you?

What are two times you have cooperated with your child?

What do you say and/or do to encourage your child to cooperate?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Break down what I can do into little steps so I can be successful...	I can do it. This makes me want to cooperate more.
Give me choices by asking a question, like "Would you like to put your cars away now or in 5 minutes?"	I have some control. You trust me to decide.



Everyday Moments Parenting Life

Parents are the magic ingredients young children need to THRIVE. The parent-child relationship is one that will last across the miles and years. This doesn't mean parents have to be perfect. There is no such thing as a perfect parent...or a perfect baby...or a perfect anyone. It also doesn't mean parents can or should try to do it alone. Every parent needs the support of other adults.

Raising a child is an awesome, challenging, exhausting, rewarding, demanding, life-changing task. Over time, parents continue to learn about their child(ren) as they interact during daily routines and play time. Together, each parent and child create their own unique *dance* that reflects their temperaments, preferences, interests, and culture.

In this section, you will find Chapters and *Family Pages* that will support you in conversations with families as you discuss parents' self-care; co-parenting; and sharing the care of a child with other trusted adults, including family members, babysitters, and child care providers.

Co-Parenting and Sharing Care

Parenting together and finding trusted partners to share in the care of children are significant tasks of parenthood. These important others often include extended family members, close friends, healthcare providers, early care providers and teachers, and neighbors. When co-parenting and extended care relationships are healthy and stable, they build parents' sense of safety and connection and provide additional early models of healthy, nurturing, and trusting relationships for very young children. In this chapter, parents are invited to consider reasons why co-parenting and sharing the care can evoke strong feelings, and they learn how to build genuine partnerships with a shared focus on the best interest of the child.

Parental Self-Care

Parents taking care of themselves is a win-win for parents and children. This is true for moms and for dads. Self-care activities help parents refuel their emotional and physical energies. It can help parents be healthier, more focused, and optimistic—even when the road of life gets bumpy. In this chapter, parents are invited to see that self-care is not about being selfish but, instead, about being aware of what they already do to support their well-being and building upon this as needed.

Everyday Moments

Co-Parenting and Sharing Care



Main Elements

Content Areas

- Teaching About Co-Parenting and Sharing Care: *Protective Factors and Trauma-Informed Principles*
- The Science: Diversity in Families; Transitions to Parenthood; Co-Parenting, Fathering, and Gatekeeping; When Relationships End
- Why it Matters to Families: Building a Team of Care Support; Reducing Conflict
- Home Visit Activities and *Family Pages*
- Important Safety Supports and Knowledge: When Co-Parents or Other Caregivers are Not Safe

Teaching About Co-Parenting and Sharing Care: Protective Factors and Trauma-Informed Principles

Parenting together and finding trusted partners to share in the care of children are significant tasks of parenthood. Many parents will parent together as part of their committed relationships. Other parents will spend time parenting alone; parenting alone while connected with a partner who is geographically distant (e.g., due to military temporary duty or deployment, long-haul trucking); or working to parent together while not being in a romantic, legally committed relationship with each other. In addition, some parents will make decisions to sever a co-parent relationship, legally, emotionally, or both. However, a family's parenting system is configured, parents still rely on important others to help provide emotional and physical care for their young children. Important others often include extended family members, close friends, healthcare providers, early care providers, teachers, and neighbors.

These relationships are vital for parents and their children and contribute to the well-being of the family system through good times and bad. When co-parenting and shared-care relationships struggle, parents have to assess whether to maintain, change, or dissolve connections that are important to themselves, their children, and/or extended family members. When co-parenting and extended care



Everyday Moments Co-Parenting and Sharing Care



relationships are healthy and stable, they build parents' sense of safety and connection, and they provide additional early models of healthy, nurturing, and trusting relationships for very young children.

The act of co-parenting is an intentional effort between two or more parents to coordinate daily care and living tasks and family roles and responsibilities, to make family decisions and work through differences while keeping children's interests at the center, to share knowledge of a situation or topic that a partner might not know or appreciate (e.g., the teacher in a child's classroom is ill and a long-term substitute is coming in or styling their two-year-old's pony puffs for picture day), and to support one another when a partner needs a moment (or several) of relief from a high-stress parenting situation. Co-parenting relationships are developed across all family types when there are two or more adults who assume a primary caregiving role in a family system. Here are just a few examples of family members who could be part of a co-parenting team:

- A heterosexual couple, living together and legally married, no previous marriages/children;
- A same-sex couple, living together and legally married, maybe a previous marriage and maybe with children from that marriage;
- A single parent whose ex-partner has remarried, with shared custody and step-children, all parents providing emotional and physical care;
- A single parent whose own parents are actively helping raise their grandchild(ren);
- A married/committed couple who only lives together part-time due to work, with the non-traveling partner carrying the parenting load as a geographically single partner, maybe with virtual connection (e.g., Face Time, Skype) routines for the traveling partner;

- A married couple who both travel for work and have formally (but it might be informally, too!) designated close friends or family members to provide daily emotional and physical care for their children when both are not at home; and
- A single parent who has siblings actively providing care and nurturance for their nieces or nephews.

Many of the principles of co-parenting also apply to extended caregivers. Within each shared relationship, parents need to be able to coordinate with another person to ensure their young children receive care, nurturance, safety, and exploration and learning opportunities.





Everyday Moments Co-Parenting and Sharing Care



Differences in styles of care may be more expected and visible within these extended relationships, such as the teacher's expectations that 3-year-olds change their own shoes when arriving or leaving preschool compared to Mami putting on and taking off the child's shoes at home because it is more time efficient. There is typically a range of differences that parents accommodate when coordinating with co-parents and extended caregivers, but safety is one of the first issues parents often highlight as a significant challenge when there is disagreement or concern, such as safe sleeping arrangements or supervision on a playground.

TRHV can help parents recognize key features of sharing care of their very young children with others and keeping their children's well-being at the heart of these relationships. This means home visitors need to be able to listen to how families describe themselves and their relationships, ask questions that encourage trust when there may be discord within or concerns about a co-parent's or caregiver's practices,



model how to advocate for children when exploring new or potential caregiving relationships (e.g. talking with the child care director before selecting their care), and engage in constructive discussions when there are different expectations or practices between co-parents and caregivers.

This chapter helps to address the following *Protective Factors*:



Social Connections



Concrete Supports of Families



Parental Resilience



Knowledge of Parenting and Child Development



Social and Emotional Competence of Children

Teaching about *Co-Parenting and Sharing Care* offers opportunities to model the following *Trauma-Informed Principles* in the parent-child and parent-home visitor relationships:



Safety— Safety is a key characteristic of healthy relationships, physically and psychologically. Parents who feel unsafe within important relationships are likely to use strategies to reduce their sense of vulnerability and dependency on others. This could include limiting or reducing the number of co-parent and extended caregiver relationships or developing a family safety plan, which gives direction to resources and steps a person can take in a crisis situation to address current situations in one's daily life.



Everyday Moments Co-Parenting and Sharing Care



Home visitors are often mandated reporters, and it can be helpful to parents to remind them of this status and what it means for working together and building healthy parameters for relationship and caregiving safety. When parents feel safe, they can reach out to others more freely. In turn, an increased sense of safety for parents can positively influence young children's sense of safety and enlarge their caregiving *Circle of Support*.



Trustworthiness and Transparency– Healthy co-parenting and extended caregiving relationships are honest, stable, and supportive. Parents believe they can trust that their co-parents or other caregivers have similar goals in caring for their child(ren). In healthy co-parenting and extended family relationships, discussions about care, nurturing guidance, and concerns are open, and decisions are shared and then supported. When caregiving partnerships have low trustworthiness or transparency, parents tend to feel more uncertain and anxious about the quality or consistency of the care their child is receiving. Trust can be negatively affected when there is miscommunication between care partners, whether intentional or unintentional. Parents may make decisions to limit or end a caregiving situation if trust cannot be (re)established.

Home visitors can work with parents to help them define what they see as trustworthiness and transparency for sharing the care of their child. Sometimes parents will disclose a difficult or traumatic experience in the course of home visitation services. Home visitors are often mandated reporters; therefore, they must clearly state what a disclosure may mean legally and ethically. When a home visitor's actions match what is stated by the home visitor, parents realize this is a relationship that can be trusted – even if difficult actions may need to be taken.



Peer Support and Mutual Self-Help– Healthy co-parent and care partnerships offer support to each person in the relationship. This support is built and strengthened through mutual focus on the well-being of the child. For example, a co-parent can step into a more active role for a sick child and give his or her partner, who typically does more intensive care, a break; a partner can support the co-parent's autonomy to decide on what activities are chosen for one-on-one time with the child instead of leaving a list of preferred activities; or a child care director can say, "Let's go talk for a moment. I'm noticing some behavior changes and would like to learn if we can do some things better for you and your toddler." When there is a lack of mutual support, one or more care partners may feel the relationship is one-sided and dictated by the partner who has more power or influence.

Home visitors and parents can build a relationship that honors and respects what each person brings into the relationship. Home visitors may have information that parents do not, such as using coaching strategies to show parents how they can advocate effectively for their child's needs. Parents can share information that is specific to their family circumstances. When each can offer the other something useful and valuable to this partnership, the work and focus on the family becomes more relevant and tailored.



Everyday Moments Co-Parenting and Sharing Care



Collaboration and Mutuality— Parents often manage multiple caregiving relationships in regard to their young children, and these relationships may not all have equal power between the persons. Even if there is a power difference, if those partners are willing to share their power and promote joint decision-making, the relationship dynamic becomes more collaborative. For example, if a 30-month-old has started biting his classmates when he is upset, the power difference between the early care professional and parent could be emphasized by a decision to remove the child from the program for poor behavior. Alternatively, the power difference could be minimized if the early care professional approaches the parent with a problem-solving mind-set. They could work together to understand what might be going on that is leading to the problem behavior and strategize how to address it.

Home visitors and parents each have goals in building their partnership. As information about healthy caregiving partnerships and a family's specific parenting and caregiving arrangements are shared, each partner can identify and make choices that will keep the child and the family at the center of the work.



Empowerment, Voice, and Choice— Families will enter this program with a wide range of relationships, including co-parenting and extended caregiving partnerships. Almost everyone will have a mix of positive and negative experiences. Some parents will use positive experiences they have had to model their own parenting behavior or be able to identify current strengths they have in their family system that support healthy co-parenting. Other parents may have had more negative experiences. Current family and co-parenting dynamics may be uneven; one partner may assume

more power and exercise his or her voice and choices over those of the co-partner. It can be daunting to make changes in a co-parenting/caregiving relationship even though those changes are likely to result in a healthier partnership. For example, parents who often find themselves in positions where they are not valued, where their ideas and actions are not respected, or where they are not allowed to make decisions, may be hesitant to step into a more active role. In the same way, parents who are used to taking the lead and making decisions may struggle to become more collaborative and support their co-parent or other caregiving partner in finding and exercising self-advocacy skills and decision-making.

Home visitors may be able to identify daily care and living routines that could become more collaborative and highlight how doing things differently from one parent to another can be positive for everyone, baby included. Sometimes, helping a parent become aware of ways he or she reacts to a co-parent's efforts is enough to start a shift toward more positive responses.





Everyday Moments Co-Parenting and Sharing Care



Cultural, Historical, and Gender Issues— Multiple aspects of one's life, gender, and cultural history and identity can influence ideas and expectations of how co-parenting and sharing care should be done. While cultural expectations change over time, there are still strong associations for what a good dad, mom, parent, and parenting relationships looks like.

Likewise, families with blended or less widely understood cultures (e.g., U.S. Caucasian and Korean American co-parents, parents who adopt a child internationally) are more likely to need to talk about cultural expectations for caregiving (e.g. grandparents as important caregivers, a father's role seen as primarily a breadwinner rather than active caregiver).



Sexual minority families are families with at least one parent who identifies as orientation diverse (whom one is romantically and/or emotionally attracted to) and/or identity diverse (one's innermost sense of self as male, female, neither, or both, regardless of assigned gender at birth), may not have been legally recognized or supported prior to 2015 in the United States. Parents in these families benefit from being able to talk about parenting role expectations for their own families and how orientation or identity may influence the ways they want to parent. Parents who identify themselves or their children as part of a minority group may experience additional burdens and pressure to explain or justify their experiences, ideas, traditions, and expectations to well-intentioned, but naïve, care partners, home visitors, and other professionals.

When working to support diverse families, word choices matter. This is particularly true when discussing co-parenting relationships. Reflective practice can help home visitors reduce implicit biases in attending to cultural characteristics, gender/sexual identities and orientations, parenting roles, and histories. In addition, sexual minority families in the United States continue to face legal and cultural stigmas about their family composition, such as legal recognition of parentage for a non-biological parent and societal expectations of gendered parenting roles (e.g., asking a lesbian couple which person is going to be the *father figure* or questioning if a gay, single male is competent enough to adopt and parent a girl). It is important to listen to and work with families to incorporate their preferred ways to talk about culture, gender, and cultural influences (past and present) on co-parenting and sharing care needs and expectations.



Everyday Moments Co-Parenting and Sharing Care



The Science: Diversity In and Keys to Co-Parenting

Diversity as a concept covers a lot of ground, including racial/ethnic/cultural aspects, age, sexual identity and orientation, religion, education, socioeconomic status, and abilities. Families identify and operate within these multiple aspects of diversity and may point to certain aspects of identity that shape their family experiences, formations, and values.

In addition, people become parents through many pathways, including natural conception, assisted reproductive technology (ART) (e.g., Donor Insemination [DI]; In Vitro Fertilization [IVF]), foster care, adoption, and through stepfamily formation. Home visitors may or may not know any of these important pieces of information ahead of an initial family meeting.

While today's families in the United States are more diverse, there are some significant gaps in the available research on parent education programming and curriculum with diverse families. These research gaps include understanding how well specific programs and/or curricula work for culturally blended families and families with parents who identify as part of lesbian, gay, bisexual, and queer (LGBQ) community. Yet, home visitors typically strive to be inclusive in their work with each of the families in their caseload and believe parent(s) and their young children benefit from integration of culturally important content and the important, identified members.

This section focuses on how current research can be useful for home visitation practice with regards to understanding the following:

- Diverse families and their transitions to parenthood,
- Co-parenting and gatekeeping patterns within families, and
- How to reduce barriers to participation in home visitation.



Diverse Families: Who is Parenting and What Circumstances Have Shaped Family Formation?

Co-parenting expectations are influenced by the parents' own history of being parented, family and professional goals, cultural and gender role expectations, and their family's unique characteristics and resources. Becoming a parent and taking on the daily and long-term tasks of parenting are similar across family forms. However, research indicates there are some specific family characteristics that often influence co-parenting relationships and engagement in parent education. Research on family composition and typical relationship tasks of new parents is summarized here for their influences on developing healthy co-parenting relationships.



Everyday Moments Co-Parenting and Sharing Care



Family Composition

Within the U.S. population, two-parent, first marriage families have declined from a high of 73% in 1960 to 46% in 2014. The percentage of two-parent, remarried families has remained stable during these same years, between 14% and 15%, while single-parent families have increased from 9% in 1960 to 26% in 2014. However, 2016 Census data indicate the majority of children in the United States still live in two-parent households, whether opposite-sex or same-sex, first marriage or remarriage. Here are the percentages of household types where children live:

- 63% in two-parent households,
- 23% in single-mother only households,
- 4% in single-father only households, and
- 4% do not live with any parent (e.g., extended family/foster care households).



Additionally, about 16% of children live in blended families in which there is a step-parent, step-sibling, or half-sibling. The rate of children living in blended families has remained stable since the early 1990s.

Research in the United States does indicate that two-parent families are more resource-stable than single-parent families and are able to provide more consistent, quality care for children. In many ways, this makes logical sense. Having a reliable partner spreads resources and reduces risk when one parent may not be able to share in the daily tasks and long-term commitments children need. This enables two people to cooperatively provide income for family security. However, single-parent families are more likely to build formal and extended caregiving networks to help with the daily needs and to make significant adjustments in work and family life to craft extended care arrangements that meet both their children's needs and parent's employment needs.

Single-Parent Families may encounter more barriers to participation in home visitation and parent education than two-parent families due to a lack of co-parenting resources. In two-parent families, parents may make conscious decisions about which parent will participate based in part on work constraints, expectations of caregiving, and the topics that are part of the program - especially if the topics are worded to assume the mother is the primary caregiving parent.

Same-sex parent Families Most couple and family research has shown there are few meaningful differences between opposite-sex and same-sex families in regard to partner relationships and children's social, emotional, and educational outcomes. Research currently indicates that when differences are significant, children in same-sex families fare somewhat better along several outcomes, such as better psychological adjustment and lower rates of externalizing problems.



Everyday Moments Co-Parenting and Sharing Care



Overall, same-sex parents have more in common with opposite-sex parents in the knowledge, skills, and abilities needed to co-parent and share care in productive and healthy ways. Same-sex single and two-parent families also actively cultivate *chosen families* as part of their parenting support network more often than opposite-sex two-parent families. Chosen families include individuals who are supportive in meaningful ways for the parent(s) and child(ren) in a same-sex family, whether or not they are related by legal definitions.

Transitions to Parenthood: Learning to Share Care

Across diverse families, there are common new parent experiences home visitors can recognize and, then, tailor the curriculum to better fit each family's characteristics. Co-parenting is impacted by the many moving parts of family life, and all families need to adjust when a new child comes into a family's life.

Relationship transitions and support the experiences of a couple's transition to parenthood have only recently been included as an important feature in parent education and home visitation programming. Research studies have identified particular challenges that first-time, opposite-sex parent couples report; these challenges begin in the third trimester of pregnancy and continue through the first year of parenting. These typical challenges are often part of learning that relationships change when children come into the system. First-time parents who are transitioning into a two-parent household report challenges, including adjusting expectations for themselves and their partners as parents, co-parents, and intimate partners; rethinking how family work is divided among family members; and preparing for potential changes in economic resources, such as loss of wages if a previously working parent is now staying at home or if there are additional costs associated with child care.





Everyday Moments Co-Parenting and Sharing Care



A few programs that focus on specific relationship skills have been developed and tested as part of home visitation. Findings indicate that first-time, expectant couples benefit from programming focused on strengthening relationship skills that foster positive co-parenting, such as supportive teamwork, effective communication and conflict management, and expectation management of parenting affection and affections between the parents themselves. Specifically, studies indicate that expectant and new parent couples report lower conflict, dissatisfaction, and overall stress after their infant arrives when they can communicate effectively about their own parenting histories and expectations for being a parent, appreciate that multiple family roles are likely to shift in response to the arrival of their child, and think ahead about the choices they will be making to support their newly expanded family.

Most of the current transition to parenthood research recommends adding relationship skill building to the more common parent education foci of strengthening caregiving skills, nurturing attachment in the parent-child relationship, building parenting competence, and

practicing appropriate child guidance strategies. However, not all home visitation programs are designed to deliver content specific to some relationship skills, such as conflict management, adult emotion regulation, and effective communication. Along these lines, TRHV does not have a specific section on relationship skills but, rather, is designed to work with programs that can and do offer relationship education in addition to parent education. The curriculum also provides reflection opportunities for home visitors in the *Visit Reporting Form* where considerations can be documented, appropriate resources identified, and information shared with the family.

Co-Parenting, Father Involvement, and Gatekeeping

Research indicates that the quality of the couple relationship influences the co-parenting relationship and expectations in opposite-sex, two-parent families. In particular, marital (or committed relationship) quality has significant implications for father involvement with children and in building a strong co-parenting system. Research also indicates that mother involvement is more stable regardless of the intimate relationship quality. In addition, the research details a parenting experience called gatekeeping, which originally focused on explaining women's actions to control father involvement in children's lives, often from a negative perspective. Research on gatekeeping continues to focus primarily on mothers but has more recently broadened to also understand the ways in which mothers support and encourage father involvement and cooperative parenting.

Research indicates that children and parents benefit when parents are able to build strong and healthy co-parenting alliances. Some specific actions, attitudes, and expectations foster a healthy co-parenting relationship. Current gatekeeping research suggests elements of control, encouragement, and discouragement shape the co-parent relationship.





Everyday Moments Co-Parenting and Sharing Care



Each of these elements influences the tone for the co-parenting rhythm from the mother's actions and roles. The father's responses to those actions and roles start the dynamic movement of the relationship. While the research is currently limited to opposite-sex parents, this information may be applicable to same-sex parents as relationship research indicates these families have a lot in common with regard to couple dynamics.

- **Control** describes how family decisions are made and how much direction is imposed on childrearing and family management. *High or low levels of control are not good or bad*; the levels just describe what the mother is doing as part of the co-parent dyad.
 - *Low control* indicates the mother does not try to control father involvement, and parenting is cooperative or father-driven. For example, a father plans his own experiences with his child without interference, or both parents have agreed to their responsibilities for daily care and do not try to control or correct one another. It could also be that the mother has stepped back from the co-parenting relationship due to illness or being the main wage-earner for the family.
 - *High control* would be seen in a family where the mother is the family decision maker for child-rearing and related family management. For example, the mother schedules which activities the father will do and perhaps even supervises to make sure the task is done *properly*. In a family where the father has a demanding work schedule, this mother might plan activities or hand over a daily care task to make sure the father gets to spend time with his children.
- **Encouragement** is the degree to which mothers actively support fathers' engagement with their children.
 - *Low encouragement* can be the absence of any positivity or positive feedback. An illustration of this could be a mother who indicates the father is not needed for help, and, if he does help, it is not acknowledged.
 - *High encouragement* shows warmth and support for fathers. This would include things, like compliments, thumbs up, or high fives, offering support when things do not go well, and celebrating days or events focused on fathers.





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- **Discouragement** is the degree to which mothers actively dismiss, undermine, or show other negative responses towards fathers' involvement with their children.
 - *Low discouragement* means there is no negativity toward fathers and an absence of discouraging actions. For example, if or when a father bathes his toddler differently than the mother would, she does not dismiss his strategy.
 - *High discouragement* involves actions, such as complaining about and/or re-doing tasks, undermining parenting choices, withholding information about children, and eye-rolling. In this case, a mother might be scornful of a father's actions and criticize him in front of others.

Healthy co-parenting relationships take effort and awareness of how one's actions affect others. Co-parenting is just one aspect of family life management that families must juggle and coordinate. It is no wonder that couple relationship skills have been identified as an important early skill set for building a healthy co-parenting alliance. Yet, even parents who believe their relationship is stable can benefit from thinking about how they encourage and discourage their co-parent across the many opportunities in any given day.

Co-parenting When Relationships End

Healthy co-parenting relationships can be built and maintained even if a couple's relationship dissolves. There are some unique stressors involved in divorce and dissolution and additional stressors that are specific to each separating couple. Research and family court practices often recommend that parents need to focus on the needs of their children first, not the parent's desires for care, custody, and legal/monetary responsibility. In practice, this recommendation can be difficult to achieve. Successful co-parenting during and after divorce is possible

with parents who can effectively manage their own distress through the process and interact with one another in ways that encourage respect and trust as a partner in continued parenting. These principles are part of what counselors and therapists call a *good divorce*.

Yet, not all relationships end well. Violence, high conflict, or abandonment can prevent parents from being able to establish or maintain a co-parenting relationship. When working with separated or divorcing parents, a co-parenting plan must take into account safety for the child and safety for other family members. Co-parenting is not always possible or recommended. The courts are not uniform in the application of laws regarding custody, child support, and protection orders. Home visitors should communicate with supervisors when working with a separating family because safety of the family and home visitor may need to be assessed one or more times and because, as a mandated reporter, a home visitor may be called into the legal adjudication of the family's case.

What Young Children Learn Through Shared Care Experiences

In the United States, children from birth to 3 years old have a variety of caregivers even when their family environment is stable. Young children pick up on the feelings and tensions that their caregiver(s) may have when caregiving responsibilities are being transferred to or shared with a different person, such as the morning hand-off from parent to child care provider or the unfamiliar people in a doctor's office. Within their family system, young children begin learning how their parents and other important members coordinate care. Young children notice family and relationship stress and connection. While they don't have words to express feelings, young children still feel those feelings and try to respond to them. The following charts give examples of what young children might be thinking about their shared care experiences.



Everyday Moments Co-Parenting and Sharing Care



Through a Young Child's Eyes

Sharing the Care

What I can learn being with other trusted adults...	Communicate to help me be safe, healthy, and happy with other adults in my life...	Be my bridge to help me feel comfortable with other adults...
<p>There are more people who take care of me. We can have fun together, and I can count on them. We are part of a community.</p> <hr/>	<p>You know me best so be sure anyone and everyone taking care of me knows how to reach you.</p> <hr/>	<p>I feel most safe and secure when I am with you. When I can hide behind you or sit on your lap to check out a new person, you help me be more comfortable.</p> <hr/>
<p>People are the same and different. They care about me and keep me safe. Some of them are tall, and others are short. Their hair is different; they may even be bald. Their skin may be different colors. They may speak different languages. I care about them too.</p> <hr/>	<p>Leave important health information, like a note about my allergies and my doctor's phone number, for anyone taking care of me.</p> <hr/>	<p>When I see you talk and laugh with that person, I learn they are A-OK. They have your seal of approval.</p> <hr/>
<p>My important adults don't do things exactly the same way. That is very interesting. Sometimes, it is a little confusing and funny too. Why does Grandpa make those funny noises when he blows his nose?</p> <hr/>	<p>Insist that everyone put me on my back to sleep (until I can roll over myself) and never smoke around me.</p> <hr/>	<p>Stay with us awhile.</p> <hr/>
<p>I can learn about new things. My teacher sings me songs in Spanish. My babysitter takes me to the library, and we bring books home.</p> <hr/>	<p>Tell my other adults about me.</p> <hr/>	<p>Talk with the other person to show me she or he is A-OK.</p> <hr/>
<p>Auntie's house looks different than my house. Her kitchen has different smells when she is cooking.</p> <hr/>	<p>For example, share my favorite songs and activities, things that upset me, how you help me calm down, what I like to eat and when, and how you help me fall asleep.</p> <hr/>	<p>Invite the unfamiliar person to hand me a toy or a cookie or other object. It feels safe to connect that way.</p> <hr/>
<p>I am safe and welcomed in many different places by different people.</p> <hr/>		



Everyday Moments Co-Parenting and Sharing Care



Through a Young Child's Eyes

Sharing the Care

Make a visit to my healthcare provider as easy as possible...

Pretend play with me that we are doctors or nurses or going for a visit.

A toy medical kit and box of band aids will make the play more real and fun.

Tell me what will happen. And be honest.

When you tell me a shot will hurt for a minute, my trust in you grows deeper.

At our visit, I'll look at you to see how upset you are when I get a shot.

If you are upset, I will be upset. We'll cry together. The calmer you can be, the calmer I will be.

Support me with goodbyes and hellos...

Goodbyes and hellos are a normal and sometimes bumpy part of life that we are all learning to handle. With your support, I can do it.

Goodbyes and hellos often stir up deep feelings for everyone. When you try to understand what I may be experiencing, it can help you figure out who is feeling what, so you can support me.

Routines will help me feel more in control and confident because I will know what is coming next. So, let's make some routines to use!

Maybe, we give each other two kisses and a bear hug before you go, or we read a story when you come back.

If I ignore you when you come to pick me up at child care, I may be telling you I wanted you to stay today. If I cry when you walk in the door, and my teacher says, "But he was fine all day...", do not worry and try not to feel bad.

I trust you more than anyone, which is why I feel safe to cry or whine or protest when you say we have to go. I know you will be there for me, no matter what I do.

What I feel when sharing care is a struggle...

When my important people struggle, I may struggle too.

It may be tough for me to be comforted by daddy when momma is not feeling well.

I may be fussy because momma does comfort care more often, and she is my first coping choice.

When my most important people are not getting along, I can feel that. But, I may not be able to tell you with words.

I may be clingy, cry easily, or have more tantrums. I may feel like I've done something wrong and try to fix it by showing care.

Even when my important people struggle, I can feel when they put my well-being first.

That feels good. It shows me that people can disagree and still show love and be loved.



Everyday Moments Co-Parenting and Sharing Care



Why Co-Parenting and Sharing Care Matters to Families

Parenting is a huge, amazing, demanding, forever job. Everyone needs support, no matter their age, income level, or how many children they may already have. This support may come from a parenting partner, other family members, friends, healthcare providers, people at community agencies, home visitors, or a combination thereof. Building a team of support is one of the most important ways a parent can support his or her child – and him or herself.

The addition of children into a family system creates a ripple effect across roles, resources, and expectations. It is normal and expected that parents and adults who share the care of a child will experience challenges in their relationships, often because they care so much for a child. By being aware of feelings and differences in parenting styles and expectations, parents and caring partners can discover ways to work together on behalf of their child.



Everyday Moments

Co-Parenting and Sharing Care



Boots on the Ground: Everyday Moment Conversations with Families

This section highlights content and skill-building strategies you can use as you plan your home visits. For the *Everyday Moment* section of the visit, you will find a list of topics to choose from and to explore in conversations about nurturing guidance. For each topic, you will find the associated *Protective Factors* and *Trauma-Informed Principles* addressed. *Family Pages* designed to support your conversations are listed next.

In addition, you will find suggestions of related one-on-one activities to choose from for the parent-child interaction portion of the visit.

There are several *Co-Parenting and Sharing Care* topics to choose from as you plan a visit to a family, and you should tailor the conversation to that family's specific needs and interests. You may find that you discuss one topic now and come back to discuss another in a month or two depending on certain circumstances.

Use the information you have about a family's *Protective Factors* to guide your curriculum choices and tailor the home visit discussion and activities. Ideas are presented below with their associated icons to highlight how they correspond to meeting a family's needs and building each family member's resilience.

These include the following:

Parents' experiences with and expectations for co-parenting and sharing care



Concrete Supports of Families and



Parental Resilience and



Social Connections are fostered when parents are able to assess their co-parenting and shared care relationships and make choices to maintain or adjust these relationships to support the well-being of their child and family.

Why sharing the care matters



Parental Resilience and



Knowledge of Parenting and Child Development and



Social and Emotional Competence of Children can build parents' sense of safety and connection, which, in turn, provides early models of healthy relationships for their very young children.

Keeping a child safe while sharing care with others



Parental Resilience and



Knowledge of Parenting and Child Development are supported and maintained when parents can clearly state their expectations for supervision and nurturing guidance across co-parenting and shared care relationships.



Everyday Moments Co-Parenting and Sharing Care



Family Pages

A series of *Family Pages* on *Sharing the Care* have been created to support your conversations with families while you are visiting and to become a resource parents can refer to between visits. These include the following:

- Focus on You: Looking Back and Moving Ahead with Your Child
- Sharing the Care from a Child's Point of View
- Co-Parenting
- Partnering with Other Adults in Your Child's Life
- Being the Bridge Between Your Child and Other Caring People in His Life
- Supporting Your Child with Goodbyes and Hellos
- Advocating for Your Child: Problem Solving, Not Blaming

Related One-on-One Activities

These are suggested activities for sharing care. There is a broad selection of one-on-one activities available in the Activity Card deck.

- Notice and Wonder: How does a care partner(s) connect and interact with your child?
- Co-create a story with your child about time spent with other caregivers

Book suggestions:

- *Maisy Goes to Preschool* by Lucy Cousins
- *Are You My Mother?* By PD Eastman (Dr. Seuss)
- *The Family Book* by Todd Parr
- *Please, Baby, Please* by Tonya Lewis Lee and Spike Lee
- *First Laugh - Welcome Baby!* by Rose Ann Tahe

Additional Resources

Community connections include:

- Child Care Settings
- Healthcare Providers





take root
home visitation

Family Pages

Everyday Moments



Sharing the Care





Focus on You: Looking Back and Moving Ahead with Your Child

You are the magic ingredient your child needs to Take Root, so she can THRIVE in the years to come. She loves you like no other. You literally create and shape connections in her brain when you interact with her during diaper changes, toileting, meal time, bath time and sleep time... when you comfort her, talk, sing, play, and read with her. Day by day she begins to gather information about herself and about what to expect from others and her world through her interactions with you.

This doesn't mean you have to be perfect. There is no such thing as a perfect parent...or a perfect baby...or a perfect anyone. It also doesn't mean you can or should try to do it alone. Raising a child is an awesome, challenging, exhausting, rewarding, demanding, life-changing task. Every parent needs the support of other adults.

Whether you are a stay-at-home parent, you work, or you go to school, there are times when you will need to and want to share the care of your child with others. This may be a parenting partner; a grandparent or other family member; a child care teacher; or a person or people your child spends time with occasionally, such as a babysitter, her healthcare provider, or your home visitor. One thing to always remember: No matter with whom you share the care, no one can ever take your place in your child's life.

Looking Back at Sharing the Care

How you feel about sharing the care is likely shaped by experiences you had as you were growing up. Taking a moment to look back can help you think about and decide how to share the care today.



As a child, do you remember spending time with other adults besides your parent(s)?

How often? Who were they? How did you feel when you were with them? What kinds of things did you do together? How was your time with them? Was it like being with your parent(s)? Different?



Take a Moment: Look Back at Times you Were Cared for by People Other than Your Parents

Do you remember something you enjoyed or learned while spending time with a caring, trusted adult other than your parent(s)?

What do you think sharing the care meant for your parent(s)?
For your relationship with them?



Feelings About Sharing the Care

Sharing the care can be a positive a wonderful experience for all. You get a break and your baby's world of people she can trust and depend upon expands. Sometimes though, it can be a bit bumpy. Caring about and for a young child can create big feelings.

Here are two main reasons why sharing the care is not always as easy as expected.

These reasons may not often be discussed, but being aware of them is the first step in ensuring these reasons and the feelings they evoke do not interfere with you and your partners working together for your children's well-being:



You come with the history of your own childhood, which could often be very different from others' experiences.

How you were raised is part of who you are. It shapes how you parent.

For example, the language(s) you speak at home, what and how you expect your child to eat, how you set limits and guide behavior, and even how you talk and play with your child are influenced by your own upbringing. In some aspects of life, you may want to parent as your parents raised you; however, in other facets of parenting, you may choose to do things differently. Adults sharing the care of a child—even parents of the same child—have different opinions about topics that range from food choices to what is acceptable behavior.



Sometimes you may feel jealous or competitive.

While uncomfortable, these feelings are fairly common. You may even feel this way with a spouse or a partner! These feelings are because of your deep love for and connection with your child—not because you are petty or the other person is doing something wrong. Adults you share the care with may experience these feelings too. It is a sign of their attachment to your child, which is a good thing! Being aware of these feelings and that they are to be expected can help keep them from getting in the way of partnering with the other adults in your child's life.



take root home visitation

Sharing the Care



Your Circle of Support

Parenting is an amazing, awesome, surprising, challenging, and exhausting job. Every parent needs support.

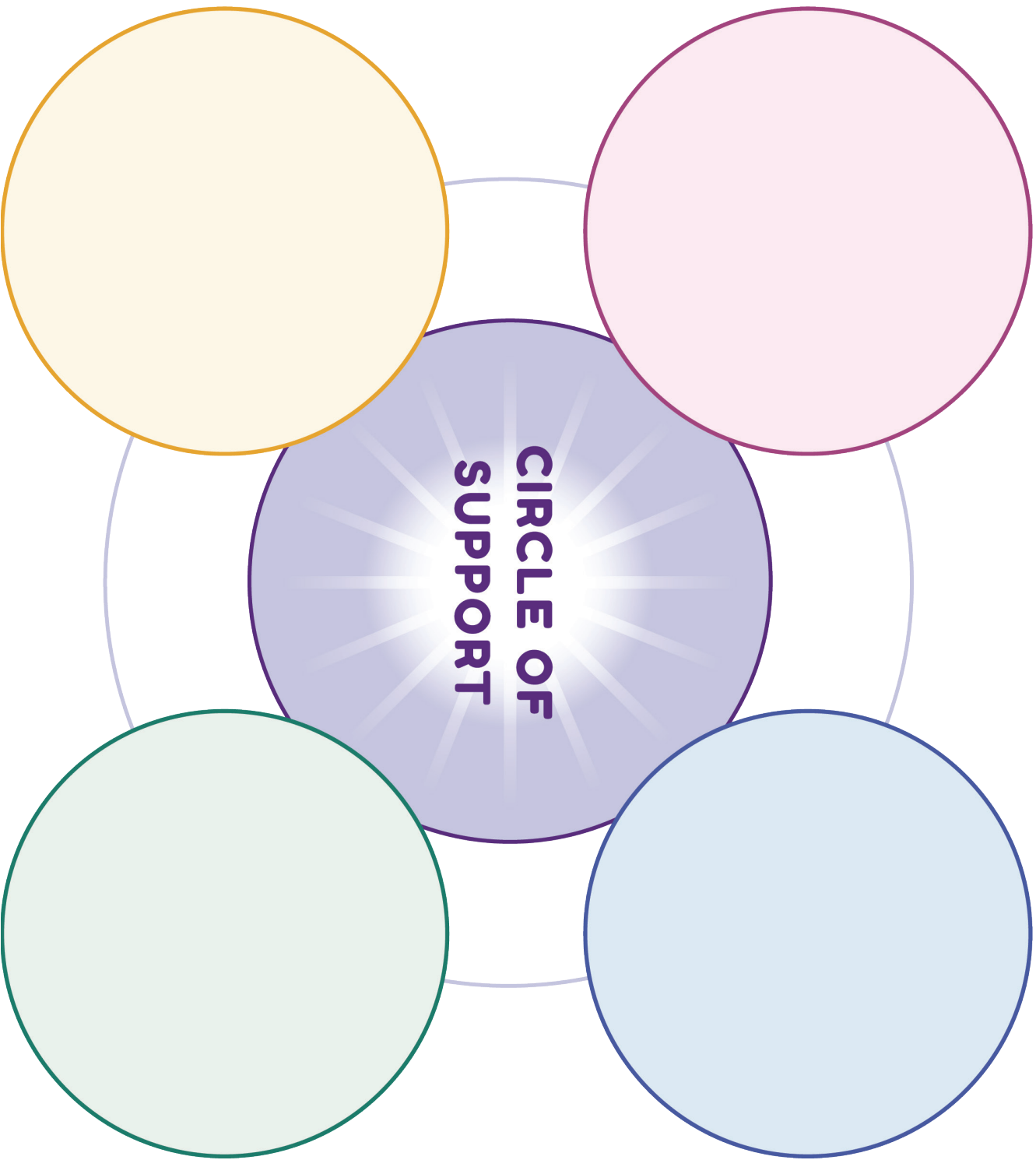


When you have **social connections**, you help your family build roots, which makes your family strong and resilient during difficult times. Having family members and/or friends you can count on and who can count on you makes life easier and more enjoyable. Giving and receiving support makes everyone stronger.



Concrete supports comprise your family's support network of people and community services. They provide information and other resources during challenging times. Knowing that you are not alone can help you make the best decisions possible for your family and yourself.

On the next page, we have provided you a *Circle of Support* resource. Write down a name or two and their contact information. Post it somewhere that you can easily see, such as on the refrigerator. Then, it is easy to find when parenting starts to feel like too much. Sometimes, knowing you are not alone will be enough. And, if that doesn't do the trick, call or send a message to someone on our list.





What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child’s perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
Learn to work with the other adults in my life...		I have other people in my life who I can depend on to keep me safe. We can play and learn and laugh together. (But always remember, no one can take your place.)	
Ask for support and help from others...		Everyone needs support and help sometimes – and it is a good idea to reach out to others.	



Sharing the Care from a Child's Point of View



Figuring It Out Together

Here are some things your child might tell you about sharing the care—if he had the words.

Through a Young Child's Eyes

Sharing the Care

What I can learn being with other trusted adults...

There are more people who take care of me. We can have fun together, and I can count on them. We are part of a community.

People are the same and different. They care about me and keep me safe. Some of them are tall, and others are short. Their hair is different; they may even be bald. Their skin may be different colors. They may speak different languages. I care about them too.

My important adults don't do things exactly the same way. That is very interesting. Sometimes, it is a little confusing and funny too. Why does Grandpa make those funny noises when he blows his nose?

I can learn about new things. My teacher sings me songs in Spanish. My babysitter takes me to the library, and we bring books home.

Auntie's house looks different than my house. Her kitchen has different smells when she is cooking.

I am safe and welcomed in many different places by different people.

Communicate to help me be safe, healthy, and happy with other adults in my life...

You know me best so be sure anyone and everyone taking care of me knows how to reach you.

Leave important health information, like a note about my allergies and my doctor's phone number, for anyone taking care of me.

Insist that everyone put me on my back to sleep (until I can roll over myself) and never smoke around me.

Tell my other adults about me. For example, share my favorite songs and activities, things that upset me, how you help me calm down, what I like to eat and when, and how you help me fall asleep.



Through a Young Child's Eyes

Sharing the Care

Be my bridge to help me feel comfortable with other adults...

I feel most safe and secure when I am with you. When I can hide behind you or sit on your lap to check out a new person, you help me be more comfortable. When I see you talk and laugh with that person, I learn they are A-OK. They have your seal of approval.

Stay with us awhile.

Talk with the other person to show me she or he is A-OK.

Invite the unfamiliar person to hand me a toy or a cookie or other object. It feels safe to connect that way.

Support me with goodbyes and hellos...

Goodbyes and hellos are a normal and sometimes bumpy part of life that we are all learning to handle. With your support, I can do it.

Goodbyes and hellos often stir up deep feelings for everyone. When you try to understand what I may be experiencing, it can help you figure out who is feeling what, so you can support me.

Routines will help me feel more in control and confident because I will know what is coming next. So, let's make some routines to use! Maybe, we give each other two kisses and a bear hug before you go, or we read a story when you come back.

If I ignore you when you come to pick me up at child care, I may be telling you I wanted you to stay today. If I cry when you walk in the door, and my teacher says, "But he was fine all day...", "do not worry and try not to feel bad. I trust you more than anyone, which is why I feel safe to cry or whine or protest when you say we have to go. I know you will be there for me, no matter what I do.

Make a visit to my healthcare provider as easy as possible...

Pretend play with me that we are doctors or nurses or going for a visit. A toy medical kit and box of band aids will make the play more real and fun.

Tell me what will happen. And be honest. When you tell me a shot will hurt for a minute, my trust in you grows deeper.

At our visit, I'll look at you to see how upset you are when I get a shot. If you are upset, I will be upset. We'll cry together. The calmer you can be, the calmer I will be.

What I feel when sharing care is a struggle...

When my important people struggle, I may struggle too.

It may be tough for me to be comforted by dadada when momma is not feeling well. I may be fussy because momma does comfort care more often, and she is my first coping choice.

When my most important people are not getting along, I can feel that. But, I may not be able to tell you with words. I may be clingy, cry easily, or have more tantrums. I may feel like I've done something wrong and try to fix it by showing care.

Even when my important people struggle, I can feel when they put my well-being first. That feels good. It shows me that people can disagree and still show love and be loved.



Take a Moment: You and Your Child

How do you think your child might describe the time he spends with you?

How do you imagine your child might describe the time he spends with another trusted adult in his life?

What might be the same about how your child sees you both? Different?



Figuring It Out Together

Here are some questions to ask yourself and talk about with your partner to help make co-parenting work for each of you and for your child:



What do your interactions with each other and your child teach her about how people can live, work, and thrive together during *bumpy* and *smooth* times?

As the protective factor *social and emotional competence of children* says, your relationship teaches your child what to expect from and how to relate to others. Do you interact in positive ways? Model ways to manage your feelings, like counting to ten or taking a deep breath? Talk about feelings? Show you care? Listen to each other?



What is good parenting? To you? To your partner? To your extended family members or close friends?

Each of you brings your family history, culture, and values to your relationship and parenting. Understanding how people see the role and responsibilities of parenting – how views are the same and how they are different – can help you in your supportive interactions with each other and with those who also care about you and your child.



Are there little or big ways you might get in the way of the relationship between your child and your parenting partner?

For example, do you always correct your partner about what she or he is doing in front of your child? Are you always the one to make your child's dinner, give her a bath, read to her, or put her to bed because you know the *right* way to do it? Are you the first in the door at child care when picking her up? Are there other things you might do that get in the way of your child's and your partner's relationship? If you answer "yes" to any of these questions, ask yourself, "What can I do or say differently to be sure our child has a strong relationship with both of us?"



How do you appreciate differences in your parenting styles?

Everyone has their own parenting style. For example, do you hear yourself saying, "Be careful" most of the time. While your partner says, "Go for it! You can do it!" Do you watch what your child eats while your partner gives her treats? If your child is safe and thriving, take a breath. She is learning from and enjoying both of you. Who knows, maybe you'll learn a trick or two that you'll want to add to your parenting style.



Have you made a plan about how to handle disagreements about child rearing, which are certainly going to come up?

Talking ahead of time can help you know what to do when emotions heat up during a disagreement. Here are some ideas and strategies you may want to keep in mind during times of conflict:

- Keep your focus on what is best for your child. This can help you determine if this is a disagreement between you two or is it truly something about your child rearing?
- Remember, your child will notice what you say and do. If you can talk together and work things out do so. You will be teaching your child that disagreements are part of life. Develop a hand sign or other signal for times you may be very upset that says, "We will talk about this later."
- Consider letting small things go. Does it really matter if your partner gives your child a treat? Dresses her in clothes you don't think go together? Forgets to comb her hair?
- If there is an issue that feels big and impacts your child's health, safety, or sense of self or learning, here are some steps to follow:
 - Put the problem into words
 - Make a plan
 - Give yourself a set time to try the plan
 - Check back at the end of that time to see how things are going
 - Revise your plan as needed
 - Try again



Do you talk regularly and often about your child? Are there ways you can communicate more often and more easily? Here are some ideas you might want to make part of your conversation:

- When and where can you find time to talk? In the morning? At dinner? Before you go to sleep? During the day? In person? By phone? By text? By email?
- Is there a family calendar to keep track of appointments and plans?
- Is there a family shopping list and/or a TO DO list where you can write down a note when you think of it?
- How much of your time do you spend talking logistics and plans?
- Do you find the time to share stories? Special moments? Your questions? And those moments that bring you joy? If not, how can you find time to do this?



Co-Parenting When Separated or Divorced and Sharing Custody

Even though your marriage didn't work, your parenting still can. You both love your child. Here are some thoughts to help you work together in your child's best interest:



Be willing to take a look at yourself and your feelings, needs, actions, and words.

Making things work for your child begins with you. Understanding yourself can help assure that you keep your child's best interests in the forefront – even as you go through challenging times.



Try to be steady and calm when you are with your child, even though your emotions may be running high.

Even babies and toddlers sense the tension of their adults. When you are upset, your child will be upset.



Give your child some simple, clear words to acknowledge the changes she sees, hears, and feels.

"Mommy (or Daddy) is crying. I am feeling sad. Let me wipe my eyes. Now, shall we sing a song together to help me feel better?" "Mommy and Daddy sure have loud voices. We were angry at each other – not at you." "This weekend, Daddy is going to take good care of you. I will take you to school on Monday."

Provide as much continuity as possible in regards to the following:



Where your child lives. Sometimes, it works for parents of babies and toddlers to share the care in one home. Other times, young children may rotate between two homes if parents are living separately.



Your child's daily routines. Be as consistent as possible about when your child eats and how you help her fall asleep at night. It will likely take communicating with your former partner to be sure you are both keeping life as steady as possible for your child. If communicating is a challenge, it can help to agree to focus only on your child and save talking about yourselves and your relationship for another time.



Relationships with other adults. Your child's teachers, her doctor, and grandparents are important adults in her life. These are people who know her and care about her and can be steady figures during this time of change. Inform them about what is happening in your life so they can support you in supporting your child.



Expect that your child may fuss more and her sleep and eating may be disrupted.

These are ways that a young child lets you know she is feeling some stress with all the changes in her life. Knowing this is a normal response to challenging times will help you respond with more patience and kindness.



Take a Moment: Working Together to Support Your Child

Are there some things that you do that support and encourage the relationship between your child and your parenting partner? What are they?

Are there some things you do sometimes that interfere with the relationship between your child and your parenting partner? What are they?

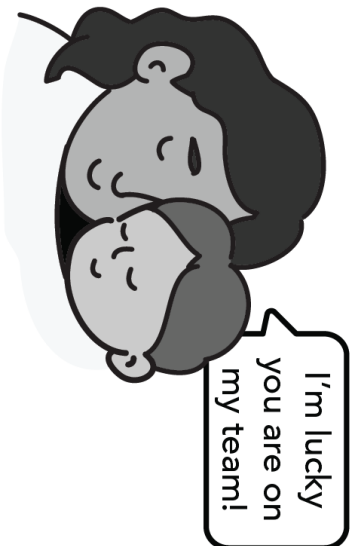
What might you do the same or differently to support their relationship?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child’s perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
Have an argument with another important adult in my life, work it out and explain to me what happened...		Sometimes people get upset, but they can still figure out how to be and work together.	
Share a story about something fun or funny that we did...		It feels good to tell stories and to laugh together. What we do together matters to you. I matter to you.	



Figuring It Out Together

Here are some ideas to keep in mind as you partner with family members, teachers, babysitters, your child's healthcare provider, and your family's home visitor.

You Know Different Things About Your Child

When you share what you know, you each get a more complete and helpful picture of your child.



You know your child like no other.

You know details about your child because you live with and love him. For example, you know your child's routines, likes and dislikes, and his health concerns. You know what you are feeding your baby these days, how you help him take a nap, what upsets him, how you help him calm down, what makes him smile or laugh, or whether he has allergies.



Your child's other adults have other information that you need to support your child as he moves out into the world. Here are some examples:

- *Grandparents and other relatives* know stories about your family. They likely have ideas about parenting – and may be very willing to share them with you. These ideas and suggestions may or may not fit how you have decided to raise your child.
- A teacher knows about child development and how to create a learning space and plan for and work with children in a group and as individuals.
- A healthcare provider knows about the health and development of young children.
- Your family's home visitor knows about families and how to support parents who are raising their children when life is bumpy and smooth. Home visitors also know about community resources you may find helpful.
- *Babysitters* vary widely in what they know and how they respond to children. When hiring a babysitter, ask other parents about her dependability and how she interacts with children - especially in the face of crying or other challenging behaviors. Consider hiring her for a few hours of a test run when you are nearby and able to check in regularly to see how things are going.



Provide Information to Keep your Child Safe and Healthy When Others Care for Her

Everyone caring for your child needs basic information. Fill out and post the *Caring for My Child Checklist* that comes with these Family pages. You can also make a second copy to give to your child's program if she is in child care. This way everyone will have the following information:



How to reach you.



Health issues, such as allergies and medications your child may be taking.



Safety issues, such as safety routines you follow and instructions for opening the child lock on the toilet (which can be challenging!).



Your child's daily routines for sleeping, eating, changing or toileting, bathing and dressing.



SAFETY NOTE: If your child is an infant under 6 months, remind everyone who cares for him about Back to Sleep and to keep bumpers, blankets, and toys out of the crib to prevent Sudden Infant Death Syndrome (SIDS).



SAFETY NOTE: Phone numbers for your child's healthcare provider and Poison Control should be highlighted and easy to find.



Preparing for a Visit to Your Child's Healthcare Provider

You will make many visits and calls to healthcare providers in the first 3 years of your child's life. Well-baby visits and immunizations happen regularly in the first years of life, so the healthcare provider can check your child's growth and development and give vaccines when needed. Fevers, rashes, and bumps are common and often mean calls to you healthcare provider – sometimes in the middle of the night. During these visits and conversations, your relationship with your child's healthcare provider will grow, and you can work together to keep your child safe and healthy.

Here are some ideas to make your visits and calls work for you and for your child – and for his healthcare provider:



Write down your questions and any important information.

Now, you won't forget something important. Questions could include the following: "When can I start feeding him solids?" "A child in his family child care home has pink-eye. Is there anything I should do?" You might jot down his temperature over the last few hours or note that his rash is red and bumpy.



Write down what the healthcare provider says – whether over the phone or during a visit.

For example, your provider could say the following, "Use the dropper from the package, NOT a kitchen spoon to measure cough medicine" or "Call back in 2 days."



Prepare your toddler and 2-year-old for visits.

Talk about what is going to happen. Make up a story or read a book about going to the doctor. Act out a visit. You might take turns being the doctor and being the patient or treat your child's stuffed animals or a doll. Adding a toy doctor's kit, a box of band aids, or roll of reusable gauze bandages can make your pretend play even more interesting and fun.



Be honest.

Getting a shot means a little prick that hurts for a minute.



Take a family member or friend to visits when possible – especially when your child is an infant.

You'll be nervous and focusing on your child. A second pair of ears is always helpful.



Share any worries.

If you feel something is wrong, trust your gut. You know your baby better than anyone. Rather than compare your child to others and worry, talk to your child's healthcare provider. Ask your questions and pursue them until you discover everything is fine, which is likely the case, or until you have planned to learn more.



Stay calm and steady.

Your child will be watching you to see how he should respond. If you are upset about him getting an exam or a shot, he'll be even more upset.



Compare Notes, Learn, and Enjoy Time Together as Your Child Learns and Grows



Talk about your child.

Try looking through your child's eyes to understand how he sees the world and why he behaves like he does. This is information you can use when you decide how you want to respond in a particular situation.



Share the joy and wonder of living and learning with a young child.

Did your baby laugh with delight and play peek-a-boo when you were changing her? Did your toddler tell her teacher that, "Mommy put that peel on my banana"? Did your 2-year-old explain, "Leaves are on the ground because it is falling time"?

When you Disagree – Which you Will...



When you feel upset by something, sometimes you can let it go.

Choose to react calmly or in a nonnegative way if a teacher or grandma loses one of the baby's socks or if your toddler comes home with dirt on her pants.



Other times, it is important to be clear about your expectations and explain them—clearly and respectfully.

For example, if play looks a little too rough, you might say to a babysitter, "I notice sometimes you are shaking him and bouncing him. I am worried that could hurt his neck or brain. Let's figure out another game for you both to enjoy." If you have any doubts that this person will not pay attention to or remember what you said, it may not be safe to leave your child alone with him or her.

Show your Appreciation to the Other Adults in your Child's Life



Acknowledge how much you appreciate the support and care offered.

Say "thank you" – even to grandparents. If your child is in child care, help pick up toys at the end of the day. Perhaps, most important, come back to pick up your child on time. Teachers and babysitters have families and lives too.



A Closing Note: Remember: No one can ever take your place in your baby's life.

No matter how skilled a teacher or how funny a babysitter or grandparent, you are at the center of your child's world.



Take a Moment: Working Together with the Other Adults in Your Child's Life

When, where, and how do you share information with your child's teacher? Babysitter? Healthcare provider?

How do you show your thanks and appreciation for the other adults in your child's life?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
Say thank you to Grandpa or to my teacher...		Saying thank you is important. If you do it, it is something I will do too.	
Tell me: "You are getting a shot today to help you stay healthy. It will be like a little pinch and will hurt for a minute or two. I will be there with you. Then, the doctor will put on a band aid afterwards to help you feel better."		I can count on you to tell me the truth and to be there to help me.	



Figuring It Out Together

Whether on a walk to the park, down the supermarket aisle, at child care, or at a family gathering, at around 6 to 8 months and over the next year or so, your child is likely to need your support to feel comfortable with unfamiliar people.

What Your Child Might be Experiencing

In the first months of life, you can give another person your baby to hold, and she may not seem to notice. But this will change because your baby is growing, learning, and changing.

Beginning around 6 to 8 months and for the next year or so, she may begin to react to new people with a stare, hiding her face in your shoulder, crying, or clinging to you. It happens even with a family member who may have visited a month ago. (A month is a long time in a baby's life.) This is called stranger anxiety.

This can be confusing. Why is she crying when she has been alright with everyone until now? It may hurt Uncle Leo's feelings when he comes a long way to visit her and is greeted with tears. Stranger anxiety may look like a step backward; however, it is really a step forward in your child's development. It tells you your baby's sense of self as a separate individual and her trust in and love for you are deepening. She is saying, "I want to be with you – my most favorite and loved person in the whole wide world."



Supporting Your Child with Stranger Anxiety

Here are some ideas you can try to help your baby feel more comfortable with someone unfamiliar or someone she knows but hasn't seen for a while:



Let her sit on your lap or hold her in your arms as she checks out the other person.



Talk to your baby about time that she has spent with this relative.

Remind her of the loving time she had with the family member: "Baili, remember last time she was here, Grandma sang you 'Twinkle, Twinkle Little Star' over and over again."



Introduce her to the new person.

"Maria, this is Cordell. He goes to school with mommy." Though she won't understand the words, she will understand you are comfortable with that person.



Talk with the unfamiliar adult while your baby is in your arms or on your lap.

By doing this, you are giving your seal of approval, and your baby will sense your comfort.



Invite the other adult to offer an object (e.g., a large key ring, glove, measuring cup or a small toy to your child.

This could create a bridge between them.



Sit with her on the floor near the other person.

Let her sit on your lap. Explain you are going to stay there so she knows she can come back to you if she crawls off to get closer to the person she is getting to know.



Being a Bridge Between Your Child and an Older Sibling

A new baby in the house means many changes – for everyone. Try to look through your older child(ren)'s eyes and it is easy to see this can be a time of many and mixed emotions for them. People stopping by and admiring the baby, changes in routines that may occur, and a newborn's crying can be stressful. However, Grandma coming to stay for a time, special treats, the pride of helping mom pat baby's back, and the occasional gift can be exciting.

Here are some ideas you may decide to try to build a bridge and get your older children's relationship with the new baby off to a sound start:



Give your older child(ren) words for what is happening.

"Sometimes, new babies cry a lot." "I know you'd like to have a drink too. You have a sippy cup. Let's look together and find it on the counter."



Make enough room on your lap for everyone at times.

"We can all sit together for a snuggle. We are a family."



Give your toddler or 2-year-old time to play being baby.

Young siblings often want to be a *big kid* and a baby at the same time. Now, your older children may think the new baby is getting everything—sleeping in your room, nursing or a bottle, or always riding in the stroller. So, give her a chance to be a baby. You might wrap her in a blanket, rock her, sing her a favorite lullaby, take her for a ride in the stroller, or feed her lunch.



Give your older child(ren) one-on-one time.

Some activities you could share include taking a walk, going to the store, setting the table, reading a book, playing with a ball, or building a block tower.



Give your older child(ren) a chance to help you with the new baby.

Give her a *real* job to do, like hold a clean diaper, choose baby's socks, or help pat baby's back. Thank her for helping.



Acknowledge the times your older child(ren) behaves in caring, loving ways to your newest family member.

"I noticed that you sang to him when he was crying in his stroller. That was very kind to try to help him calm down." "Thank you for getting him a dry shirt to wear."



Take a Moment: Being a Bridge for Your Child

What are your hopes and dreams for your children's relationship(s) today and in the future?

What would you like them to think and say about each other 10 years from now?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Stay nearby while I am getting to know someone new...	I am safe because you are there. If I move away to be with someone else, you will still be there when I come back.
Give me words for what is happening when you bring home a new baby...	You understand when I need some support with such a big change. We can talk about anything.



Figuring It Out Together

Sharing the care means that you and your child will have goodbyes and hellos when you leave him in the care of another trusted adult. These moments of going away and coming back are a part of life that we experience our whole lives. Sometimes goodbyes and hellos are smooth. Other times they are bumpy. That is true for all of us no matter our age.

Saying “Goodbye”

Around the age of 6 to 8 through 18 months, goodbyes get more complicated. If your baby cries, screams, or clings to you when you say goodbye, he isn't being bad. He just wants to be with you. He loves you. He trusts you. He knows you can leave at any time and isn't yet able to keep you in his thoughts or remember that you will come back like you always do.

By around the age of 2, he will be able to hold a picture of you in his mind, and, from experience, he will begin to have the idea that you will return always.

With your support and by working with the other caring adults in your child's life, over time he will learn to negotiate this normal, and at times challenging, part of life.

Supporting Your Child with Goodbyes

Here are some ideas you may decide to try to support your child with goodbyes:



Play peek-a-boo.

Peek-a-boo is a way of practicing hellos and goodbyes, and it gives your child a sense of control. The best thing about it is that you are always there when he looks through his hands. It is a reminder that you will always come back.



Spend time together with your child and the adult(s) who will be caring for him before you leave.

Stay a little while even when it is a family member who comes to take care of your child. Arrange a visit with a new babysitter before the day you need to leave your child with her. Starting child care? A quality program will have a phase-in time where you stay with your child, then leave for gradually increasing periods of time. These are chances for everyone to get to know one another and for your child to know you give your seal of approval to adults who will care for him.



Talk with his *caring adult* about how you can work together to say goodbye.

For example, your child and his caring adult might walk you to the door or wave to you through the window. There may be times you decide together that it is best for you to say goodbye and simply leave knowing the other adult is right there to support your child. At other times, it may be best for you to stay a little while to help your child adjust rather than saying goodbye and immediately leaving.



Develop a goodbye routine.

For example, a 5-, 2-, 1-minute warning, then three kisses on the nose before you leave could work well. Familiar routines give children a sense of competence and comfort because they are soon able to count on what is going to happen next. They make goodbyes easier for you too.



Let him have a *lovey*, blankie, or cuddle toy (also known as a transitional object) if he shows interest.

A soft object—maybe a stuffed animal, a blanket, or one of your t-shirts—can provide emotional comfort for your child. It carries with it feelings of being with you and, perhaps, feelings of cuddling with you. About 60% of children have a *lovey*. Having this object may start around 6 months. They tend to be very important for children between the ages of 18 and 30 months.



Avoid sneaking away.

Let him know he can count on you to tell him what is going to happen, even if it means some tears. Otherwise, he may spend time and energy looking for you and worrying you will disappear even when you are together.



At the same time, avoid prolonged goodbyes.

It can be tempting to walk out the door and then come back in when you hear him crying. But, doing that can make it harder for both of you. So, stand outside and listen. Look in the one-way mirror if your child care program has one, or call for an update from the sidewalk. Chances are good he is already settling into the day.



Saying “Hello”

You might be thinking that if separating can be so difficult, reuniting should be a joyful experience. Sometimes it is; your little one looks at you with a bright smile and crawls right over to you. But, this is not always the case. Your reappearance may lead to a meltdown, or you may be ignored. Sometimes, you may experience the heart-wrenching experience of your child breaking into tears.

What is really happening is that when you walk in, your child is telling you he is tired or letting go after holding himself together all day. He may be telling you that someone took his toy, that he has feelings about you leaving, or that you’ve disrupted an activity he wants to finish. Most important, he is showing you he feels safe because he can count on you and your love no matter what.

Here are some ways to support your child when you reunite:



Try to find time to take a little breath for yourself on the way home or to child care.

This will allow you to pay attention to your child when you walk in the door and make the greeting easier for both of you.



Develop a routine for hellos.

Maybe try a wave and then a hug, or, again, try three kisses on the nose.



Be present even if he seems to ignore you or acts up.

These hard-to-take greetings show how much your child loves and trusts you. Be gentle, reassuring, and remind him, “I came back just like I always do.”



Share a healthy snack for the trip home from child care.

Low blood sugar can lead to cranky children and adults. Share a rice cake or a banana as you come back together again at the end of a busy day.



Take a Moment: Goodbyes and Hellos

How do you handle leaving and reuniting with people you love? Do you prepare and think about these times? Do you get them over as quickly as possible? Do you try to avoid these moments? Do you brush them off as not important?

What are three things you want your child to learn about goodbyes and hellos in his life



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Remind me, "I will come back like I always do"...	I can count on you. I can trust you will come back.
Develop routines for us to say "goodbye" and "hello" (and really for anything we do together)...	I know what is coming next, which helps me feel comfortable and competent.



Figuring It Out Together

Sometimes you may change who or how someone cares for your child, or you may have a concern about how your child is developing and learning. These are times your child needs you to advocate for her and to try to solve a problem on behalf of her best interests.

When Something Doesn't Feel Right

Sometimes something doesn't feel right when sharing the care. A babysitter may show up late. A grandparent may seem very tired or unsteady when he or she arrives to be with your child for the day. You might notice that your child reacts negatively to a teacher, or your child's healthcare provider might seem distracted when you ask questions about your child's diet.

There are no easy answers on how to handle situations like this or your feelings of unease. Here are some ideas you might want to consider:



Trust your feelings.

If something doesn't feel right, check it out.



Feel your big feelings thoughtfully.

Being aware of your feelings can allow you to take a pause to think and respond in a helpful way rather than becoming very angry or losing control. When you do this, you help your child begin to learn how to have intense emotions, manage these emotions, and solve the problem.



Watch to see. Is the concerning behavior a one-time event?

Everyone has an off day. Keep your eyes open. If the days go by and you don't see a worrying behavior again, things may be OK.



Say something if concerning behaviors continue.

Sometimes noticing and calling out a behavior are enough to influence the individual to change the behavior. Perhaps your babysitter needs a reminder that being on time is important to you. Perhaps grandma or grandpa isn't getting enough sleep, and he or she needs to change a medication. You may discover that your child's teacher has been out of class for a week, and your child is adjusting to her return. There could have been a family crisis in your child's health provider's life around the time of your last visit, so he or she was distracted.



Talk the situation over with someone you trust.

Try to get a trusted person's perspective regarding your concerns: a family member, friend, child care director, or your home visitor.



Focus on solving the problem rather than blaming.

For example, talk with the other person about how to make things work better. There may be steps he or she can take. For example, your babysitter can set her alarm, so she leaves for your home on time. There may also be steps that you can take, such as spending a little more time with your child and her teacher to support their relationship. There may be steps you can initiate, such as talking to a healthcare provider about what you both can do to assure you get answers to your questions.



When You Need to Consider a Change

If concerning situations continue, it may be time to consider a change. This is often easier said than done. In many locations, there are not enough affordable spaces for babies and toddlers in child care. In other situations, there may not be many pediatric healthcare providers or family practitioners. There are no simple answers; however, here are a few thoughts for you to consider.



Consider what is in your child's best interest.

Be your child's voice.



Talk over your thoughts with someone you trust.

Discuss your concerns with your partner, a family member, friend, your child's teacher or healthcare provider, or your home visitor. Do they see the situation in the same way? Do they have ideas that can help you make a current situation work?



Explore options.

For example, if you want to change child care programs, talk with people you trust and who have knowledge regarding different, available programs. Think creatively. Is there another parent or two who might want to team up to hire a child care provider with you? Is there a relative or neighbor who might be able to care for your child on a regular basis?



Take action if your child is in danger.

If you fear for your child's safety, health, or well-being, she needs to be in a different situation, and you should make an immediate change.



Develop a short-term plan with your home visitor if you have to make an immediate change.

Explore resources together, and identify steps to find an arrangement that will work better for you and your child.



Take a Moment: Advocate for Your Child

What does trust your feelings mean to you?

How can you keep your focus on solving a problem rather than blaming someone?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Talk with someone, and try to work something out...	People can talk together even if they disagree. Talking together can be a way to solve problems.
Take action if I am in danger...	I can count on you to watch out for me and keep me safe.



Everyday Moments

Parental Self-Care



Main Elements

Content Areas

- Teaching About Parental Self-Care: *Protective Factors and Trauma-Informed Principles*
- The Science: Self-care Practice: What it Is and is Not; Self-care, Emotional Health, and Mindfulness; Giving Help and Accepting Help; When More Support is Needed
- Why It Matters to Families: Each Person's Well-Being Matters; Building a *Circle of Support*; Reaching Out and Resilience
- Home Visit Activities and *Family Pages*
- Important Safety Supports and Knowledge: Anxiety and Depression in the Transition to Parenthood

Teaching About Parental Self-Care: Protective Factors and Trauma-Informed Principles

Expectant, first-time parents face many new demands in their daily family life with the preparation and arrival of their first child. Experienced parents also undertake the reshuffling of family resources and needs with the addition of other children into a family system because a second or subsequent child rarely arrives with all of his or her older sibling's characteristics! When young children come into a family system, parents may struggle to ensure that every family member's needs are met. Because parents have to manage the competing interests and needs of individual family members from day to day, the parental self-care that may be needed often gets pushed to the bottom of the list. When parents are not able to take time for themselves to recharge or recognize when they need self-care, the overall well-being of the family is affected. If short-term decisions to put off parental self-care turn into long-term family patterns, the well-being of one or more parent is at risk; in turn, this puts the children in the family at risk.

Self-care is any activity a person chooses that supports one's own social, emotional, and physical well-being. Activities can include exercising, eating healthy food, getting enough sleep, engaging in prayer or meditation, meeting a friend for coffee or a run, and enjoying a hobby. Self-care activities help a person de-stress;



Everyday Moments

Parental Self-Care



refuel emotional and physical energy; and recognize when there is a need to connect to others, whether with a supportive friend or a professional in an allied health or family support program. Self-care practices directly promote a healthy *self*. In the context of **parental self-care**, the work parents do to take care of themselves fosters healthy connections with their children. Healthy parents are more available to care for their children and attend to the daily needs of their whole family system.

Parents can face different kinds of pressures regarding their own self-care. Statements friends or family members may say, such as “being there for your child,” can be used to criticize parents by implying that their choices that support self-care are selfish. For example, a first-time mother who sets up a child care plan so she can establish a regular workout schedule might be told that her “little running hobby” should wait until her toddler is in preschool because the early days pass so quickly, and she will miss out on that time. Some parents may have some strong self-care practices, such as saying “No” to requests that take away from their available resources (e.g., time, money, energy) or planning regular video calls with family or friends who are important to them. Other parents may have practices that they view as self-care, but, actually, these actions are not helpful in maintaining or improving their well-being, such as drinking a 6-pack of beer after work or doing a bit of *retail therapy* that goes on a credit card.

Home visitors can work with parents to identify activities that are nurturing to themselves as adults and as parents. Part of this work may include helping parents see what kinds of activities are really working for their well-being, and which ones may not be working.

This chapter helps to address the following *Protective Factors*:



Social Connections



Concrete Supports of Families



Parental Resilience



Knowledge of Parenting and Child Development



Social and Emotional Competence of Children





Teaching about Parental Self-Care offers opportunities to model the following *Trauma-Informed Principles* in the parent-child and parent-home visitor relationships:



Safety– Connections between self-care and safety often are rooted in being able to establish and maintain healthy boundaries. Setting boundaries means that a person identifies limits and acceptable ways others can act toward him or her. It also means setting limits for one's self. Parents who have survived abusive or neglectful care, while growing up or who did not have positive role models, may struggle to set healthy boundaries. In part, this is likely because their attempts to set boundaries for themselves during childhood were not respected by one or more important people. Some trauma survivors may have established very strong boundaries as they separate from unhealthy elements and people. Now, they may want to rethink how those boundaries operate, so they can develop and maintain healthy relationships and life choices.

Physical self-care safety behavior can be as straightforward as setting up evening routines that help parents get the sleep they need to be safe on their work commute and at work. Physical safety and self-care connections can also be subtler. For example, a person who needs to maintain personal space with others may offer a handshake and place one foot forward in order to establish some physical distance between oneself and another person who may like to greet with hugging. Home visitors may be in a position to help parents recognize their current physical self-care strategies that are often done subconsciously.

Boundaries are also evident in many psychological self-care practices. For example, a parent may choose to reduce the amount of time spent with a family member who speaks with criticism in almost every conversation. When parents begin to feel psychologically safe within the home visitor-parent relationship, they become more willing to take steps toward disclosing difficult experiences (past and present) and to be vulnerable and ask questions and seek support.



Trustworthiness and Transparency– Safety, trust, and transparency are strongly linked – trust cannot be built without a first sense of safety, and trust and safety cannot be maintained when transparency and openness are not part of a relationship. Many parental self-care actions are driven by a parent's trust in others or the lack thereof. For example, a self-care behavior built out of broken trust might be to separate finances from a joint account because a partner is spending money intended for monthly bills on frivolous purchases. A parental self-care behavior built on the growing trust between a parent and home visitor might look like a parent who asks about available counseling resources or



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who takes a first step to try out a self-care idea they thought of together, like putting electronics away 2 hours before bedtime for a week to see if that helps reduce sleep deficiencies.

When parents are able to build a foundation of trust with home visitors, there can be opportunities for parents to think with their home visitor about current self-care needs and practices, such as deciding to change a practice or a thought that might not be serving them well. Transparency can be demonstrated when home visitors share common struggles they've had or worked with, which lets parents know they are not alone, and there are many different ways to give care to oneself.



Peer Support and Mutual Self-Help– Parents' self-care activities can include building a *Circle of Support* – people who can be counted on to provide a moment (or more) of respite when things are tough. Their support team can include partners, extended family, friends, neighbors, religious mentors, healthcare and child care providers, and home visitors.

Parents who build support connections can also provide support to others within their circle, such as trading off afternoons with another parent so each can have a few hours to run errands or sharing empathy with and doing some household tasks for a parent who is struggling with an illness.





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Collaboration and Mutuality– It can be difficult for individuals to ask for or receive support from others, but they may be very willing to offer support to those in need. Yet, mutuality indicates that both giving and receiving are necessary in developing peer support. Learning to receive can be challenging for people who are used to showing their care through giving acts. It can also be difficult to ask for and receive help when people have past experiences of support denied or have been told they are not worthy of help. Learning to give and receive support within the parent-home visitor relationship helps move this partnership forward for the benefit of the family's well-being without this progress coming at the expense of others.



Empowerment, Voice, and Choice– Acts of self-care are acts of self-advocacy. As such, these acts can be transformative for parents and families. Making choices to build and integrate self-care practices into one's personal and family life can be small yet big at the same time. Parents already do some acts of self-care, but they may not recognize them as such. For example, using available insurance benefits for eye and dental care and all covered medical checkups, like annual physicals and women's health exams, is an act of self-care. When home visitors can see what parents are doing, they can help parents build on their strengths and become aware of choices they can make to maintain and/or improve their well-being.



Cultural, Historical, and Gender Issues– Self-care practices are influenced by many factors. It can be important to listen to parents when they describe what activities recharge them and keep them going. Those activities might be very different from what you might personally choose. Consider these guiding questions to determine if an action is part of self-care:

- (1) is the activity built on compassion for oneself,
- (2) is the activity restorative or preventative, and
- (3) does the activity cause harm or neglect to others.

Everyone can select self-care practices, regardless of resources, cultural background, or social expectations.



The Science: Parental Self-Care Benefits and Challenges

As mentioned in the introduction, parents who are able to work toward and maintain their well-being are also more able to be present, connected, and engaged with their children. Yet, this knowledge can put pressure on the parents' decision on how to allocate their available resources. Parents often hear messages that seem contradictory, such as "...their children are the most important person to care for within the family system" and "...parents need to work on their own self-care in order to be able to care effectively for their children." These messages can distort internal beliefs about what good parenting is and drive the decisions that parents make for meeting care needs across their family system.

While these statements contain pieces of truth, they do not describe the full picture of caregiving and self-care needs within a family system. If parents feel bound by these two guiding beliefs, they may be making choices for caregiving and self-care in which the parents' self-care needs are continually not or not quite met. In addition, parents may only value their own well-being in the context of their children's well-being and dismiss or diminish the importance of parental self-care as important for themselves as individuals. Home visitors can help parents see themselves as individuals who also need and deserve care and are not just able to care for others. And, by the way, this also holds true for home visitors.

Self-Care Practice: What it is and What it is NOT

The practice of self-care involves awareness of one's thoughts and feelings, the ability to think about oneself with compassion, and the skills and willingness to seek and make use of concrete and emotional support resources. Most self-care literature focuses on what actions



and thoughts provide a direct benefit to the person practicing self-care, such as lowering physical and emotional stress and increasing or maintaining one's physical, social, and/or emotional health.

Coping or Self-Care?

Sometimes people use the terms coping and self-care interchangeably, but they are not quite the same. Both are important for a person's resiliency and well-being, but they operate a bit differently. Coping behaviors are those that a person does on a daily basis in order to meet the demands before them. Coping behaviors include just doing the best one can at the time, like pushing through a tense work meeting by minimizing personal emotional distress and keeping the discussion productive for every team member. Coping behaviors are often adaptive, such as the parent with more work flexibility taking time off to care for a sick child. Coping behaviors can also be self-protective.



For example, a new parent may cut off contact with his own parents because of traumatic or neglectful experiences in his own childhood to which he does not want his young child exposed. These areas of coping are positive and adaptive responses to a range of stressors. Each of these examples may also contain elements of a person actively denying or diminishing his or her own emotional needs and distress. It is this daily responsiveness and the potential co-occurrence of shutting down reflection and awareness of one's emotional states that makes coping different from self-care.

Self-care behaviors are the activities that become regularly scheduled and that help maintain or improve one's long-term well-being. This means that self-care is more preventative in nature and requires a sense of self-awareness, intention to build patterns of refueling, and commitment to keep these activities a priority when other demands on time

and resources surface. People who are aware of their responses to stress are in a position to create and maintain regular self-care activities to build up their reserves.

The ability to put self-care into practice also means individuals are able to evaluate the different stressors and circumstances in their life and identify what is within their control to change. When circumstances are beyond one's control, coping behaviors may be a good short-term solution. Yet, if the circumstances continue beyond what is expected or become the *new normal*, coping will likely not be enough, and self-care actions may need to be integrated to counteract the stressors and support well-being. Let's look at two family examples with differing types and intensities of stressors:

Phillip and Casey are new parents in their early 20s. Each has a high school diploma, and Phillip is completing an extensive, paid apprenticeship in welding. Casey has her cosmetology license and rented a chair at a local salon before and during pregnancy, but she let that go after their son was born 4 months ago. Phillip and Casey relied on both incomes to meet monthly expenses, and they know they will need more income very soon or find ways to cut monthly costs. However, each of the options they've explored also has a financial or time cost. Moving to a less expensive apartment requires security deposits and hookup/disconnect costs and time off work for Phillip. If Casey returns to work, they will need to find paid child care, but the costs of child care almost cancel out the additional income Casey's work could provide. So, they are now looking at whether Casey should go back to school to become an office professional. They think this career change might provide more stable income and benefits, such as health insurance in the near future, but the cost of school would be an added burden to a young family with few resources.



What stressors are out of this family's control?

There are several financial stressors: cost of rent for their apartment, expenses for Casey returning to her profession or school, and the costs of paid child care.

What else might be out of their control or very difficult to change?

Their family needs both incomes to maintain their current living situation, so, through exploring options, they've come to realize that their current ideas are difficult financially even though every choice might help over time.

What daily or chronic stressors do Phillip and Casey have to address?

An ongoing need for additional income and the limited options to improve their situation could be frustrating. Decisions about ways to reduce current expenses to save money in order to make changes may also be challenging. They want the best for their child, and they probably feel it's difficult to meet expectations. As one of their goals is attaining a job with health insurance, this family may not be able to afford health insurance currently.

What self-care actions could each parent establish on a recurring basis to help them regroup and look after their own parental well-being?

Framing their current training and jobs as investments in themselves and their family stability can be helpful when things feel tough. Establishing regular family conversations about resources and goals to check in with each other helps each partner make informed choices about how to use and save resources. Phillip and Casey may have friends or family to whom they can turn to share struggles and find support. Reaching out to their *Circle of Support* may provide emotional or instrumental support that they can later return.

How could a home visitor support this family in building their self-care practices?

Many of this family's primary stressors are financial. A home visitor may be able to brainstorm with the parents to identify low and no-cost activities and social connections that help reduce stress and give each of them some space to regroup. There may also be community resources that Phillip and Casey are not using. Checking in to see if they are accessing WIC, SNAP, or food banks could be important in connecting this young family to resources that would ease their monthly budget.





Tim and Neysha are a couple in their mid-30s with two children ages 5 years and 20 months. Their 20-month-old has been hospitalized many times in her short life due to a congenital heart valve defect. This toddler had her first two surgeries at 1-week and 7 months old, and she faces at least one more before she turns 3. Tim and Neysha each work full time, but Neysha's work demands are stricter and include the need to travel on short notice. In addition, the family's insurance and benefits are tied to Neysha's job. Tim has some work flexibility, but he has used all of his sick days for the year. He is, currently, completing paperwork for FMLA leave and asking for sick day donations through his workplace to try to cover the days off needed when his toddler's next surgery is scheduled.

What stressors are out of this family's control?

Their daughter's heart condition and medical needs are certainly stressors. Do you think the parents might consider the limited/maxed-out sick leave a stressor that is out of their personal control? In addition, having another young child with daily needs might contribute to the list of stressors this family must consider.

What else might be out of their control or very difficult to change?

There can be uncertainty around their toddler's daily medical needs, scheduling appointments, and potentially the need to hire or coordinate in-home medical care. Tim and Neysha may both feel locked into their current work situations because a change in work for either one could result in loss of medical coverage and/or flexibility. Family patterns of daily life may also be restricted, and this could wear on each family member in different ways.



What daily or chronic stressors do Tim and Neysha have to address?

While the example does not provide a lot of details, consider the daily ins and outs of this family's life. They must attend to the ongoing maintenance needs of other family members; health needs; school and wrap-around care for their 5-year-old; regular life tasks, like grocery shopping, paying bills, participation in any social or community groups (e.g., religious and local recreation groups); and potential increased job demands due to type of work. There are many considerations to think about and priorities to set.

What self-care actions could each parent establish on a recurring basis to help them regroup and look after their own parental well-being?

Respite care might be an option for setting a regular night out. They might also decide that their ideal routine for family meals could become less time intensive by planning one or two meals a week that provide leftovers or buying pre-made options like a rotisserie chicken or warm-and-serve casserole.

How could a home visitor support this family in building their self-care practices?

There are probably many opportunities to listen to the parents discuss their challenges. Because this family has some very particular needs, a home visitor may be in a good position to make referrals and assess how well the coordination of needs is managed. There may be play groups for their 5-year-old that would offer some time with other parents and give their older child opportunities to take a break from the daily challenges of having a sibling with a serious health condition.

Coping and self-care practices may overlap, but they may also contradict each other because the goals of each are slightly different. Coping is focused more on meeting daily challenges, while self-care is focused on longer-term well-being.

Is self-care selfish?

No! In the introduction to this *Everyday Moment*, a few examples highlighted some ways in which parents come to believe that doing care for themselves is selfish or self-indulgent, and these actions could be taking care away from their children. There are a few clear differences between self-care and selfishness that parents should understand.

Understanding how these concepts are different from one another can help parents who have guilt over spending time on themselves or who feel judged by others for their self-care.

Self-Care	Selfishness
<ul style="list-style-type: none">• Activities that contribute to a person's well-being, physically, socially, and/or emotionally• Focused on long-term well-being that does not come at the expense of others• Preventative and restorative• Built on a foundation of self-awareness, compassion for oneself, and willingness to seek out resources for support	<ul style="list-style-type: none">• Activities that show no regard or concern for how others are affected• Withholding support, resources, or care to use for oneself only• Expectations that others should be willing and ready to help, even if it comes at their expense• May come at a cost, such as spending money that is not in the account, undermining health, or losing relationships



Self-Care, Emotional Well-Being, and Mindfulness

One area of research in well-being is focused on mindfulness: “A mental state achieved by focusing on one’s awareness on the present moment, while calmly acknowledging and accepting one’s feelings, thoughts, and bodily sensations” (English Oxford Living Dictionaries, 2019, Mindfulness definition). It is a self-awareness practice to be able to see and accept what one is currently thinking and feeling without making judgments about those thoughts and feelings. In general, mindfulness research, the practice of mindfulness, is linked to improved emotional and psychological health. Some recent studies with new parents have shown that mindfulness may be related to reducing parental depression and anxiety and have lasting, positive effects for both parents and infant. In these studies, parents who were at higher risk of depression or anxiety in the perinatal and post-natal period and who received mindfulness training and parent education reported less depressive and anxious symptoms at their child’s first birthday than parents who only received information about parenting and child development.

Conversations about sitting with one’s thoughts, feelings, and beliefs and holding off on judging one’s own actions and abilities can be a starting point for parents to work on their self-care beliefs and practices. These internal changes are more difficult to recognize than outward changes, such as improving one’s diet, taking care of medical needs (e.g., physicals, dental cleanings, eye exams), setting up a regular phone chat with a friend, or participating in a game night with other families in the neighborhood. Home visitors can play an important role in supporting parents to facilitate internal changes that may ultimately benefit them and their family.

Self-care practices are often included in work with parents who have clinical and sub-clinical levels of mood disorders, such as depression and anxiety. The transition to parenthood and the first year after a baby arrives are times of higher risk, for mothers and fathers, for mental health disorders. Parents at risk of or experiencing depressive or anxious symptoms can be more easily overwhelmed when thinking about self-care. It may already feel more difficult to accomplish daily tasks, and there may be added feelings that they are not good enough or doing enough, which chips away at parents’ self-esteem and sense of competence. Therapeutic intervention is beyond the scope of most home visitation programs, but the program may be able to complement therapeutic support or at least serve as a bridge to help a parent access the appropriate resources. A home visitor may be in a position to share self-care ideas that are low stakes, like a breathing exercise, to help parents reframe their thoughts about being able to do self-care and realize what they are already doing that supports their well-being.





Why Parental Self-Care Matters to Families

There is a saying, “We all do better when we all do better” (Wellstone, 1999). Every person in a family system benefits from practicing self-care, directly and indirectly. Parents who practice self-care model those practices for their young children and instill a sense that personal well-being is important. In families where one parent may experience mental and/or physical health challenges, research indicates that having another healthy parent provides protection and support for young children’s development and can also foster resilience and a return to a healthier state for the affected parent.

However, research with families in the first year of parenthood also indicates that when one parent is experiencing a mental health challenge, the partnering parent is at higher risk for developing a mental health need. Early and ongoing mental health screenings for parents – mothers and fathers – can benefit the family system by detecting challenges earlier in their lifecycle, so resources for support and intervention can be identified. While self-care practices are not a cure for mental or physical health difficulties, they are important for maintaining and improving overall well-being.





Boots on the Ground: Everyday Moment Conversations with Families

This section highlights content and skill building strategies you can use as you plan your home visits. For the *Everyday Moment* section of the visit, you will find a list of topics to choose from and to explore in conversations about *Parental Self-Care*. For each topic, you will find the associated *Protective Factors* and *Trauma-Informed Principles* addressed. *Family Pages* designed to support your conversations are listed next.

In addition, you will find suggestions of related one-on-one activities to choose from for the parent-child interaction portion of the visit.

There are several *Parental Self-Care* topics to choose from as you plan a visit to a family, and you should tailor the conversation to that family's specific needs and interests. You may find that you discuss one topic now and come back to discuss another in a month or two depending on certain circumstances.

Using the information you have about a family's *Protective Factors* can guide your curriculum choices to tailor the home visit discussion and activities. Ideas are presented below with their associated icons to highlight how they correspond to meeting a family's needs and building each family member's resilience. These include the following:

Parent's experiences with and expectations for self-care



Concrete Supports of Families and



Parental Resilience and



Social Connections can be enhanced when parents reflect upon early and current self-care practices and maintain or create strategies that support their well-being.

What children learn when they see their parents practice self-care



Knowledge of Parenting and Child Development and



Social and Emotional Competence of Children are nurtured when parents are able to model self-care practices, showing their child that taking care of oneself is important no matter what age a person is.

Developing ones' own practices and recognizing what one already does



Concrete Supports of Families and



Social Connections can be strengthened when parents are aware of their responses to stress and identify concrete and/or emotional support resources that either reduce their current stress or maintain their health despite one or more stressors.



Family Pages

A series of *Family Pages* on *Parental Self-Care* have been created to support your conversations with families while you are visiting and to become a resource parents can refer to between visits. These include the following:

- Focus on You: Looking Back and Moving Ahead with Your Child
- Taking Care of You from a Child's Point of View
- Nurturing Your Well-Being: Feeling Good About You
- What Fills Your Cup?

Related One-on-One Activities

These are suggested activities for self-care. There is a broad selection of one-on-one activities available in the Activity Card deck.

- Notice and Wonder: What does your child see you do or hear you say about your own care and needs? Is your child at an age where you can see her starting to do some of those same actions?

- Share a self-care routine with your child that helps her learn how you care for yourself and how she can value time to care for herself, like going to a park or having a lazy day in which no one needs to rush.

Book suggestions:

- *Listening to My Body* by Gabi Barcia
- *Fill a Bucket: A Guide to Daily Happiness for Young Children* by Carol McCloud
- *ABC Mindful Me* by Christiane Engel

Additional Resources

Community connections include:

- Healthcare Providers
- Community Mental Health





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Family Pages

Everyday Moments



Taking Care of You





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Focus on You: Looking Back and Moving Ahead with Your Child

Taking care of yourself is a win-win for you and your child. This is true for moms and dads.

Self-care activities help you de-stress; refuel emotional and physical energy; and recognize when there is a need to connect to others, whether with a supportive friend or a professional, such as a healthcare provider or your home visitor.

Caring for yourself can help you be healthier, more focused, and optimistic—even when there are life challenges. With a more positive mindset, you will find it easier to see what you do well. You'll be a better problem-solver and feel more confident asking for support. You'll make even better decisions for yourself and for your child.

Yet, when you are so busy caring for everyone else in your family, it can be easy for your needs to be pushed to the side, and you may feel guilty taking time for yourself.

Self-care is not about being selfish or adding another task to your already busy life. It is about being aware of what you already do to support your well-being and building upon those actions as needed. Self-care activities *fill your cup* and might include:



Enjoying activities that calm, refresh, and energize you.

Maybe you look forward to going for a long run or listening to your favorite music. Perhaps you've made child care arrangements, so you can get a much-needed nap or exchange books and movies at the library.



Choosing activities that fit into your life and work best for you.

Some examples include going window shopping rather than giving your credit card a workout when you are trying keep to your budget, spending an afternoon working on your motorcycle project, or choosing to pass up dessert for a few weeks when you want to drop your sugar consumption.



Connecting with others.

You may want to meet a friend for coffee, join in a pick-up game of basketball at the park, or talk with your home visitor.



Being aware of what depletes you and how you can adjust.

For example, if you end up feeling angry and drained every time you see or talk with your sister, it may be better to agree to email for now or even take a break for a few months and then try again.



Looking Back at Self-Care

Self-care isn't always as easy as it sounds. You or a member of your family may be going through an especially bumpy and stressful time right now, like an illness, the loss of a job, a deployment, or a homecoming. The more stress there is, the harder it can be to find time and energy for self-care – even though these are times caring for yourself are most important!

But there is good news! There are things you can do that are under your control and that can help *fill your cup*.

The Power of Mindfulness

Mindfulness is about being aware. It is noticing and paying attention to your feelings and thoughts. Being mindful helps you focus on and be in the here and now. Mindfulness helps you be aware of what you notice and feel in the moment without judgement.

Everyone has some ability to be mindful, and it can happen at any time and in any place. Being mindful releases chemicals in the brain that are associated with happiness. With practice, this ability can grow stronger and become a more intentional part of your everyday life.

Here are two mindfulness exercises to practice. Talk with your home visitor about other suggestions.

Experiment with Visualization

Also known as guided imagery, the idea is to reduce stress and calm yourself by directing your mind to focus on a positive, calming experience or place:



Imagine you are hiking in the woods.



See the sun setting behind the mountains in the distance.



Listen to the sound of the birds around you.



Feel the cool breeze against your skin.



Savor the smell of the evergreen trees around you.



Enjoy the refreshing taste of cold water.



Watch Your Breath During Mindful Meditation

Mindful meditation influences how your body and mind work. Researchers have found that meditation actually slows brain waves to the point where your learning, thinking, and planning brain shifts into a deeper state of awareness (which many describe as drowsiness) in which your intuition and ability to visualize become stronger and clearer to you.

Learning to control your brain gives you an inner resource. You can help yourself move from feeling drained because you are replaying negative experiences or worrying about what tomorrow might bring and move toward accepting what happened in the past and making different choices for your tomorrows.

Try this once a day for 3-5 minutes to get started. You can then add time when you feel ready. Shorter and regular meditations are more helpful than a longer session every few weeks.



Find a quiet and comfortable spot.



Sit tall with your hand rested on your lower abdomen.



Close your eyes or glance downward.



Take a deep breath in through your nose.



Notice your breath flow in and out.



If your mind begins to wander, turn your attention back to your breath.



Notice that as your breaths grow deeper and longer, your body and mind begin to calm.



Repeat as many times as you feel are necessary.



It may take time for these exercises to feel natural and relaxing. You deserve the gift of giving yourself that time.



The Power of Positive Thoughts

Some things in life you can control. Other things you just have to cope with. One element you can control is your approach to the world. Your mindset can define your experience, and it is up to you.

Positive thoughts lead to a positive attitude. A positive attitude makes you happier and more resilient and allows you to see yourself as a person who can actively direct your own life. When you are optimistic and positive, you may see setbacks as temporary. Problems become challenges that provide you opportunities to learn and grow.

On the other hand, blaming and complaining can weigh you down. It can feel as if you are living in a cloud of negativity and can make you feel like you have no control in your life.

Here are some suggestions you may decide to try for a more positive attitude:



Think about the words you use.

Your language matters: "I feel strong." "I can manage." "I like myself."



Notice and enjoy small pleasures.

Your child's smile, a cooling breeze on a warm day, the smell of your morning cup of tea, the taste of a fresh peach are small delights.



Decide how you are going to feel.

Try to manage your emotions and reactions no matter what is happening around you.



Find a positivity partner.

Search out someone you can talk to during the day, and share one or more good things that happened to each of you.



Write down at least one thing you are grateful for before falling asleep.

It is a calming way to end the day.



Expect life to be bumpy at times.

Sometimes you just have to make it through and adjust as you go.



Appreciate How Much You are Growing and Learning

Like your little one, you are learning and growing as a parent every day. It can be hard to see the changes in yourself when you are busy or tired. Yet taking a moment to think about how you have grown and changed can nourish and energize you.

For example, you might have learned how to do some of the following:



Quiet your fussy baby – most of the time.



Ask a friend to babysit so you can take a nap.



Respond better to your child's needs because you have a good understanding of what her behaviors communicate.



Get out the door in the morning with everyone and everything.



Make a list of questions to ask your child's healthcare provider before an appointment.



Keep a clean shirt by the front door so you can do a quick change if needed before you go to work or school.



Add in more vegetables to your own meals as your toddler is trying out new foods.



Take a Moment: Appreciating How Much You Have Grown and Changed

What is something you have learned to do since becoming a parent?

What is something you have learned about yourself?



You Are Not Alone

Whatever you may be feeling, it's important to remember that you are not alone. It may be helpful to think about the words you would share with a friend to support him. Then, say those words to yourself. This can help you change your inner voice to be more compassionate toward yourself.

All parents find life easier when they have other adults to count on and trust. Supportive people can include a spouse, partner, family, friends, neighbors, community leaders, or your child's healthcare provider.

Thinking about and writing down the names of people you can call upon can be helpful. You may have already identified members who form your *Circle of Support*. Perhaps you have one or two key support people in your life. If you find yourself forgetting you have people you can depend upon for help, post their names in a place you can easily see, such as on the refrigerator or your bathroom mirror. When parenting starts to feel like too much, sometimes knowing you are not alone will be enough. But if that doesn't help, pick up your phone and reach out.

What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
	Reach out to friends or our home visitor...		We are not alone. It is OK to share with others and to ask for help or support. We are part of a community.
	Use mindfulness to be calm and present...		You are here for me. I can count on you. Being with you will help me feel calm and safe.

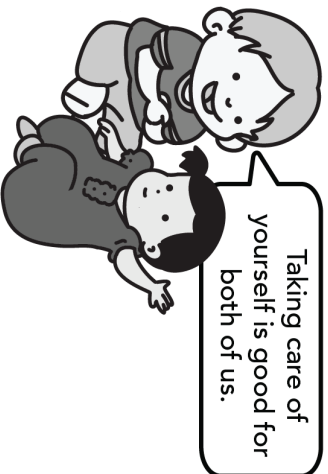


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Taking Care of You



Taking Care of Your from a Child's Point of View



Figuring It Out Together

Here are some things your child might tell you about taking care of yourself– if she had the words:

Through a Young Child's Eyes

What I Might Learn When You Take Care of Yourself

Taking care of yourself is important for grownups and children too. I take care of myself when I eat fruit, brush my teeth, and play with my friends. I go to the doctor just like you.

Some people and places help you feel better. I learn more about this when I hear you say things, like "Today we are going to take a walk to the park where it is quiet and calm, so we will feel calm too."

When you take care of yourself, you are happier. When you and my other important people are doing well, we have more fun singing, playing, exploring, and enjoying. I am happier too.

We can make choices that work for us. I learn about this when you tell me, "Aunt Rachel sent these clothes your cousin wore, so you can wear them now. That was kind of her. Now you have great clothes, and we can use our money for other things we need."

It is ok to ask someone for help. You do not have to know everything or be able to do everything for yourself.

Sometimes people ask us for help, and we help them. People help each other.

We are part of a community.

Counting to 10 and taking a deep breath is calming. When we are both upset, it helps us if we stop, count to 10, and take a deep breath together.



Take a Moment: Focus on You and Your Child

What might you tell your child about why it is important that you take care of yourself?

How might taking care of yourself support you in taking care of her?



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Nurturing Your Well-Being: Feeling Good About You



Figuring It Out Together

When you feel healthy and happy, you are more likely to feel good about yourself and your life. You are likely to feel more confident and to build trusting, caring relationships with others. You are more likely to feel competent and engaged at home and at work, and you are positioned to cope better with the stresses of everyday life.

You Are Not Alone

Whatever you may be feeling – joyful, loving, sad, frustrated, angry - it's important to remember you are not alone. Other parents share your feelings! It is important to be able to feel what you feel and still be able to see and respond in thoughtful ways to your child.

When you have someone to talk, laugh, cry, complain, share your joys and your doubts with, and to listen to, you know you are not alone. Someone sees you and understands what you are experiencing.

Have you created a *Circle of Support*? Do you have a list of people you can call and count on? Is the list on a piece of paper or in your phone? Is it hanging on your fridge or bathroom mirror? These are the people you can reach out to when parenting starts to feel like too much or when your child does something amazing that you have to share. You are not alone!

Baby Blues

If you have just given birth, you may be experiencing mood swings, or you may feel down, irritable, tired, sad, or impatient. You may even have trouble sleeping, despite the fact that you are exhausted. These postpartum blues, or baby blues, can make it hard to enjoy and respond to your baby.

Don't be alarmed. These feelings are very common. Many new mothers (about 50-80%) experience the blues. Fathers also might notice the blues. The same is true for adoptive and foster parents.

Usually, baby blues tend to lessen in a week or two. The key is to recognize the signs and get as much rest as possible, accept the help of family and friends, and talk with other new parents. In the United States, newborns typically have several well-baby check-ups in their first few months. It is good to share about any baby blues you or your parenting partner may be feeling with these healthcare professionals. They can work with you, whether the blues lessen on their own or continue to affect and concern you.



Always remember - alcohol and recreational drugs can intensify mood swings and use of them should be avoided by those who care for young children.



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Postpartum Depression

If the baby blues don't go away after a few weeks, or become more intense, you may be experiencing postpartum depression. Postpartum depression most commonly affects mothers within the first 3 months after giving birth but can occur at any point during the first year. Approximately 10% of women are affected, and each woman experiences her own unique combination of symptoms.

It is not only mothers who can become depressed after welcoming a new child to the family, fathers and adoptive parents can experience it too. Your home visitor has resources for you including hotline numbers you can call.



SAFETY ALERT: If you feel you may hurt yourself or your baby, put your baby in her crib or another safe place and call 9-1-1, or one of the emergency hotline numbers listed below, right away. Explain what is happening, and ask someone to come be with you immediately (e.g., A family member or trusted neighbor).

Arrange to talk with a healthcare provider. There are treatments, including talk therapy and medications, that can help. The sooner you get support, the sooner you will feel like yourself again and be able to enjoy your baby.

National Hopeline Network: 1-800-SUICIDE (784-2433)

If your depression is leading to suicidal thoughts, call the National Hopeline to connect with a depression treatment center in your area. The Hopeline also offers a live chat feature for those who don't want to, or who are unable to, call and can dispatch emergency crews to your location if necessary.

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

This national hotline is another valuable resource for people whose depression has escalated to suicidal or other harmful thoughts. Their network of crisis centers provides emotional support and guidance to people in distress and are also available via a chat service and a special hotline number for the hearing impaired: 1-800-799-4889.

National Youth Crisis Hotline: 1-800-448-4663

This resource provides brief interventions for youth who are dealing with pregnancy, sexual abuse, child abuse, depression, and suicidal thoughts. They also provide referrals to local counseling, treatment centers, and shelters.

Text 741741 when you are feeling depressed or suicidal, a crisis worker will text you back immediately and continue to text with you. Many people, especially younger people, don't like talking on the phone and would feel much more comfortable texting. This is a free service for anyone.



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Taking Care of You



Appreciate Your Own Parenting Journey

Every parent is on his or her own journey. Parents are finding their way with their very individual child. Appreciating who you are and your path as a parent is one of the most important ways to respect and care for yourself. This means not getting caught up in the comparison game. Comparing yourself to others can be a slippery slope because it is often easier to notice what another parent does well than to see your own strengths. Part of self-care is knowing there are parts of parenting you do well and other aspects you are working on - just like every other parent!

The reality is that there is no such thing as a perfect parent...or a perfect child...or a perfect anyone. To help you appreciate your journey, give yourself a break. Parenting is a juggling act. Usually there are so many balls in the air at once that some will inevitably fall. For example, the laundry may not get done, and you and your child go to child care in the same clothes as yesterday. Perhaps your flower patch in front of your home needs to be weeded, there may be toys all over the living room, or you may realize it has been 3 days since you've had a real shower. It happens. You can't do it all. No one can - and that is OK.

Just pause and realize and appreciate all you do well and those special moments that you and your child share.



Take a Moment: Partnering Moments that Give You a Boost

What is something you and your child do together that makes you both smile or laugh?

What is a memory of a loving moment between you and your child that you want to remember to share with her when she is older?



Moving from Comparing to Appreciating Your Child

It is natural to compare what and how your child is doing to others, for example your friend's 7-month-old baby has already started to crawl or your niece started using the potty at 26 months. Comparing can happen anytime, anywhere: while on a walk with a friend and her baby, in the park, at the supermarket, in child care, or on the bus.

You need to understand that comparisons often aren't the best thing for you, or for your child, even though, at times, it may be reassuring or even lead to a burst of pride. Comparing can put unnecessary pressure on you, which ultimately can add stress or tension to your relationship with your child.

It's hard not to compare at all, but focus on and try to appreciate your child's unique way of being, her path of growing and learning. She, like you, is one-of-a-kind, and there is no better way to help her thrive than to see and enjoy what makes her special, for example the way she smiles when you pick her up out of her crib; her interest in filling and dumping or trying to stack bottle caps; or how she startles at loud, unexpected sounds but runs across the yard shrieking with delight trying to catch the bubbles you blow.

"But what if I feel something is really wrong?" you may be wondering. What if you feel your child is significantly behind and not meeting recommended developmental milestones? If that is the case, trust your gut. You know your baby better than anyone. Rather than compare and worry, talk to your child's healthcare provider. Ask your questions and pursue the answers until you have the information you need.



Soothing Thoughts and Practices for You

When you are quiet inside, it can be easier to notice and to appreciate positive traits about yourself and parts of your life.

Sometimes, the things you do to quiet your baby like rocking her, singing softly to her, bouncing her gently in your arms, dancing with her, telling her “everything will be OK,” will help you calm down too. Here are some other ideas to try when you need to soothe yourself:



Make a note or talk to yourself: Putting your feelings on paper or saying them aloud can be a relief.



Organize: Cluttered space can cause stress.



Take a few moments to put stray items in their place.



Laugh: Enjoying a comedy movie, telling a joke, or sharing good times with a friend will remind you that life is good, even when you may be feeling overwhelmed.



Prioritize: If tasks get pushed back, don't sweat the small stuff.



Dance, sway, stomp, whatever it takes.



Take a look at your baby's precious little face when she is calm or asleep.



Enjoy a warm bath or a run or read a few pages of a good book or listen to a song you love. Do whatever it is that helps you take a breath and recharge.



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...		You Help Me Begin to Learn That...	
Notice and appreciate the things you do well...		I can feel proud and happy about things I am learning to do well. It feels good.	
Notice and appreciate who I am as a unique person...		You see me. I can be confident and satisfied with myself.	



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What Fills Your Cup?



It is necessary to assure you can be there for your child and share her pleasure in the everyday moments of your lives; to be there for other family members; and, most important, to be there for yourself.

Here are some questions to think about on your own with a family member or friend or your home visitor:

What Empties Your Cup?

Who and/or what drains your time and energy? Taking time to think about these points can be a way of taking care of yourself:



Are there family members and friends who may mean well but sap rather than fuel you since you've become a parent?

This could be a friend you hung out with when you were single who just can't understand why you have to cancel a date because your child is sick. Perhaps, a family member is so full of advice that it is a source of anxiety in your life. Young children stir up deep feelings. You may not need to make a complete break with them but just limit how often and for how long you see them.



Are there parts of your daily routine that bog you down?

For example, this could be getting out the door in the morning or late afternoons with a cranky child.



Are there events in your life that you have no control over that make tasks harder to complete?

For example, you may experience more challenges if your parenting partner is not able to help because of sickness or being deployed, your roof is leaking, or you come down with the flu.



What Fills Your Cup?

Who and/or what makes you happy and gives you energy? Taking time to think about these points can be a way of taking care of yourself.



What activities and places give you energy?

Perhaps it fills your cup when you wear your red scarf, listen to your favorite music, walk in the park, have video calls with family members who live far away, go out for dinner, go hiking in the mountains, spend time by a lake or river, or care for a pot of flowers on your porch. Whatever it is that fills your cup, do it as often as you can. In addition, try be open to finding new ways to fill your cup.



Who sees and appreciates your strengths – and helps you see them?

It is often easier for someone else to see your strengths than to see them yourself. This may be anyone: one of your parents, your home visitor, a friend, or a neighbor. How often do you see this person? How can you arrange to talk with him or her more often? How can you own what he or she tells you about the positive things you say and do as a person and a parent?



Who or what makes you laugh?

Do you have a friend who always has a funny story to share? Is there a book, a movie, a song, something you do with your child that makes you smile?



What personal care routines help you feel healthy?

Do you see a medical care provider for regular checkups? Are you able to set your family's sleep needs as a priority and build routines that support better sleep for everyone?



Does engaging in these activities, spending time with these people, and going to these places recharge you?

You deserve it. Taking care of you is a winning strategy – for you, your child, and your family.



Take a Moment: Talking About Filling Your Cup with People You Trust

Who is someone you can comfortably talk with about what depletes and fills your cup?

What is something you might tell this person about what depletes or fills your cup?

How does having someone you can share with help you keep your cup filled?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Keep your cup filled...	It is important to take care of myself. I will learn how to do that by watching you over the years.
Laugh often...	Laughing together is fun and feels good.



Special Focus Moments

Military Family Life

Military families have a lot in common with civilian families. There are common family development experiences, such as the birth of a child, a teenager earning his or her driver's license, and caring for an adult relative. Military and civilian families often live side-by-side in communities and share schools, religious affiliations, and social connections.

Yet, there are some hallmark features of military family life that do not have a clear counterpart in the civilian population. These include being part of a community that places service to others before self, operates within a clear chain of command, and expects multiple family relocations during time of service. While all families experience separations and injuries, these challenges are accepted as a *typical* risk of duty.

Home visitors may work with families during separations or after an injury as trusted allies who can make the family's resilience visible to them as they adapt and grow, foster the maintenance of strong connections, and highlight families' strengths in *Everyday Moments* and decisions. In this section, you will find Chapters and *Family Pages* that will support you in conversations with military families as you provide support and a sense of steadiness as parents and their young children cope with parental absence and injury.

Parental Absence

Sharing care and parent engagement during a time of military parent absence can be challenging to expectant families and families who have very young children. A military parental absence can become even more challenging when other stressors, such as health or employment needs of the at-home parent, rocky spousal relationships, or

children's health crises, are also present. Additional family-based stressors might include separations and reunions. Separations and reunions naturally stir up deep feelings in everyone. This can be true even for everyday goodbyes. What can be tricky about these feelings is that they are deep, and they may not seem to go together. This is natural and to be expected – even if it can feel confusing. In this chapter, parents are offered insights and strategies for working together to keep family connections strong as they work to support themselves and their young child(ren).

Parenting After Injury

Injuries are a part of everyday life. A pinched finger, a bloody knee, even a broken leg or arm are examples. In addition, military families may experience service-related injuries. These can be physical and/or psychological, visible and/or invisible, mild or severe, short-term or long-term, and accidental or intentional. Injuries impact every family member – from the youngest to the oldest. Dealing with an injury may cause a temporary wobble until family members regain their balance, or an injury may mean lifelong changes. In this chapter, parents are invited to consider that their relationships, strengths, and resiliency are still present and can be drawn upon as they meet challenges and discover new strengths and possibilities as their family returns to everyday life or moves forward in their *new normal*.

Special Focus Moments

Parental Absence in Military Life



Main Elements

Content Areas

- Teaching About Parental Absence: *Protective Factors and Trauma-Informed Principles*
- The Science: Trusting Relationships and Parental Absence; Ambiguous Loss and Parental Absence
- Why it Matters to Families: Building a Resilient, Long-Distance, Co-Parenting Plan; Addressing Challenges of Separation, Reunion, and Reintegration; Parent Engagement During Military Parental Absence
- Home Visit Activities and *Family Pages*
- Important Safety Supports and Knowledge: Military Family Plans

Teaching About Military Parental Absence: Protective Factors and Trauma-Informed Principles

Military family life is, in many ways, similar to civilian family life. There are common family development experiences, such as the birth of a child, teenagers earning their drivers' licenses, and caring for an adult relative. Both military and civilian families also share experiences related to parents' occupations and professional training or advancement. Yet, there are some hallmark features of military family life that do not have a clear counterpart in the civilian population. These include being part of a community that places service to others before self, operates within a clear chain of command, and expects multiple family relocations during time of service. *Military Parental Absence* is shaped by these characteristics and other challenges that are *typical* in the military family life, such as separation, relocation, and risk of injury or death. This grouping of challenges is not easily found in any other occupational or family group in the U.S. Military-connected spouses often refer to themselves as being *geographically single* parents during an occupational absence.

Exactly what is parental absence and how might it be experienced in a military family? Sometimes, it is easier to define what something is NOT and then build a picture of what it is and can be. So, what is it NOT?



Special Focus Moments

Parental Absence in Military Life



Parental absence IS NOT the same as an absent parent.

Parental absence is defined as temporary in nature, resulting in a parent returning and reengaging with a child. The absence is almost always described as a physical absence, although there can be and are situations where a parent may be psychologically absent in a child's life. A psychological absence occurs when a parent cannot maintain a meaningful emotional connection and may also involve a physical absence (e.g., different types of mental illness, life/work situations that severely restrict contact between parent and child). In contrast, an absent parent is one who has abandoned and fails to maintain contact with his or her child. In legal situations, absent parent may also describe a parent who has no custodial duties or rights but still has a financial obligation for the children.

Some examples of parental absence include those due to divorce, separation, and/or custody arrangements; incarceration; civilian occupational absence where a parent must travel or be away for work obligations (e.g., oil and gas industry workers and long-distance freight haulers); and military occupational absence, which includes temporary duty (e.g. training or as a specialist assigned to a unit), unaccompanied tours (i.e., a duty station where dependents are not allowed to live, such as the Demilitarized Zone in South Korea), and deployment for combat, peacekeeping, or humanitarian needs. Families can experience one or more types of parental absence, whether military or civilian.

Yet, through many of these types of parental absence, the majority of parents who take on the primary caregiving roles actively try to maintain or achieve some level of co-parenting and sharing care with important others, like child care providers and grandparents. Most parents who are away also hope and work to maintain meaningful connections with their children.



Sharing care and encouraging parent engagement during a time of military parental absence can be particularly challenging for expectant families or families who have very young children. This population tends to be younger (early 20s), with the Service member lower in rank (E1-E4, enlisted), and may not have well-developed social and concrete supports. Service members may also become parents while they are away from their spouses or partners, meeting their child for the first time through a video screen and holding them for the first time at a unit's reunion ceremony. A military parental absence can become more challenging when other stressors are also present. These family-based stressors might include health or employment needs of the at-home parent, unstable spousal relationships, or children's health crises. Occupational stressors can also increase a family's challenges, such as those that can pose risk of injury or death to the Service member or an extension of a current absence.



Special Focus Moments

Parental Absence in Military Life








As a home visitor, you may find that information from the other chapters of this curriculum may be relevant for families who will be or who are experiencing a military occupational absence. That is because family life continues. Routines, relationships, and individual development carry on, so no one person and no family is in the exact same place as when the absence began. Because this chapter is about a specific military family circumstance and experience, other TRHV topics about *Everyday Moments* may be useful in showing families how life for both parents and children continues through military parental absence and that the away parent can build and maintain meaningful family connections in spite of separation.



For example, there may be content or *Family Pages* from *Building Trusting Relationships* that could be useful and appreciated for the sailor who is away and worried about his toddler remembering him after 6 months at sea. Content and *Family Pages* from *Co-parenting and Sharing Care* could spark an a-ha! moment for a couple who is reintegrating after an absence by helping them recognize ways each communicates support and encouragement for their partner as family roles are adjusted. A family who is in the early months of a 1-year unaccompanied tour may find that sharing information and *Family Pages* describing current milestones or challenges faced by their child is an effective way to support parent engagement and connection for one or both parents. As you become more familiar with TRHV, you will start to make these connections that, in turn, can strengthen the families in your program.

This chapter provides information that supports the following *Protective Factors*:

-  **Social Connections**
-  **Concrete Supports of Families**
-  **Parental Resilience**
-  **Knowledge of Parenting and Child Development**
-  **Social and Emotional Competence of Children**

Teaching about *Military Parental Absence* offers opportunities to model the following *Trauma-Informed Principles* in the parent-child and parent-home visitor relationships:



Special Focus Moments

Parental Absence in Military Life



Safety– Safety is a key characteristic of healthy relationships, psychologically and physically. Parental absence can challenge feelings of safety for young children and their parents. The at-home parent or caregiver who assumes primary family responsibilities may wonder if he or she can handle all the additional work and management of family life. The away parent may have those same worries for his or her partner. In addition, parents at home and away may both worry about the health and safety of the away parent. The very young children in these families also feel the changes in who is present and who cares for them. It is difficult for children younger than age 4 to grasp time and being emotionally connected to people who are not physically present. When parents are able to find and build their own sense of safety, their children benefit from reduced family stress.

Home visitors may be in a position to help the at-home parent build and maintain connections that reduce worry for his or her Service member and strengthen social and concrete supports for one or both parents. For example, a home visitor may focus part of a visit on resource sharing and may explain how the Army's rear detachment system (each Service has a system, but they are not all alike) works for families of deployed Soldiers. Concrete resources are available from this system and include information, such as where to take the car for service or who to contact for help with the yearly tax return. Social connections, personal and community-based, can also go a long way to decreasing uncertainty and pressure for the at-home partner who may feel she or he is *handling it all*. Spouses who become active in the family readiness systems of their Service member's unit can build social and formal support connections related to keeping themselves informed about their Service member and his or her working conditions.





Special Focus Moments

Parental Absence in Military Life



Trustworthiness and Transparency— Healthy co-parenting and extended caregiving relationships are honest, stable, and supportive, whether both parents are physically present or one (or both) is away. In healthy co-parenting and extended family relationships, discussions about care, nurturing guidance, and concerns are open, and decisions are shared and then supported. What these processes and conversations look like during a military parental absence can vary, but the principles are the foundation for finding a way forward together. The away parent may need to have reassurance or more explicit support to feel meaningfully connected, but it is possible. For example, the at-home parent may record a video of a toddler singing the *Barney* “I Love You” song for the away parent, and that video can be played any time by the away parent. Or, an at-home parent may ask the away parent to give input about places to take the car for maintenance because that is usually his responsibility.



Military families can face challenges to trust and transparency when the parenting relationship is unstable, and a parent is away. The conditions of the away parent’s duty can also shape a couple’s trust and ability to be transparent.

Home visitors can work with parents to help them define how and what family life information they share during an occupational absence. This might mean raising hypothetical questions like “Would you want to know if your partner or child had a mild illness or accident?” and “What do you worry about and how do you regroup when a scheduled call falls through and you are not able to connect?”. There are times when one or both parents may buffer information so as not to worry their partner. Discovering what events would lead to buffering information can help keep trust and transparency healthy in the family system.

Home visitors may work with military parents who are not in 2-parent families and for whom the shift in parenting responsibilities is to an ex-partner, close relative, or trusted friend. It may be important to help away parents build a sense of trust that these partners share similar goals in caring for their children. The *Family Care Plan*, which each Service member completes before a deployment or other absence, addresses important legal aspects of dependent care and can serve as a conversation opener about important caregiving values that the away parent wants to support and trusts will happen in his or her absence. Home visitors may be able to help the away parent establish a communication plan with the at-home caregiver and have him or her try it out before separation occurs.



Special Focus Moments

Parental Absence in Military Life



Peer Support and Mutual Self-Help– Healthy co-parent and care partnerships offer support to each person in the relationship. This support is built and strengthened through connection and a mutual focus on the well-being of the child. Parenting partners can provide support even when long distance. Such parents can benefit from recognizing how giving and receiving support can change when one parent is physically away and identifying what kinds of frustrations can develop. The at-home parent may be able to facilitate the away parent's continued engagement by sharing about their child's daily life and setting up opportunities to connect the away parent directly with the child. An away parent might regularly include questions about the at-home parent's well-being, so there are conversation openers to share emotional and physical needs and strengths.

Home visitors and parents can build a relationship that accommodates an away parent's involvement in parent education through sharing visit information. When home visitors learn which strategies of sharing and, potentially, connecting in real-time work, that information can improve the practice of home visitation while supporting the family's resilience to survive and thrive in military life.



Collaboration and Mutuality– Parents who are able to discuss the unique challenges of military parental absence may be better able to anticipate and address how power and decision-making as a parent may change before, during, and after an occupational absence. The dynamic nature of the cycle – preparing for absence, being absent/experiencing absence, and reintegrating into relationships – can mean multiple shifts in parenting responsibilities and how much weight a parent's input may have in different decisions. When parents prepare for a military occupational absence, there will be tasks that are shifted from one parent to another. Those tasks may be addressed differently by the parent taking on these additional tasks. It may feel bumpy to release tasks to a co-parent because there is likely an established division of chores and family management needs, like who does laundry, maintains the monthly budget, takes care of the lawn, or contacts a building supervisor when the stove goes out. The at-home parent may find that some routines and tasks that were already part of his or her load need to be adjusted. For example, a parent who did daily child care drop-off and pick-up for her toddler may seek out a carpool buddy, so she can have 1 or 2 days free to stay at work longer or complete life tasks, like banking, that often need to occur during *normal* work hours.

Home visitors and parents each have goals in building their partnership. When occupational absence is relevant for a family, information about healthy caregiving partnerships and a family's specific parenting and caregiving arrangements can be discussed in this context, and strategies can be shared that help keep the child and the family at the center of their work together.



Special Focus Moments

Parental Absence in Military Life



Empowerment, Voice, and Choice— Military parental absence can feel overwhelming to families with very young children, but this experience can also provide opportunities to gain confidence and skills in the areas of family and life management for the geographically single parent. Parents who are able to adjust with attitudes that empower their partner can communicate respect where both partners feel heard and supported for making choices about how to accomplish the changed roles.

Home visitors who work with families experiencing military parental absence may find that there are occasions when one or both parents feel uncomfortable with the role change or worry that they may not be up for the task(s). Home visitors may be able to help parents reframe their experiences in ways that highlight their strengths, which illustrates a belief in a family's ability to be resilient and resourceful in the face of challenges. Sometimes, changing the perspective of the conversation provides a sense of psychological relief and frees parents to explore options or come to terms with circumstances that may not be changeable while one or both parents are away.



Cultural, Historical, and Gender Issues— Military families belong to a community that has a shared culture, a long history, and many unique gender characteristics as compared to the civilian population. Each of these aspects shapes a family's experiences with military parental absence. To better understand the military family population, the following bullets describe some demographic characteristics of active duty families that are important for home visitation and parent education programming that serves military families with very young children.

The 2016 Demographics Profile of the Military Community (DASD, 2017) offers the following information about active duty members and their families:

- Over half of active duty members have spouses and/or dependents, with Army having the highest percentage and Marine Corp having the lowest percentage (61% and 42%, respectively).
- Service members who have children are more likely to be married to a civilian (32%), followed by being a single parent (4%), with a small percentage being in a dual-military marriage (2.5%).
- Spouses of Service members are overwhelmingly female across all branches (Army, 93%; Navy, 91%; Marine Corps, 97%; and Air Force, 87%).
- 25% of spouses are 25 years or younger with another 25% being between ages 26 and 30 years.
- Approximately 40% of active duty members have children (N= 514,021 children), 42% of whom are 5 years and younger.



Special Focus Moments

Parental Absence in Military Life



- The vast majority of military children who are 2 years and younger (82%) reside in families where the Service member's rank ranges from E1-E6 and O1-O3, which are the entry and mid-level ranks of both enlisted and officer positions.
- Race of active duty members, but not of their spouses or children, is tracked. Active duty members self-report their race in the following groupings:
 - White (68%),
 - Black or African American (17%),
 - Asian (4%), other/unknown (4.2%),
 - Multi-racial (3%),
 - American Indian/Alaska Native (1%) and
 - Native Hawaiian/Other Pacific Islander (1%)
- Across all race categories, approximately 15% of active duty members also identify as Hispanic or Latinx, with the Other/Unknown group reporting the highest percentage at 56%.

These statistics indicate that a significant proportion of the active duty population is a diverse, young workforce with young spouses and young children, and the majority of spouses are women. Many of these families may be learning what it means to be part of a military community and how their own expectations for family life may or may not work well in the military context. Families who experience military parental absence can face challenges to cultural and gender expectations for family roles and responsibilities. Yet, the majority of families can find a pathway forward that works for them.

A home visitor may be able to provide an outside perspective when strengths and challenges are linked to a family's cultural and/or gendered experiences. For example, a young family with strong Puerto Rican heritage may find strength in connecting with extended family members during an occupational absence. Some family members might come to help the at-home parent with daily living support, and other family members might provide social and emotional connection to both the at-home and away parents. If these kinds of connections and support are not feasible with extended family, a home visitor might be able to help the parents explore how underlying values of sharing care could work within their immediate military family community with other families. If a father is the at-home parent, a home visitor may be in a position to learn about and share social and concrete support connections that appeal to dads and how support may look different from or similar to experiences for moms within a community.





The Science: What Do We Know About Military Parental Absence?

Parental Absence is an area of military family research that has received significant attention in the post 9-11 era. However, this research area is still developing and does not yet show a full picture of military life for children, parents, or spouses. Recent studies build our understanding of how absence, mostly deployment focused, relates to several outcomes of interest for Service members and their families, such as overall readiness, resilience, and retention; psychological and physical well-being; family functioning; child maltreatment and interpersonal violence; and academic outcomes for school-age children and youth.

Currently, there is more information on military-connected school-age children and adolescents than for children birth to 5 years. There is also more research on the well-being of the at-home parent than of the away parent, whether before, during, or after (combat) deployment. Even though research on military parental absence is limited for families



with children under 5 years, two areas of research provide important insights in helping parents and home visitors understand how young children and their parents experience parental absence in the military context. The first line of research concentrates on building trusting relationships in the parent-child relationship and the second line focuses on a concept called *ambiguous loss*, which describes how family members can experience the physical and/or psychological absence of a loved one. Insights from these areas can lead to effective family and community-based practices that support healthy relationship development in spite of the challenges of a parent's military occupational absence.

Building Trusting Relationships and Military Parental Absence

Parents and other important caregivers can foster young children's resilience during a parental absence by building and maintaining trusting parent-child relationships. Parents who can acknowledge their feelings of distress or sadness about a parenting partner's absence can help their young children learn about and begin to cope with their own feelings and needs related to these budding relationships. Infants, toddlers, and twos are continually building their understandings of who their important people are and what their relationships look and feel like in terms of shared or recognized behaviors, routines, language, and emotions. However, very young children are still limited in what they can understand and communicate about a caregiver's absence and have limited coping skills to lower their distress about an absence. Healthy attachment can develop and be maintained with an away parent during parental absence, but it is important to realize that young children rely on having at least one trusting relationship with a primary caregiver to help them learn ways to process big feelings related to this absence experience and to facilitate the connections with the away parent.



Special Focus Moments

Parental Absence in Military Life



So, what child development knowledge is helpful to parents and other important caregivers as they think about ways to support young children and their family's caregiving system during military parental absence? The next few paragraphs highlight information about how infants, toddlers, and twos understand relationships and absence and give examples of some expectable interactions linked to different developmental abilities. For more details on attachment relationships, please see the chapter on *Building Trusting Relationships*.

Infants— Infants younger than 6 months appreciate almost every caregiver who attends to their daily needs, physical and emotional. Infants younger than 4 months lack *object permanence*. This means that young infants do not yet realize people (and things) that they cannot see still exist. It is this limit in their development that can make it easier for them to willingly go to a person with whom they are not familiar. All people are there and then gone when not visible! Yet, with each interaction young infants have with their consistent caregivers, memories are building and creating a foundation for expectations of who should be available and when things should happen. They are learning the very basics of routines and associating characteristics of their important people, such as voices, smells, and the ways their people hold and interact with them.

Families who experience military parental absence during the first few months of a child's life can use this knowledge to help each parent connect to and build his or her relationship with the infant. Parents meeting their infant for the first time after an absence may wonder if their infant will *know* them or may worry that they might be scared of them. Connection strategies used while separated can be the part of a reunion routine. For example, a song or book that the away parent recorded for his infant to hear can be used to talk to the infant as the away parent and infant meet in person for the first time.



A returning parent may use similar phrases as the at-home parent to talk with his infant, remarking on the child's smile or something the child does (e.g., "Look at you reaching for your blankie!"). Very young infants are likely to be curious and, depending on their emerging temperaments (and whether it is close to nap or food time!), willing to stay engaged as they check out this parent. Engaging might look like bouts of staring and taking in information, like the voice and expressions of the *new* parent and watching how the at-home parent is responding to his or her returning partner.



Special Focus Moments

Parental Absence in Military Life



Between 4 and 7 months, infants do develop a sense of object permanence, and this impacts their caregiving relationships. During this period, infants identify who their consistent caregivers are and what they do. Routines and personal styles of interaction have developed that are unique, and infants develop preferences for who they want to spend time with. They often invent behaviors to encourage their important people to connect with them, such as doing a squealing laugh or tapping on a parent's cheek.



Older infants recognize changes in their environment (e.g., home, day care, grocery store), routines that will separate or reunite them with their preferred caregivers, and may become reserved when meeting someone who is new or unfamiliar— including a family member they may not have seen in person (e.g., video or photograph only) or since they were in early infancy.

Developing preferences and an understanding that people still exist even when not seen can trigger distress for older infants (and toddlers and twos!). Older infants have the ability to share how they feel about changes in routines, including hellos and goodbyes. By this point, many infants will have experiences with external child care where these routines occur daily, but a military parental absence is not on that same rhythm. Their understanding of time is linked to these rhythms and routines of daily care, which helps them to develop expectations for what is likely to happen next and who they can depend on. Time, like days, weeks, and months, doesn't mean anything to them yet. That can make an extended absence tough even when infants get to see or hear their away parent in real time and in pre-recorded/static ways, like videos and photos. Seeing, hearing, and otherwise being reminded of their away parent elicits their desires to see and connect with that parent. An infant might give a big smile and reach out toward the screen and then quickly experience frustration that she cannot touch or be touched by that parent. The at-home parent may feel torn between making sure that the infant has connection opportunities yet also feel the struggle of helping her child feel and manage a range of big feelings.

Military parents can support their infants through parental absence by better understanding how caregiver connections and preferences develop and learning how temperament can influence infants' expressions of distress and comfort.



Special Focus Moments

Parental Absence in Military Life



Toddlers and Twos— By 12 months, infants will seek information from their important people to help them figure out how to feel about an unfamiliar situation, such as going to a new play group. As infants progress into toddlerhood, their mobility, language, emotional expression, and understanding of the world grow by leaps and bounds. This developmental progress affects how toddlers and twos can connect with their parents. Each early relationship develops unique rhythms of give and take and styles of interaction. Both persons in the dyad, child and partner, build what their relationship looks and feels like through their collaborative actions. These actions, repeated, adjusted, and emphasized over time, give feedback to each participant. Toddlers and twos also often develop attachments to security objects like stuffed toys or blankets, and these can help young children find comfort when they may not be able to reach their parents or caregivers.

Another aspect of development in the second and third years is discovering that one can expect and rely on routines because they are constant or consistent. Routines allow toddlers and twos to devote their energies to learn and explore because they can anticipate what will happen next and feel confident in their place in the world. This reliance on patterns and routines is not unique to young children but part of a lifelong pattern that helps people make choices for allocating resources to things that need more energy, concentration, or time. When there are changes in daily or care routines, a child's sense of a safe base for exploring and moving forward can feel threatened. This uncertainty can lead to developmental regression, which is when a child who has gained a skill, like walking or staying dry through the day, steps back to a lower level of skill. It may be that the skill is new, like toilet learning, so it is still tough and takes a lot of concentration to maintain on a good day, let alone during a time of uncertainty. It could be that stepping back to an earlier mastery level meets other

needs, such as a 2-year-old who had moved to his own big boy bed wants to sleep with a big brother or at the foot of his parent's bed to be closer to people important to him.

Military parents can support their toddlers and twos through a parental absence in several ways. Routines that show care and connection may be a little different with parenting roles shifting between the at-home and away parents, yet each parent can still convey care, love, and safety. Time is still a puzzling concept at this age, but parents can talk about how many *sleeps* it might be before a parent goes away or returns or use other methods of counting things that show the passing of time. The away parent may give her 2-and-a-half-year-old a cloth doll that has mom screen-printed on it or set up a system of small *love* gifts (e.g., books, hair ties, hot wheels) that arrive once a week or month. An at-home parent might spend time with his 3-year-old talking about what each of them wants to say and share when they video chat the away parent.





Through a Young Child's Eyes

When a Parent is Away

How I might feel and act during this time of big feelings...

I might feel many feelings: sadness, longing, anger, frustration, deep love, and confusion. Or, at times, I might be having so much fun playing that you would never know one of my parents is away.

At times, I might be clingy. If one of you is away, how do I know the other isn't going away too?

I might go back to behaviors I used to do, like wetting my pants, sucking my thumb, or wanting you to carry me or feed me. When these things happen, I am telling you that this is a hard time for me.

I might get angry more often - at you or at a friend. Sometimes, my feelings are so big they overwhelm me. Sometimes, it is hard for me to hold it all together. Sometimes, it can be easier to be angry than to be sad.

I might show my love for the parent who is away by laughing and singing and reaching for a hug when we are together on a video call or when they come home. Or, I might break into tears or hide my face. These are all ways that I say, "I love you." Some are harder to understand and accept than others.

How you can support me during this time...

If you are the parent who has been home with me...

Keep our daily routines – eating, sleeping, bathing, dressing, diapering, and toileting - consistent. This helps me feel safe as I learn that our daily lives continue even during a challenging time.

Keep reminders of my away-parent around so we can see and talk about him or her. For examples, put photos of us all at child-level so I can see them, hang his or her jacket on our coat rack just like always, play the songs we sing together, or read the books we read. Offer me a t-shirt that gives me the security of softness and smell of my parent who isn't here, so I can carry it around and sleep with it. You might want one too.

Tell me family stories of times we are all together. We sure do lots of neat things, like walk in the park, read books, and sing silly songs at bath time.

Share stories of things I say and do – of how I am growing and changing so my away-parent feels part of my life and will have a clearer picture of who I am when we are together again.

Give me words for what I might be feeling, "I think maybe you are feeling sad that Mommy is away working. How about we draw her a picture that we can send to her?"

If you are the parent that is away...

Make a tape and/or video of you reading a story or doing daily tasks around the home, so I can hear and see you any time I want.

Send photos of you doing the same routines I do at home: brushing your teeth, eating breakfast, going to bed. This helps me keep a picture of you in my head and helps me feel connected because we are doing the same activities.

Give me some simple descriptions of what you do at work. For example, "I work on the computer." "I drive a jeep." "I help my friends fix their airplane." Avoid topics that may worry or frighten me.

Keep our connection strong. Send me letters or video messages. Talk with me on the phone or during video calls. Keep a photo of me nearby and/or pictures of us together in your head – when it is a safe time for you to think of home.

Together you can...

Keep lines of communication open – phone calls, letters, email, and video calls. At the same time, be aware that sometimes planned calls may not work out due to technical issues, work demands, or me!

Talk about big feelings with each other and at times with me. Putting feelings into words can help us feel more in control and know we are not alone.

Give all of us time to reconnect and find our rhythm when we are back together again. We've all changed, and, even though we love each other, we may have some bumps along the way.



Ambiguous Loss and Military Parental Absence

The previous section highlighted how young children's developmental stages contribute to their ability to process and understand how, why, and how long a parent may not be meaningfully present in their lives. Ambiguous loss is a concept that helps explain physical and psychological characteristics of relationship disruptions, such as military parental absence, for which there may not be a clear path to closure or healing. These transitions of absence and presence create a potential for boundary ambiguity – uncertainty about who is in and who is out of the family caregiving system. Young children's trusting relationships are rooted in physical and psychological connections, and, when a parent is away, feelings of loss can be tied to both types of connection. It can also be challenging when a parent returns because both parent and child are in different places in life than when the absence started;



family roles have changed; and there may have been difficulties in maintaining connection during the absence, whether due to logistics like stable internet or due to high stress conditions for the away parent.

At-home and away parents also experience ambiguous loss, which can contribute to the overall family system functioning. As a parent prepares for an extended time away, he or she may spend more time at work as part of preparations, so the parent is still present but also partially absent. As parents shift family roles, the at-home parent may take on additional caregiving tasks that have an effect of decreasing the frequency of routine parenting interactions of the away parent before the absence officially begins. Military families also face ambiguity in terms of how long an absence may be. Military priorities and needs can shift, which can result in extended tours and changed locations and expectations for deployment.

Ambiguous loss often evokes distress and uncertainty, and each person in a family may experience it differently. Sometimes, the distress can show up as anger – more conflicts, more angry words between adults, more tantrums, or more inconsolable crying by young children. This is because anger is an *easier* negative feeling to express than sadness or extended uncertainty. Anger often has a flash point and then dissipates, but other negative emotions may linger and be more difficult for a person – big or small - to find effective ways to lessen those feelings. Because anger may be misplaced or override other emotions related to a parental absence, it can be helpful for parents to recognize their own emotional reactions, so they can manage their reactions more effectively for themselves, their partners, and their children. Acknowledging negative feelings also helps young children learn more about themselves and their own ways of responding to stress, which increases their emotional competence.



Why Military Parental Absence Matters to Families

Military parents face some significant work-related challenges to their daily family life. Adding in factors of being younger adults who are caring for very young children and learning to partner with one another, an occupational absence can spur a significant disruption in family relationships. Yet, there is a rich history of community and support that military families sustain across generations to guide young Service members, their partners, and children through *expectable military* events like absence.

Military parents who are just beginning to establish their collective rhythm have to learn about each other's needs to thrive in military life, through multiple separations, reunions, and reintegrations. Flexibility is one aspect that is important to family resilience as roles will shift over the deployment cycles. Communication skills and styles, and mutual support, are other vital relationship characteristics that parents can focus on to survive and thrive as at-home and away parenting partners. There are shared and unique worries for at-home and away parents regarding their children and their family's well-being. Home visitors can support parents and other at-home caregivers during an absence and do so in ways that foster healthy communication about and with their children. They can be helpful in keeping the away parent feeling more connected and the at-home parent feeling more supported.

As noted at the beginning of this chapter, the topic of *Military Parental Absence* is really focused on understanding a common military family experience. Daily family life continues throughout all phases of an absence. This means that other topics may be relevant to help parents practice communicating about their own lives and their children's lives. For example, maybe a 2-year-old has announced she is



a big girl and will not be wearing pullups anymore. Share information on *Toilet Learning* that both parents may be able to use as they talk about this exciting moment! Perhaps, an at-home parent discloses that he needs to change child care arrangements but is not sure how to let his wife know because she really likes the current provider. Strategies in *Co-Parenting and Sharing Care* may be a timely topic that helps this father plan a positive conversation with his wife about upcoming changes.

Military families can be and are resilient families. Parental absence is an expectable event in military family life, and home visitors can be instrumental in assisting young parents with young children build their capacities to thrive.



Boots on the Ground: Everyday Moment Conversations with Families

This section highlights content and skill building strategies you can use as you plan your home visits. For the *Everyday Moment* section of the visit, you will find a list of topics to choose from and to explore in conversations about nurturing guidance. For each topic, you will find the associated *Protective Factors* and *Trauma-Informed Principles* addressed. *Family Pages* designed to support your conversations are listed next.

In addition, you will find suggestions of related one-on-one activities to choose from for the parent-child interaction portion of the visit.

There are several *Parental Absence* topics to choose from as you plan a visit to a family. You should tailor the conversation to that family's specific needs and interests. You may find that you discuss one topic now and come back to discuss another in a month or two depending on certain circumstances.



Using the information you have about a family's *Protective Factors*, you can guide your curriculum choices to tailor the home visit discussion and activities. Ideas are presented below with their associated icons to highlight how they correspond to meeting a family's needs and building each family member's resilience. These include the following:

Parent's experiences with and expectations about parental absence



Parental Resilience may be fostered when parents reflect on their own experiences of separating and reuniting with those who cared for them in childhood and when co-parents are able to establish routines that help an away parent remain engaged and active in their young child's life.

Children's experiences with and expectations about parental absence



Knowledge of Parenting and Child Development and



Social and Emotional Competence of Children are supported when parents recognize how their child understands relationships with his important people and work to help their child feel connected to the away parent.



Special Focus Moments

Parental Absence in Military Life



Family Pages

A series of *Family Pages* on *Parental Absence* have been created to support your conversations with families while you are visiting and to become a resource parents can refer to between visits. These include the following:

- Focus on You: Looking Back and Moving Ahead with Your Child
- When a Parent is Away & When a Parent Returns from a Child's Point of View
- Big Feelings for You
- Big Feelings for Your Child
- Saying Goodbye
- Keeping Relationships Strong
- Reuniting

Related One-on-One Activities

These are suggested activities for *Parental Absence*. There is a broad selection of one-on-one activities available in the Activity Card deck.

- Notice and Wonder: How does your child like to connect with his or her away parent? What do you want to share with your partner during an absence?
- Peekaboo
- Counting games with days or sleeps until a parent returns
- Making "Welcome Home" art together

Book suggestions:

- *You Weren't With Me* by Chandra Ghosh Ippen
- *Nonni's Moon* by Julia Inzerro

Additional Resources

Community connections include:

- Military OneSource
- Zerotothree.org
- Sesamestreet.org
- Child Care Settings
- Healthcare Providers





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Family Pages

Special Focus Moments



When a Parent is Away & When a Parent Returns





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When a Parent is Away &
When a Parent Returns



Focus on You: Looking Back and Moving Ahead with Your Child

Separating and reuniting are normal, if at times bumpy, parts of everyday life. They happen every day - at bedtime and in the morning, at drop-off and pick-up time at child care, or when you say "goodbye" to run errands and return home with a bag of groceries.

As a military family, besides these everyday goodbyes and hellos, you likely also experience longer and/or repeated separations due to deployment. Being apart for long periods of time can be stressful for everyone, adults and children alike. At the same time, deployment offers you opportunities to grow and learn and for your family relationships to deepen.

Looking Back at Separation and Reuniting

Thinking and talking together about some of your goodbyes and hellos can help you keep connections strong and allow you to work together to support your child. This is true even if both you and your partner face deployment together or sequentially. If you are a single Service member, this means talking with the adult(s) who will care for your child when you are away.

For example, you might think about a past deployment, when your Service member was last away for training, or a time when you were away to visit or care for a distant family member.

Here are some questions to consider:



How did being apart make you feel? About yourself? About the person who is away?



How did coming back together make you feel? About yourself? About the person who was away?



Did you keep in touch when you were apart? How? How often? What will you do the same or different during this deployment?



What would you say you have learned about goodbyes and hellos?



What would you like to teach your child about goodbyes and hellos when your family experiences lengthy separations?



Coping with Stress

Being aware of what helps you cope during stressful times will allow you to be able to take care of yourself and to focus on, tune into, and enjoy your child.

Sometimes, the things you do to quiet your baby—rocking her, singing softly to her, bouncing her gently in your arms, dancing with her, telling her “everything will be OK”—will help reduce stress for you too.

Here are some other ideas to try when you need to quiet your stress:



Make a note, doodle:

Putting your feelings on paper can give you relief.



Organize:

Cluttered space can cause stress. Take a few moments to put stray items in their place.



Laugh:

Enjoying a comedy movie, telling a joke, or sharing good times with a friend will remind you that life is good—even when you may be feeling overwhelmed.



Prioritize:

If tasks get pushed back, don't sweat the small stuff.



Dance away:

Sway, stomp, whatever it takes.



Reconnect:

Take a look at your baby's precious little face—when she is calm or asleep.



Recharge:

Enjoy a warm bath or a run or a few pages of a good book or a song you love.
Do whatever it is that helps you take a breath and care for yourself.



Take a Moment: Coping with Stress

Think of a stressful time in your life. What are two things you did that helped you reduce the stress and feel calmer and more present?

Who is someone you can count on to give you a smile, some encouragement, and/or to be there to lend a hand if and when needed?



The Power of a Positive Attitude

Some things in life you can control. Other things you just have to make it through, like a deployment. One of the things you can control is your approach to the world. Even when you are experiencing the deep and mixed feelings that are part of separating and reuniting, your mindset can define your experience. It is up to you!

Positive thoughts can lead to a positive attitude. A positive attitude makes you happier and more resilient and allows you to see yourself as a person who can be active in directing your own life. When you are optimistic and positive, you see setbacks as temporary. Problems become challenges that provide opportunities to learn and grow. You can see and use your strengths.

By conveying a sense of confidence that everything will be fine, you can help your child feel the same way.

Here are some suggestions you may decide to try for a more positive attitude when a family member is away:



Notice and enjoy small pleasures.

Your child's smile, a cooling breeze on a warm day, the smell of your morning cup of tea, the taste of a fresh peach are good examples.



Decide how you are going to feel-

No matter what is happening around you.



Find a positivity partner.

Someone you can talk to during the day to share three good things that happened to each of you.



Jot down two things you are grateful for before falling asleep.

It is a calming way to end the day.



Expect life to be bumpy at times.

Sometimes, you just have to make it through and adjust as you go.



Appreciate How You are Growing and Learning

Dealing with a lengthy separation can be tough – whether you are the person who is away or the person who is at home. It's important that the both of you take a moment to consider how you have grown and what you've learned since your family has experienced the separation.

For example, have you learned a new skill that your significant other normally takes care of?

Have you taken a moment to reflect on how you felt after you accomplished this task?

Here are some other questions to consider:



Have you done something you didn't know you could do?

For example, repair a leaky faucet? Sing or read to your child on video?

Talk together about deep feelings?



Have you met new people who are becoming part of your *Circle of Support*, whether at home or downrange?

For example, another parent having the same experience? A neighbor who is happy to pitch in as a way to say thank you for your service to our country? A chaplain?



Are there ways in which your relationship with each other is changing for the better, even as you both face the challenge of being apart?

For example, have you problem-solved strategies for keeping in touch?

For working together to support your child? Are you able to talk about having

deep and mixed feelings at times without blaming the other?



You Are Not Alone

Whatever you may be feeling – joyful, loving, sad, frustrated, angry, abandoned, inspired - it's important to remember that everything you are feeling is normal, and you are not alone. Other parents experiencing deployment share your feelings, which can be very mixed and strong at times. The goal is to be able to feel what you feel and still be able to see and respond in thoughtful ways to your child.

Whether you are the deployed parent or the adult at home, when you have someone to talk, cry, complain, and share your joys and your doubts with or listen to you or laugh or cry with you, life may not feel so overwhelming. Someone sees you and understands what you are experiencing.

Have you created a Circle of Support? Are there people you can count on at home and downrange? Do you know people you can reach out to when parenting starts to feel like too much, or when your child says or does something amazing that you have to share?

Working together with the other caring adults in your child's life increases the support she receives. By letting these adults know what is happening, they can offer your child support and, together with you, help her feel safe, secure, and connected with the parent who is away. Your Circle of Support may include your child's teacher, babysitter, healthcare provider, and extended family and friends.



A Closing Note:

We've said it before, and we'll say it again: No one can ever take your place in your child's life. No matter how hard it is as times to be the parent who is home, how hard it may be to be the parent who is away, how many miles apart you are, or how long you are apart, you are at the center of your child's world.



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

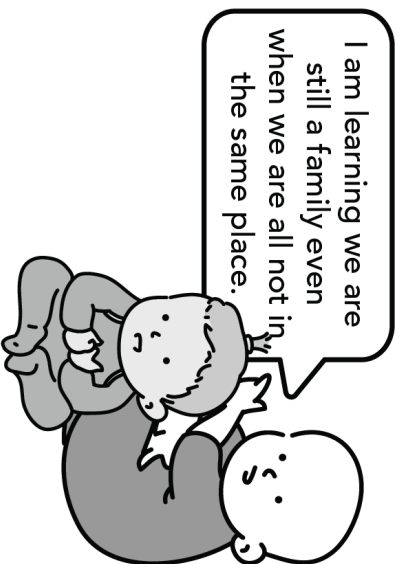
When You...		You Help Me Begin to Learn That...	
Sing to me or tell me a story during a video chat...		We can take a breath and have a little time together. Even though you are not here beside me, you love, and I love you.	
Are excited about learning to do something new, such as filling the car tire with air, fixing a leaky faucet, or getting through to our Service member on video...		Learning is something you value. You are learning. I am learning. I can learn new things even when I grow up and am big like you.	



When a Parent is Away from a Child's Point of View

Figuring It Out Together

Here are some things your child might tell you about when a parent is away— if he had the words.



Through a Young Child's Eyes

When a Parent is Away

How I might feel and act during this time of big feelings...

I might feel many feelings: sadness, longing, anger, frustration, deep love, and confusion.

Or, at times, I might be having so much fun playing that you would never know one of my parents is away.

I might get angry more often - at you or at a friend. Sometimes, my feelings are so big they overwhelm me. Sometimes, it is hard for me to *hold it all together*.

Sometimes, it can be easier to be angry than to be sad.

At times, I might be clingy. If one of you is away, how do I know the other isn't going away too?

I might go back to behaviors I used to do, like wetting my pants, sucking my thumb, or wanting you to carry me or feed me. When these things happen, I am telling you that this is a hard time for me.

I might show my love for the parent who is away by laughing and singing and reaching for a hug when we are together on a video call or when they come home. Or, I might break into tears or hide my face. These are all ways that I say, "I love you." Some are harder to understand and accept than others.



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When a Parent is Away & When a Parent Returns



Through a Young Child's Eyes

When a Parent is Away

How you can support me during this time...

If you are the parent who has been home with me...

Keep our daily routines – eating, sleeping, bathing, dressing, diapering, and toileting - consistent. This helps me feel safe as I learn that our daily lives continue even during a challenging time.

If you are the parent that is away...

Make a tape and/or video of you reading a story or doing daily tasks around the home, so I can hear and see you any time I want.

Keep reminders of my away-parent around so we can see and talk about him or her. For examples, put photos of us all at child-level so I can see them, hang his or her jacket on our coat rack just like always, play the songs we sing together, or read the books we read. Offer me a t-shirt that gives me the security of softness and smell of my parent who isn't here, so I can carry it around and sleep with it. You might want one too.

Send photos of you doing the same routines I do at home: brushing your teeth, eating breakfast, going to bed. This helps me keep a picture of you in my head and helps me feel connected because we are doing the same activities.

Tell me family stories of times we are all together. We sure do lots of neat things, like walk in the park, read books, and sing silly songs at bath time.

Give me some simple descriptions of what you do at work. For example, "I work on the computer." "I drive a jeep." "I help my friends fix their airplane." Avoid topics that may worry or frighten me.

Share stories of things I say and do – of how I am growing and changing so my away-parent feels part of my life and will have a clearer picture of who I am when we are together again.

Give me words for what I might be feeling, "I think maybe you are feeling sad that Mommy is away working. How about we draw her a picture that we can send to her?"

Keep our connection strong. Send me letters or video messages. Talk with me on the phone or during video calls. Keep a photo of me nearby and/or pictures of us together in your head – when it is a safe time for you to think of home.

Together you can...

Keep lines of communication open – phone calls, letters, email, and video calls. At the same time, be aware that sometimes planned calls may not work out due to technical issues, work demands, or me!

Talk about big feelings with each other and at times with me. Putting feelings into words can help us feel more in control and know we are not alone.

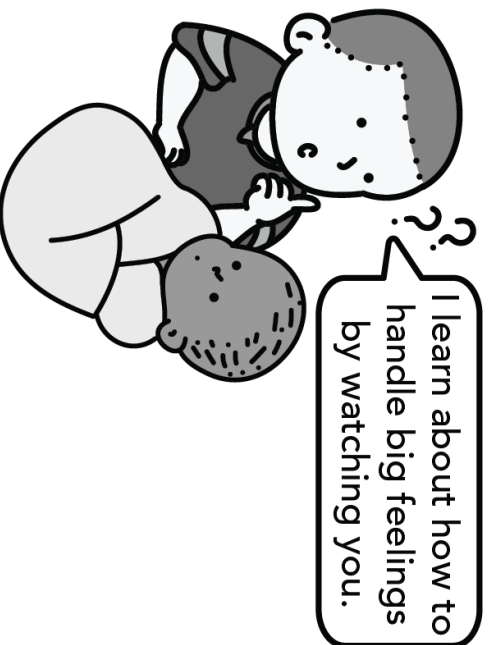
Give all of us time to reconnect and find our rhythm when we are back together again. We've all changed, and, even though we love each other, we may have some bumps along the way.



Take a Moment: Focus on You and Your Child

What is something you want your child to learn about being apart from someone he loves?

What is an idea of how you might help your child see you are a family – even if one of you is away?



Figuring It Out Together

Goodbyes and hellos naturally stir up deep feelings in everyone - whether you are the adult at home or the adult who is away.

This can be true even for everyday goodbyes. What can be tricky about these feelings is that they are deep, and they can be mixed. They may not seem to go together. This is natural and to be expected, even if it can feel confusing.

For example, you might dread saying “goodbye” to your spouse before she departs and also feel great relief when her bus pulls out. You might feel your deep love for a partner and fury too in the days before deployment. You might feel joy at his return and resentment that he is interrupting the routines you have established or is trying to take charge when you have been handling everything for months.

Every deployment is different, in part, because you and your relationship with your significant other changes over time. Other reasons for this difference could be circumstances, such as a spouse’s pregnancy; the age of your child; and even something basic, like the parent at home and your child are staying on the installation this time rather than with family members.

It is important to be aware of your feelings because they can catch you by surprise and *hijack* the emotional part of your brain (the limbic system), which makes it difficult for you to tap into the *thinking* part of your brain (the prefrontal cortex). This can make understanding, planning, problem-solving – those thinking skills you need the most to make it through challenging times – more difficult.



Managing Your Emotions

Here are some ideas you may want to consider trying to help you manage your feelings, so, when those feelings become overwhelming, you can recognize them, cope with them, and get back to being thoughtful and in control:



Be aware that there will be big feelings and this is normal and to be expected.

This is a first step in being able to handle big feelings, so you can be emotionally present, even if you or your partner is thousands of miles away, to support your child. Try to understand what you are feeling and when; this will help you see if you are over-reacting and if your feelings are calling the shots instead of your brain.



Be aware of your comfort zone when it comes to sharing your feelings.

Talking about your feelings can help make them visible to think about and share with others. Some adults are more comfortable and find it easier than others to put their feelings into words. Some are more willing to share. How about you? Is this a skill you may want to practice?



Pause.

Take a moment to think before you react. Being aware of your feelings can allow you to pause and think and respond in a helpful way rather than in an emotional way. When you do this, you help your child begin to learn how to have intense emotions and manage them to solve a problem.



Think about what you are feeling and why.

Perhaps circumstances are overwhelming and your reactions have, therefore, been a little too intense. Consider these examples: maybe you and your child have both had a stomach bug or you have to pay the car mechanic and the plumber in the same week or your partner was out on an unexpected mission and missed your scheduled video call with home. These circumstances could easily make you feel as if you have too much to handle.



Engage the thinking part of your brain to help get your emotions back under your control.

Sometimes, just thinking is enough to help you make the switch.



Talk your feelings over with someone you trust.

It can be clarifying to get another's perspective. So, consider calling or texting a family member, friend, child care director, or your home visitor.



Other ideas?



Having a Conversation When Emotions are Running High

Here are some ideas you may want to consider trying when emotions are running high:



Use *I-statements* to help avoid blaming.

When emotions run high, it can be natural to want to blame someone else for the situation. Using I statements as in, “I feel this is a difficult time” vs. “This is all your fault” invites you to describe how you are feeling or what you need instead of placing blame on your partner or someone else.



Listen.

When your emotions are racing inside it can be hard to quiet yourself and be able to genuinely listen to someone else. Being aware of this can help you take a deep breath (or 2 or 10 breaths) and turn you focus from your feelings to the words someone else is saying.



Try to understand what may be behind your partner’s words.

As you have a conversation, questions, such the following, can help you better understand what your partner is telling you: What is she thinking? What is he feeling? What might she be telling me besides what her words say through the sound of her voice, the words she uses, and the expression on her face?



Focus on how to move forward together--

For yourselves and on behalf of your child. For example, talk with the other person about how to make things work more smoothly. There are likely steps both of you can take.



Playback to be sure you both are clear about what was said and agreed upon.

Checking in to be sure you both agree on the path of your conversation will prevent misunderstandings and is a way to promote your partnership and teamwork to move forward together.



Other ideas?



Take a Moment: Managing your Emotions

What different emotions do you feel about your partner going away or coming back?

What are two things you want your child to learn over time about how to handle big and sometimes confusing emotions?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Listen carefully to another adult - or to me...	Listening is important. Because you listen, it is something I am going to do too.
Talk things out when you have a disagreement, even if it is hard to do.	In our family, sometimes we get upset at each other. But, we still talk and work together. We still love each other.



Big Feelings for Your Child



Figuring It Out Together

Goodbyes and hellos can naturally stir up big feelings in everyone, even babies, toddlers, and twos. These feelings may include excitement, joy, sadness, unhappiness, fear, anger, or confusion.

Even the youngest babies who seem fine with being passed from person to person, sense and respond to the big feelings of their adults. They tune into differences in the sound of their adults'

voices, their facial expressions, and the amount of tension in their bodies.

Babies and toddlers don't yet have the words to express their feelings. While twos may be learning the words, their feelings can still be big and may impact their sleeping, eating, toileting, play, and interactions.

Your Child's Behavior Tells You Something...

It Is Up to You to Try and Figure Out What That May Be

Your child needs you to try to understand what he is feeling. Why? You need this information to help you decide how best to respond.

You can usually see a young child's big feelings from the outside as you watch his or her behavior. Young children have not yet learned to behave in ways that cover up what they feel.

Sometimes, it is pretty simple to understand what a child is feeling. Tears and turning away say, "I will miss you. It is hard for me to say goodbye." A smile and a giant hug says, "I'm glad to see you."

Other times, it can be more challenging to figure out what your child's behavior is telling you. Here are some of the reasons why:



Different behaviors can have similar meanings.

Crying, clinging, acting out, sitting quietly and not playing, thumb sucking, and a return of bed-wetting can all be ways a child might say, "I miss Daddy. Things are different. It is hard for me."



Quiet behavior can communicate big feelings.

At times, a child who is being good or withdrawing and sitting still can be communicating feelings that are as big as if a child threw a toy across the room, screamed, and kicked.



When you also have big feelings, it can be hard to separate out who is feeling what.

Think, for example, about a dad who today is intensely missing his wife serving overseas. When their toddler falls, scrapes her knee, and starts to cry, he feels tears in his eyes too. “I know,” he says. “We really miss mommy, don’t we...” he says as he rubs his child’s back to comfort him. Yet, the child is crying because she hurt her knee.



Even when a parent is away, your child will spend much time living in the moment.

A child’s behavior is often about what happens in the moment, not about a parent being away. Your child will laugh, play, smear food on his highchair tray, climb, run, say “no,” or want to read and cuddle on your lap like always.

Supporting Your Child With Big Feelings

Here are some ideas you might want to try to support your child with big feelings – in a child’s voice:



Be my model.

Show me how we can live, work, and thrive together during bumpy and smooth times. Model ways to manage your feelings like counting to 10 or taking a deep breath. Talk with me about feelings. Reassure me we are on the same team no matter what.



Ask yourself, “What am I feeling?” as you watch and interact with me during daily routines and play time.

This will give you information to help you decide how to respond.



Offer me words for what I might be feeling.

“Are you feeling sad because Daddy is away? Me too. How about we write him a letter?”



Give me lots of chances to feel and be competent.

Invite me to help you put napkins on the table, water the plants, dust, or carry my ball to the park. This will build my confidence and help me learn I can manage, even during times of big feelings.



Give me a chance to be a baby again.

Sometimes, if I ask you, feed me, carry me to bed, give me extra hugs and cuddles, and tell me I am safe and you love me.



Have realistic expectations.

Ask yourself, "What can I realistically expect?" For example, even though you tell me, "No," when my big feelings are overwhelming, I might pull at your hair or kick you. I may need you to gently yet firmly help me stop and redirect my behavior.



Keep my frustration levels as low as possible.

Am I tired or hungry? It may not be the time to run errands. Is the new puzzle too difficult? Put it away, and bring it out again in a few months. Is it too hard to blow bubbles? You could be the bubble blower and let me be the bubble popper.



Keep your frustration levels as low as possible.

If you are upset, I will sense it. Consider little things—and big ones too—that you can do to feel as calm and steady as possible. For example, you know those blocks that you are always stepping on? Ouch! Put them away for now. Need a break or some adult company? Call a family member or friend to hang out with me, or meet a friend for a walk in the park, and give yourself a break.



Other ideas?



SAFETY ALERT: Never shake your baby!

Your child's big feelings can trigger yours; however, no matter how upset, sad or frustrated you may feel, never shake your baby!

When a baby is shaken or thrown, his head whips back and forth and from side to side. His brain slams against his skull. No matter how long he has been crying, one forceful shake in a moment of frustration—even when playing—can damage his brain, neck, spine, or eyes forever. He could die! His life and yours will never be the same.

IF YOU FEEL LIKE YOU ARE GOING TO LOSE CONTROL:



Put him in his crib or in another safe place.



Shut the door.



Pull out your headphones, take deep breaths, and have a good cry yourself.



Call someone.



Wait until you have calmed down before you try again to calm him.



Take a Moment: Supporting Your Child with Big Feelings

What are two messages you want to teach your child about managing big feelings?

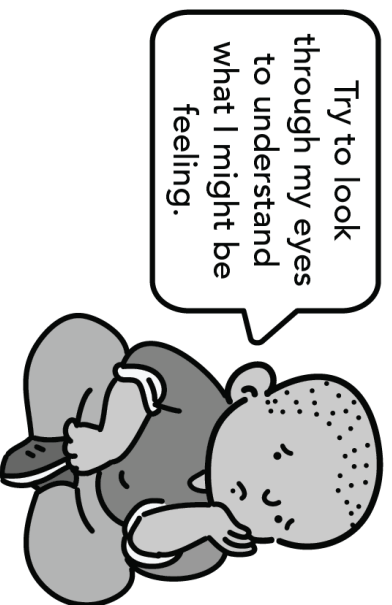
How can you help your child feel connected to you, even during times when you have big feelings about his big feelings?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Think about how to support me even when I am being quiet and good because that may be how I am showing you my big feelings...	You notice me. You understand I have big feelings. I can trust you to support me.
Understand if I show my big feelings by needing to be a baby again for a while...	Sometimes big feelings make it hard to remember everything I can do. But, even if I wet my bed or whine, I can count on you to help me through a tough time. (It won't last forever!)



Figuring It Out Together

Here are some of the ways that you and your partner can work together to support yourselves and your child with saying goodbye.

Be Kind to Yourself and Each Other Before Deployment

The weeks and days before deployment are stressful. Emotions are often running deep for weeks beforehand. Try to be realistic about what to expect. You may find the pre-deployment period to be a loving, family time. However, it could be a bumpy time that leaves you thinking, “Let’s get on with saying goodbye already.”

Many families report increased arguments and hurt feelings in the weeks before deployment. This is common. Pre-deployment is a time when it can be easier to begin to distance yourself rather than experience the pain of saying “goodbye.” Your Service member may begin focusing on his or her mission. The at-home parent may withdraw and begin preparing him or herself for the at-home-alone months ahead. Preparations for deployment (communicating with family, home repairs, doing a big food shop, putting paper work in order, training exercises) can take time and energy.

Being aware that bumpy times and big feelings are normal, can help you cope as the deployment looms. Flexibility and a sense of humor can help too.

Talk About How You are Going to Keep in Touch

Conversations about how and when you plan to communicate with each other can help assure your moments of connection go as smoothly as possible, no matter how many miles apart you may be.

Options to communicate may include phone calls, texts, emails, web chats, and letters. Yet, even with the technology that didn’t exist a few years ago, there may be times when communication will be bumpy. Anything could happen and keep you from communicating on the day and time you have planned: the internet could be down at home or away, an unexpected mission could arise, a communications blackout downrange could be ordered, heavy traffic on the way home from child care could happen, or your baby could have a giant poop when the phone is ringing.

It can be helpful to acknowledge that there may be times when you cannot or should not share information. For example, when the Service member is at an undisclosed location or on a mission there may be restrictions on what can be said, even if there can be communication.



There could be times when the parent at home may want to buffer the away parent from certain information to not put the downrange parent in distress, which can be distracting and ultimately dangerous out in the field. A big home repair, a fight at work, a rough time with a toddler who insists “no” may be examples of times the at-home parent may ask him or herself: “Why share news if there is nothing that my partner can do? Telling him or her may only cause worry.”

Finally, talk about who you can both turn to for assistance in communication in case of a serious health issue, injury, or even a death – whether at home or downrange. This includes your home visitor and rear detachment people for the parent on the home front and the chain of command and buddies for the Service member.

Be Up Front That During Deployments, Rumors Fly

During deployments, rumors often fly – on the home front and in the field. Rumors can be about anything, though gossip about partners being unfaithful is a common one. This can upset everyone involved.

If rumors begin to spread about others, it can be very helpful to stay out of the action and not pass them on. If the rumors are about you or your partner, talk with a friend and calm down. Then, decide if you want to talk with your partner while you are apart or wait until he or she returns. Hold off on any big decisions or actions until you’ve had time to cool down and talk together.

Create a Family Care Plan

Working together to care for your child begins before the deployment with the creation of a family care plan. While slightly different for each Service branch, developing this plan will give you both the opportunity to affirm and record the basics of how you plan to work together to meet your child’s needs and will provide a sense of confidence that the daily routines of your child’s life are recorded and your family’s paperwork is in order.

Information in a family care plan includes details about a child’s daily activities, your family’s routines, medical and dental information and contacts, information needed to reach close friends and relatives who will remain part of your child’s life, contact information for resources your family uses on and off base, and the location of important documents. These documents should include wills, insurance certificates, and power of attorney forms. Care plans will also include information about the importance of dependent IDs and how to use services available on your installation.



Give Your Child a Chance to Say “Goodbye”

It wasn’t that long ago that people used to think and say, “Babies and toddlers don’t notice when a parent is away for deployment. They are too young.” Many did not think it was even necessary for a parent to say “goodbye” to a baby or toddler before leaving for months.

Today, we know that isn’t true. Babies and toddlers read the emotions of their adults and definitely are aware that the voice, hugs, and smiles of someone dear is missing when a parent is away. While it can be tempting to skip goodbyes, saying goodbye teaches an important lesson about trust: the people you love and who love you do not just disappear. Saying “goodbye” is a first step in working together to support your child with a long absence from a parent.

Your baby will not understand the words you say, but she will sense something is happening when one parent is leaving. Give her a hug and a kiss and a sentence of two about what is happening. Assure her she will be safe with her at-home parent and that the parent who is going away will come back. If she is an older baby, invite her to wave or blow a kiss.

Toddlers and twos are just beginning to understand goodbyes. They don’t yet understand time, but they will know that this goodbye is more than saying “goodbye” at child care or when a babysitter comes for an evening. Explain what is happening simply to your toddler, “Mommy is going to work far away. You and I will stay here together at home. We’ll talk with Mommy on the phone and video and say, ‘I love you’. And she will call us and say, ‘I love you’ too.”

Give your toddler a chance to say goodbye in the way that she chooses. For example, she may want to give Mommy a giant bear hug or 10 kisses and/or sing her a song or draw her a picture to put into her duffel. She may end up protesting or be quiet and watch or even walk away. All are ways of saying, “I love you.” “I will miss you.” “I don’t want you to go.”

Give Yourself a Chance to Say “Goodbye” and Do so in a Way That Works for You

Try to give yourself a chance to say “goodbye” before you reach the crowded and emotion-filled designated point of departure.

Take care not to let visions of what should be interfere with what is and what works for you. For some parents, a goodbye might happen during a walk, dinner out, or even a night or weekend get-away. For others, it might be a high five and “I’ll really miss you,” or it could be working together to get things around the house done and talking about post-deployment plans. Others may find the last weeks and days together are spent apart due to training exercises or at-home arguing that involves feelings that are too big and mixed to put goodbye into words. No matter how you say goodbye or don’t, it is OK. This is a challenging time so give yourself and your partner a break.



Take a Moment: Saying Goodbye

How do you feel when you say "goodbye" to someone you trust and love?

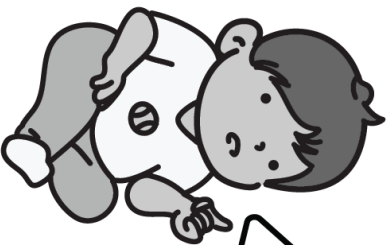
How do you think your child feels when a parent deploys and is away for a long time?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Give me a chance to say "goodbye", even if I might get upset...	I can trust that my important people don't suddenly disappear. That makes the world feel like a safer place and lets me play and explore more freely because I don't have to worry that I will turn around and they will be gone.
Keep communication open with each other and with me...	Talking together will help us make it through a challenging time. We can talk about anything and everything.



Our relationship
is a connection of
love between us
– even when we
are apart.

Figuring It Out Together

Your relationship is always there – across the miles, months, and years. Whether you are together or apart, your relationship with your child is there too. Even if you are the parent who is physically away, you are present in your family member's memories and lives.

Adults can hold the picture of others in their minds, even though videos and photos are still treasured and enjoyed. This is not true of a

young child before age 2. Even when he can hold a picture of his most important adults, that picture can grow fuzzy or disappear when he is stressed or tired. Your child relies on you to help him feel safe. Your presence energizes him to be able to play, explore, discover, and learn.

During a deployment, there are many things you and your partner can do together to keep your relationship strong – and your relationship with your child strong.

Before Deployment

Take a moment to notice things you do each day that keep your relationships with your partner and child strong. These hold the seeds of how you can keep relationships strong when you are apart. Here are some examples to get you started thinking about what you do to keep your relationship with your partner strong:



Share daily routines.

Routines are like familiar dances where everyone knows the rhythm and steps. They can be comforting and reassuring. Routines can be making the coffee in the morning, emptying the dishwasher every evening, or buying muffins on Sunday morning.



Talk together about how you and your child are growing and learning.

For example, meet with your child's teacher, talk with her healthcare provider, or discuss these Family Pages with each other and with your home visitor.



Support and reassure each other during bumpy times–

There will be difficult times at work, at school, with other family members, or with friends. Show your support by having a weekly time that you arrange for child care and take a walk or go out for dinner to check in and talk about life. Leave each other *I've got your back* notes on the bathroom mirror or on the fridge.



Enjoy family photos, videos, and stories.

Are there photos around your home? Do you regularly scroll through photos and videos on your phone? Are there stories that get repeated often. You are creating your family's history.



Listen to music, sing, and dance together.

Hearing and moving to music can be very relaxing.



Laugh together.

Watch cartoons or share jokes or something you or your child said or did that is funny.



Other ideas?

There is a lot of overlap with how you keep your relationship strong with your child. Here are some ideas to start you thinking about the things you do:



Share daily routines, such as mealtime, bedtime, diapering and toileting, bathing, and dressing. Talk, sing, and be together during these parts of daily life.



Comfort your child when he is upset.

Hold him. Listen to him. Rock him. Rub his back. Assure him you are there to keep him safe or help him calm down.



Enjoy family photos, videos and stories.

Sharing family photos, videos, and stories can be special moments that deepen and celebrate your family and your relationship.



Listen to music, sing and dance together.

Hearing and moving to music can be very relaxing.



Laugh together over silly games, songs, and jokes.

Whether on the couch, at the kitchen table, indoors or outdoors, on a bus, in the car, at the store or waiting at the health clinic, laughing together brings you and your child closer.



Other ideas?



During Deployment

Build on what you already do to keep connections strong when a parent(s) is away:



Bridge the distance and keep communication open...

Through phone calls, texts, emails, web chats, packages, and letters.



Keep routines consistent.

Talk about “Mommy’s place at the table” as you and your 2-year-old eat dinner. Mention how Daddy keeps his boots here on the rubber mat too when he is at home.



Create physical reminders of the parent who is away.

For example, your child might be comforted and fall asleep with a t-shirt that belongs to and smells like his deployed parent. (You might want to have one too.) Other examples could include keeping the away parent’s coat hanging on the coat hook and having plenty of family photographs around the house; make sure some are at child-level.



Make videos of the deploying parent singing, getting ready for work, washing dishes, or whatever else that parent does around the house before deployment.

Then watch and enjoy the videos while that parent is away.



Record the away-parent reading a few bedtime stories.

Listen to them, at bedtime or during the day – whenever the time is right.



Share family photos and stories from home and away.

Share photos and stories of the amazing, funny things your child says and does. Your Service member can also share photos of daily routines – activities that a child is familiar with like eating, dressing, or sleeping but be careful not to worry or scare the child.



Laugh and play together even though you are apart.

Family members can participate in the same activity as the Service member who is away, such as reading the same book, playing the same game, or working on the same puzzle. You can sing and dance together on video calls.



Other ideas?



Take a Moment: Keeping Your Relationships Strong

When you look around your home, what physical reminders of the away-parent are there for your child and for you?

What is a favorite activity you enjoy as a family when you are together? How can you continue the activity and the warm, loving feelings that come with doing this activity when a parent is away?



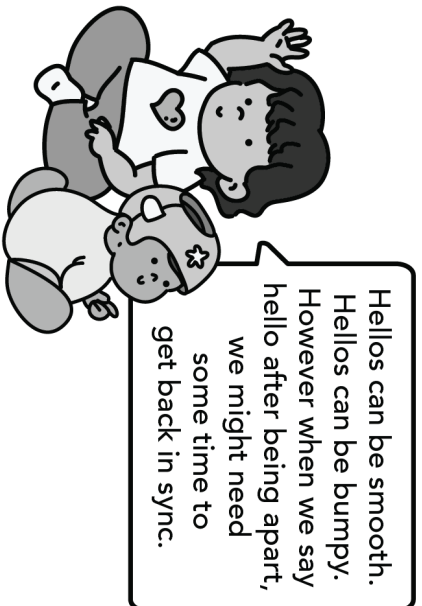
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Share family photos, stories, and routines with me even though a parent is away...	I am safe and secure. Even though someone isn't here with me, I remember him or her and how it feels to be together.
Play a recording of my away-parent reading me a book or singing me a song...	Even though my parent is away, he or she is still part of my life.



Reuniting



Figuring It Out Together

Saying hello is the other side of saying goodbye. Hellos can create deep feelings, such as joy, excitement, and happiness.

You see these feelings in the form of smiles, hugs, and relief seen in public reunions in airports or schools that are sometimes shown on TV. Reunions can also bring feelings of tension, sadness, or confusion. This is seen when a child has a meltdown, ignores the returning parent, or the heart wrenching moment a child breaks into tears when the parent she has been missing for so long reaches out to her.

Think and, if Possible, Talk About What Saying Hello Might be Like for You and Your Child

Hellos can be times of excitement and joy and everything you imagined and hoped for.

Or not. Parents might be exhausted, stressed, feel awkward, or unsure of how to feel and how to respond. An adult or child might be sick and cranky. A child might ignore or cry at the sight of the parent he or she has been talking about and missing.

You and your parenting partner might have different hopes for the hours and days after reuniting. For example, if you were home, you might be longing for family together time or want and need a break. If you have just returned, you may need quiet and to spend time with buddies who are also newly home.

Give Yourselves and Your Child Some Time

Adjusting to being back together again takes time – count on it.

During your time apart, you have each grown and changed. You each likely took on different roles, whether around the house or downrange. Your child has also changed. For example, the baby who was just starting to crawl at the start of deployment may be a walking, running, climbing, and talking toddler. Maybe there have been changes to the whole family system with the birth of a baby, the death of a pet, or the serious illness of a relative.

“Who is in charge?” is one of the big questions reunited parents face. There are many reasons for this. For example, the parent who has been at home has been in charge of everything and may not be so happy about having to share decision-making. The parent who has been away may have been in command during deployment and walk in the door expecting to take command on the home front. Perhaps the parent who has been away may try to take over as a way to feel in control when so much has changed. Whatever the cause, it will take time and conversations to figure out how to work as partners again.



Gatekeeping could be another challenge. This occurs when the parent who has been home has to start again to share the care. This parent may try to limit the returning parent's time with the child or constantly hover and tell the returning parent how to do things. Parents may feel in competition with each other for time with their child or for her smiles.

It often won't be easy. Whatever issues you and your partner are dealing with together, patience and trying to put feelings into words can help. Sometimes you may find that outside support will be helpful. For example, your home visitor, a trusted friend, a chaplain, or counselor may be of great support. Above all, give yourself and each other time.

Give Your Child and Yourselves Words for What You are Experiencing

Sometimes putting words to what is happening and/or what people are feeling allows you and your child to feel more in control. It makes it possible to think and talk about complicated times in a way that is not possible when feelings and events are overwhelming.

For example, you can acknowledge the feelings and help build a bridge between a toddler and her returning parent when you explain, "Mommy was away for a long time, wasn't she? She missed bedtime with us. We missed her at bedtime too. Let's invite Mommy to come and help with bath time and read you a story. We'll all go together."

Do What Works for Your Family In The First Days and Weeks

There is no right or wrong when it comes to settling in post-deployment. The best way you can support your partner, yourself, and your child is to trade in your ideas of what should be for figuring out what works best for your family.

For example, do family and friends want to have a huge Welcome Home party, right now?

Does it feel like too much for one of you right now, or is it too much for your child who likes quiet and calm?

Does your Service member want or need to spend time on his or her own or with returning buddies who are also adjusting to being home? Do you, the parent who has been home, want and need a breath and a break from caring for your child and home?

You may want to enlist a trusted family member or friend to come and help out around the house and/or provide child care. Possibly, arrange a later date for the Welcome Home celebration – when the time is good for you.



Develop a Family Plan for Emotional Safety When an Adult Loses It

Everyone gets angry, fearful, or anxious sometimes. As Confident Kids, Confident Parents (<https://confidentparentsconfidentkids.org/parent-resources/family-emotional-safety-plan>)

says so wisely, if you didn't know you had these feelings before you were a parent, you know now. For many, these are some of the feelings that are part of homecoming. Other feelings may be excitement, happiness, and joy. This blend of mixed emotions is why reuniting is often described as a time of highs and lows for everyone. Bumps are to be expected as family members reunite and rebalance their lives after a Service member has been away.

At times though, a family member may lose control of his or her emotions and behaviors. For example, a Service member could be dealing with combat stress or post-traumatic stress disorder and may lose his or her temper more easily, or the at-home parent, who has been holding him or herself together for so long, just *lets go* now that his or her partner is home.

This is where a family plan could be helpful. When someone is under great stress or experiencing great anxiety, anger, or hurt, the primal brain, the amygdala, takes over and focuses on survival. The ability to think, problem-solve, and plan may not be available. This state of mind can lead to making poor choices that can result in lashing out, which could end in injuring a child (or worse) and disrupting the bridge of trust between you.

While your child is a baby or toddler, planning is up to you. In a few years, around the age of 4, your child can be part of planning too. Here are some parts of a plan to consider:



Know the signs someone is losing control:

Tensing of face or body, a change in the sound of his or her voice, pacing, quieting and becoming still.



Create a cool-down spot.

"I will go to the cozy chair in the living room. When I am there, I will...(take 10 deep breaths). I will return to my family when...(my body feels calm and I can think about how glad I am I sat in my chair)."



Choose a place(s) to go when you and your children have to get out of the house.

This could be the house of a family member, friend, neighbor, or place of worship.



Be sure contact numbers are easy to access.

Put these numbers in your phone and on a card in your bag. These numbers should include family members, a neighbor, doctor, police, ambulance.

If there are high and stormy emotions in your home most days, it is time to get some outside emotional support. Doing so is taking a big step in keeping your child safe and healthy. If you have doubts about finding help for yourself, it may help to realize doing so is in the best interests of your child. Your home visitor will be able to give you the names of places that can support you.



Take a Moment: Reuniting

How do you envision your family's reunion?

What are some other ways it might play out in reality?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Give us time to reconnect...	You are there. I can trust you to be there for me even when I am not yet able to cuddle or play with you.
Give me words for what is happening...	I can count on you to help me understand what is going on. We can talk about anything and everything.



Special Focus Moments

Parenting After Injury



Main Elements

Content Areas

- Teaching About Parenting After Injury: *Protective Factors and Trauma-Informed Principles*
- The Science: Visible and Invisible Wounds; Injury and Trauma; Parenting After Injury and Ambiguous Loss; Children's Curiosity and Concern about Injuries and Injury Communication
- Why It Matters to Families: Building a Resilient Family System; Compassion Stress and Fatigue; Addressing Challenges of Short-Term and Long-Term Recovery; Parenting in a *New Normal*
- Home Visit Activities and *Family Pages*
- Important Safety Supports and Knowledge: Military Family Plans, Family Safety Plans

Teaching About Parenting After Injury: Protective Factors and Trauma-Informed Principles

This chapter focuses on military families who experience injury, yet much of the content may be relevant for civilian families who are also affected by injury. Military families have a lot in common with civilian families. They often live side-by-side in communities and share schools, religious affiliations, and social connections. Yet, there are some hallmark features of military family life that do not have a clear counterpart in the civilian population. For instance, military families belong to a community that places service to country before self; operates within a clear, yet complex, chain of command; and expects multiple family relocations during time of service.

Risk to personal well-being, due to duty, is another potential area of difference between most Service members and civilians. However, there are civilian occupations with higher than average physical and psychological risk too, such as law enforcement, firefighting, child protective services, construction, and energy production. The type of job a Service member is trained to do has important implications for that person's physical and psychological safety. Some military occupations can be relatively low risk when the Service member is not deployed, such as administrative and supply chain positions. Some positions become higher risk due to the location of a



Special Focus Moments

Parenting After Injury



deployment or to changes in one's daily job function. For example, a chaplain may be stationed at a military treatment facility (e.g. a hospital) but could be called to deploy with a unit to help meet humanitarian crisis needs after a natural disaster. In another case, a driver, who usually transports supplies from warehouses to installations stateside, may be deployed to support a materiel command unit that requires driving through hostile territory to deliver goods to multiple forward operating bases (FOBs). Other military occupations can be higher risk, whether at home or deployed, because the positions themselves focus on work that is dangerous, such as combat and rescue positions.

The term **injury** is used broadly in this chapter to describe *harm and hurt caused by a variety of events that results in at least short-term disruption to family or work life*. Injuries can be physical and/or psychological, visible and/or invisible, mild or severe, short-term or long-term, and accidental or intentional. In this broad definition, significant and/or chronic illnesses, such as cancer or an autoimmune disease, can also be included. While this chapter concentrates on Service members parenting after injury, it is important to keep in mind that a Service member's spouse or co-parenting partner(s) could be the injured person (e.g., car wreck, health crisis). Whether the Service member or spouse/co-parent is injured, the family system and parent-child relationships can be affected.

Home visitors can play a vital role in a family's life after a parental injury. A home visitor may be one of a few people involved with the family who are able to consistently use strengths-based language in their work, which can foster the family's resilience through a challenging time. Home visitors may serve in a role to help connect families with appropriate resources. For example, there may be on-going clinical needs for the injured parent, which can cause family life to be so stressful that home visits are often canceled, and visits that do occur may focus on



atypical topics or crisis management. Yet, home visitors can provide information to help a family realize they are not alone and that, while the injury-to-recovery path is unique to each person and their family system, some things can be expected, and everyone in the family system is going to feel effects of the injury in some unique and shared ways.

This chapter provides information that supports the following *Protective Factors*:



Social Connections



Concrete Supports of Families



Parental Resilience



Knowledge of Parenting and Child Development



Social and Emotional Competence of Children



Special Focus Moments

Parenting After Injury



Teaching about *Parenting After Injury* offers opportunities to model the following *Trauma-Informed Principles* in the parent-child and parent-home visitor relationships:



Safety— Safety is a key characteristic of healthy relationships, psychologically and physically. Parental injury can introduce uncertainty into the family system that was not present before the event, and both parents and children can be affected. One or more factors regarding the injury can threaten a sense of safety, such as the injury type and severity, the location where it occurs (e.g., local/at-home or far away), and if young children are present when the injury happens. Trusting parent-child relationships may be affected temporarily due to medical treatments and hospitalizations, or relationships may be affected long-term due to traumatic brain or combat stress-type injuries that impact how a parent can relate to his or her child.



Home visitors may provide support by helping the non-injured parent identify resources for the injured parent, being a thought partner with the non-injured parent as difficult choices are addressed, and sharing ways to talk to young children about a parent's injury or illness. There may be conversations about what makes a family system feel secure and how an injury can affect those feelings. Home visitors may also work with an injured parent in identifying and understanding changes that may require adapting parenting interactions and opportunities.



Trustworthiness and Transparency— An injury may be a trauma to a family system that provokes protective behaviors, such as fear, isolation, and distrust. If an injury is serious and/or prolonged, family members will be continually assessing their senses of trust in healthcare providers and others who may be in their *Circle of Support* or with whom they need to communicate about work or family needs, like a supervisor or child care provider. Parents may also struggle to be transparent about needs after an injury, balancing them against a need for privacy.

Parents who feel secure in the parent-home visitor relationship may be able to use this relationship to safely explore and question changes surrounding an injury and recovery. A trusted home visitor can represent a safe relationship where parents can express worries, fears, and thoughts about what the future might hold. This relationship may also present some opportunities to turn parents' attention back toward their children and away from the injury. Sometimes, being able to focus for a short time on a daily or mundane event can offer parents a moment where they find a bit of steadiness even when things feel out of control.



Special Focus Moments Parenting After Injury



Peer Support and Mutual Self-Help— Healthy co-parent and care partnerships offer support to each person in the relationship. This support is built and strengthened through connection and mutual focus on the well-being of the child(ren). When a parent is injured, his or her ability to maintain usual parenting roles and co-parent support may be impacted. For example, picking up and soothing a tired toddler or bath time duties might need to shift to the other parent or caregiver. These shifts could be temporary because an injury requires crutches or other mobility supports for a few weeks. Or, these shifts could be longer term because an injury permanently affects mobility or dexterity (e.g., a stroke or amputation) or lowers a parent's tolerance for noise and light (e.g., traumatic brain injury, combat stress reaction). Co-parents and care partners can still work together to support each other, recognize changes, and find ways to move forward together.

Home visitors may work with families after an injury to help co-parents build and rebuild parenting skills and confidence. Families who are in the middle of the injury-recovery continuum may find it difficult to see anything positive, good, or within their control. Everything is affected and maybe nothing will be OK again. Home visitors can be trusted allies who can make the family's resilience visible to them as the family adapts and grows and can highlight the strengths they see in *Everyday Moments* and decisions.



Collaboration and Mutuality— Parents who are able to discuss the challenges of parental injury may be better able to anticipate and address how they work together as parents and partners after an injury. Yet, this may not be possible for all parents living through an injury. The dynamic nature of the injury-recovery process may mean that collaboration and mutual decision-making look different from before the injury. Finding a *new normal* that provides ways for both parents to collaborate and learn together can feel bumpy. But, it can also be very satisfying to find new ways of being a family, partners, and co-parents.

Home visitors can provide support to families after an injury by listening to family's concerns and understanding how the family's needs may have changed (or remained stable!) and, then, tailoring information and resource connections to meet a family's unique blend of circumstances, challenges, and strengths. Meeting a family at their current levels of need and resilience and helping them find their way forward are the actions of collaboration for the benefit of the family.



Special Focus Moments Parenting After Injury



Empowerment, Voice, and Choice— A parental injury can alter how both an injured and non-injured parent see themselves, see each other, and how they connect. Parenting after an injury can be overwhelming or uncomfortable – roles and expectations may have shifted from one parent to the other, and some parents may feel a loss of their parenting identity because they no longer do what they used to with their children. When parents are able to view changes without judgment, they are more likely to be able to find their way forward and work toward building their own resilience and recovery.

When home visitors view the families they work with as resilient and resourceful, it communicates belief in their ability to thrive even in challenging times. This stance encourages problem-solving and being willing to learn or relearn information and skills.



Cultural, Historical, and Gender Issues— An injury can affect more than one's perception of self or partner as a parent. Each parent has built an identity that includes their culture, experiences of gender, and personal history. Parents have expectations for being a partner, parent, and building their family life based on these different aspects of their identity. After an injury, these expectations may be challenged. Some parents may have to work to re-construct their identity and expectations of themselves or their partners and address stereotypes that they hold. For example, a parent who planned to be involved as his or her child's t-ball coach may have to adjust that sense of what that looks like or if it is possible after a serious back injury. A parent who planned to stay at home until the youngest child started school may need to become a primary income earner to carry the family finances after his or her partner's injury. This is not how either parent envisioned being a good parent before the injury, but it becomes part of each one's identity after the injury.

Home visitors may be some of the closest people outside the family system to hear a parent's struggles with identity and changes in life due to a parental injury. Keeping an open mind can help parents reflect on their expectations and see insights into how they can build and adapt, instead of feeling stuck or lost.



The Science: What Do We Know About Parenting After Injury?

This chapter purposefully uses a broad definition of injury to show the wide ranges of what can harm or hurt a person and how harm or hurt can manifest in an individual's and his or her family's life. Including the very mild and very severe experiences of hurt and harm in the definition can be helpful when working with families who are feeling like their experience of an injury is unlike anyone else's. Families who are feeling isolated as part of their injury experience can often also feel stuck, like there is no path forward toward recovery or there are no resources that can help their situation. It can be disorienting and debilitating to live with a significant amount of uncertainty about a current situation and what the future may hold. Prolonged uncertainty can have negative effects on a person's sense of control, mastery, and confidence to shape his or her own life. Connections to a *Circle of Support*, including a home visitor, and being able to build trust with healthcare providers can provide a stable foundation when a parental injury rocks a family's world. These connections can help families find a way forward even though there are circumstances beyond the family's control. You may work with families who do not have stable and supportive social connections or who struggle to trust healthcare professionals. For families who have scarce social and concrete supports, a parental injury can be an event that makes it harder to reach out.

Visible and Invisible Wounds

Most people, if asked, could give a few examples of a visible wound. Cuts, sprains, bruises, and fractured bones are some of the most common ones. There are also invisible wounds, such as injuries that affect mood, thoughts, and behaviors. These wounds may result from a physical injury, like a head injury, but many invisible wounds result

from psychological injury (e.g., witnessing or being part of a traumatic event) or a combination of physical and psychological injuries.

Individuals with an invisible wound often seem to be perfectly fine and healthy – no characteristic of hurt is visible to family members, colleagues, and even healthcare professionals. Yet, individuals feel and experience the injury in very real ways – maybe in their thought processes and emotions, such as feeling highly anxious in crowded public spaces when they used to enjoy events, like baseball games. On the other hand, there may be a change in behaviors and mood when a person tries to avoid remembering a traumatic event or when he or she dreams about it while asleep. Changes could include playing online games for extended hours and having several energy drinks each day as coping strategies to stay awake and *in a zone*. Maybe a person who sustained a concussion a few months ago now seems to have trouble with impulse control and buys items without regard for costs or takes risks that he or she would not have thought about doing before the injury.

The main types of invisible wounds that military and veteran healthcare providers identify include post-traumatic stress, depression, traumatic brain injury, military sexual trauma, anxiety, and complicated grief. Any of these may also have a substance misuse element. It can be more difficult for persons feeling the effects of an invisible injury to reach out for support, partially because they appear to be fine to others and partially because there is stigma attached to mental and behavioral health needs. Many individuals feel this type of injury is a personal weakness rather than a trauma or a need for certain kinds of support and care. This stigma is present across civilian and military communities, but Service members may feel a potential threat to continued service if they disclose or seek help for an invisible injury. Home visitors may be able to support parents to seek care by showing them that



wellness is physical and psychological.

Injury and Trauma

Professionals who work in the medical fields that focus on injury and recovery often describe injuries as occurring on a continuum from medically mild to severe. They also describe recovery as a pathway that is not completely pre-determined and often is not quite linear or straightforward. All injuries cause harm or hurt, but not all injuries are traumatic in a psychological sense. In medical terms, every injury is a physical trauma or shock to the body. The focus in this chapter includes the psychological responses to an injury. Those can be more difficult to see and assess, yet they are no less real for the person experiencing them. Moving forward in this chapter, when injuries are **traumatic**, the *trauma includes the level of medical severity, the level of and time needed for recovery, and the perceptions the injured person and his or her important others have about the injury*. The next few paragraphs explain the injury continuum and how trauma can become part of an injury experience.

Some injuries are part of everyday life, and, although inconvenient, they are not totally surprising. These kinds of injuries can range from simple hurts like a paper cut to knocking one's shin on a truck's trailer hitch. Parents of very young children learn quickly that injuries are going to happen as toddlers and twos explore their world and try things that they do not realize are risky or that take more skill than they currently have, like running on a slick floor or smashing fingers when opening and closing cabinet drawers. Injuries like these typically are not thought of as traumatic. The toddler with the smashed fingers may react intensely and need the help of a parent to assess his or her hurt and be soothed, but, if mild, the disruption it causes will not have a long-term impact on the toddler's or her family's life.

At the severe end of the continuum are injuries that are almost always unexpected, and extensive harm and hurt occur. These kinds of injuries need immediate medical attention. They are often medically severe and complex, like those from car wrecks or blast injuries from improvised explosive devices (IEDs). These injuries can create outwardly visible injuries and internal injuries that can be more difficult





to assess; this is called *polytrauma* (multiple injuries).

Medically severe injuries often have long-lasting effects for the injured person and his or her family. The disruption caused by parental injury can be extensive in terms of how many aspects of family life are affected (e.g., ability to return to work in current job, stepping back into the same family roles and expectations as before the injury), how long recovery is expected to take (e.g., a few months to mend wounds or broken bones, months of hospitalization followed by in-patient rehabilitation to remaster skills of daily living), and what level of recovery is expected (e.g., full recovery that meets or exceeds preinjury abilities; limited recovery in physical, cognitive, and/or

psychological areas of wellness).

Within military treatment programs, medical and human service professionals may refer to the *injury-recovery process* when talking with families. This process has four phases:

- *Acute care*— the first phase that begins at the point of the injury. The focus is to save and sustain the injured person's life.
- *Medical stabilization*— this phase begins when the injured person arrives at a major medical facility to receive medical and/or surgical care. Depending on the severity of the injury(ies), a stay might be a few days or might extend to several months. In-patient rehabilitation is part of this phase, if needed.
- *Transition to outpatient care*— this phase focuses on the planning needs to discharge the injured person from the medical facility. There is often a medical social worker who helps identify outpatient needs; facilitates transfer of care to local doctors/specialists; and assesses if there are financial, transportation, and community resource needs.
- *Rehabilitation and recovery*— this phase begins when the injured person returns home or to a new community and continues as long as there is active recovery or health maintenance and care for a person who may have a permanent change in abilities or quality of life.

Perceptions of a parental injury often begin to include elements of trauma when injuries are in the middle of the continuum from mild to severe. Moderate injuries, where full recovery is expected, can still create significant disruption in family and work life. Each person in the family system has coping abilities and limits as to how much uncertainty and disruption they can effectively handle when stressful events occur.



Special Focus Moments Parenting After Injury



Mental health professionals may use the term *Window of Tolerance* (see Resources/Family Pages for this chapter) to help their clients learn more about their own comfort levels and how they respond to stress and trauma. Basically, when something unexpected happens, like an injury, that event pulls on a person's resources – mental, emotional, and physical energy; social and concrete supports; and financial means. The resource pull can come from a person's reserves, but reserves can be depleted, and the event can start pulling from the resources that are devoted to everyday tasks and needs. Feelings of "I'm not enough. I can't do enough. I can't handle this" may become part of a person's inner voice. A person might respond by becoming more anxious or angry and using harsh words toward a child or partner that would normally not be used. A person might respond to the increase in stress by trying to find distance from distress, sleeping more, feeling sluggish, and/or pushing away from a partner or child emotionally and maybe even physically.

Examples of Perceptions and Trauma

These abilities and limits become part of each person's perceptions about what a parental injury means for him or herself and his or her family system. For example, an injured parent who needs several months for recovery, including multiple medical and therapy visits, could view the injury as putting his family's well-being at risk because of high costs due to medical needs, financial and time costs for travel to specialists, time off work for his spouse, and additional paid child care needs. This same parent might view his injury and recovery from a place of thankfulness that it wasn't worse and that he will soon be able to get back to work and to life with his spouse and young children.

The non-injured spouse might view his husband's injury as a significant but manageable event and cope by stepping into a problem-solving

mode to organize the extra medical needs, adjust the family's monthly budget, talk with his employer to learn about options for time off, and ask the child care provider if they could offer extended hours or recommend someone who could. It is also possible that the non-injured spouse might feel overwhelmed at times and wonder if the family will get through this challenge and be OK. Maybe there are recovery setbacks, additional financial concerns due to car repairs, the injured spouse happens to be a terrible patient, or the family passes around the stomach flu that their toddler brought home from day care.

Young children also feel the stress of a parental injury. The injured parent might be suddenly absent, sound different on the phone, or have injuries that affect what they can do together. Their non-injured parent may be more emotional than typical and may change daily routines or respond differently to them or be more anxious, distant, or tired. Young children may not have the words to describe what they feel, but their behaviors are good indicators of how they are coping with and experiencing the distress linked to the parent's injury.

Developmental regression describes how stress and trauma can cause young children's behaviors and skills to go back to an earlier stage of mastery. This might look like a 20-month-old who wants to be held more and stays physically close to parents and her child care provider when she would normally be an active explorer. Another example may be a 3-year-old who starts using baby talk when he had been using bigger words and sentences in conversation. These types of behaviors indicate where a young child's Window of Tolerance is – what is comfortable and what is uncomfortable. Developmental growth takes energy and concentration, both of which are being diverted to help handle the increased stress he or she feels.



Through a Young Child's Eyes

When a Parent is Injured

How I might feel and act during this time of big feelings...

I might feel many feelings: sadness, longing, anger, frustration, deep love, confusion.

At other times, I might be having so much fun playing that you would never know there have been big changes at home because one of my parents is injured.

I might go back to behaviors I used to do, like clinging to you, wetting my pants, sucking my thumb, or wanting you to carry me or feed me. This is a way I tell you that this is a hard time for me.

It is stressful for me when our daily routines change, and you are hurting. I feel unsure about what is happening.

I may be curious and ask questions and want to touch your boo-boo.
I may shy away and seem extra sensitive about small boo-boos on my own body.
Some of these boo-boos may be so small you are not able to see them. I am learning about bodies and boo-boos in my own way.

I might get angry more often - at you, at a friend. Sometimes, my feelings are so big they overwhelm me. Sometimes, it is hard for me to *hold it all together*. I might need you to gently help me calm down. Sometimes, it can be easier to be angry than to be sad or confused.

How you can support me during this time...

If you are the parent who has been home with me...

Keep our daily routines consistent – eating, sleeping, bathing, dressing, diapering, and toileting. This helps me feel safe as I learn that our daily lives continue even during an upset time.

Offer me words for what I might be feeling: "I think maybe you are feeling angry that I have been away at the hospital taking care of Daddy. How about we draw Daddy a picture together to help him feel better?"

Do an attitude-check. If you believe everything will be OK, I will feel that way too.

If you are the parent who has been injured...

Give me some simple descriptions of what is happening to you and to us. For example, "I hurt my leg and for now I will use this wheelchair to move around." "Will you please play quietly or go outside to play with Daddy?" "When we are quieter, it helps Mommy feel better." "My face looks different, doesn't it? But I am here with you. Would you like to sing or read a book together?"

Keep our connection strong if you are away at a medical facility for a long time. Send me letters or video messages or talk with me on the phone or during video calls if and when you can. Keep a photo of me nearby and a picture of us together in your head.

Together you can...

Keep lines of communication open. When you keep talking with each other and to me, you show me that you can work together even when times are challenging. I feel safe knowing you are a team.

Talk about *big feelings* with each other and at times with me. Putting feelings into words can help us feel more in control and to know we are not alone.

Give all of us time to reconnect and find our rhythm when we are back together and finding our *new normal*. We've all had big changes. Even though we love each other, we may have some bumps along the way. This is to be expected. We'll be OK.



Young Children's Curiosity and Injury Communication

Young children are often curious about differences they notice in people, including those related to an injury. They will point at, touch, ask about, and even mimic changes they see. These are all ways of trying to make sense of what is new and different. A 2-year-old may repeatedly ask questions about "Mama's ouchy," or ask "It hurt? Why you still have that [cast or bandage]? How happen?". Young children may show their care for an injured parent by patting that parent's arm, giving hugs and kisses to make it better, and saying things like "It be OK. It be OK." Some young children may want to play with items related to injury care, like bandages, or sit in a wheelchair and be pushed down hallways.

Caregivers, injured or non-injured, may be able to support children's curiosity and feelings about an injury through medical play. A doll or stuffed animal may be the patient, and a variety of pretend props can be created, like a hospital bed or an ambulance. A big box of bandages might also come in handy. Medical play offers caregivers opportunities to help young children learn what is happening in ways that the child can understand. This is part of injury communication. Each family member benefits from injury communication, which starts as soon as a family is notified about an injury and continues through the injury-recovery process. Effective injury communication helps a family create a shared understanding of the injury and its consequences in age-appropriate ways.

Parenting After Injury and Ambiguous Loss

Parenting roles and expectations in a family system may shift temporarily or permanently after parental injury. During the early phases of injury recovery, young children may experience a disruption in who cares for them and where and how they are cared for. A non-injured

parent may need to be with the injured parent making medical and support decisions. Some families may stay in short-term support housing next to a medical treatment facility, like a Fisher House or an extended stay hotel. Sometimes children are split up between or among multiple extended caregivers, trying to address competing needs of both children and available caregivers.

During the later phases of injury recovery, families may more clearly understand if and how a parent's injury affects parenting roles, expectations, and abilities. Young children's developmental stages contribute to their ability to process and understand how, why, and how long a parent may not be meaningfully present in their lives across all phases of the injury recovery process.





Special Focus Moments

Parenting After Injury



Ambiguous loss is a concept that helps explain physical and psychological characteristics of relationship disruptions, such as parental injury, for which there may not be a clear path to closure or healing. These transitions of absence and presence create potential for boundary ambiguity – uncertainty about who is in and who is out of the family caregiving system. Young children’s trusting relationships are rooted in physical and psychological connection, and, when a parent is away, feelings of loss can be tied to both types of connection. A young child may want to stay close to an injured parent but be worried about that parent going away. Wanting to connect but also showing hesitance in connecting are pretty common. It can also be challenging when a parent returns into daily family life because both parent and child are in different places in life than when the absence started, family roles



have changed, and there may have been difficulties in maintaining connection during the absence. Non-injured parents and partners may also experience ambiguous loss or even grief if there are significant changes in family life due to injury. For example, non-injured partners may take on caregiving roles for their injured partner while still identifying as a co-parent and romantic partner. It can be difficult to integrate the addition of caregiving alongside the possible uncertainties of how to maintain co-parent and romantic aspects of the relationship.

Why Parenting After Injury Matters to Families

Military families can be and are resilient families. Parental injury can be disruptive in family life and can create confusion and uncertainty. Family routines are often affected, and young children can feel the stress when daily life is uncertain and the people they love are hurting. When injury is extensive and/or long-lasting, a non-injured parent (and other adults, such as in-laws) may be taking on extended caregiving roles for the injured parent in addition to shouldering more of the parenting and daily family life management roles. For many families, the disruption due to parental injury will be short-term, the parent will recover, and the family will find their rhythm again. For other families, the injury may have lifelong impacts on relationships, roles, and overall well-being. For these families, a new normal that accommodates changes in a parent’s health may be a goal to move toward.

Home visitors may find that the content in the *Parental Self-Care* chapter is relevant for families experiencing a parental injury. It can be more difficult for the non-injured parent to find time and energy for self-care. Non-injured parents and relatives can develop compassion stress and fatigue when there is little to no relief from experiencing their loved one’s suffering.



Boots on the Ground: Everyday Moment Conversations with Families


This section highlights content and skill-building strategies you can use as you plan your home visits. For the *Everyday Moment* section of the visit, you will find a list of topics to choose from and to explore in conversations about nurturing guidance. For each topic, you will find the associated *Protective Factors* and *Trauma-Informed Principles* addressed. *Family Pages* designed to support your conversations are listed next.

In addition, you will find suggestions of related one-on-one activities to choose from for the parent-child interaction portion of the visit.




There are several *Parenting After Injury* topics to choose from as you plan a visit to a family, and you should tailor the conversation to that family's specific needs and interests. You may find that you discuss one topic now and come back to discuss another in a month or two depending on certain circumstances.

Using the information you have about a family's *Protective Factors* can guide your curriculum choices to tailor the home visit discussion and activities. Ideas are presented below with their associated icons to highlight how they correspond to meeting a family's needs and building each family member's resilience. These include the following:




Parent's experiences with and expectations for parental injury

-  *Parental Resilience* may be supported when parents can reflect on past experiences in meeting unexpected challenges and use those experiences to think about how they can meet this new challenge.

Understanding big feelings – for children and parents

-  *Parental Resilience* and
-  *Knowledge of Parenting and Child Development* and
-  *Social and Emotional Competence of Children* are evident when parents are able to appreciate how a parental injury can affect the sense of safety for everyone in the family system and how the feelings associated with this can impact how family members, big and small, respond to this and other stressors in daily life.

Keeping relationships strong

-  *Social Connections* and
-  *Concrete Supports of Families* and
-  *Knowledge of Parenting and Child Development* can reduce relationship stress between parent and child and parent and co-parent by highlighting ways that parents can access support for themselves and their children after a parent is injured and find ways to help everyone cope with the distress associated with the injury.



Family Pages

A series of *Family Pages* on *Parenting After Injury* have been created to support your conversations with families while you are visiting and to become a resource parents can refer to between visits. These include:

- Focus on You: Looking Back and Moving Ahead with Your Child
- When a Parent is Injured from a Child's Point of View
- Big Feelings for You
- Big Feelings for Your Child
- Keeping Adult Relationships Strong
- Getting the Support You Need

Related One-on-One Activities

These are suggested activities for sharing care. There is a broad selection of one-on-one activities available in the Activity Card deck.

- Notice and Wonder: How does a care partner(s) interact and talk with your child about the injury?
- Co-create a story with your child about helping an injured doll or stuffed animal friend feel better.

Book suggestions:

- *When Daddy Comes Home* by Maggie Hundshame
- *Why is Mom So Mad?* by Seth and Julia Kastle (Also in Dad version)
- *Is Your Dad a Pirate?* by Tara McClary Reeves and Daniel Ferna'ndez
- *Sparrow*— Mama version and *Sparrow*— Dad version from Zerotothree.org

Additional Resources

Community connections include:

- Child Care Settings
- Healthcare Providers
- Zerotothree.org
- Sesamestreet.org
- The National Institute for the Clinical Application of Behavioral Medicine (Window of Tolerance graphic)
- National Child Traumatic Stress Network





When a Parent is Injured





take root home visitation



Focus on You: Looking Back and Moving Ahead with Your Child

Injuries are a part of everyday life - a pinched finger, a bloody knee, even a broken leg or arm. As a military family, besides these everyday injuries, you may experience service-related injuries, and these can include physical injuries and invisible injuries.

Physical injuries may include:

- back, neck, hip, knee injuries
- loss of a limb(s)
- burns
- broken bones
- paralysis
- loss of sight or hearing

Invisible injuries may be less familiar and may include:

• **Combat and operational stress.**

These are physical, mental, and emotional reactions that persist beyond 4 days after experiencing stressful events while in combat or as a result of other operations.

• **A traumatic brain injury (TBI).**

This is the result of a bolt or jolt to the head or penetration of the head by an object, and brain function is disrupted.

• **Post-traumatic stress disorder (PTSD).**

This may occur within 3 months up to years later following a shocking, scary, or dangerous event in which a person may feel stressed or frightened even when they are not in danger.

Injuries affect every member of your family – from the youngest to the oldest. An injury may be an annoyance. An injury could also be stressful and cause a temporary wobble until family members regain their balance. An injury may mean lifelong changes. Your home visitor can provide you with more specific information about an injury and can discuss with you how this injury could impact your life and that of your family.

Any injury is an unplanned situation that no one wants. You may feel as if your life and your family's life are thrown up into the air and you are left feeling unsure as to how the pieces will fit back together.

Yet, not everything changes; however, it can feel as if everything is different. You, your relationships, your strengths, and your resiliency are still there. This will matter in a big way over time as you and your family meet challenges and discover new strengths and possibilities while getting back to everyday life or as you move forward in your *new normal*.



Drawing from Past Experiences with Unexpected Circumstances

Thinking about and building upon the strengths you have discovered during unexpected circumstances can help you keep connections strong as you work with others to support your child. This is true, even if you don't or can't talk together until your Service member is stabilized. If you are a single Service member parent, think and talk together with the adult(s) with whom you share your child(ren)'s care. You can also talk with your home visitor to benefit from his or her support or knowledge of resources in your community.

For example, you might remember how your humor came into play the time the water heater flooded your basement, how you worked together to handle your budget crunch when you had unexpected expenses, or the way you asked for help in a new language when you were living overseas and went off base.

Here are some questions to consider:

? How did unexpected circumstances make you feel? About yourself? About your partner?

? What strengths did you draw upon?

? Were you able to keep communication channels open with your partner? If so, what were the benefits of this? If not, what might you do this time to keep in touch?



What would you say you have learned about using your strengths during unexpected circumstances?



What would you like to teach your child about dealing with unexpected, challenging situations?

It Is Normal To Feel Like Life Has Turned Upside Down Because It Has For Now

At first life might be chaotic. Your pictures of yourself, your partner, and your life have changed very quickly. If you have experienced a physical injury, you may be in pain and/or have lifelong changes to your body. You may face months of medical treatments or rehabilitation, which may be far from home.

Perhaps you are suffering from an invisible injury – Traumatic Brain Injury (TBI) or post-traumatic stress disorder (PTSD). You may find that your focus or memory has changed. You may find that your emotions flare up easily and no longer feel under your control.

If you are the parent who was at home, the phone call or in-person notification brought not only bad news but confusion and upheaval. The first few days and weeks after your partner is injured may mean you have to miss work; locate important paperwork, such as insurance papers or a living will; make last minute arrangements to travel to a medical center that might be across the country; and arrange child care and pet care.

You and your partner may experience any or all of these feelings: depression, anger, resentment, guilt, or worry. You may feel grateful for all you have and trust that together you can figure it out. You may feel bereft, a sense of loss, and/or worry for and about each other. You could feel deep love and profound caring yet also be unsure or fearful about today and your tomorrows.



Coping With Stress

You only have so much energy or attention for the things you do every day, such as making breakfast, picking your child up at child care, and doing laundry. When life is going well, you can think and use your strengths. You feel you can handle what each day brings.

When something unexpected happens, like an injury, it takes energy to handle the unexpected situation. You may even need to tap into your energy reserves. You may find that the decisions you make without a second thought, like what to wear or what to cook, become harder. Little events, like running out of ketchup or having to take your child out on a stormy day, feel stressful. You are depleted. This can begin a cycle of negative thinking: "I'm not enough." "I can't do enough." "I can't handle this." These thoughts can drain even more of your energy.

Unexpected events like an injury can throw you off balance, and this is a normal response. You have a lot of responsibilities. You may find yourself feeling revved up, anxious, or angry, or you may feel like you are shutting down or feel sluggish or numb.

Fight, flight, and freeze are common styles of how people respond to a threat in an attempt to minimize or avoid danger and return to feeling calm and in control. No single style is better than the other, and, sometimes, you might use more than one.



Fight or "I'll fight back"



Flight or "I'll run away"



Freeze or "I'll shut down and play dead"

Recently a fourth "f" has been added:



The "Fawn" response or "I'll show affection or try to please"



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How you react as an adult is connected to your temperament and to how you learned to cope when you were young. As an adult, knowing about your style means you can work with it, so you feel in control. The better you know yourself, the easier it is reach out for support because you know what you need to help you.

Thinking about how you usually respond to a danger or risk – and, if possible, how your partner may respond - can help you figure out behaviors that might otherwise feel upsetting or confusing. For example, knowing that your partner *freezes* or *shuts down* may lead you to wait until things calm down and everyone feels safe before talking about what you might do differently next time. This can make it easier for you and your partner to work together to manage and problem-solve during a challenging time.

Sometimes, the things you do to quiet your young child, such as holding and rocking her, singing softly to her, dancing with her, assuring her everything will be OK, could help reduce stress for you too.

Here are some other ideas to try when you need to quiet your stress:



Make a note:

Putting your feelings on paper can be a relief.



Organize:

Cluttered space can cause stress so take a few moments to put stray items in their place.



Prioritize:

If tasks get pushed back, don't sweat the small stuff.



Dance away:

Sway, stomp, shuffle, twist, or twerk - whatever it takes.



Take a look at your child's precious little face when she is calm or asleep.



Remind yourself that you are not alone.



Take a Moment: Coping with Stress

Think of a stressful time in your life. What were two things you did that helped you to reduce the stress and feel more calm and present?

Who is someone you can count on to give you a smile, some encouragement, and be there to lend a hand if and when needed?



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You Are Not Alone

Whatever you may be feeling, relieved your partner is home, overwhelmed, angry, sad, frustrated, resentful, fearful, isolated, anxiety, guilty that a buddy died or was injured more severely than you, grateful for what you have, remember these feelings are normal, and you are not alone. Everyone who has experienced a traumatic or serious injury can have mixed feelings that can be very intense at times.

As Life Grows More Stable, Think About The Fact That You Are In Control Of Your Attitude

As time goes by, you may find it becomes easier to take a breath and think about moving forward and to understand how and what you feel. Consider that you can control your approach even though there is so much that has been out of your control. Your mindset is up to you.

The more positive you can be, the more likely you can see and use your strengths. The more likely you can see problems as challenges, the more you can handle them. When you convey a sense of confidence that everything will be OK, your child feels that way too.

Here are some suggestions you may decide to try for a more positive attitude when dealing with an injury:



Notice and enjoy small pleasures.

Your child's smile, a cooling breeze on a warm day, the smell of your morning cup of tea, the taste of a fresh peach are good examples.



Decide how you are going to feel—

No matter what is happening around you.



Talk with your child if and when possible about something positive that happened during the day.

Share three good things that happened to each of you.



Jot down two things you are grateful for before falling asleep.

It is a calming way to end the day.



Expect life to be bumpy at times.

Sometimes, you just have to make it through and adjust as you go.

No One Can Take Your Place

We've said it before, and we'll say it again: **No one can ever take your place in your child's life.** No matter what your injury, how much your family may struggle for a time, or how hard it is to be the parent who is not injured and find yourself in the role of full-time caregiver, you are at the center of your child's world.



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Relax as you rock and sing to me...	I feel safe when I am with you and trust you to be there for me.
Talk about the good things that happened today...	Good things happen even during times of upset. I am safe here with you.



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When a Parent is Injured from a Child's Point of View



Figuring It Out Together

Here are some things your child might tell you about when a parent is injured– if he had the words.

Through a Young Child's Eyes

When a Parent is Injured

How I might feel and act during this time of big feelings...

I might feel many feelings: sadness, longing, anger, frustration, deep love, confusion. At other times, I might be having so much fun playing that you would never know there have been big changes at home because one of my parents is injured.

I might go back to behaviors I used to do, like clinging to you, wetting my pants, sucking my thumb, or wanting you to carry me or feed me. This is a way I tell you that this is a hard time for me.

I might get angry more often - at you, at a friend. Sometimes, my feelings are so big they overwhelm me. Sometimes, it is hard for me to *hold it all together*. I might need you to gently help me calm down. Sometimes, it can be easier to be angry than to be sad or confused.

I may be curious and ask questions and want to touch your boo-boo. I may shy away and seem extra sensitive about small boo-boos on my own body. Some of these boo-boos may be so small you are not able to see them. I am learning about bodies and boo-boos in my own way.

It is stressful for me when our daily routines change, and you are hurting. I feel unsure about what is happening.



Through a Young Child's Eyes

When a Parent is Injured

How you can support me during this time...

If you are the parent who has been home with me...

Keep our daily routines consistent – eating, sleeping, bathing, dressing, diapering, and toileting.

This helps me feel safe as I learn that our daily lives continue even during an upset time.

Offer me words for what I might be feeling: "I think maybe you are feeling angry that I have been away at the hospital taking care of Daddy. How about we draw Daddy a picture together to help him feel better?"

Do an attitude-check. If you believe everything will be OK, I will feel that way too.

If you are the parent who has been injured...

Give me some simple descriptions of what is happening to you and to us. For example, "I hurt my leg and for now I will use this wheelchair to move around."

"Will you please play quietly or go outside to play with Daddy?" "When we are quieter, it helps Mommy feel better."
"My face looks different, doesn't it? But I am here with you. Would you like to sing or read a book together?"

Keep our connection strong if you are away at a medical facility for a long time. Send me letters or video messages or talk with me on the phone or during video calls if and when you can. Keep a photo of me nearby and a picture of us together in your head.

Together you can...

Keep lines of communication open. When you keep talking with each other and to me, you show me that you can work together even when times are challenging. I feel safe knowing you are a team.

Talk about *big feelings* with each other and at times with me. Putting feelings into words can help us feel more in control and to know we are not alone.

Give all of us time to reconnect and find our rhythm when we are back together and finding our *new normal*. We've all had big changes. Even though we love each other, we may have some bumps along the way. This is to be expected. We'll be OK.



Take a Moment: Focus on You and Your Child

What do you do to help yourself feel competent during this challenging time?

What are three ways you show your child that she is safe during this challenging time?



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Big Feelings for You



Figuring It Out Together

The effects an injury has on the family of the injured person can create deep feelings. You may be the person with an injury. You may be the partner whose world has been transformed as you notice changes in your partner's moods or behaviors. You both must learn to cope with a new normal. These feelings are deep, and they can be mixed, and you may feel confused. This is natural and to be expected.

For example:



You might be angry at your spouse who is hospitalized even as you love her deeply and work night and day to ensure she is getting the care she needs.



You might feel grateful and fortunate to be alive and, at the same time, guilty that your buddy was killed and resentful when your partner tries to support you.



You may avoid the child you love because you don't know how you can be a parent with a missing limb or an injured back that interferes with picking him up or playing the games of catch me that you used to play.



You and your partner might need and want the reassurance you give each other. At the same time, you may find it difficult to talk about what has happened or is happening, and you both may shy away from spending time in each other's company.

Being aware of your feelings is important because they can catch you by surprise and *hijack* the emotional part of your brain (the limbic system), which makes it difficult for you to tap into the *thinking* part of your brain (the prefrontal cortex). This can make understanding, planning, problem-solving – those thinking skills you need the most to make it through a challenging time – more difficult.



Managing Your Emotions

Here are some ideas you may want to consider trying to help you manage your feelings, so, when those feelings become overwhelming, you can recognize them, cope with them, and get back to being thoughtful and in control:



Be aware that there will be big feelings and this is normal and to be expected.

This is a first step in being able to handle these feelings. You and your partner, then, can be emotionally present to support each other and your child. Try to understand what you are feeling and when you are over-reacting and your emotions are calling the shots instead of you.



Be aware of your comfort zone when it comes to sharing your feelings.

Talking about your feelings can help make them visible to think about and share with others. Some adults are more comfortable and find it easier than others to put their feelings into words. Some are more willing to share. Sometimes you might decide that a third person, like a home visitor, chaplain, or counselor, can help you get started talking.



Pause and take deep breaths.

Take a moment to think before you react. Being aware of your feelings can allow you to take a pause to think and respond in a helpful way rather than in an emotional way. When you do this, you help your child begin to learn how to experience intense emotions and manage them to solve a problem.



Engage the thinking part of your brain to help get your emotions back under your control.

Sometimes just being aware and thinking is enough to help you make the switch. For example, babies, toddlers, and twos can be noisy. That is a given. However, if too much and/or sudden noise upsets your Service member due to a TBI or PTSD, plan ways to give your child time for active play in other places, like the backyard, at a friend's home, or at child care. Designate a place for your Service member to go if quiet time is needed.



Talk your feelings over with someone you trust.

It can be clarifying to get another's perspective. There may be one or more people in your Circle of Support, such as a family member, friend, child care director, or your home visitor.



Having a Conversation When Emotions are Running High

Here are some ideas you may want to consider trying when emotions are running high:



Use I-statements to help avoid blaming.

When emotions run high, it can be natural to want to blame someone else for the situation. Using I-statements as in, "I feel this is a difficult time" vs. "If you would only listen to the doctor and do what she says..." invites you to describe how you are feeling or what you need instead of placing blame on your partner or someone else.



Listen.

When your emotions are racing inside, it can be hard to quiet yourself and genuinely listen to someone else. Being aware of this can help you take a deep breath (or 2 or 10 breaths) and turn your focus from your feelings to the words someone else is saying.



Try to understand what may be behind your partner's words.

Questions, such as these that follow, can help you better understand what your partner could be telling you: "What is she thinking?" "What is he feeling?" "What might she be telling me besides what her words say through the sound of her voice, the words she uses, and the expression on her face?"



Focus on how to move forward together—for yourselves and on behalf of your child.

For example, talk with your partner about how to make things work more smoothly. There are likely steps both of you can take. It can be helpful to start with the concrete. For example, this may include setting up a bedroom downstairs in the living room to avoid steps, arranging for a neighbor to cut the grass, or asking a family member to come to help with child care.



Playback to be sure you both are clear about what was said and agreed upon.

Checking in to be sure you both agree on the path of your conversation will prevent misunderstandings and is a way to promote your partnership and teamwork to move forward together. "Let's check in. For now, even though you are uncomfortable holding the baby, do you want to sit nearby while I hold her and you can talk with her?"



Take a Moment: Managing your Emotions

What are the different emotions you feel about your partner as you cope with this unexpected situation?

What are two things you want your child to learn over time about how to handle big and sometimes confusing emotions?



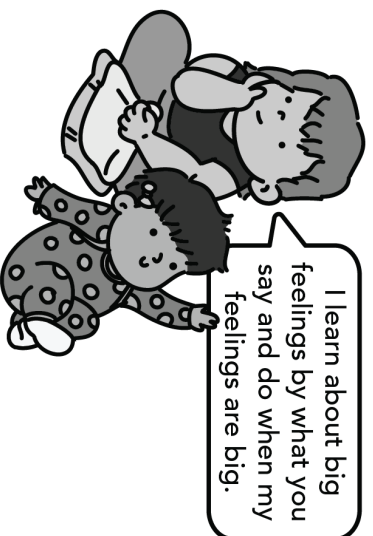
What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Pause and take 10 deep breaths...	Taking deep breaths is a way to calm my feelings. If you do it, it is something I want to try too.
Listen carefully...	What I say and feel must be important. Being listened to feels good. I want to be a listener too – just like you.



Big Feelings for Your Child



Figuring It Out Together

An unexpected and challenging time can provoke big feelings in everyone, even babies, toddlers and twos. These feelings may include sadness, unhappiness, fear, anger, or confusion, but they can also involve relief, happiness, and joy during together times and play time.

Even the youngest babies will notice and respond to the big feelings of their adults. They tune into differences in the sound of their adults' voices, their facial expressions, and the amount of tension in their bodies.

Babies and toddlers don't yet have the words to express their feelings. While twos may be learning the words, their feelings can still be big and impact their sleeping, eating, toileting, play, and interactions.

How Your Child Experiences Injuries

Toddlers and twos are figuring out who they are. They are learning words for parts of their bodies and exploring how their bodies move and work. Slowly but surely, they are gaining control of their bodies.

When a young child is injured, it can feel as if their whole selves, their whole being, is hurt. A scraped knee, a scratch, a bruise, or cut is a big deal in the moment. Even boo-boos you cannot see may be a cause of concern for some young children.

A parent's kiss on a boo-boo can be a miracle cure. Band-Aids are also extremely popular and are often found on children, their dolls, and stuffed animal friends. Both can help a child feel the adult is saying, "I see you. I hear you. I know you are upset. Let's do something to make you better."

In addition to responding to your child's injury, your child also needs your support to protect him from overwhelming and frightening experiences and feelings around a parent's injury. For example, think about the following:



Consider holding off on a hospital visit together until the parent who has been injured can notice and interact with your child. In the meantime, you can share photos and stories of things the child and parent do together.



Take your child out of the hospital room, and visit the cafeteria for a snack or go outdoors to play when it is time for a procedure, such as changing dressings wound or the cleaning or removal of a tracheostomy tube that is helping a Service member breathe.



At the same time, you can help your child feel in control and connected by giving him ways to help. This may include the following:



Making mom or dad a sign or card.



Sitting on mom's bed or next to dad on the couch and playing a quiet game.



Sharing a kiss, a band aid, a snack, or a song with mom.



Bringing dad an ice pack, a book, water bottle, a fresh shirt.



Singing a song, doing a dance, telling a silly story or showing off a new trick, like standing on one foot.



Your Child's Behavior Tells You Something...

It is Up to You to Try to Figure Out What That May Be

Your child needs you to try to understand what he is feeling. Why? You need this information to help you decide how best to respond.

You can usually see a young child's big feelings from the outside as you watch her behavior. Young children have not yet learned to behave in ways that cover up what they feel.

Sometimes, it is pretty simple to understand what a child is feeling. Tears and turning away in a hospital room may say "I have missed you. But it is hard for me to be in this place with strange people, things, and smells." A smile and a giant hug could say, "I'm glad to see you."

Other times, it can be more challenging to figure out what your child's behavior is telling you. Here are some of the reasons why:



Different behaviors can have similar meanings.

Crying, clinging, acting out, sitting quietly and not playing, thumb sucking, and going back to bed-wetting can all be ways a child might be saying, "Things are different. It is hard for me."



Quiet behavior can communicate big feelings.

While you might welcome the quiet, at times, a child who is *being good* or withdrawing and sitting still may be internalizing a lot of distress. When a child withdraws or tries hard to please his parents, he may be communicating feelings that are as big as if he threw a toy across the room, screamed, and kicked.



When you also have big feelings, it can be hard to separate who is feeling what.

Think, for example, about a dad who today is intensely mourning his wife's loss of her leg. When their toddler falls, scrapes her knee, and starts to cry, he feels tears in his eyes too. "I know," he says. "Mommy hurt her leg too. Soon she will be walking and running with us in the park on her new leg," he says as he comforts his toddler. Yet, his toddler is crying because he scraped his knee.



Even when a parent is severely injured, your child will spend much time living in the moment.

A child's behavior is often about what happens in the moment, not about a parent's injury. Your child will laugh, play, smear food on his highchair tray, climb, run, say "no," or want to read and cuddle on your lap like always.



Supporting Your Child with Big Feelings

Here are some ideas you might want to try to support your child with big feelings – in a child's voice:



Be my model.

Show me how we can live, work, and thrive together during bumpy and smooth times. Model ways to manage your feelings, like counting to 10 or taking a deep breath. Talk with me about feelings. Reassure me we are on the same team no matter what.



Ask yourself, "What am I feeling?" as you watch and interact with me during daily routines and play time.

This will give you information to help you decide how to respond.



Offer me words for what I might be feeling.

"Are you feeling angry because Daddy yelled, 'Be quiet!' How about we go out back to play and give him a little time, then we can come back and be with him?"



Give me lots of chances to feel and be competent.

Invite me to help you put napkins on the table, water the plants, dust, or carry my ball to the park. This will build my confidence and help me learn I can manage even during times of big feelings.



Give me a chance to be a baby again.

Sometimes, if I ask you, feed me, carry me to bed, give me extra hugs and cuddles, and tell me I am safe and you love me.



Have realistic expectations.

Ask yourself, "What can I realistically expect?" For example, even though you tell me, "no," when my big feelings are overwhelming, I might pull at your hair or kick you. I may need you to gently yet firmly help me stop and redirect my behavior.



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Keep my frustration levels as low as possible.

Am I tired or hungry? It may not be the time to run errands. Is the new puzzle too difficult? Put it away, and bring it out again in a few months. Is it too hard to blow bubbles? You could be the bubble blower and let me be the bubble popper.



Keep your frustration levels as low as possible.

If you are upset, I will sense it. Consider little things—and big ones too—that you can do to feel as calm and steady as possible. For example, you know those blocks that you are always stepping on? Ouch! Put them away for now. Need a break or at least some adult company? Call a family member or friend to hang out with me, or meet a friend for a walk in the park, and give yourself a break.



SAFETY ALERT Never shake your child!

Your child's big feelings can trigger yours; however, no matter how upset, sad, or frustrated you may feel, never shake your baby!

When a young child is shaken or thrown, his head whips back and forth and from side to side. His brain slams against his skull. No matter how long he has been crying, one forceful shake in a moment of frustration—even when playing—can damage his brain, neck, spine, or eyes forever. He could die! His life and yours will never be the same.

IF YOU FEEL LIKE YOU ARE GONG TO LOSE CONTROL:



Put him in his crib or in another safe place.



Shut the door.



Pull out your headphones, take deep breaths, and have a good cry yourself.



Call someone.



Wait until you have calmed down before you try again to calm him.



Take a Moment: Supporting Your Child with Big Feelings

What are two messages you want to teach your child about managing big feelings?

How can you help your child feel connected to you, even during times when you have big feelings about his big feelings?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Pay attention to me and think about how to support me even when I am being quiet and good...	You notice me. You love me. I can trust you to try to understand what I feel and to support me.
Give me a chance to be a baby again for a while...	Even though I am growing bigger and older, I can count on you to still take care of me like you did when I was a baby. Those close feelings help me feel strong and confident as we deal with big feelings.



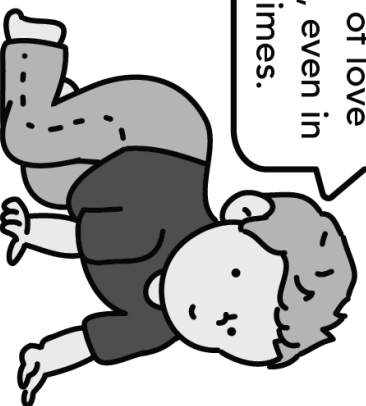
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Keeping Adult Relationships Strong

Figuring It Out Together

Whether you are together or apart, healthy or injured, your co-parenting relationship is always there – across the miles, months, and years. Your relationship with your child is also there. Even if you are the parent who is injured and must remain away for weeks or months in the hospital or a rehabilitation facility, you are still present in your family's memories and lives.



Our relationship is a connection of love between us, even in difficult times.

You can keep relationships strong when you are able to truly see yourself and see your partner. This means going beyond looking at someone's physical features, which may be the same or have changed. It also means trying to understand what each of you is experiencing, how you feel, what supports you can offer, and what you need.

Seeing yourselves allows you to better see your relationship, which in turn allows you to see your child and think together about how best to support him.

See Yourself and Each Other

After the first days and weeks, life will start to settle down a little, and you will be able to take a breath. There will come a time when you can pause and consider your partner, your relationship, and how you both are feeling...

This is a way of starting to assess where you are after an injury. How you are. Even, who you are. It is a big step towards moving ahead together.



Take a Moment: Reflect on What May be Similar or Different After an Injury

What do you see that looks and feels familiar?

What do you see that may look and feel different?



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You may find it hard to talk with each about yourselves and changes, whether these changes are easy to see or are invisible. Communication takes both of you. One of you may want to talk. The other may not be ready, or it may not be his or her style. One strategy that you might find helpful is to imagine the following:



If you were going to send a text to your partner or write a letter, what would you say? About you? Your feelings and hopes for your everyday lives?

This envisioning exercise may give you the words to say, or it might lead you to actually send your partner texts or a letter as one way to communicate.

Notice and Build On What You Do Already to Keep Your Relationship Strong

Take a moment to notice the things you do each day to work on your relationship and keep it strong. Here are some examples to get you started on thinking about what you do to keep your relationship strong.



Keep communication open.

Sometimes during tough times, people turn inward and away from each other. Whether this is the case or not, make an extra effort to set aside a time to talk, text, and/or email to keep your communication flowing.



Share daily routines.

Routines are like familiar dances where everyone knows the rhythm and steps. They can be comforting and reassuring. Routines can be anything, like deciding what to make for dinner, changing bandages, organizing medications into pill boxes, or stopping for coffee on the way to the health clinic.



Talk together about how you and your child are growing and learning.

For example, meet with your child's teacher, talk with her healthcare provider, or discuss these Family Pages with each other and with your home visitor.



Enjoy family photos, videos, and stories.

Are there photos around your home? Do you regularly scroll through photos and videos on your phone? Are there stories that get repeated often? You are creating your family's history.



Listen to music.

Music can take you to another world and can be very relaxing.



Smile and laugh together.

It may seem, at times, like you will never smile or laugh again, but, with time, you will. If that day seems far away, keep your eye on your child. He is sure to say or do something that will bring you a moment of happiness or silliness.



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Notice and build on how you already keep your connections strong with your child

There is a lot of overlap with how you keep your relationship strong with your child.

Here are some ideas for you to consider:



Share daily routines, such as mealtime, bedtime, diapering and toileting, and bathing and dressing.

New routines might include singing a song for mommy who is feeling sad or helping to push daddy's wheelchair.



Comfort your child when she is upset.

Hold her. Listen to her. Rock her. Rub her back. Assure her you are there to keep her safe or help her calm down.



Enjoy family photos, videos, and stories.

Sharing family photos, videos, and stories can be special moments that deepen and celebrate your family and your relationships.



Listen to music or sing and dance together.

Hearing and moving to music can be very relaxing.



Laugh together over silly games, songs, and jokes.

Whether on the couch, at the kitchen table, indoors or outdoors, on a bus, in the car, at the store, or waiting at the health clinic, laughing together brings you and your child closer.



Give Your Child and Yourself Words for What He is Experiencing

Sometimes, putting words to what is happening and/or what a child may be feeling can help your child to feel more in control and safe. You will be showing your child that you can talk about anything even during an upsetting time:

For example, your words can do the following:



Promote your child's sense of competence:

"Will you help mommy push my wheelchair down the sidewalk? Thank you. I knew you could do it."



Build a bridge between your child and a parent who has returned home with a physical injury:

"We missed Mommy, didn't we? She is here now. I know her face looks different, but she is still mommy. Let's all sit together and read a story."



Explain behavior in a way that is understandable:

"Daddy is crying because he is sad. Sometimes, you cry when you are sad. Remember when you lost your car in the park? Let's see if Daddy would like us to sing him a song."



Assure your child his body is healthy and strong:

"I see that little boo-boo on your strong leg that can run and jump so high. Let's give it a kiss, and put a band aid on to help it feel better."



Give Yourself Time

Adjusting to an injury takes time for all of you – count on it.

During your time apart, you have each grown and changed. Your child has also changed.

For example, the baby who was just starting to crawl at the start of deployment may now be a walking, running, climbing, and talking toddler. Maybe there have been changes to the whole family system with the birth of a baby, the death of a pet, or the serious illness of a relative.

Now, there is an injury – whether seen or invisible. This means there are even more changes, some of which may not be apparent for weeks or months.

Your new normal will emerge slowly but surely, and it will continue to grow and change with and because of your young child who will also be growing and changing.

Watch for Gatekeeping and Adjust Your Parenting Partnership as Needed

Gatekeeping occurs when one parent tries to limit another parent's responsibilities or time with a child. This parent may criticize, control the scheduling of a child's day, constantly hover, or tell the other parent how to do things. Parents may feel in competition with each other for time with their child or for her smiles.

A parent's injury may require adjustments to parenting practices. For example, a parent with a back or neck injury may not be able to pick up the child and could, instead, hug and cuddle the child on the sofa or move him or her from place to place in a stroller.

A parent's injury may lead a parent to step back and not be as involved for a time.

Parents who are depressed or anxious may be unable to summon up the energy to take part in routines or worry about doing so. Some parents returning from a combat theatre report feeling "dirty" and do not want to touch their child because of things they may have seen or done.

New ways of doing things and/or the fact that one parent is doing much more of the caregiving, doesn't prevent a partnership. Though, who does what and how will need to be changed.

There is a time when gatekeeping can be helpful, for example, if you feel your child is at risk or in danger when with your partner. If this is the situation in your home, develop a plan to keep your child safe (see below) and reach out for support as needed.



Do What Works For Your Family

There is no right or wrong when it comes to adjusting to an injury and moving forward.

The best way you can support your partner, yourself, and your child is to set aside your ideas of what should be and focus on what will work best for your family. For example, please see the following:



Do your family members want to come to help?

While their offer may be welcomed and just what you hoped for, it may also feel like too much right now. Are friends and neighbors stopping by to hear your story and to offer support? Does it feel like too much for one of you right now or for your child who likes quiet and calm? If yes, you may want to give people tasks they can do, such as drop off a dinner or take your child to the park. Assure them you will invite them over when the time is right.



Does talking everything over together help you feel more connected and in control?

Does your Service member want or need to spend time on his or her own, or does he or she want to be with buddies? Being out of sync is not easy but it is to be expected. So, perhaps for now, you have short conversations with your partner and talk for longer periods with a friend – and see how it goes.



Do you feel like you should be strong and able to handle everything on your own?

Do you want to keep personal concerns and questions private? You can handle many things but maybe not everything. Being strong means being able to ask for outside support from those around you, such as your home visitor, a trusted friend, a chaplain, or counselor.



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Develop a Family Safety Plan

Everyone gets angry, fearful, or anxious, sometimes. All of these feelings are to be expected when facing the injury of a family member.

When someone is under great stress or shaken from fear, anxiety, anger, or hurt, the primal brain, the amygdala, takes over and focuses on survival. This new focus makes it very difficult – if not impossible – to think, problem-solve, and plan, which can lead to making poor choices and lashing out and possibly injuring your partner or your child (or worse) and disrupting the trust between you.

While your child is a baby or toddler, planning is up to you. In a few years, around the age of 4, your child can be part of planning too. Here are parts of a plan to consider:



Know the signs someone is losing control:

Tensing of face or body, staring, a change in the sound of his or her voice, pacing, quieting and growing still.



Create a cool-down spot.

"I will go to the cozy chair in the living room. When I am there I will...(take 10 deep breaths). I will return to my family when...(my body feels calm, and I can think about how glad I am that I sat in my chair.)"



Choose a place(s) to go when you and your children have to get out of the house:

Out to your car, to the house of a friend or neighbor, or to your place of worship.



Be sure contact numbers are easy to access.

Put these numbers in your phone and on a card in your bag, so you can find them in any situation. These numbers should include family members, a neighbor, doctor, police, and ambulance.

If emotions are big and explosive in your home most days, it is time to get some outside emotional support. Doing so is taking a big step in keeping your family safe and healthy. If you have doubts about finding help for yourself or your partner, it may help to realize doing so is in the best interests of your child. Your home visitor will be able to give you the names of places that can support you.



Take a Moment: Keeping Relationships Strong

What is something you are doing to keep your parenting partnership strong, even as you and your partner deal with so many changes?

What is a decision you have made since your/your partner's injury that has worked for you and your family?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child's perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Give me words for what I may see or feel...	You are there for me. We can talk about anything. Talking helps me feel safe and connected to you.
Work together with my other parent – or a trusted relative or friend – to take care of me...	I am part of a family. We are together, and we are safe. We can manage even during difficult times.



Figuring It Out Together

If you are feeling overwhelmed or out of control, it can be a sign that it is time to reach out for support. Perhaps, contact friends; family; or support professionals, such as your home visitor, your healthcare provider, a counselor, or your religious advisor.



It Isn't Always Easy To Ask For Help

Every parent of a young child needs a helping hand at some point. Getting support you need – especially during a stressful time – is a key way of taking care of yourselves and assuring you are doing the best for your child. Yet, asking for help can be difficult for many people.

The military has been working hard to take away the stigma of asking for support. Understanding that getting support is a sign of strength and resilience is growing in the military culture, but there are factors that can put pressure on a military family to not seek help. Many Service members feel concern about this type of information getting to command. As a result, command may question whether your Service member can perform his or her duties well and even if your Service member should be allowed to do his or her job.

Even if you decide to ask for support, your partner may not be on board. If it is a matter of disagreement that can cause tension, but not safety concerns, keep moving forward in a positive way because your attitude and actions are all you can control. If your different opinions become a matter of safety in your home, be sure you have a family safety plan in place. Your home visitor can help you develop that plan.



You Are Not Alone

When you have someone to talk, cry, complain and share your doubts with and someone to listen to you or laugh or cry with you, life may not feel so overwhelming. Someone sees you and understands what you are experiencing.

Have you created a *Circle of Support*? Are there people you can reach out to and share with when life feels like too much, when you see progress in your partner's recovery, or your child says or does something amazing? Your home visitor can support you in creating or revisiting your Circle of Support and may be able to offer ideas of additional community resources to add.

Working together with the other caring adults in your child's life increases the support she receives. By letting these adults know what is happening in her life, they can offer your child support and, together with you, help her feel safe, secure, and connected and buffer her from stress. These caring adults could include the following:

- Your child's teacher
- Your child's babysitter
- Your child's healthcare provider

Compassion Stress and Fatigue

When dealing with an injury together, you may find that your trust in each other and your relationship deepens. Your family grows stronger.

It may seem, at first, as if the injured parent is the person under the most stress. This may be the case. Yet, caring for another person can be challenging. Being aware of this can help both of you watch out for one another.

Compassion stress is the natural result of experiencing another person's suffering, no matter how great or small that suffering is. It can lead to feelings of confusion, hopelessness, and isolation. Practicing self-care, adopting a positive attitude, and reaching out for support when needed can reduce the chances of compassion stress.

Over time, compassion stress can lead to compassion fatigue, which is short-term exhaustion and the inability to function as usual. A person may feel and behave like he or she has been directly exposed to a traumatic event.

To manage this stress, it can be helpful to reach out to support professionals who are knowledgeable, caring, and competent and who can help you take care of yourself and maintain a positive attitude.



Work With Support Professionals

You may be making many visits and calls to a healthcare provider or other professionals, including your child's teacher, your home visitor, a counselor, or chaplain. Here are some ideas you might want to try to make your visits and phone calls work for you and the support professional you are adding to your team:



Write down your questions and any important information.

By doing this you won't forget something important. For example, you might be wondering, "What can be done to make my prosthetic leg fit more comfortably?" "How can I support my partner who is feeling so down?" "How can I be a good parent if I can't pick up my child because of my back injury?"



Take notes on what the helping professional says – whether over the phone or during a visit.

It is so easy to forget or to mix up information and instructions.



Go together or take a trusted friend to visits whenever possible.

Talk together about your goals for your conversation before you go. A second pair of ears is always helpful.



Be honest.

Share your strengths, your feelings, worries, or challenges.



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Taking Care Of Yourself

Self-care activities help you and your partner to de-stress, refuel emotional and physical energy, and recognize when there is a need to connect to others, such as a supportive friend, a healthcare provider, or your home visitor.

Caring for yourself can help you be healthier, more focused, and optimistic—even when the road of life is bumpy. With a more positive mindset, you will find it easier to see all the things you do well. You'll be a better problem-solver and feel more confident asking for support. You'll make even better decisions for yourself, your partner, and for your child.

Yet, when faced with an injury, life can become so unsettled and busy that it can be easy for your needs to be pushed to the side. Self-care is not about being selfish or adding another task to your already busy life. It is about being aware of what you already do to support your well-being and building upon what you do as needed.

Self-care activities *fill your cup* and might include:



Enjoying activities that calm, refresh, and energize you:

Going for a long run, listening to your favorite music, or arranging child care so that you can get a much-needed nap.



Choosing activities that fit into your life and work best for you:

Going window shopping rather than using your credit card when you are trying to stay on budget, spending an afternoon working on your motorcycle project, or choosing to pass up dessert for a few weeks when you want to drop your sugar consumption.



Connecting with others:

Meeting a friend for coffee, taking up a game of 3-on-3 at the park, talking with your home visitor, or spending time with your deployment buddies.



Being aware of what depletes you and how you can adjust.

For example, if you end up feeling angry and drained every time you see or talk with your sister, it may be better to agree to email for now or even take a break for a few months and then try again.



You are in Control of Your Attitude

As time goes by, you may find it begins to be easier to take a breath, think about moving forward, and to be more able to feel what you feel. You can control your approach even when there is so much that has been out of your control. Your mindset is up to you.

The more positive you can be, the more likely you can see and use your strengths – yours and those of your partner. You can see problems as challenges you can handle. When you convey a sense of confidence that everything will be OK, your child feels that way too.

Here are some suggestions you may try to maintain a more positive attitude:



Notice and enjoy small pleasures:

Your child's smile, a cooling breeze on a warm day, the smell of your morning cup of tea, the taste of a fresh peach are good examples.



Decide how you are going to feel–

No matter what is happening around you.



Talk together if and when possible about something positive that happened during the day.

Share with your partner and/or child three good things that happened to each of you.



Jot down two things you are grateful for before falling asleep.

It is a calming way to end the day.



Expect life to be bumpy at times.

Sometimes, you just have to make it through and adjust as you go.



Take a Moment: Reaching Out for Support

What is something you can do for your well-being, even during this challenging time?

Has reaching out to a support professional for you and your family been helpful?
What can you imagine might be a benefit?



What You Decide to Say and Do Matters

Think about the many ways you support your child. Here are two examples written from a child’s perspective and space for you to add one about your family.

When You...	You Help Me Begin to Learn That...
Reach out to others for support...	It is OK to ask for help. We are part of a community. We are not alone.
Take steps to have a more positive attitude...	We can still cuddle and sing and play – even when times are difficult. I can count on you to be there for me.



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