



Prevention Partnership International

EMBRACING, EMPOWERING AND GUIDING FAMILIES

**ESSENTIAL INFORMATION AND PARENTING SKILLS
FOR AGENCY STAFF AND VOLUNTEERS
WORKING WITH PARENTS AND CAREGIVERS
OF YOUNG CHILDREN**



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Please note: This document uses the term “caregiver” for agency staff, family members, family coaches, and volunteers – everyone working with or supporting parents and children.





GUIDING PRINCIPLES

Guiding Principles provide a foundation for interactions and relationships with the children, parents and families seeking care. They can make a crucial difference in families' ability to heal, learn new skills, and become healthy, happy*, responsible, addiction free.

A belief that

- ~ All parents love their children.
- ~ Families tell us who they are -- we accept and welcome them.
- ~ Substance use disorders (SUD) and mental health challenges are not predestined. They have both genetic and environmental causes.
- ~ Recovery is a process.
- ~ Everyone has the ability to learn new skills.
- ~ Everyone learns differently.

An Intention to....

- ~ Be a community of lifelong learners – we are not experts.
- ~ Honor and respect the vital role of parents in their children's lives.
- ~ Create safe, nurturing relationships based on trust.
- ~ Be authentic and enter into our work knowing who we are and what we bring.
- ~ Listen to and accept what is shared, withholding judgment.

An understanding that ...

- ~ People's stories are important.
- ~ Diversity is to be honored.
- ~ We learn from each other.
- ~ We must model healthy living, including recovery.
- ~ Skills must be taught intentionally.
- ~ We must challenge society's widely held beliefs about substance use disorders and families.
- ~ It is important to provide a safe space for participants to grow and develop.

Looking at each area: Which one is, or might be, the hardest for you? Why?

*An alternative meaning for "happy" is "flourishing", which evokes virtue, good conduct and generous citizenship. "Happiness in the ancient traditions is as much about the public health as it is about an individual's endorphins." (*The Soul of American*, Jon Meacham)



CYCLE OF HEALING **TRAUMA-INFORMED CARE**

The Cycle of Healing guides our interactions with children and families, initially insuring they are safe. Safety includes being physically and emotionally safe, where everyone feels welcome regardless of gender, race, sexual orientation, social status, religious and personal beliefs or culture. A safe environment respects privacy and self-expression and is free of intimidation. Once an individual is safe, they can begin to develop a sense of belonging and partnership, opening them to coaching to learn and grow.





BASIC INFORMATION

Four subjects are foundational for parenting young children: Adverse Childhood Experiences and Importance of Resiliency, Healthy Attachment, Child Development, and Impact of Alcohol and Drugs In-Utero. A vital skill for everyone working with families is the ability to be a *Guide on the Side* as parents, significant others and caregivers learn about these topics and related Essential Parenting Skills.

ADVERSE CHILDHOOD EXPERIENCES (ACES) AND IMPORTANCE OF RESILIENCY

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that include abuse, neglect, and household dysfunction. Examples would be witnessing domestic violence or growing up with family members who have substance use disorders or mental health challenges. ACEs are incredibly common – in the US, 61 percent of men and 51 percent of women report exposure to at least one lifetime traumatic event (one ACE). Ninety percent of clients in public, behavioral health care settings have experienced trauma. As the number of ACEs increases, so does the risk for mental and physical health problems, including addiction, later in life. ACEs are strongly related to a wide range of health problems with five of the top ten leading causes of death associated with ACEs. ACEs are a significant risk factor for substance use disorders, risky health behaviors, chronic health conditions, low life potential and early death. To ensure the best possible health outcomes, all care, in all health settings, must address trauma in a safe and sensitive way (<https://www.integration.samhsa.gov/clinical-practice/trauma>).

Stress has three levels:

- **Healthy stress** is brief and mild-to-moderate in intensity. For example, a child getting a vaccination and then being comforted by a caregiver.
- **Tolerable stress** is an out-of-the ordinary event — such as a death in the family or a natural disaster — that children are helped through by adults.
- **Toxic stress** is prolonged, frequent or intense — not mitigated by a supportive adult. Toxic stress resulting from ACEs can change brain development and affect how the body responds to stress.

However, the presence of ACEs does not mean that a child or adult will experience poor outcomes. ACEs can be prevented. Children's positive experiences (protective factors) can guard against many of the negative health and life outcomes, even after adversity has occurred. According to the US Center on Disease Control everyone can:

- Recognize challenges that families face and offer support and encouragement to reduce stress.
- Support community programs and policies that provide safe and healthy conditions for all children and families.
- Change how people think about the causes of ACEs and who can help prevent them.
- Shift the focus from individual responsibility to community solutions.
- Reduce stigma around seeking help with parenting challenges or for substance misuse, depression, or suicidal thoughts.
- Promote safe, stable, nurturing relationships and environments where children live, learn, and play. **The number one protective factor** in helping children heal is the presence of a consistent, supportive and loving adult – most often their mother (Promising Futures).

SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.



HEALTHY ATTACHMENT

Attachment is a powerful emotional connection between children and their parents and caregivers. This connection is formed from birth and nurtured by behaviors that allow children to feel secure, knowing that they are loved and their basic needs are being met. Strong, healthy attachment to a caregiver is crucial in the first years of a child's life and results in feeling:

*"I am a loved child." "I am safe and secure in my caregiver's care!"
"I am the center of my caregiver's/parent's attention!"*

Attachment is often described as being as important for survival as the air we breathe. In addition, research tells us that *"attachment may be the key to breaking the multi-generational cycle of addiction and abuse."* (*The Relationship of Adverse Childhood Experiences (ACEs) to Adult Health Status*. Presentation: US Dept. of Health and Human Services, Administration for Children and Families.)

Three elements to Healthy Attachment

- 1. Being physically and emotionally available to children "in the moment".** Parents/caregivers need to learn to: (1) Manage their own stress, so they can be emotionally available to their children and (2) Set aside all distractions (including turning off their cell phone, TV and other electronics) to focus on their children, especially during feeding and play times.
- 2. Being responsive to children's needs.** This includes: (1) Understanding and interacting appropriately to children's behavioral and verbal cues; (2) Maintaining daily schedules and routines; and (3) Providing good food and adequate sleep. (Sleep is being identified as a significant risk factor for both physical and mental health.)
- 3. Being nurturing.** That includes: (1) Giving children affirmations and saying "I love you" every day; (2) Providing lots of loving, nurturing touch (hugs, kisses, cuddles); (3) Playing with and reading to children OFTEN; and (4) Being available to calm and soothe children when they are upset. Some examples of responsive/nurturing behaviors are detailed on the Responsive Caregiving Exercise on page 9.

Be aware that parents/caregivers who have experienced a number of ACEs themselves or are in recovery may not have experienced a secure attachment. As a result, they may have:

- Limited physical or emotional availability to their children.
- Difficulty establishing trust.
- Limited ability to empathize with their children.

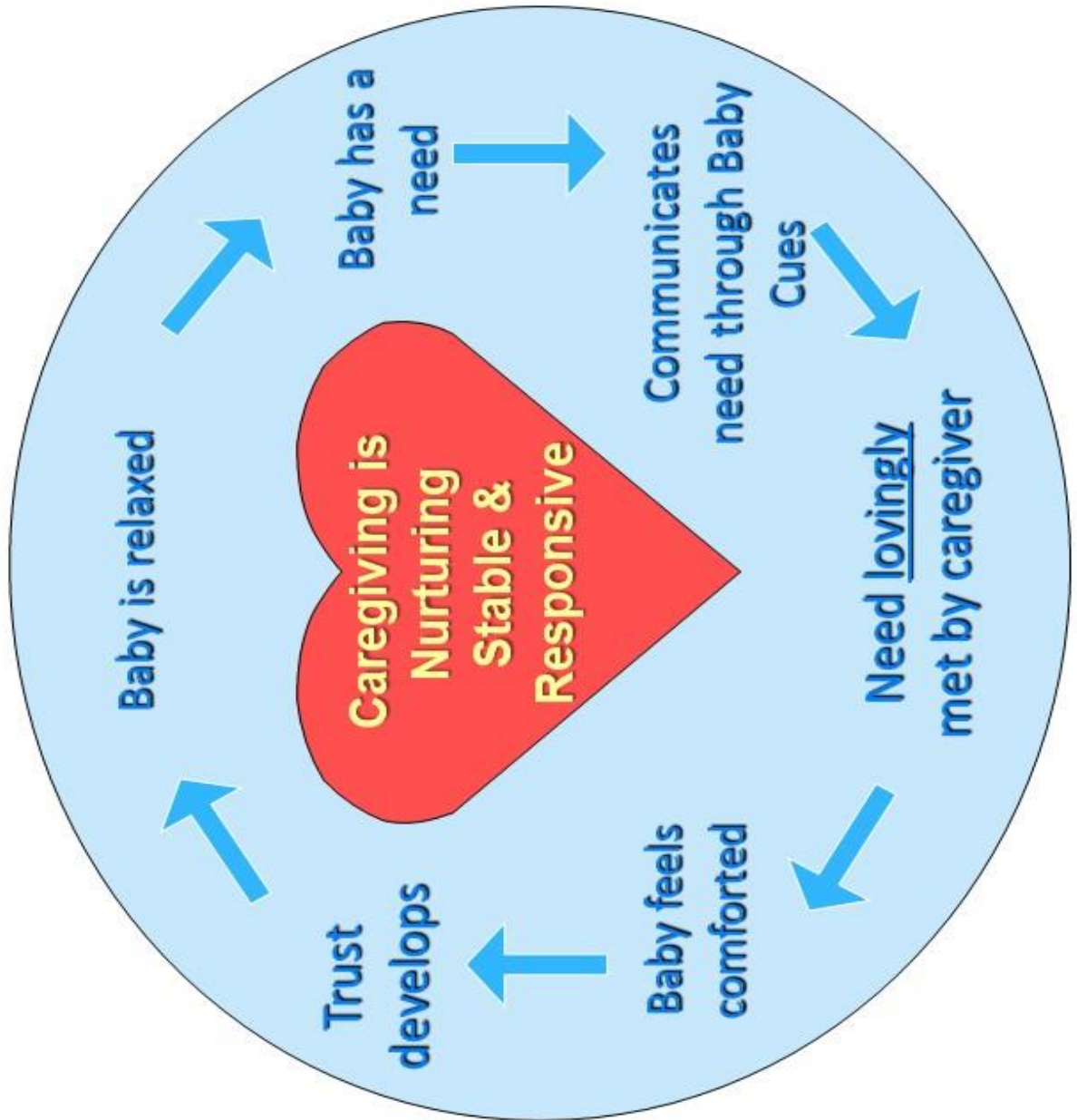


If you would like more information:

- A series of excellent videos by Harvard Center for the Developing Child. <https://www.youtube.com/user/HarvardCenter>.
- Still Face Experiment: Dr. Edward Tronick – UMass Boston. Just under 3 minutes. http://www.youtube.com/watch?v=apzXGEbZht0&feature=youtube_gdata_player
- Healthy Attachment Cycle (Page 8)
- Responsive Caregiving Examples (Page 9)

Above all, strive to help parents learn to RELAX and ENJOY their children.

HEALTHY ATTACHMENT CYCLE: 0-3 YEARS





RESPONSIVE CAREGIVING EXAMPLES

0-6 MONTHS ENJOY GETTING TO KNOW THE NEW BABY:

- * CUDDLE, TALK TO, AND LEARN HOW SHE SIGNALS WHEN SHE'S SLEEPY OR HUNGRY.
- * BE ATTENTIVE AND RESPONSIVE. TAKE YOUR CUES FROM THE BABY.
- * ENCOURAGE HER TO LOOK AT AND REACH FOR TOYS.
- * GET CLOSE AND MAKE EYE CONTACT WHEN YOU TALK, SING, AND READ.
- * PLAY SIMPLE GAMES SUCH AS "PEEK-A-BOO" OR "ITSY BITSY SPIDER".
- * MIMIC HER SOUNDS. REMEMBER TURN-TAKING INTERACTIONS.
- * LEARN THE CUES THAT SHE'S HAD ENOUGH PLAY AND NEEDS SOME DOWN TIME.
- * DESCRIBE WHAT YOU'RE DOING AND NAME FAMILIAR OBJECTS.
- * READ OR LOOK AT BOOKS TOGETHER.

BABIES THRIVE ON THE INTERACTIONS THEY HAVE WITH YOU, SO MAKE PLAY PART OF YOUR TIME WITH YOUR CHILDREN.

7-12 MONTHS THIS IS A CRITICAL TIME FOR LANGUAGE DEVELOPMENT.

- * KEEP TALKING TO THE BABY.
- * DESCRIBE HOW YOU THINK THE BABY FEELS TO HELP HIM LEARN EMOTIONS.
- * PROVIDE SAFE SPACES TO EXPLORE.
- * PAY ATTENTION TO WHAT HE ENJOYS.
- * READ/LOOK AT BOOKS TOGETHER. TALK ABOUT THEM.
- * GIVE HER THE FREEDOM TO USE ALL HER SENSES TO PLAY AND DISCOVER NEW THINGS.
- * ENCOURAGE GOOD BEHAVIOR. IF HE DOES SOMETHING UNSAFE, A BRIEF "NO" AND REDIRECTION IS ENOUGH.
- * REMEMBER HE'S TOO YOUNG TO UNDERSTAND AND OBEY RULES.

BE RESPECTFUL OF HIS SEPARATION ANXIETY: BUILD TRUST BY GIVING HIM TIME TO GET USED TO NEW CAREGIVERS AND ALWAYS SAYING GOODBYE BEFORE YOU LEAVE.

12-24 MONTHS HELP INFANT/TODDLER VERBAL SKILLS BY PUTTING THEIR FEELINGS INTO WORDS: ASK QUESTIONS, TALK ABOUT BOOKS YOU READ TOGETHER, ASK HIS OPINION, AND ANSWER HIS QUESTIONS.

- * WHEN HE USES WORDS INCORRECTLY, CORRECTLY REPHRASE WHAT HE SAID.
- * PROMPT HIM TO ASK FOR WHAT HE WANTS.
- * PRACTICE IDENTIFYING PARTS OF HIS BODY AND NAMING FAMILIAR OBJECTS.
- * ENCOURAGE PRETEND PLAY WITH TOYS.
- * HELP HER SORT TOYS BY PUTTING THEM IN SIMILAR CATEGORIES.
- * READ BOOKS TOGETHER. TALK ABOUT THEM.
- * TAKE HER TO THE PARK OR PLAYGROUND TO WALK, RUN AND FREELY EXPLORE.
- * CONTINUE TO REINFORCE GOOD BEHAVIOR WITH PRAISE AND ATTENTION.
- * SET SIMPLE AND CLEAR LIMITS AND FOLLOW THROUGH WITH CONSEQUENCES CALMLY AND CONSISTENTLY.
- * GIVE YOUR TODDLER "THIS OR THAT" OPTIONS AND ALLOW HIM TO MAKE CHOICES.

BE PATIENT AND POSITIVE, AND REMEMBER THAT HE'S ONLY JUST BEGINNING TO LEARN HOW TO CONTROL AND EXPRESS HIMSELF.

24-36 MONTHS TODDLERS WILL NEED HELP FIGURING OUT HOW TO SOLVE PROBLEMS AND HOW TO HANDLE THEIR EMOTIONS.

- * PROVIDE LOTS OF OPPORTUNITIES TO PLAY WITH KIDS HER OWN AGE.
- * GIVE HIM A CHANCE TO RESOLVE DISPUTES WITH HIS FRIENDS.
- * BE READY TO STEP IN AND FACILITATE SHARING OR TAKING TURNS.
- * PRETEND PLAY MAY HELP HER SORT THROUGH EMOTIONS, BUT LET HER DIRECT THE PLAY.
- SPEND TIME OUTSIDE TO RUN, HOP, PEDAL, AND FREELY EXPLORE.
- * SET SIMPLE AND CLEAR LIMITS AND FOLLOW THROUGH WITH CONSEQUENCES CALMLY AND CONSISTENTLY.
- * PRAISE HIM WITH SPECIFIC STATEMENTS WHEN SHE BEHAVES WELL.
- * READ AND TALK ABOUT BOOKS. ASK QUESTIONS. "WHAT DO YOU THINK IS GOING TO HAPPEN ON THE NEXT PAGE?" "WHAT'S ANOTHER WAY BABY BEAR COULD HELP HIS FRIEND?"

ENJOY CHILDREN AND LET THEM KNOW IT!



CHILD DEVELOPMENT

A basic knowledge of child development gives parents and caregivers skills they need to nurture children in ways that provide a foundation for a healthy life, including children's brain development, language acquisition, success in school, and the ability to trust and build healthy relationships. Understanding this development needs to guide adults' interactions with children.

A child's development begins at birth and is crucial to their ability to develop into a healthy adult.

- In infancy, children learn to trust - or distrust - their environment based on whether the adults in their lives respond promptly and lovingly to their needs.
- As toddlers, children learn that it is okay – or not okay – to explore their world and learn new things. They need supportive guidance from adults to explore new things safely and with curiosity.

Throughout these years, most interactions adults have with children support or suppress their development. **Essential Parenting Skills** (see page 14) help guide this development.

Many charts give ages with developmental milestones. However, putting ages on development may not be helpful because children develop at their own pace. Some may take longer to sit up or walk or talk than what the charts say. Some children develop later and catch up; others may need some additional support. Agencies need to develop a referral list of doctors or Child Development Specialists with knowledge of ACES, addiction, and child development for families. With families in recovery, there may be effects from a mother's use during pregnancy, breast feeding, or just not being able to give their young child much attention during the early years due to their own recovery.

As addiction is often multi-generational, parents in recovery and other family members (caregivers) may not be comfortable or instinctively know how to nurture children. They may believe that if a child can't talk or "understand," they are not learning and it does not matter what they do. Therefore, it is crucial caregivers instruct, model and mentor parents in understanding new information and building new skills.

If you would like more information:

- DVD *Magic of Everyday Moments: Seeing Is Believing: Series 2*. This series from Zero To Three consists of four (4-6 minutes) videos plus a User's Guide and Handouts: <http://www.zerotothree.org/parenting-resources/MOEM/>.
- Review *Developmental Milestones: CF!* Intersessions Session 3 and Responsive Parenting handout from CF! 0-3, Session 1.
- Zero to Three: website <https://www.zerotothree.org/resources/series/parent-favorites#social-emotional-development>



CHILDREN EXPOSED TO ALCOHOL, MARIJUANA, TOBACCO, AND OTHER DRUGS IN-UTERO

Drinking alcohol or using drugs during pregnancy or while nursing has been proven to cause behavior problems in early childhood affecting the child's memory and attentiveness in areas such as cognitive performance, information-processing, and attention to tasks - areas vital for success in school and life. However, not all babies exposed show these negative physical, mental or emotional effects from perinatal exposure to alcohol, drugs or tobacco. No one knows which children or infants may be affected. We do know that the following factors lessen the chance of damage to the fetus's brain:

- Stop use as soon as possible
- Get prenatal care and regular check-ups (for you and your child)
- Eat a good diet
- Stop smoking or being around people who smoke.

We also know that the following are protective for children who have been exposed:

- Getting an early diagnosis
- Living in a stable and nurturing home
- Never having experienced violence
- Getting 8-10 hours of sleep consistently
- Having a predictable environment especially for meals and bedtime.

Successful interventions

1. Adapt the environment:
 - Have a predictable structure, routines and rituals with clearly posted, stable daily routine
 - Build transitions into routine
 - Keep it simple: limit exposure to people, visual/auditory stimulation including TV, violent movies
 - Reduce stimuli in rooms - remove materials and equipment
 - Have clearly defined spaces.
2. Teach using multiple sensory modalities: sight, sound, touch, taste, smell, emotion and action
 - Are concrete rather than abstract
 - Keep directions simple: one at a time
 - Teach and model appropriate ways to express feelings, social skills and appropriate behavior to accomplish tasks.
3. Modify expectations regarding timelines and transitions:
 - Use behavioral/physical cues to help direct or re-direct
 - Modify goals without compromising or limiting child's potential
 - Review expectations of "normal" timelines
 - Identify patterns of behavior that are not working, such as use of consequences
 - Identify range of behaviors which may reflect attempt to communicate, such as increased movement, subtle verbal or nonverbal cues, aggression, withdrawal, or inappropriate comments.
4. Remember there is no "typical" profile:
 - Help them identify their own strengths, skills and interests
5. Children are more alike than different:
 - Provide constant, appropriate praise.
 - All children need to be affirmed that they are wonderful.
6. Facilitate home/school/community partnership.



GUIDE ON THE SIDE

A vital skill for caregivers is the ability to be a *Guide on the Side* for families, as they learn about these topics and the related Essential Parenting Skills. This is the ability to come alongside parents and other family members to guide and empower them as they learn. It can seem instinctive to take over situations in which parents are struggling but doing so keeps them from learning new skills and communicates that they are incompetent to deal with their own children (as opposed to you, the “expert”).

To be an effective Guide On The Side caregivers need to:

Observe. Be with the families, quietly observing their interactions.

Point Out. Share with families what you see: *I see Johnny chose the red ball again this week! He must really like it.* OR *Sophia is rubbing her eyes right now. Do you think that means something?* (She may be sleepy or ready to disengage.)

Suggest. Make suggestions: Example: *You might wait just a little longer to let Ethan choose what he wants from the Activity Box.* OR *It’s okay to let Jade choose the same book every single time. Repetition is important for her.*

Affirm. Let parents/caregivers know when they are doing well: *I love how you and Jasper are reading that book together. He is very engaged with the book AND you!*

Model. If parents/caregivers continue to struggle and do not understand your suggestions, ask if you can show them what you mean: *Would it be alright if I play with Zelda a moment to show you what I mean about Turn Taking Interactions?* OR *Perhaps we could take Henry for a little walk to quiet him?*

Characteristics of a Guide on the Side:

- Is authentic.
- Avoids taking over.
- Asks permission to help.
- Uses respectful listening.
- Reassures.
- Makes positive statements.

Steps to Take to Guide Someone Who Is Struggling

1. Calm and reassure: Suggest one or two strategies to calm them and the child. Say something like: *I’ve seen other parents try this...*
 - Take three deep breaths.
 - Change the child’s position
 - Reduce stimulation or demands on the child.
2. Ask:
 - *What do you think your child is trying to communicate right now?*
 - *Is there anything you have tried in past that worked?*
 - If yes, guide parent/caregiver to try one or two strategies now.
 - If no, ask: *What have you seen other caregivers do?*
3. Suggest and coach caregiver to try one or two strategies: Say: *For some parents, ____ has helped or I have found ____ has helped me or I’ve seen other parents try this ____.*
 - Hold the child & walk around the room.
 - Identify and respond to the child’s needs.



- Distract the child.
 - Provide sensory input that calms the child, such as singing, walking around the room, rubbing the child's arms or back, hugging the child, talking to the child.
 - For a distressed infant: Rub baby's back. Talk gently to baby. Try vertical rocking. Use swaddling or a pacifier.
4. If necessary, ask permission to take the child. Demonstrate/model how to handle the situation as the parent/caregiver observes. As soon as possible give the child back to the parent/caregiver, coaching them how to continue what worked.
 5. Affirm parents/caregivers as they try these new strategies.

Remember the Power of Affirmations

Being A Guide On The Side encourages and affirms parents/caregivers as they learn to use new skills, which in turn helps them learn that they are competent. They are their child's expert and advocate.

If you would like more information:

*Celebrating Families!*TM 0-3 Supplement - www.celebratingfamilies.net. See page 28.



ESSENTIAL PARENTING SKILLS

“Positive parenting practices demonstrate robust protective effects, independent of the number of adverse childhood experiences. This evidence supports promotion of positive parenting practices at home, especially for children exposed to high levels of adversity.”
(American Journal of Preventive Medicine, 2019:56(4)530-539.)

The Wisconsin Longitudinal Study found the more positive mother-child interactions during the first 16 years of life predicted higher education in adulthood and less decline in episodic memory or the memory of autobiographical events. The results provide evidence for the broad and enduring effects of early life maternal relationships on later life developmental processes.

Enduring Effects of Mother-Child Interactions. *Science Daily*. 5.9.19

The early years of a child’s life are the most important for laying the foundation for a healthy life and brain. This development is facilitated by using specific parenting skills:

- | | |
|----------------------------|------------------------------------|
| Baby Cues | Providing Simple Choices |
| Baby Signs | Parting and Returning Affirmations |
| Centering/Stress Reduction | Reading to Children |
| Continuity and Repetition | Sportscasting/Narrating |
| Following Children’s Lead | Turn Taking Interactions |





BABY CUES

An important part of Healthy Attachment is the ability to quickly and appropriately respond to a child's needs. Often caregivers become frustrated because they do not understand why the child is fussing, crying or pulling away. They may also miss the child's invitations for interactions. The ability to recognize Baby Cues helps all adults working with young children understand what children are trying to tell them and respond appropriately.

Babies communicate their feelings, needs and wants long before learning to speak in words through their facial expressions, eyes, and body language (Baby Cues). Learning to recognize, understand and respond to these cues is an essential skill for everyone caring for young children, which provides a nurturing, safe and trusting environment.

Green, Yellow and Red Light Cues

1. **Green Light Cues** communicate that the child is ready and wanting to engage in interaction. Examples include smiling, making eye contact, "talking" (cooing, babbling), waving arms and legs or bringing a toy to a parent.
2. **Yellow Light Cues** are milder than Red Light cues, communicating that the child may feel unsure of an activity, or wants to slow down or take a break from it but not necessarily stop it. Examples include facial grimace, shoulder shrug, rubbing eyes, pouting, wringing hands.
3. **Red Light Cues** communicate that the child has had enough and wants to do something else, feels overwhelmed or has a specific need (to be comforted, fed, changed, go to sleep). Examples include crying, pushing, pulling or walking away; frowning or pursing lips; rubbing eyes; fussing.

If you would like more information:

Available from: <https://www.pcrprograms.org/>

- DVD: *Baby Cues: A Child's First Language*. Available from
- *Baby Cues Flashcards*, a set of 52 flashcards that accompany the DVD
- "Look What I'm Saying" Parent Handouts. Comes in a pad of 50 handouts.





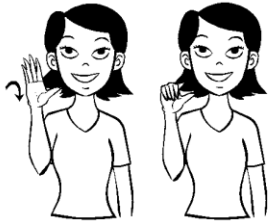
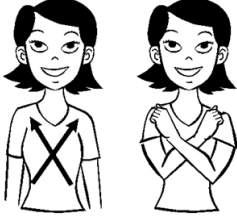
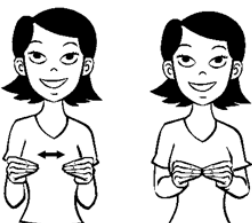
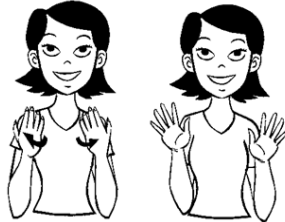
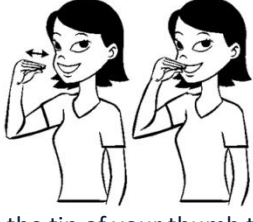
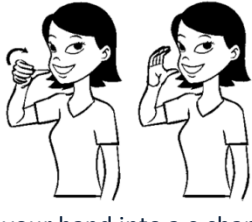
BABY SIGNS



Teaching children to use signs has significant benefits. Therefore, we encourage caregivers to learn how to use a few simple signs as pre-verbal communication. Benefits include:

- Reducing frustration, biting and other aggressive behaviors.
- Building of trust between babies and their parents.
- Promoting positive emotional and language development.
- Boosting babies' self-confidence and building self-esteem.
- Making learning to talk easier and stimulating intellectual development.



<p><u>BYE BYE</u></p>  <p>The traditional gesture: Open your palm, fold down your fingers, then open your palm again.</p>	<p><u>LOVE</u></p>  <p>Make your hands into fists and cross your arms across your chest, hugging yourself</p>	<p><u>MORE</u></p>  <p>Flatten out your hands with your thumbs in back. Touch your fingertips together and separate them repeatedly.</p>
<p><u>ALL DONE</u></p>  <p>Start with palms facing in, then turn the hands so that palms are out.</p>	<p><u>EAT</u></p>  <p>Touch the tip of your thumb to the tips of your fingers and tap them on your mouth.</p>	<p><u>DRINK</u></p>  <p>Make your hand into a c-shape as if holding a cup. Tip your hand to your mouth as if drinking..</p>

If you would like more information: see www.babysignlanguage.com.



CENTERING/STRESS REDUCTION

Centering is an important stress-reduction skill. Many families have experienced multiple Adverse Childhood Experiences and are likely dealing with the physical impact of stress (high levels of cortisol). Cortisol is released following a stressful event to restore energy lost in the fight or flee response. When the stressful event is over, cortisol levels normally fall and return to normal. However when chronic stress is experienced, the body makes more cortisol than it can release, which can lead to impaired brain function by:

- Disrupting synapse regulation, resulting in loss of sociability and avoidance of interactions with others.
- Increasing the risks of anxiety and depression.
- Reducing area of the brain responsible for memory and learning.
- Predisposing the brain to a constant state of fight or flight with an increased risk of heart disease, high blood pressure and diabetes.
- Impacting other systems: body's immune system (exacerbating already existing illnesses), digestive, excretory and reproductive structures.

Centering or mindfulness has been shown to reduce anxiety and feelings of stress; to increase your ability to control your impulses leading to feeling calm and ready to think clearly; and to help you become aware of how your words and actions affect others, so you can choose the most effective way to handle difficult situations. Centering or mindfulness can simply be sitting quietly, breathing slowly and deeply through your nose - focusing your attention on a particular thing or thought.

Basic Centering:

Sit quietly, notice how your body feels. Listen to music for a few moments. Close your eyes or simply look down. Take a deep breath in through the nose for the count of three: 1 – 2 – 3. Hold it for the count of three: 1 – 2 – 3. Slowly let it out for another count of three, saying to yourself “Let it go,” 1 – 2 – 3. Repeat twice. Now be silent for a moment.

Centering For Toddlers & Young Children

First help children “*get their wiggles out!*” with a song:

Wiggle Song

(Tune: The Bear Went Over The Mountain)

Oh, my hands are starting to wiggle, My hands are starting to wiggle,
My hands are starting to wiggle, And.... So is the rest of me! *(Everyone wiggle)*

I'll put them in my lap, I'll put them in my lap,

I'll put them in my lap ... So they will quiet me! *(Everyone sits quietly)*

After singing the song, ask: “*Where is my nose?*” Point to your nose. Ask: “*Where is your nose?*” Children point to their noses. Say: “*Here is your nose! Can you do this with me?*” Demonstrate taking a deep breath in through your nose, using exaggerated movements. Say: “*Now let's all take a deep breath in through our noses.*” Have group take a deep breath with you. Turn on quiet music. Lower lights. Say (in a quiet, soothing voice) “*Let's all sit as quietly as we can. You can close your eyes if you want to. Slowly take a deep breath in through your nose, hold it for just a moment (hold it) and then quietly let it out.*” Pause. Say: “*Let's do that one more time.*” Repeat. Then say: “*Thank you for being quiet with me!*”

With babies: Practice centering while holding them, which may help calm them and you down.





Additional Centering Exercises

1. Steps in Centering

1. Plan a quiet moment with you can sit comfortably, with your eyes closed or looking down.
2. Play some quiet music and breathe in slowly through your nose, hold it for 1-2 seconds and exhale slowly.
3. Take 10 deep breaths, focusing on the physical sensation of breathing.
4. When your mind wanders, gently bring your attention back to your breathing.

2. Ten Deep Breaths

Each day try to take 10 deep breaths. Play some quiet music. Start by taking a deep breath, picturing it going up into your brain. ... Hold it for a second or two and then slowly release it. ... Focus all your attention on the physical sensation of breathing. Take 5 deep breaths. When your mind wanders, gently bring your attention back to your breathing. Let thoughts float past. Don't dwell on them. Return your full attention to your breathing. Take another deep breath, this time picturing it filling your lungs ... slowly release it. ... Take another 5 deep breaths. Now take one more huge breath filling your diaphragm (like an opera singer). ... Slowly let it go.

3. Body Breathing

Play some quiet music. Take a deep breath, picture it going up into your head. ... Hold it for a second or two and then slowly release it. ... Now picture your warm, healing breath passing through eyes – blessing what you see. Breathing in and out, think of your next breath passing through your ears blessing what you hear. Think about each part of your body (shoulders, right arm, right hand, left hand, left arm) picturing your breathe passing through them and blessing them. When your mind wanders, gently bring your attention back to your breathing. Let thoughts float past. Don't dwell on them. Return your full attention to your breathing. Continue through each part of your body: down your backs, your right leg, right foot, right toes, left leg, left foot, left toes.

4. “Loving Kindness”

Play some quiet music. Before you start think of one phrase that you'll repeat to yourself:

“May I be happy.” “May I be at peace.” “May my heart remain open.”

Now be quiet, close our eyes or look down at the floor – which ever feels comfortable. This time put your hands on your laps with the palms up. Take a deep breath, picture it going up into your brain. ... Hold it for a second or two and then slowly release it. Now focus your thoughts on your statement, taking 5 deep breathes. As you breathe, visualize your body filling with healing, happiness or peace. As you exhale, visualize illness, sadness, or busyness leaving. When your mind wanders, gently bring your attention back to your breathing. Take 5 more deep breaths. Now take one last huge breath filling your diaphragm (like an opera singer). ... Slowly let it go.

If you would like more information:

- *Celebrating Families!*™ Adolescent and 0-3 Supplements - www.celebratingfamilies.net.
- Harvard Center for the Developing Child - <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>



CONTINUITY (CONSISTENT ROUTINES) **AND REPETITION**

Continuity

An important part of attachment and reducing stress is providing continuity by establishing consistent routines. This helps infants and toddlers feel safe and secure with their caregiver/parent and in their environment. And, when children feel safe their challenging behaviors (tantrums, hitting, biting, etc.) may be reduced.

To promote continuity:

- Create and keep daily schedules and routines for parents and children including consistent times for meals, naps and bedtime.
- Encourage parents/families to do the same when they return to where they live.

Repetition

Young children learn through play with lots of repetition, as it builds brain connections and boosts self-confidence.

To promote repetition:

1. Pay attention to the activities, songs and books children and families enjoy. Repeat these on a consistent basis.
2. Explain the importance of repetition and encourage caregivers to observe what activities and books their children most enjoy and repeat them frequently. Remind them that if children want to read the same book every night or make stacks of blocks over and over, doing so facilitates their child's development.
3. Introduce new activities occasionally, continuing to focus on repeating the activities, songs and books children and families enjoy the most.



FOLLOWING CHILDREN'S LEAD

When interacting with infants and toddlers, it is important to follow their lead as to how they want to play. This helps them develop creativity, take initiative, and learn decision making. For instance, if a child chooses a ball, the adult waits and watches to see what the child wants to do with it instead of telling him what to do (directing the play experience). After observing a few moments, the adult can enter into the child's play. There are several ways to do this:

- Copying what the child is doing, thereby letting the child lead the adult (i.e., play with a ball, stack blocks, dance).
- Waiting for a child to invite you to play with them by handing you a toy or book.
- Sitting and observing the child's play, describing what the child is doing without giving any directions. For example, say: *You are making a tall tower with your blocks. That is a red block you just put on top.* The adult does NOT direct the child's play, for example by saying: *Why don't you make a tower with these blocks? Put this red block on now.*
- Doing simple crafts, such as scribbles: On a sheet of paper take turns adding a scribble to the child's "picture". The adult waits for the child to make their scribble, then either copies the child's scribble or makes one of their own. Continue until the child disengages.



Help caregivers learn this skill by:

- Modeling:
 - Following children's lead when play with them.
 - Remembering to wait for the child to respond.
 - Setting an example: if a caregiver is sitting on the floor where a child is playing, say to child: *You are playing with the red truck. Where is it going?*
 - Avoiding directing the child, say instead: *Here is a red truck. How do you want to play with it?*
 - Sitting quietly and waiting until a child brings you a toy or book.
- Being a Guide On The Side: Coming alongside and making suggestions or affirming parents' actions. Say: *You might try asking Tommy what he would like to do with the ball.* OR: *It's great how you waited for Sara to hand you a block. She has invited you into her play.*

If you would like more information:

- Serve and Return from Harvard Center on the Developing child:
https://www.youtube.com/watch?v=m_5u8-QSh6A



PROVIDING SIMPLE CHOICES

Making healthy choices is one of the most important skills human beings learn, as our choices determine what will happen and the quality of life we will have. Making choices involves identifying options, evaluating them, and then making the choice that seems best to us. Children learn to make choices very early in their lives by communicating their choices through the use of Baby Cues.

Choices should be:

- **Appropriate for their age.** Offer two toys simultaneously and let the toddler choose one.
- **Manageable.** Don't offer too many options, such as: Do you want to go to the playground, the swimming pool, visit grandma or work in the garden with me?
- **Doable.** Offer choices you are prepared to actually do. For instance, don't offer the choice to visit Grandma if you have no way to get to Grandma's house that day.
- **Safe!** Don't offer a drink in a glass cup or toys with small parts they could swallow. Safety is always a top concern.

Encourage the development of this skill by offering children simple choices, such as:

- **Toys:** Lay two toys on the floor. Offer a choice by saying: *Do you want to play with your trucks or the blocks?* When they choose one, remove the other item.
- **Snacks:** Offer two healthy snacks and let child choose one.
- **Books:** Keep books in a basket or a low shelf. Let children choose the ones they want to read/share.
- **Clothing:** Give them simple choices, *Do you want to wear the red or the blue shirt?*
- **Activities:** What activities do they want to do? Again offer two choices, *Would you like to go to the playground or the swimming pool?*

Encourage parents to practice providing simple choices to their children by:

- Suggesting parents pick two items and show them to their children. They can say: *Ramona, would you like to play with the rattle or the Silky Scarf right now?* OR, *Louis, would you like to play with the Shape Sorter Toy or stack these blocks?*
- Reminding parents to let children choose which toy they want to play with. When a child has made a choice, the parent could use *Sportscasting* to describe it: *You chose the rattle! Listen to the sound it makes when you shake it!* OR, *You chose the blocks! I see red ones and green ones and yellow ones!*
- Modeling by offering simple choices during play time or snack time.
- Being a Guide On The Side by coming alongside and making suggestions or affirming parents' actions.



PARTING AND RETURNING AFFIRMATIONS



Young children often feel anxious or upset when they are separated from their parents/caregivers for any length of time. Learning to overcome this anxiety and trust that their caregiver will return is an important developmental task. It is especially difficult for children who may have been left for a length of time by the parents or caregivers, whether it was for hospitalization, incarceration or neglect. These affirmations help children begin to learn that parents/caregivers can be trusted to return when they leave. Infants need to hear them too, even though they will not necessarily understand the words, as they receive the meaning of them at a deeper level. We suggests parents offer specific Parting and Returning Affirmations to their children every time they leave and return:

Parting Affirmations

Parents/caregivers get on child's level or hold them in their arms, make eye contact and say: *"I am going to _____. I will be back again soon. I love you!"* Give a hug or kiss and wave bye. (Parents/caregivers can also leave something of theirs with the child to assure them they will be back.)

Returning Affirmations

When parents/caregivers rejoin children, they get on child's level or hold them in their arms, make eye contact and say: *"(Name), I am so glad to see you! I promised I would be back and here I am!"* They use a warm, loving tone of voice and include a cuddle or kiss.

Saying the words out loud helps parents establish a pattern of speaking affirmations to their children. Once parents understand the Affirmations, they can make up their own words that they would like to say to their children. (Another example of Parting/Returning Affirmation is found in the book *The Kissing Hand*.)

Caregivers encourage parents to practice giving affirmations to their children by:

- Teaching parents/caregivers the importance of and how to give these affirmations to children.
- Being a Guide On The Side: Coming alongside and making suggestions or affirming parents' actions helping parents deliver these affirmations.
- Modeling
 - Telling children when they are leaving that they will see them tomorrow (or next week), by signing "bye-bye" or saying "See you tomorrow." when they leave.
 - If a parent does not offer an affirmation, model how to do it by getting on the child's level and saying: *Your mom is going now but she will be back soon! Can you give her a kiss and wave bye?* Or when parent/caregiver is returning, getting on the child's level and saying: *Your mom is here! She said she would be back and here she is!*

Special Parting Affirmation for Families Who Do Not Live Together

Saying good-bye can be especially difficult for families who have been separated. Young children may experience this separation as traumatizing after having enjoyed being together. Providing a special routine to help these families say good-bye can be helpful.



READING TO CHILDREN

Language and literacy development begins early - in the first three years of life - and is closely linked to a child's earliest experiences with books and stories. Even infants benefit from looking at simple books while parents talk to them about the pictures. In addition, the intimacy that is shared as parents hold their children and look at books supports attachment. Although this skill may seem simple it may not be for caregivers or parents who did not have good experiences with books themselves.

Reading Books With Young Children

1. Let children participate by: 1) Turning the pages, even if they do not look at all the pages or look at them in order. 2) Pointing to what interests them. Talk about what they are seeing: *Look! Baby bird is eating a worm his mother brought to him!*
2. For infants and toddlers, "read" the story by talking about the pictures. With 2's and 3's, read more of the story, but not necessarily all of it.
3. Make the story come alive by using an animated voice and creating voices for the characters.
4. Point to the words as you read them. As children grow, they begin to make the connection between the spoken and written words.
5. Three year olds can "read" the book to you by telling you the story or their version of it.
6. Stop when children disengage, even if it has only been a few minutes.
7. Most of all, relax and enjoy books together! Children will learn that books are fun and a great way to share intimate moments with a parent.

Encourage caregivers to read to their children by:

- Having lots of books appropriate for all ages of children readily available.
- Modeling asking children to choose a book, sitting down with the child(ren) to "read" it.
- Reading to a group. Here's some guidelines for reading to a group:



1. Choose very simple books with a few words.
2. Hold the book up so everyone can see the pictures. If it is difficult to hold the book and read it, ask another caregiver to hold the book and turn the pages for you.
3. Use an animated voice and create voices for the characters.
4. Tell the story rather than read every word. Talking about the pictures may be more effective with some ages than reading the story word for word.

- Being a Guide On The Side: Coming alongside and suggesting a parent/caregiver ask their child to pick out a book to read. Affirming parents/caregivers who are looking at books with their children.

If you would like more information:

- *Literacy Skills: The Roots of Reading Start at Birth* from the Zero To Three DVD Series: Magic of Everyday Moments: Seeing Is Believing: Series 1. This DVD series consists of four (4-6 minutes) videos plus a User's Guide and Handouts or <https://www.zerotothree.org/resources/157-literacy-skills-the-roots-of-reading-start-at-birth>. Handouts: <https://www.zerotothree.org/resources/1502-5-ways-to-raise-a-reader-starting-from-birth> and <https://www.zerotothree.org/resources/213-helping-your-child-become-a-confident-reader-and-writer-starting-from-birth>
- PDF file Early Literacy downloaded from: <https://www.zerotothree.org/early-learning/language-and-communication>



SPORTSCASTING/NARRATING

From birth on, children's language acquisition and brain development are facilitated by hearing LOTS of words from their parents and other caregivers. The skill of Sportscasting/Narrating encourages adults to talk with children a lot. Even though infants and toddlers do not yet understand the words that are being said, it's still important adults talk about anything and everything that is happening around them, such as: *You are playing with your fingers. Mom is changing your diaper. Listen to the birds talking to each other.*

This resembles a sportscaster giving a play-by-play report. For instance, a parent/caregiver can describe how they are making lunch or how they are getting dressed. Parents/caregivers can also describe what their children are doing or eating, such as: *I hear the sound your rattle is making when you shake it like that!* OR *You made the ball bounce! Good for you!* OR *I see you are eating macaroni and cheese. What color is it?* .



Limit TV and Screen Time

Watching screens can delay children's language development and later success in school. The World Health Organization latest guidelines say infants under 1 year old should not be exposed to electronic screens and children between ages of 2 and 4 should not have more than one hour of screen time each day. The American Academy of Pediatrics makes an exception for video-chatting with family and caregivers. *Let your children explore their REAL world and hear YOUR words!*

Caregivers can use this skill by:

- Being aware and limiting TV/screen time: Facilities serving children and families need to be aware of and limit TV/screen time. Be mindful of content being shown, which could easily and quickly trigger stress, especially if families have had traumatic experiences.
- Modeling:
 - When children are fussy or do not want to enter into the activities planned for them, take them for a walk around the room, talking about what they see: *Look at this picture on the wall. There is a horse (point to the horse) and there is a tree.* OR *Look at Maria and her dad. They are drawing a picture.* OR *You are rubbing your eyes. Are you sleepy?*
 - Describe what children are doing so caregivers can hear you: *You just took the yellow ball out and put it on the rug. The ball is round.* OR *You made that car go in a circle around you! I like how you made the sound of the car, too.* OR during snack time: *You just took an animal cookie that looks like a lion! Can you roar like a lion (roar together)?*
- Being a Guide on the Side: Caregivers can come alongside a parent who is not interacting with his child and whisper in his ear: *Dinner is a great time to use Narrating/Sportscasting. Try talking to Marina about what she is eating right now.* If the parent doesn't know what to say, you can model it by saying: *This is an orange slice. Do you like how it smells (hold slice to child's nose).*



TURN TAKING INTERACTIONS

(Also called SERVE AND RETURN)

This skill is the process of interacting with young children by taking turns, another skill that facilitates healthy brain development. **The key to this skill is to WAIT** for the child to take their turn when interacting with them.

Turn Taking Interactions can be used by caregivers or parents as follows:

- In infancy: Babies invite interaction by cooing, babbling, waving their arms and legs, etc. Adults respond to the children's invitations by smiling, cooing and babbling in response. Then **WAITING** for the infant to respond with a verbal sound or waving their arms and legs. After which the adult responds again continuing until the child disengages.
- In infancy and with older children: Turn Taking Interactions can be used while playing board games with older children or games such as *Peek-A-Boo* with infants. With *Peek-A-Boo* adults receive a cue that baby is ready to engage (waving their arms, kicking their feet, making eye contact). The parent/caregiver then takes the next turn by putting their hands in front of their faces and **WAITING** for the child to respond in some way. Once they receive a response from their child they pull their hands apart and say *Peek-A-Boo!* with a big smile. Their child takes the next turn by responding to the parent with more coos, giggles or waving their arms and legs. The parent can then take a turn by signing or saying "more"? If baby responds showing that he is still engaged, the parent repeats the game.
- Reading or looking at books: Holding the child and book on your lap, the adult **WAITS** for the child to point to a picture or open the book to a page. The adult then responds by describing the picture the child has pointed to. The key is to let the child do whatever she wants during her turn. If she wants to skip pages or go backwards in the book that is okay. See skill of Reading to Children for more information

If you would like more information:

- *Serve and Return Interaction Shapes Brain Circuitry* from Harvard University Center on The Developing Child. https://www.youtube.com/watch?v=m_5u8-QSh6A
- *5 steps for Brain Building Service and Return* from Harvard University Center on The Developing Child. https://developingchild.harvard.edu/resources/how-to-5-steps-for-brain-building-serve-and-return/?utm_source=newsletter&utm_medium=email&utm_campaign=may_2019



SELF-CARE FOR CAREGIVERS

Working with families dealing with trauma and in early recovery can take a toll physically and emotionally. In addition, people working in the helping professions can end up often focusing on the needs of others at the expense of their own. To be effective, helpers need to: 1) Acknowledge their own physical and emotional needs, and 2) Have a Self-Care Plan to meet their own needs as they arise. This is important because ignoring one’s own needs can lead to:

- Being unable to be physically and emotionally present.
- Responding Inappropriately.
- Triggering your own painful memories.
- Surfacing forgotten painful childhood memories.
- Increasing instances of headaches, stomachaches or change in sleeping/eating patterns.
- Burning Out:
 - Losing excitement and energy about being a caregiver.
 - Losing a sense of fulfillment or purpose in your job or vocation.

It is important to determine the most effective ways to meet your own needs. Questions you can ask yourself include:

- *Can I recognize and acknowledge my own needs?* See next page, “What Do I Need Today?” (from 0-3 *Celebrating Families!*™ Supplement, Training Module #10).
- *Am I managing my needs effectively?*
- *Who can I turn to for my own support?* See “Where Is My Support System,” (from 0-3 *Celebrating Families!*™ Supplement, Training Module #10).
- *Who can I ask to hold me accountable to follow-through?*

Here is an example of good self-care:

1. In the midst of a conversation, your own feelings start to dominate: *“I started to feel angry”*.
2. Your focus shifts from someone else’s sharing to your own feelings and experiences: *“Suddenly I realized I was getting lost in my own feelings and issues and I was not listening anymore...”*.
3. You realize you need to return your focus to what is happening in the conversation: *“At that moment, I knew I had to set ‘me’ aside and return my focus to the conversation at hand...”*.
4. When it is safe, you revisit what happened. This can be during your own centering, supervision, or when you are with a trusted friend or counselor. You ask yourself: *“What happened to me during that conversation?”*
5. You decide how to deal with the issue now if needed, or if/when it happens again: *“ Next time this happens I’ll remember to take a deep breath and center myself. Afterwards, I’ll talk with my supervisor (counselor, sponsor, safe friend, etc.) about what happened.”*

Possible Self-Care Strategies

Center or meditate	Connect with a counselor or doctor	Exercise
Stop & breathe	Connect with your faith community	Express gratitude
Go to a meeting	Look for WOW moments	Journal
Practice HALT	Practice healthy eating	Play
Talk to a safe person	Make time to do something fun	Sleep
Go out with a friend	Set a boundary	Slow down



WHAT DO I NEED TODAY? CARDS

TALK/VENT TO A SAFE PERSON	SLOW DOWN!	PRACTICE HALT (Don't get too Hungry, Angry, Lonely or Tired)
MAKE TIME TO DO SOMETHING FUN	TAKE A "ME" DAY	EXERCISE
MAKE AN APPOINTMENT WITH MY DOCTOR OR COUNSELOR	GO TO A MEETING	CONFRONT A PROBLEM
CALL MY SPONSOR	SET A CLEAR BOUNDARY	STOCK MY FRIG WITH HEALTHY FOODS/SNACKS
JOURNAL A DIFFICULT EXPERIENCE	CONNECT WITH MY FAITH COMMUNITY	TAKE TIME TO LOOK FOR WOW MOMENTS
PLAY WITH MY CHILDREN	HAVE A GOOD CRY	EXPRESS MY ANGER IN A SAFE ENVIRONMENT
LAUGH!	KEEP A PROMISE	FORGIVE SOMEONE OR ASK FOR FORGIVENESS
PUT MY FAMILY FIRST	SLEEP! (Take a nap/go to bed early)	STOP & BREATHE!
PRAY/MEDITATE	EXPLORE A CHILDHOOD MEMORY (with a safe person)	EXPRESS MY GRATITUDE (write a note, journal)
SOMETHING THAT WORKS FOR ME:	SOMETHING THAT WORKS FOR ME:	SOMETHING THAT WORKS FOR ME:



WHERE IS MY SUPPORT SYSTEM?

We live in a society that values privacy more than community and, in many ways, teaches us that life is “normal” when we are making it on our own. However, the truth is **we need each other to survive getting through life**. Living a healthy life is possible only when we are surrounded by safe people we can turn to when we need help and support.

Create a “snapshot” of your support system by answer the following questions. Include all kinds of people (friends, family, clergy, sponsors, doctors, counselors, co-workers, etc.):

- **Who in your life listens to you when you just need to “dump”?** Sometimes you just need to vent your feelings with a person who will listen attentively but not try to “fix” the situation. These people know how to tell when you just need to talk yourself out, but don’t need their advice.

People you can call to meet this need:

- **Who in your life is honest with you about your blind spots?** These are people who will tell you when they see you are doing something unhealthy. They can discern the difference between when you need to “dump” and when you are stuck and need an honest “kick in the pants” to move on.

People you can call to meet this need:

- **Who do you call when you need to “let down your hair” and “kick up your heels”?** These are the friends you call when you need to do something fun for yourself. They always know how to make you laugh and help you take a short “breather” from the intensity of life.

People you can call to meet this need:

- **Who can you call to help you take care of the practical concerns of life?** These are the people who are happy to help if your car breaks down, the plumbing backs up or your babysitter cancels at the last minute! Being helpful is their gift and they are always happy to be there for you.

People you can call to meet this need:



ADDITIONAL RESOURCES

Celebrating Families!™ 0-3 Curriculum Supplement - www.celebratingfamilies.net.

Basic Information

ACEs

- <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>

Attachment

- <https://www.youtube.com/user/HarvardCenter>. A series of excellent videos by Harvard Center for the Developing Child.
- http://www.youtube.com/watch?v=apzXGEbZht0&feature=youtube_gdata_player Still Face Experiment: Dr. Edward Tronick – UMass Boston. Just under 3 minutes.
- Healthy Attachment Cycle (Page 8)
- Responsive Caregiving Examples (Page 9)

Child Development

- DVD *Magic of Everyday Moments: Seeing Is Believing: Series 2*. This series from Zero To Three consists of four (4-6 minutes) videos plus a User's Guide and Handouts. from <http://www.zerotothree.org/parenting-resources/MOEM/>.
- Review *Developmental Milestones (CF! Intersessions 3:)* and Responsive Parenting handout (*CF! 0-3, Session 16*)
- Zero to Three website <https://www.zerotothree.org/resources/series/parent-favorites#social-emotional-development>

Being A Guide On The Side

Celebrating Families!™ 0-3 Supplement - www.celebratingfamilies.net.

Essential Parenting Skills

Baby Cues

- DVD *Baby Cues: A Child's First Language*. Available from <https://www.pcrprograms.org/>
- *Baby Cues* Flashcards, a set of flashcards that accompany the DVD. Available from <https://www.pcrprograms.org/>

Baby Sign Language

- www.babysignlanguage.com

Centering/Stress Reduction

- *Celebrating Families!™ Centering Exercises* - www.celebratingfamilies.net.
- Harvard Center for the Developing Child - <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

Reading to Children

- *Literacy Skills: The Roots of Reading Start at Birth* from the Zero To Three DVD Series: *Magic of Everyday Moments: Seeing Is Believing: Series 1*. This DVD series consists of four (4-6 minutes) videos plus a User's Guide and Handouts
- <https://www.zerotothree.org/resources/157-literacy-skills-the-roots-of-reading-start-at-birth>



- Handouts: <https://www.zerotothree.org/resources/1502-5-ways-to-raise-a-reader-starting-from-birth> and <https://www.zerotothree.org/resources/213-helping-your-child-become-a-confident-reader-and-writer-starting-from-birth>
- PDF file *Early Literacy* downloaded from: <https://www.zerotothree.org/early-learning/language-and-communication>

Turn Taking Interactions (Sportscasting)

- *Serve and Return Interaction Shapes Brain Circuitry* from Harvard University Center on The Developing Child. https://www.youtube.com/watch?v=m_5u8-QSh6A
- *5 steps for Brain Building Service and Return* from Harvard University Center on The Developing Child. https://developingchild.harvard.edu/resources/how-to-5-steps-for-brain-building-serve-and-return/?utm_source=newsletter&utm_medium=email&utm_campaign=may_2019



For more information or training on parenting skills and supplemental materials for families with young children please contact

Melissa Santos
Melissa.Santos@communitysolutions.org

***Celebrating Families!*[™] 0-3 Supplement is available from**



National Association for Children of Addiction
Toll-free 888-55-4COAS
celebratingfamilies@nacoa.org
www.nacoa.org
www.celebratingfamilies.net





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