

YC

Young Children

July 2020

From Good Guidance to Trauma-Informed Care

84

Children's Sense
of Identity

90

Separation
Anxiety



Custom project solutions designed to meet your needs

At School Outfitters, we deliver more than just furniture and equipment – we deliver enterprise-level project services. That includes expert consultation and space planning, guaranteed purchasing compliance, hassle-free installation and more. It's how our experts seamlessly manage your furniture project from start to finish, whether it's new construction, major renovations or simple classroom updates. And with our exclusive, ready-to-ship inventory, you can be sure your project will get done on time and on budget.



Multi-phase project management

Work with experts who know how to manage large, complex projects.



Custom purchase programs

Get custom pricing, products and services for your learning center.



Objective-driven space planning

Plan your spaces around your specific educational goals.



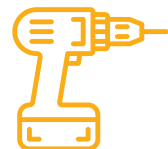
Product & purchasing compliance

Meet your product and purchasing requirements, guaranteed.



Ready-to-ship inventory

Find the products you need, in stock and ready to ship.



Hassle-free installation

Tap into our network of reliable installers for customized installation.

Tell A Friend NAEYC Membership is for Everyone.

naeyc[®]



Wherever you're from, wherever you are, wherever you want to be—we have a level right for you.

Entry Level Membership \$30

Your digitally based introduction

Standard Membership \$69

Unparalleled content and benefits

Premium Membership \$150

The best value, the ultimate NAEYC experience

Family Membership \$35

For families and advocates of young children

Visit
**NAEYC.org/
membership**
to join today.

Interested in purchasing memberships for your team of 50 or more? Contact us at groupmembership@NAEYC.org, to learn more about the benefits of a group membership purchase.

From Good Guidance to Trauma-Informed Care

- 4** Introduction
- 6** Supporting Young Children after Crisis Events *David J. Schonfeld, Thomas Demaria, and Sairam A. Kumar*
- 16** Supporting Anxious Children in the Preschool Classroom *Sierra L. Brown, Allison McCobin, Stephanie Easley, and Kara E. McGoey*
- 28** Preventing Compassion Fatigue: Caring for Yourself *Sarah Erdman, Laura J. Colker, and Elizabeth C. Winter*
- 36** Exclusionary Discipline Practices in Early Childhood *Sarah C. Wymer, Amanda P. Williford, and Ann S. Lhospital*
- 46** Words Matter: Moving from Trauma-Informed to Asset-Informed Care *Ellen Galinsky*



YC Staff

Annie Moses Editor in Chief
Sharone Carmona Senior Editor
Henrique J. Siblesz Senior Creative Design Manager
Gillian Frank Senior Creative Design Specialist
Lionel Goodson Creative Design Specialist
Joellyn Powers Interim Managing Editor
Emmel El-Fiky and Ellen McDaniel Associate Editors
Julia Minano Advertising Manager

Rhian Evans Allvin Chief Executive Officer
Michelle Kang Chief Strategy & Innovation Officer
Susan Friedman Senior Director for Publishing & Professional Learning
Nicole Zuchetto Senior Director for Member Experience & Market Solutions

YC-Young Children (ISSN 1538-6619) is published five times a year (mailing in the months of March, May, July, September, and November) by the National Association for the Education of Young Children (NAEYC), 1313 L Street NW, Suite 500, Washington, DC 20005-4101

Through its publications program, NAEYC provides a forum for discussion of major issues and ideas in our field. We hope to provoke thought and promote professional growth. The views expressed or implied are not necessarily those of the Association. Acceptance of advertising does not represent NAEYC's endorsement of any product or service, nor is NAEYC responsible for representations made by advertisers.

Early childhood educators are working tirelessly to survive the devastating public health and economic crisis caused by COVID-19, and they are not alone.

NAEYC is a leading voice on behalf of the diverse, dynamic early childhood field. Through surveys, policy recommendations, webinars, resources, alerts, and more—in partnership with our Affiliates and other national and state organizations—NAEYC has been a fierce and relentless advocate.

Learn More: [NAEYC.org/resources/covid-19](https://naeyc.org/resources/covid-19)

Join the Movement: [NAEYC.org/get-involved/advocate](https://naeyc.org/get-involved/advocate)



NAEYC News

56 [From Our President Taking Care of Ourselves First](#) *Ann McClain Terrell*

[Making Connections Build It Better: Child Care after the COVID-19 Pandemic](#) *Rhian Evans Allvin*

NAEYC Member Spotlight

NAEYC Governing Board & Leadership

Feature Article

72 [Reimagining Infant and Toddler Preliteracy Programs: Mother Goose on the Loose](#) *Betsy Diamant-Cohen*

80 [Talking, Reading, Singing, and Rhyming: Tips for Fostering Literacy in Infancy](#) *Rebecca Dowling, Lisa Shanty, Susan Sonnenschein, and Brenda Hussey-Gardner*

Columns

84 [Our Proud Heritage Understanding Children's Sense of Identity: The Life and Work of Dr. Mamie Phipps Clark \(1917-1983\)](#) *Grace Jepkemboi, Annette Mohan, and Lois M. Christensen*

90 [Rocking and Rolling Difficult Goodbyes: Supporting Toddlers Who Are Coping with Separation Anxiety](#) *Julia Yeary*

94 [The Reading Chair](#) *Isabel Baker and Miriam Baker Schiffer*

NAEYC Membership [NAEYC.org/membership](https://naeyc.org/membership)
membership@naeyc.org 800-424-2460 or 202-232-8777

Subscriptions [NAEYC.org/publications/subscribe](https://naeyc.org/publications/subscribe)
 Purchasing (single issues) [NAEYC.org/shop](https://naeyc.org/shop)
 Submission guidelines [NAEYC.org/resources/pubs/yc/writing](https://naeyc.org/resources/pubs/yc/writing)
 Permissions [NAEYC.org/resources/permissions](https://naeyc.org/resources/permissions)

Advertising rates/media kit [NAEYC.org/about/advertise](https://naeyc.org/about/advertise)
 202-350-8880 or 800-424-2460, ext. 8880
advertising@naeyc.org

Copyright © 2020 by NAEYC unless otherwise noted. All rights reserved.
 Cover photo © Getty Images

Periodicals postage paid at Washington, DC, and at additional mailing offices.
 Printed in Pewaukee, Wisconsin.

Postmaster: Send address changes to
 YC-Young Children
 NAEYC Member Services
 1313 L Street NW, Suite 500
 Washington, DC 20005-4101

Index of Advertisers

continUED	Cover 4
Chicago Zoological Society	27
Exchange	89
Redleaf Press	27
School Outfitters	Cover 2



Susan Friedman

Senior Director,
Publishing and
Professional Learning

From Good Guidance to Trauma-Informed Care

Meeting All Children's Behavioral Support Needs

I am drafting this editors' note in the spring, when much of the country is living under stay-at-home orders in an effort to combat the spread of COVID-19. Most early learning programs and schools are closed. It's a frightening and unusual time, with huge impacts on early childhood programs, teachers, children, and families.

This cluster of articles was planned well before COVID-19 impacted the early childhood community. Our aim was to share an array of content that would enhance educators' knowledge about supporting young children who had experienced all types of traumatic events, would aid them in seeing children's strengths, and would help them to learn strategies and approaches for making early childhood settings places where children can cope, develop resilience, and flourish. We certainly did not expect that early childhood educators would be reading these articles in the midst of a global pandemic and would be experiencing what could be, for many, a shared traumatic event.

Early childhood classrooms are places where, with the support of knowledgeable early childhood teachers, children and families can thrive even in the face of adversity. They are places where art and writing materials and props for dramatic play are readily available so children can express themselves, share their experiences, and communicate what they know and understand. Early childhood classrooms are also places where educators observe children's behavior and expressions—including some that reflect traumatic

events. The articles in this *Young Children* cluster offer a range of strategies and approaches for helping children who have experienced trauma, many of which may feel particularly relevant at this point in time.

Opening the cluster, David J. Schonfeld, Thomas Demaria, and Sairam A. Kumar, in "Supporting Young Children after Crisis Events," provide insights into how young children understand both large- and small-scale traumatic events. These traumatic events may be experienced by an entire community (such as a widespread flood or a health pandemic) or by individual children's families (death, divorce, or loss of income). Whatever the scale of the traumatic experience, the authors offer ideas for how teachers can support young children after such a crisis.

Sierra L. Brown, Allison McCobin, Stephanie Easley, and Kara E. McGoey, in "Supporting Anxious Children in the Preschool Classroom," offer strategies for recognizing and relieving anxiety through intentional activities drawn from the work of mental health professionals. Teachers can call upon these techniques to help all young children develop the coping skills they need to deal with stressors in the classroom and beyond.

It's key that educators are supported to be strong and healthy enough to be the champions of children and families with a history of trauma that they want and need to be. In "Preventing Compassion Fatigue: Caring for Yourself," excerpted from the upcoming NAEYC book *Trauma and Young Children: Teaching Strategies to Support and Empower Children*, authors Sarah Erdman, Laura J. Colker, and Elizabeth C. Winter focus on self-care strategies for teachers to help prevent compassion fatigue.

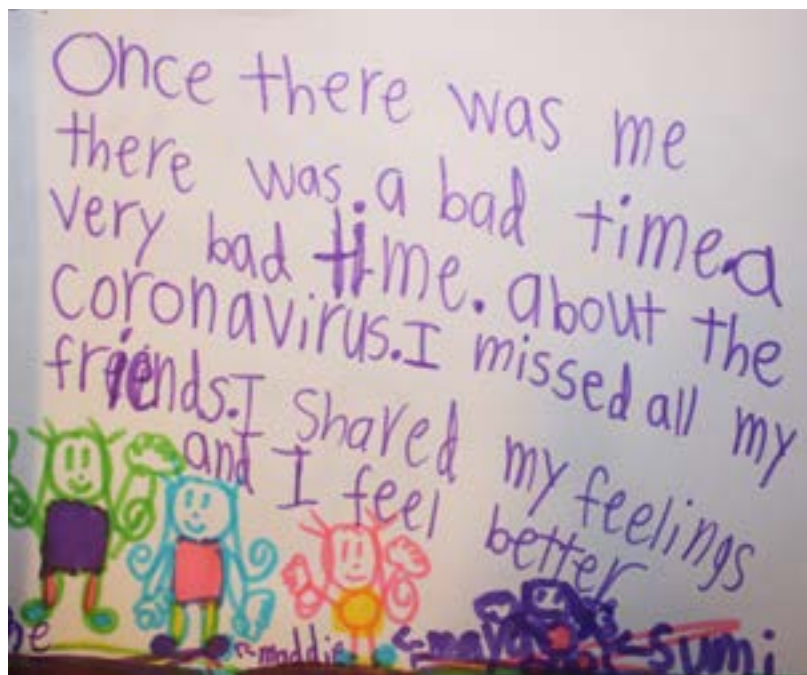
As the authors write in the preface to their book,

While the aftereffects of this pandemic are unknown at this time, there is a stronger need than ever to work to help mitigate the negative effects of trauma on children. Collectively, we must turn fears into positivity and work proactively to support children, families, and ourselves. More than ever, informed, compassionate, and high-quality early childhood educators are critical to the framework of society. We are grateful for the work you put in and your drive to continue to learn and improve for the good of the communities you serve. You are on the front line of giving meaning to a frightening time in history. The hope and assistance you offer children and families will enable children to go forward and flourish.

In “Exclusionary Discipline Practices in Early Childhood,” Sarah C. Wymer, Amanda P. Williford, and Ann S. Lhospital highlight how, even without official suspensions or expulsions, teachers could still be practicing “soft” exclusionary punishments, leading to children still being excluded from learning opportunities. Among many tips for avoiding these sorts of practices, the authors offer four steps for addressing implicit biases and three key positive behavioral interventions.

Lastly, Ellen Galinsky, in “Words Matter: Moving from Trauma-Informed to Asset-Informed Care,” stresses the need to remain hopeful about children, especially children who have experienced trauma. She emphasizes the value of focusing on the positive things children and adults are already doing and how to expand on those behaviors rather than dwelling on adversities.

As early childhood educators continue to be impacted by this crisis, we can look to each other for ideas and support. My hope is that this cluster of articles



For the past few years, we've highlighted children's artwork in the introduction of *Young Children*. Here, I share the thoughts of a 7-year-old who authored and illustrated her own coronavirus story as she sorted through her understanding, feelings, and experiences learning about coronavirus and social distancing: “I wanted to write down my feelings about the Corona virus because I want it to end. And I think if I express my feelings, I won't feel so upset. And it turned into a book.”

will bolster early childhood educators as they face, process, and recover from this difficult time together; share strategies; and build resilience for each other, children, and families.

—Susan Friedman

We'd love to hear from you!

Send your thoughts on this issue, and on topics you'd like to read about in future issues of *Young Children*, to editorial@naeyc.org.

Would you like to see your children's artwork featured in these pages? For guidance on submitting print-quality photos (as well as details on permissions and licensing), see [NAEYC.org/resources/pubs/authors-photographers/photos](https://naeyc.org/resources/pubs/authors-photographers/photos).





Supporting Young Children after Crisis Events

David J. Schonfeld, Thomas Demaria, and Sairam A. Kumar

Sofia, 3 ½ years old, has attended an early childhood center for two years without any behavioral or emotional problems; that is, until recently, when her community experienced extensive wildfires that destroyed or damaged about 20 percent of homes. Although Sofia's home was not damaged, the store where her mother worked was destroyed.

Sofia begins to protest when her mother leaves her at drop-off in the morning. Sofia frequently asks about her mother throughout the day, often going to the window to look for her. She starts to use baby talk and seems anxious and unable to rest at nap time. The staff provides consistent support and reassurance that her mother will return on time each day and reminds her when pick-up time is. They offer opportunities to

draw and play with dolls. They notice that Sofia sometimes draws pictures of homes or trees burning and that, in her play, she makes the mother and father dolls argue, sometimes even having them threaten to leave each other.

The staff talks with Sofia's mother, who becomes tearful. She shares that she and her husband have been arguing about money; she later speaks with her husband and they try not to argue when Sofia can overhear. Sofia has also been protesting going to bed alone, so her parents have been allowing her to sleep with them most nights.

During the course of young children's development, they are exposed to a variety of potentially stressful events that challenge their sense of security and stability, like with the wildfires in Sofia's community in the opening vignette. Not all stressful events are harmful, though, and many challenging experiences can help a child develop or strengthen coping strategies. For example, a child being left with a warm, reliable caregiver in the evening can help them develop the capacity to trust other caregivers.

Young children are particularly vulnerable to the effects of community disasters and other crises and traumatic events.

Stressful and disruptive events can range from minor family crises (cancellation of a family vacation) to major family crises (parental divorce) to community disasters (widespread flooding) and international crises (pandemics). Young children's perceptions of the degree to which a crisis threatens or undermines their relationships with parents or guardians and other important

For presentations on and additional resources for talking to children about the COVID-19 pandemic, visit the National Center for School Crisis and Bereavement's resource page at www.schoolcrisiscenter.org/resources/covid-19-pandemic-resources/. David J. Schonfeld (an author of this article) also presented a webinar for NAEYC titled "Talking to and Supporting Children and Ourselves During the Pandemic." It can be found at NAEYC.org/events/trainings-webinars/recorded-webinars.

caregivers—including early childhood educators—often determine the amount of stress children experience. Events in which a child's or a family member's life is threatened may be particularly traumatic.

Young children are particularly vulnerable to the effects of community disasters and other crises and traumatic events. This is because of their lack of experiences, skills, and resources that would otherwise enable them to independently meet their developmental, social and emotional, mental, and behavioral health needs. Crises can also potentially have short- and long-term effects on children's psychological functioning, emotional adjustment, health, and developmental trajectories, and may even have implications for their health and their social and psychological functioning in adulthood. As a group, children are resilient, but they are still among those most at risk of psychological trauma and behavioral difficulties after a crisis.

Common adjustment reactions of young children

In the aftermath of a crisis, most children may demonstrate no observable reactions, even if they are, in fact, having adjustment difficulties. What may further confuse adults is that children's reactions may be nonspecific (e.g., children may become less flexible about schedule changes or demand more attention), and adults may not appreciate the behaviors' connections to the crisis event.

Children often do not have a full understanding of their feelings or the ability to communicate in words new reactions they have not felt before. This may mislead parents, early childhood educators, and other primary



caregivers to believe that the children have not been affected by the event. They tend to underestimate the level of children's distress and overestimate children's resilience, especially if the adults rely only on observations of children's behaviors.

Adults who are reacting to the same event may also be less able to notice the subtlety of children's emotional expressions because they are focusing on their own adjustment. In addition, it is well recognized that children's reactions to a crisis are often related to how well the adults in their personal lives are coping. Adults who themselves are having emotional difficulty navigating the crisis may make children feel less safe and secure and may serve as negative models of emotional regulation.

Early childhood educators can provide guidance and advice to families about how to identify and address the most common adjustment reactions that can be anticipated among children after a crisis event. Children's anticipated reactions include the following:

- Sleep problems—Difficulty falling or staying asleep; nightmares; difficulty waking up in the morning, waking frequently during the night, and other sleep disruptions. Following a crisis event, children often develop new sleep associations that help them feel more secure (like sleeping in their parents' bedroom) but which may be difficult to later modify.
- Eating problems—Loss of appetite or increased eating.
- Sadness or depression—Reluctance to engage in previously enjoyed activities or not wanting to be with peers or adults.
- Anxiety, worries, or fears—Concern that the scary, dangerous, or frightening event will happen again, causing a high level of watchfulness and suspicion. There may also be an increase in seemingly unrelated fears (e.g., becoming more afraid of the dark even if a natural disaster happened during daylight). Children may develop separation anxiety, becoming very fearful when not in the presence of their parents or other caregivers and showing new or exaggerated distress when separating at morning drop-off.
- Difficulties in concentration—Decreased ability to maintain attention and focus or increased difficulty in learning or in applying their learning.
- Somatization—Presentation of nonspecific complaints of discomfort, pain (such as stomachaches or headaches), fatigue, or other physical symptoms suggesting a physical condition, especially among children with adjustment difficulties and children who have difficulty expressing their emotional concerns.
- Regression—Clinginess and whininess with adults or engagement in behaviors (bed wetting, disobeying rules) children have already mastered.

Post-traumatic stress reactions are frequently observed immediately after and for weeks following traumatic events and are described in more detail on page 10.

How educators can support young children after crises

After a large-scale natural disaster that widely impacted the community, the early education director for the school district feels unsure about how to support the children in her care. In a meeting with the director of the National Center for School Crisis and Bereavement (who is consulting with educational leadership), she comments, “We don’t know what to do to help these children recover after an event such as this. All we can do is hug them, show them we care about them, provide a safe and secure environment with appropriate structure and support, encourage them to talk and otherwise express their concerns, and provide reassurance when able. But we desperately need training on how to promote their recovery.”

The director, Dr. Schonfeld, explains that what the educators already know to do—based on the way they offer support every day to young children in response to a wide range of personal and family stresses—is exactly what these children need to help them recover from the traumatic effects of the natural disaster.

Early childhood educators play a critical role and are likely to provide the majority of support for many young children impacted by a crisis event. Whenever possible, as soon as it is safe and feasible, it is helpful to have children return to their regular early education site to be cared for by familiar caregivers. In some situations, after major natural disasters, federal funds are made available for emergency child care, but this is restricted to public child care programs. For-profit providers of early education may not qualify for these federal funds, and this may encourage families to use unfamiliar providers at a time when continuity of care is most critical for children.

After a large-scale natural disaster, early childhood educators may be asked to provide supervision, such as in emergency shelters, while parents or guardians

attend to other important tasks, such as restoring a safe home environment. Cleaning and rendering the home environment safe (clearing water, debris) is best done when children are supervised in a safe, alternative location and are not distracting parents or caregivers.

The effects of a disaster on individual children vary based on a number of factors, including

- Whether the stressor is a one-time or recurrent event
- The nature of the event (e.g., whether a crisis is caused by human factors or by nature) and the amount of associated death, destruction, or suspension of needed resources and disruption of support systems (e.g., school closing) that children depend on
- The degree to which children and their families are personally involved and impacted (e.g., if their homes or possessions were destroyed)
- The duration of time before children’s daily environment, and that of the overall community, returns to a safe, predictable, and comfortable routine
- The coping abilities of the children’s caregivers
- Children’s preexisting mental health, developmental levels, and baseline resiliency and coping skills
- The nature of the secondary stressors and of the losses that follow the crisis event (for example, after Hurricane Maria, more than half of children lost someone close to them due to family members’ or friends’ permanent relocation from Puerto Rico) (Orengo-Aguayo et al. 2019)

Early childhood educators can ask families about what their children were exposed to as a result of the crisis, what the children understand about what has happened to their family and community, and whether there are ongoing stressors that may complicate recovery, as well as asking additional questions that explore and identify possible risk and potentially protective factors. One particularly important stressor for young children is separation from parents or other important caregivers as a result of the crisis, even if only temporary.

It has been shown that children who must separate from parents or important caregivers in order to avoid risk of physical harm may have a greater number or degree of adjustment difficulties than those who

remain in situations of possible harm but with their parents and caregivers. For example, in a study of young children evacuated from London during aerial bombing in World War II, young children who separated from their mothers in order to relocate to safer communities were often more likely to later have persistent emotional and behavioral problems—such as anxiety and fears—than those children who remained with their mothers in London during the bombing (Carey-Trefzer 1949).

After crisis events, it should be a high priority to reunite separated children with their families or other trusted caregivers as quickly as possible.

If separation is required, such as when one parent has to stay in the home temporarily while another parent evacuates with the children, it is critical to explain to children the reason for the temporary separation, how long they should anticipate the separation to last, and the plans for reunification (Scheeringa & Zeanah 2008). Phone or video contact with the absent parent may help ease children's concerns about the parent's well-being. After crisis events, it should be a high priority to reunite separated children with their families or other trusted caregivers as quickly as possible.

Post-traumatic stress and young children

Post-traumatic stress disorder (PTSD) may occur in a child if the child or a close family member was exposed to actual or threatened death, serious injury, or sexual violence, and the following reactions persist for at least one month after such an event:

- Intrusive and unwanted memories, dreams, and feelings. These may include the child's feeling that the traumatic event is occurring again and the child's

loss of awareness (dissociation) of where they are. Play activities may include themes associated with the event, and some play may involve reenactment of the traumatic experience in association with agitation and distress. This type of play should prompt referral to a mental health provider for consideration of post-traumatic stress disorder.

- Avoidance of memories, thoughts, feelings, and external reminders (people, places, conversations, activities, situations) associated with the event.
- Negative thoughts and feelings (guilt, shame, anger), including loss of interest in pleasurable solitary or social activities and blaming of self and/or others.
- Increased arousal, resulting in sleep difficulties, conduct problems, difficulty staying on task, hypervigilance, and the appearance of being jumpy (easily startled) and cranky (irritable).

Secondary stress in young children following a crisis

After a crisis, a child's trauma, loss, or adjustment difficulties from a previously experienced event may resurface or worsen, even if the issues do not relate directly to the current crisis. Many such problems may be a result of the family or community situation in which the child was living before the current crisis. For example, a child whose parent is not available because of legal, substance abuse, or mental health problems may feel vulnerable even before a new crisis occurs. As a result, this preexisting event or experience—the absence of the parent—may be the cause for what appears to be reactions to the current crisis.

Because of their large-scale impact, disasters often also cause secondary losses and stressors that may become the primary concern for a particular child. For example, a child who has sleep problems months after a flood may be responding to marital discord or to parental distress related to financial concerns following the disaster. That is, the child is not solely struggling to cope with the flooding itself but with the resulting stressors in the home environment.

After a major natural disaster, it is common to see increased unemployment or underemployment, causing financial stress to families; a need for families

to relocate, resulting in changes in children's early childhood placements or in children's peer groups; temporary living situations that are suboptimal or that cause interpersonal conflict; or depression, substance use, or marital conflict among parents. Child abuse and family violence have also been reported to increase after major disasters.

Given that these secondary losses and stressors may continue even for years after a major disaster, children's adjustment difficulties may persist for a similarly extended time. It is therefore not surprising that following a major natural disaster, young children may continue to demonstrate adjustment reactions and behavioral changes for one or two years (or longer) after the disaster (Swenson et al. 1996; Fujiwara et al. 2014).

Bereavement when death has occurred

When children experience the death of someone close to them as a result of a crisis, their grief may be the primary reaction.

Parents, early childhood educators, and other caring adults are often reluctant to talk with children who are grieving, or even to raise the topic, out of a fear of causing further distress by "saying the wrong thing." Their empathy for children may lead caregivers to assume that their questions or discussion with the children, rather than the death itself, has caused the children's distress. Avoiding speaking with children about their feelings about a loss is rarely helpful and may only further isolate children at a time when they are most in need of support.

Early childhood educators can help grieving children's caregivers understand the importance of inviting and answering questions. Teachers can provide caregivers with information to help guide children in understanding and adjusting to the loss and can help caregivers identify strategies for children for coping with grief.

Young children need to understand four basic concepts of death in order to understand and cope with personal loss: death's irreversibility, finality, causality, and universality. An incomplete understanding of



any of these concepts may complicate children's adjustment to a loss, often resulting in their additional guilt and shame.

Most children learn these four concepts by 5–7 years of age, though younger children who have experienced a significant loss or who have received information on the topic may acquire a substantial understanding well before 5 years old. Children with intellectual disabilities generally benefit from explanations geared to their level of cognitive functioning, followed by adults' questions to assess the degree of comprehension of the four concepts of death and gentle inquiries to assess for any misunderstandings.

For example, to explain finality to a child with a developmental age of approximately 5 years, you might say, "When people die, their body stops working forever—they can't see, hear, move, or feel pain. They are no longer hungry or scared. Since the body doesn't work anymore, we can bury the body underground or



turn it into ashes.” Children with neurodevelopmental disorders such as autism spectrum disorder may benefit from practical suggestions about ways to communicate their feelings and needs and to adapt to the change in their social network, as well as from additional support to promote coping.

Misinterpretations or misconceptions about death can complicate a child’s adjustment to loss. Literal misinterpretations are common among young children. For example, if children are told that

- The body is placed in a casket for viewing, they may assume the head is placed elsewhere and become fearful of attending a wake
- A deceased relative is watching them from heaven, they may become fearful of doing something embarrassing because the relative will always be keeping an eye on them
- A deceased family member is at rest, they may worry about how the person will breathe when placed in a coffin in the ground

- A family member who struggled with health difficulties is in a better place, they may believe that the family member did not enjoy spending time with them and preferred to be in heaven

Additionally, the concept of magical thinking—seen especially in young children—can lead those who are grieving to assume responsibility and feel guilt for the death of a loved one because, for example, they thought bad thoughts about the person or said something unkind in anger.

Starting conversations with young children

Especially in the case of a violent or large-scale event, adults may believe it is best to shield young children from information and may even opt not to inform young children of the event or to explain what has occurred in even basic terms. Early childhood educators should explain to adults that young children will become more frightened if they sense that something tragic has occurred but don’t understand what that is or how

serious the situation may be. The children may later become resentful when they inevitably learn what has occurred from others rather than from their parents or early childhood educators. They may then decide not to talk about the event or their associated feelings with the adults in their lives, assuming that those adults are either unaware, uninterested, or unwilling to provide support, or that such discussions are somehow unwanted or overwhelming to the adults. This leaves young children confused, isolated, and far less prepared to cope.

Let children know
that over time it will
be easier to cope
with their distress
and that you will be
there to help them.

The following recommendations can help early childhood educators draw young children into a conversation. The use of expressive techniques, such as engaging young children in picture drawing or in play—including with toys or puppets—while talking with them, may be helpful, especially when children appear reluctant to address a topic in direct conversation or have difficulty expressing their concerns. Educators might try taking these steps:

1. Ask children what they have heard or what they understand about the crisis.
2. Express empathy and concern. Let children know you've heard about the "scary," "dangerous," or "violent" event and are available to listen and offer support.
3. Start by providing basic information about what has happened. Avoid graphic details and limit unnecessary specifics unless children ask specific questions.
4. Be genuine and allow yourself to show emotions when sharing emotionally laden information. Children can tell when adults are authentic in their communications, especially by the tone of voice and nonverbal behavior.

5. Invite the conversation. Use simple, direct, open-ended and non-leading questions. For example, ask, "How are you and your family doing?" rather than "Has the sadness your parents have been feeling led to more fighting at home?"
6. Listen and observe. Listen more and talk less. Remember, adults often keep talking when they are anxious. You may help start the discussion by sharing observations in a nonjudgmental manner about the young child's behavior (holding on to a favorite toy, continually looking at the door for a parent's arrival).
7. Limit personal sharing. You can draw on your personal experiences to help you better understand children through their developmental lens, but you do not need to share this with the children. They may otherwise feel the talk is more about you. Keep the focus on the children and their experience. Feel free to share with children the coping strategies that you and others have found helpful.





8. Offer practical advice in response to concerns that children raise. For example, if a child mentions difficulty falling asleep, discuss ways to relax. However, offering solutions to problems that children haven't experienced may lead them to question why their experience is different or confuse them about what is most relevant.
9. Offer reassurance and your commitment to be available for them. Without minimizing their concerns, let children know that over time it will be easier to cope with their distress and that you will be there to help them.
10. Maintain contact. At first, young children may not accept your invitation to talk or your offer of support. Their questions will come up over time. Remain accessible, concerned, and connected.

After taking some of the steps outlined above and on the previous page, the staff in Sofia's center (from the opening vignette), see a marked improvement in Sofia's demeanor.

Over the next couple of months, Sofia begins to become less resistant at drop-off, and she is eager to join the staff and other children. She asks less frequently about her mother

throughout the day, but the staff continue to let her know when pick-up time will be and when she will see her mother again. Sofia's speech gradually improves and her play progressively shows fewer distressing themes. Three months later, her mother has obtained a new job and reports that things at home are stabilizing. She says that Sofia still occasionally asks to sleep with her parents, but on most nights, she is able to stay in her own bed. Sofia's mother thanks the staff for their support and assistance.

The importance of professional self-care

Supporting children who have experienced trauma and loss can be emotionally exhausting. Young children may not filter graphic details of their traumatic experiences and their expressions of grief can be particularly poignant. The empathy and genuine concern of early childhood educators may lead them to be more likely to experience vicarious traumatization or compassion fatigue. Early childhood educators often live in the same community as the children they care for and may be equally or more personally impacted by the crisis than the children. Some strategies for professional self-care include dedicating time for the development of a professional support system, learning more about how to support children, working to balance personal and professional needs, increasing personal awareness, and including daily activities that provide the 3 Rs—relaxation, rejuvenation, and revitalization.

Early childhood educators should remind themselves that they are making a positive and lasting impact by supporting the development of resiliency in children and families, even if they cannot immediately see the results of their efforts. By gradually increasing personal self-care and maintaining an ongoing focus on emotional wellness, early childhood educators can continue to empathetically attend to the needs and feelings of the young children in their care during the long-term recovery process.

Where to Find More Information

For resources on helping children and families after a traumatic event or disaster, visit the following websites:

- **National Center for School Crisis and Bereavement (NCSCB)**—www.schoolcrisiscenter.org, or contact the center at 877-536-2722 or info@schoolcrisiscenter.org
- **Coalition to Support Grieving Students**—www.grievingstudents.org
The Coalition offers a wide range of free, video-based and print resources
- **Promoting Adjustment and Helping Children Cope**—American Academy of Pediatrics resource page, <https://bit.ly/2LPvpDL>

Further information can be found in the following publications:

- *The Grieving Student: A Teacher's Guide*, by David J. Schonfeld and Marcia Quackenbush (2010)
- "Supporting the Grieving Child and Family," by David J. Schonfeld, Thomas Demaria, the Committee on Psychosocial Aspects of Child and Family Health, and the Disaster Preparedness Advisory Council, in *Pediatrics*, vol. 138, issue 3 (2016)
- "Supporting Grieving Students in the Aftermath of a School Crisis," by David J. Schonfeld and Thomas Demaria, Chapter 10 in *Clinical Handbook of Bereavement and Grief Reactions*, edited by Eric Bui (2018)

References

- Carey-Trefzer, C.J. 1949. "Results of a Clinical Study of War-Damaged Children Who Attended the Child Guidance Clinic, The Hospital for Sick Children, Great Ormond Street, London." *The Journal of Mental Science* 95: 535–59.
- Fujiwara, T., J. Yagi, H. Homma, H. Mashiko, K. Nagao, & M. Okuyama. 2014. "Clinically Significant Behavior Problems among Young Children Two Years after the Great East Japan Earthquake." *PLoS One* 9 (10).
- Orongo-Aguayo, R., R.W. Stewart, M.A. de Arellano, J.L. Suárez-Kindy, & J. Young. 2019. "Disaster Exposure and Mental Health Among Puerto Rican Youths After Hurricane Maria." *JAMA Network Open* 2 (4). <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2731679>.
- Scheeringa, M.S., & C.H. Zeanah. 2008. "Reconsideration of Harm's Way: Onsets and Comorbidity Patterns of Disorders in Preschool Children and Their Caregivers Following Hurricane Katrina." *Journal of Clinical Child & Adolescent Psychology* 37 (3): 508–18.
- Swenson, C.C., C.F. Saylor, M.P. Powell, S.J. Stokes, K.Y. Foster, & R.W. Belter. 1996. "Impact of a Natural Disaster on Preschool Children: Adjustment 14 Months after a Hurricane." *American Journal of Orthopsychiatry* 66 (1): 122–30.

About the authors

David J. Schonfeld, MD, is a developmental-behavioral pediatrician and is founder and director of the National Center for School Crisis and Bereavement (www.schoolcrisiscenter.org) at Children's Hospital Los Angeles. He is also professor of clinical pediatrics at Keck School of Medicine of USC. schonfel@usc.edu

Thomas Demaria, PhD, is a psychologist who serves as a consultant for the National Center for School Crisis and Bereavement and is involved in training initiatives for the Coalition to Support Grieving Students.

Sairam A. Kumar, MD, is a developmental-behavioral pediatrics fellow at Children's Hospital Los Angeles, in Los Angeles, California. His research interests include early childhood education and the support of young children after crises. saikumar@chla.usc.edu



Supporting Anxious Children in the Preschool Classroom

Sierra L. Brown, Allison McCobin, Stephanie Easley, and Kara E. McGoey

Joshua, a 3-year-old in Mrs. Adams's classroom, has been anxious since the first day of preschool and continues to show anxious behaviors two months later. Joshua's challenging behaviors seem to heighten at morning drop-off, during transitions and changes in the classroom schedule, and during free play throughout the day. Mrs. Adams has observed that Joshua is often inconsolable and noncompliant: he screams, stands by the door, complains of stomachaches, and repeatedly asks when his mother will return.

In the past, Mrs. Adams has had children in her classroom who showed some sadness when their families dropped them off, but for most of those children, the sadness decreased over time. She is concerned that Joshua's behaviors have not improved with experience and time in the program. Mrs. Adams is looking for effective techniques and strategies that will reduce Joshua's anxiety—particularly techniques that are easily incorporated into the classroom routine.

Going to an early childhood education program can be a frightening experience for many young children. While most children become accustomed to the routine of going to school or to another type of early care and education program, some children continue to be anxious for some time. For preschool-age children, evidence of anxiousness in the classroom includes general distress, clinginess, excessive worry, separation fears, somatic complaints, sleep difficulties, and repetitive and perfectionistic behaviors (Mian et al. 2012). Whether observed anxiousness in the classroom is due to shyness, inhibition, or an anxiety-related disorder, teachers can be crucial in helping children adjust and cope.

Translating therapeutic techniques for use in the preschool classroom is a great way to support young children.

Generalized anxiety, separation anxiety, and social phobias are the most commonly diagnosed disorders in early childhood, and research has suggested that up to 19 percent of young children display clinically significant symptoms of anxiety (Fox et al. 2012; Bufferd et al. 2013; Franz et al. 2013). Most children who met criteria for an anxiety disorder at age 3 continued to meet criteria at age 5 (Bufferd et al. 2013). Teachers may not initially address anxiousness

Authors' Note

The coronavirus pandemic is a shared traumatic event that has directly and indirectly impacted the lives of many families across the United States and the world. For children, this unprecedented event has resulted in uncertainty and the disruption of daily life. For younger children, adapting to the “new normal” of life during coronavirus can be confusing and disorienting. Many schools and early childhood education centers across the United States have been closed, causing a disruption in child care and education. Daily routines have been changed, and it's difficult for many young children to understand why. As a result, many children may be experiencing heightened anxiety and worry. For children who are especially sensitive to anxiety, recent events may have amplified these feelings. Children have been impacted by COVID-19 in many different ways and are acutely aware of the changes in their everyday life. For some children, early childhood education programs provide a safe haven that is predictable and safe, and children now may feel disconnected from their friends and family. For other children, the transition back to their routines and to early childhood education settings may be especially difficult. As with any difficult situation, parents, teachers, and other supportive adults should explain these events and recent changes in age-appropriate and developmentally appropriate ways. Many of the strategies discussed in this article can be adapted to use with worries surrounding COVID-19 and the return to school routines.

because mild anxious behaviors in young children are common (Marakovitz et al. 2011). It is often difficult to differentiate between typical anxieties of early childhood and more serious concerns, as many young children may be shy or timid or may express specific fears. However, anxiety differs from common childhood fears and is determined by the behavior's severity, duration, and significant impact on a child's ability to function (Broeren et al. 2013).

Although they may not experience anxiety as severe as Joshua, all children who are anxious can benefit from interventions and activities that help them develop



coping skills. Translating therapeutic techniques for use in the preschool classroom is a great way to support young children. The techniques described in the following sections are common, evidence-based strategies that mental health professionals use to teach young children emotional regulation and coping skills. These activities are essential components of evidence-based therapies such as cognitive behavioral therapy (CBT), commonly used to treat anxiety disorders. CBT techniques include modeling, affective education, self-instruction, problem solving, and relaxation training.

Educators like Mrs. Adams can implement various classroom management and play-based therapeutic techniques that target anxious symptoms in children. Even without formal training in therapeutic techniques, the techniques presented in this article are practical tips that can be easily integrated into the early childhood education setting. These techniques help guide teachers in making informed decisions about appropriate ways to respond to young children's anxiety. The strategies include classroom management techniques, de-escalation techniques, and play-based therapeutic techniques often used in play therapy for children with significant

anxiety symptoms. Teachers can implement these strategies with an individual child or with a group of children in a preschool classroom.

Classroom management techniques

Children spend many hours during the day participating in play activities. Play helps children develop important cognitive, social, and emotional skills. It enables children to express themselves and to construct an understanding of the world while fostering problem-solving skills, social skills, and language development (Yogman et al. 2018). As a developmentally appropriate approach used to assist children in expressing themselves, play allows children to process emotional and behavioral difficulties and helps them work on coping strategies to handle future setbacks (Schaefer 2010; Schaefer & Drewes 2018).

The goal of classroom management techniques is to build on a child's skills to decrease their anxiety in the classroom and to help the child learn to cope and become more independent in the future. Important strategies for teachers to use when interacting with children who are overly anxious are (a) limiting choice, (b) providing structure through routine, and (c) using therapeutic limit setting. Here, we explain these strategies in more detail. The table "Classroom Management Techniques for Preschoolers Experiencing Anxiety" on page 21 includes some additional strategies.

Limiting choice

Many preschool classrooms are organized in a manner that enables children to make choices and gives them opportunities to develop decision-making skills. However, this can be overwhelming for children who have significant anxiety and who experience difficulty making decisions (Goodyear-Brown 2010). Free play in particular can be disorienting for children with significant anxiety because of the reliance on unstructured and independent activities (Goodyear-Brown 2010). Behavior difficulties may appear during this unstructured time, especially for children with anxiety.

Joshua has to make many decisions during free play, such as which toys he wants to play with, whom he wants to play with, what area he should go to, and what rules to follow in that area. He may also be fearful of making the “wrong” decision. These pressures may be triggers for his anxiety and lead to Joshua showing challenging behavior or expressing anxious worries.

A teacher can help a child like Joshua and prevent some of those behaviors by limiting their choices. Limiting choices provides the structure a child who experiences anxiety needs during an otherwise unstructured time while also providing opportunities to build decision-making skills, as the activity calls for. Teachers can limit the choices in the classroom to two or three preferred activities or toys.

Routine and structure are key in managing symptoms of anxiety in young children.

Limited choice is often used as a therapeutic strategy not only for reducing anxious or challenging behaviors but also for increasing children’s compliance to engage in nonpreferred activities (activities children tend to avoid) and for supporting children in building their skills (Goodyear-Brown 2010). To implement limited choice, teachers can identify learning areas where there may be too many choices for an anxious child, develop a plan to structure those areas, and model decision-making skills for the child.

Limiting materials can help children make decisions and maintain organization in the classroom. For example, instead of offering all of the blocks—wooden unit blocks, LEGO bricks, brush blocks—at the same time, the teacher can reorganize the block area to include just two main types of blocks and some supporting materials. The teacher can periodically rotate the supporting toys in the block area, eventually making all the toys available over time. Not only will this limit choice and help structure block activities, it will also maintain the children’s interest in that area.



Providing structure through routine

In addition to structuring the classroom’s physical organization, it is important for teachers to evaluate the schedule as well to identify areas in the daily routine in which to limit choices so as to benefit children who may need more structure to make decisions. As teachers know, routine and adherence to the daily schedule are important. Routine and structure are key in managing symptoms of anxiety in young children (Goodyear-Brown 2010). A classroom schedule enables children to anticipate what is going to come next, thus alleviating anxious feelings. When possible, each activity should have clear expectations and guidelines, with a specific start and end time and both a five-minute and a two-minute warning (such as ringing a bell) to alert children to the approaching end of the activity. Transitions from one activity to another are situations that can lack structure and may cause some difficulty. To reduce challenging behavior, setting clear rules and behavioral expectations for transitions and, as much as possible, minimizing time between activities will help all children, but especially children with anxiety (Hulac & Briesch 2017). Changes in the schedule may also trigger

anxiety; being responsive to children with anxiety will mean giving them warnings ahead of time about any schedule changes and providing a clear plan for the next activity (Goodyear-Brown 2010).

Using therapeutic limit setting

As in play therapy, therapeutic limit setting in the classroom is necessary to allow children with anxiety to express their feelings. Limit setting also provides parameters, which contribute to structure in the classroom and help ensure safety and security for all children.

Young children with anxiety often use challenging behaviors that pose safety concerns (to themselves and to others) and disrupt learning. Limits on a child's behavior serve not only to allow the child to express themselves in a positive manner but also to do so safely (Drewes & Schaefer 2018). Although some flexibility is needed between the child and the teacher (e.g., providing structured choices), disruptive, destructive, or aggressive behavior must be firmly addressed.

The goal of classroom management techniques is to build on a child's skills to decrease their anxiety and to help them become more independent in the future.

Limits should be applied in ways that provide a child with opportunities to take ownership of their behavior. For example, if a child begins to throw blocks, the teacher can respond in a way that acknowledges the child's feelings, provides corrective feedback, and enables the child to correct the behavior on their own. The teacher can say, "Throwing blocks can hurt other children. I can see that you are upset, but the blocks are for building, not for throwing. You

can keep building with the blocks or you can go to the calm-down area to calm down." In response to the teacher's intervention, the child in this example chose to retrieve the thrown blocks and add them to their structure. In giving the child the power to choose how to deal with their big feelings, the teacher supports the child's ownership of their feelings and the appropriate ways to address them. The purpose of limit setting in the classroom is not only to provide the boundaries of acceptable behavior but also to give the child an opportunity to self-regulate.

De-escalation techniques for addressing anxiety

While the vast majority of children's challenging behaviors do not meet the criteria for a clinical diagnosis of anxiety disorder, even a low level of anxiety can significantly affect a child's ability to integrate into the classroom. At first, a child's behaviors may appear similar to noncompliance or tantrum behaviors when in fact the cause is anxiety. There are several strategies that teachers can use to support children and de-escalate their anxiety if their anxious behaviors become disruptive.

During a tantrum or a meltdown, it is difficult for children to follow any sort of directions, rules, or expectations. If a child is engaging in anxious, fearful, or tantrum behaviors, the teacher's first step is to use a soft tone of voice and provide the child with a model of calm breathing—while the teacher remains calm and avoids showing the frustration they may be experiencing (Goodyear-Brown 2011; Goodyear-Brown & Anderson 2018). The teacher can encourage deep breathing, teaching and modeling for the child how to take deep, long breaths to first slow their thinking and then calm their body.

For disruptive behavior, it is important to keep directions brief and to the point, such as, "You must keep your feet on the floor" and "You need to use an inside voice." In addition, teachers should avoid *why* questions ("Why did you hit Keysha?" or "Why are you so sad when Mom leaves?") during the initial de-escalation and instead focus on validating the child by saying something like, "I understand that you are upset right now." *Why* questions are often difficult for young children to answer; however,

through teachers' validating statements, children have space to experience their emotions and benefit from strategies that can help them calm down. When a child has calmed, ended the tantrum, or relaxed their body through breathing, then the teacher can focus on addressing the source of their anxiety.

The teacher can find a quiet corner and ask the child to talk about the source of their anxiety or can assist the child with labeling their feelings. Start with a statement such as, "I noticed you became really upset when we ran out of time for story time." The teacher can then work with the child to identify their feelings and behaviors ("When you became angry that we ran out of time for story time, you ran and hid in the library area"), work on coping skills, and together think about appropriate behaviors to use

the next time the child experiences those feelings ("What are things you can do instead of hiding to help you when you are angry?"). To prevent more behavior problems later, it is important that the child completely calms down before reengaging in classroom activities (Goodyear-Brown 2011).

The three activities that follow can be useful in targeting anxiety—two are used for de-escalating children's anxious behaviors, and the third assists children in identifying the cause of their anxiety and in developing coping skills. Teachers can teach these skill-building strategies to individual children or they can integrate them into the day's activities to share with the whole class.

Classroom Management Techniques for Preschoolers Experiencing Anxiety

Time of day	Techniques
Drop-off	<ul style="list-style-type: none"> • Work with family members to create a routine for morning drop-off so children know what to expect. This will also make the transition from home to school easier. • Keep goodbyes warm, but brief. • Provide distraction from separation from primary caregivers by preparing some highly motivating activities for children to do in the morning (such as reading a story together or doing an art project).
Circle time	<ul style="list-style-type: none"> • Create a visual schedule and review it daily with the children. • Check in with the children about how they are feeling. Use visual tools to explain and to help label different emotions.
Free play	<ul style="list-style-type: none"> • Limit the number of choices for free play, or provide a choice between limited areas (for example, "You can choose to play in the block area or in the dramatic play center"). • Pair children who are familiar with each other in order to provide comfort.
Playground	<ul style="list-style-type: none"> • Provide calm activities, like drawing with sidewalk chalk, reading, or blowing bubbles in addition to standard playground activities. It can be overwhelming for some children to engage in group play. • Teachers can introduce structured games and activities that children can elect to play. These games may help reduce anxiety that is caused by joining a group or uncertainty of what to play.
Throughout the day	<ul style="list-style-type: none"> • Let children carry comfort items, as appropriate (a favorite stuffed animal, a photo of family members). • Be consistent! Keep the daily routine as steady as possible. This could include developing consistent lesson plans for each day of the week.

Bubble blowing

Deep breathing exercises slow the body's arousal reaction to anxiety and encourage relaxation. Bubble blowing is a deep breathing technique used in play therapy, incorporating a fun activity into teaching children a specific strategy to control breathing when they become angry or upset (Hall, Kaduson, & Schaefer 2002; Goodyear-Brown 2011; Knell & Dasari 2016; Barrett et al. 2019). This is effective for children who are inhibited by their anxiety.

To initiate the activity with the entire class, the teacher uses bubble solution and a wand to blow bubbles around the room, and the children play with the bubbles. After a couple of minutes, the teacher invites the children to each blow their own big, imaginary bubbles. The teacher first explains how to take a deep breath, then demonstrates. The teacher tells the children to fill their lungs with air and slowly blow out the air as if blowing a big bubble. The teacher reminds the children that blowing too fast or too hard will pop the bubble and will not calm their bodies.

The next step is to have the children practice blowing bubbles themselves. While children are waiting to take their turn with the bubble wand, the teacher can encourage them to continue practicing breathing by imagining they are blowing bubbles. The teacher explains that blowing bubbles when they become upset, worried, or nervous will help them calm down and control their behavior.

Happy Space

Positive imagery can be an effective tool for helping preschoolers relax when they are anxious (Goodyear-Brown 2011). This strategy is based on the guided therapeutic imagery technique that is used in many therapeutic modalities. The primary goal of guided imagery is for the individual to create a positive image in their mind, incorporating all their senses to promote relaxation.

Because guided imagery is an imagined exercise, very young children may have difficulty doing this independently. It may be helpful to young children to offer a more concrete activity to promote relaxation, such as setting aside a physical space in the classroom



Teacher–Family Collaboration

As a close daily observer of a child with anxious behaviors, a teacher should be aware of additional supports and interventions that may be available to help the child. This includes assistance from a mental health professional (e.g., behavior specialist, therapist, pediatric psychiatrist or psychologist) who may be available to support the child in the classroom. Such a professional can help early childhood education programs develop additional behavior supports or determine whether the child's behaviors suggest more serious concerns.

When identifying whether a child might benefit from additional help, the teacher should collaborate with the child's family. An open discussion regarding the teacher's concerns about the child's anxiety should occur with the family. Collaboration with primary caregivers offers teachers insight into whether the challenging behaviors happen in contexts other than school, the severity of the behaviors, and effective strategies used at home. Collaboration also offers the family opportunities to gain important information about their child's functioning in the classroom. Additional behaviors that indicate a child may benefit from professional help are

whether the child avoids certain places or reacts to situations in ways that seem disproportionate to the events.

If it is determined that additional supports may be needed to assist the child in the classroom, teachers should consult with their supervisor or administration regarding the process to obtain these supportive services in the classroom. Additional assistance from a mental health or behavioral health professional can be very useful when the child's anxiety is impacting their success in the classroom. The team can work collaboratively to determine if additional help is needed in the classroom with behavioral health professionals or outside of the school context.

Additionally, a referral for early childhood services through special education may be appropriate. Typically, there are procedures established by the early childhood program on how to obtain this assistance, and these procedures are based on the laws and regulations proposed by the Individuals with Disabilities Education Act (2004). These procedures outline action steps necessary in the identification, diagnosis, and services that can be provided to a young child through special education services. Early childhood programs can reach out to their early intervention service agency or local mental health agencies for needed support.

where they can go to engage in positive imagery. The Happy Space can create space for a child to engage their senses and decrease anxiety. The Happy Space can be a place that contains warm, comfortable materials such as soft pillows, blankets, beanbags, and rugs. The teacher can invite the children to provide input into the design of the Happy Space, decorating it with pictures of things that the children enjoy—family members, pets or other animals, characters from cartoons or children's literature—and that encourage comfort. If children have preferred stuffed animals or blankets, this area would be a good place to allow them to use their security objects to help them self-soothe during times of anxiety.

It is important to distinguish that this space is a calming, happy space and not a space used for punishment or as a consequence for challenging behavior. The Happy Space is an area where children

can go when they feel sad, anxious, or worried, signaling to the teacher that something is wrong. Having a space for children to decompress encourages more positive behavior from the children rather than behaviors such as tantrums.

When a child is in the Happy Space, the teacher should always use positive strategies, prompting the child to reflect back and problem solve by recognizing and talking about their upsetting feelings and thinking about positive behaviors they could use whenever those feelings surface. The teacher may want to create a social story to guide the child in decompressing or supply picture books that encourage strategies.

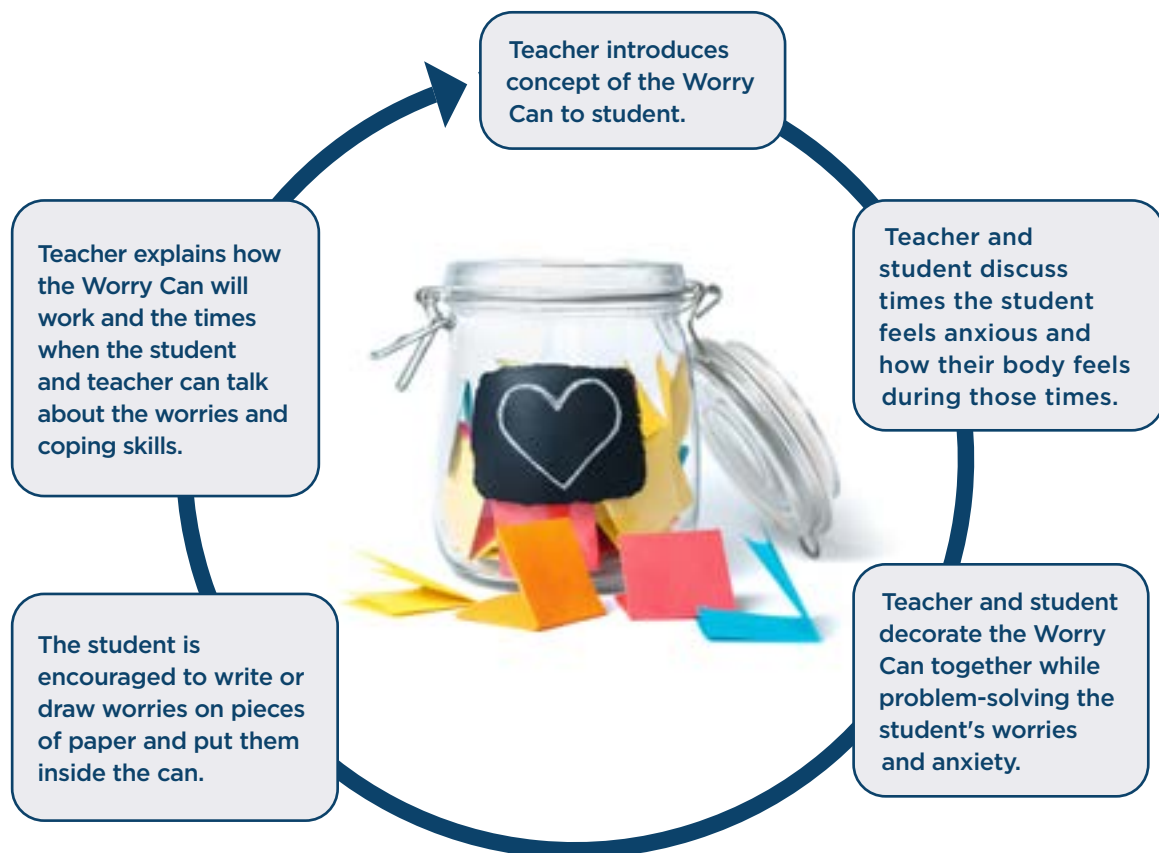
A young child may need guidance and scaffolding from an adult to use imagery while in the Happy Space. Over time, with practice when both calm and upset, the child will begin to use the skills on their own.

Worry Can

The Worry Can strategy helps children identify their worries and develop appropriate coping skills (Goodyear-Brown & Anderson 2018). The teacher can facilitate discussion and problem solving of worries and anxiety through this activity. The teacher and the child experiencing anxiety work together to decorate the child's own Worry Can—a can that has a reclosable lid or a removable top with a slit in it. The teacher then encourages the child to draw their worries on pieces of paper and supports the child by writing the specific worries under the drawings. The child then puts their drawings inside the can. This activity allows the child to express their fears instead of keeping them bottled up, which can exacerbate the symptoms of anxiety.

To implement the Worry Can activity, Mrs. Adams introduces it to Joshua and invites him to decorate the can with her. Mrs. Adams then asks Joshua how he feels when he is worried or anxious and to identify some circumstances in which he feels anxious. This ensures that Joshua has some understanding of his own feelings and behaviors.

Once Mrs. Adams and Joshua have talked about things that make him anxious, she explains to him how the Worry Can works. Mrs. Adams tells Joshua that the Worry Can is a special place where he can put his worries after drawing them and, together, writing them down. She explains that the worries go into the can



so they do not keep bothering him while he is having fun. During special times three mornings a week, Mrs. Adams and Joshua will read the worries together and talk about them, along with ways to deal with his scary feelings. Over time, the expectation is that Joshua will become more independent and will use the Worry Can without Mrs. Adams, drawing or “writing” about his worries himself and dropping them in the can.

However, even when Joshua uses the Worry Can independently, Mrs. Adams knows it is important to be consistent in working with him and in using their designated times together to help him develop and practice the crucial coping skills that are necessary to alleviate some of his anxieties.

Conclusion

Many preschoolers exhibit anxious behaviors: controlling behaviors, tantrums, crying, and somatic complaints are common symptoms of anxiety. Preschool teachers are crucial in promoting children’s acquisition of cognitive and academic skills, and they are equally important in helping young children develop social and emotional skills. With a repertory of strategies for relieving anxiety, teachers can help all young children develop the coping skills they need to deal with stressors in the classroom.

The techniques described here have been shown to be effective in individual therapy, in group therapy, and as classroom interventions, and they are used in many different treatment modalities. Many curricula targeting young children’s social and emotional development employ similar strategies to foster affective regulation and coping skills as part of the intervention.

Just like learning the alphabet, children need repeated and consistent teaching and practice for strategies to be effective in managing anxious symptoms. It is important for teachers and families to communicate closely about successful strategies—strategies both at

school and at home—so they can use them consistently in both contexts. (See “Teacher–Family Collaboration” on page 23.)

With a repertory of strategies for relieving anxiety, teachers can help all young children develop the coping skills they need to deal with stressors in the classroom.

Young children benefit from recognizing their strong emotions and from learning that they can control them. With time and practice, teachers may see improvement in a child’s ability to initiate coping mechanisms or in a child’s initiative to request help from an adult in handling their strong emotions. As every child is different, improvement might be observed immediately or over several months. However, any small improvement or skill gained can greatly increase a child’s ability to participate, learn, and engage with others in the classroom.

References

- Barrett, P., N. Games, B. Fisak, P. Stallard, & L. Phillips. 2019. “The Treatment of Anxiety Disorders in Preschool-Aged Children.” In *Anxiety in Preschool Children: Assessment, Treatment, and Prevention*, eds. B. Fisak & P. Barrett, 114–41. New York: Routledge.
- Broeren, S., P. Muris, S. Diamantopoulou, & J.R. Baker. 2013. “The Course of Childhood Anxiety Symptoms: Developmental Trajectories and Child-Related Factors in Normal Children.” *Journal of Abnormal Child Psychology* 41 (1): 81–95.
- Drewes, A.A., & C.E. Schaefer, eds. 2018. *Play-Based Interventions for Childhood Anxieties, Fears, and Phobias*. New York: Guilford.
- Fox, J.K., C.M. Warner, A.B. Lerner, K. Ludwig, J.L. Ryan, D. Colognori, C.P. Lucas, & L.M. Brotman. 2012. “Preventive Intervention for Anxious Preschoolers and Their Parents: Strengthening Early Emotional Development.” *Child Psychiatry & Human Development* 43 (4): 544–59.

- Franz, L., A. Angold, W. Copeland, E.J. Costello, N. Towe-Goodman, & H. Egger. 2013. "Preschool Anxiety Disorders in Pediatric Primary Care: Prevalence and Comorbidity." *Journal of the American Academy of Child & Adolescent Psychiatry* 52 (12): 1294–303.
- Goodyear-Brown, P. 2011. "The Worry Wars: A Protocol for Treating Childhood Anxiety Disorders." In *Integrative Play Therapy*, eds. A.A. Drewes, S.C. Bratton, & C.E. Schaefer, 129–51. Hoboken, NJ: John Wiley & Sons.
- Goodyear-Brown, P., & E. Andersen. 2018. "Play Therapy for Separation Anxiety in Children." In *Play-Based Interventions for Childhood Anxieties, Fears, and Phobias*, eds. A.A. Drewes & C.E. Schaefer, 158–76. New York: Guilford.
- Hulac, D.M., & A.M. Briesch. 2017. *Evidence-Based Strategies for Effective Classroom Management*. New York: Guilford.
- Individuals with Disabilities Education Act. 2004. 20 U.S.C. § 1400.
- Knell, S.M., & M. Dasari. 2016. "Cognitive-Behavioral Play Therapy for Anxiety and Depression." In *Empirically Based Play Interventions for Children*, eds. L.A. Reddy, T.M. Files-Hall, & C.E. Schaefer, 77–94. Washington, DC: American Psychological Association.
- Marakovitz, S.E., R.L. Wagmiller, N.D. Mian, M.J. Briggs-Gowan, & A.S. Carter. 2011. "Lost Toy? Monsters under the Bed? Contributions of Temperament and Family Factors to Early Internalizing Problems in Boys and Girls." *Journal of Clinical Child and Adolescent Psychology* 40 (2): 233–44.
- Mian, N.D., L. Godoy, M.J. Briggs-Gowan, & A.S. Carter. 2012. "Patterns of Anxiety Symptoms in Toddlers and Preschool-Age Children: Evidence of Early Differentiation." *Journal of Anxiety Disorders* 26 (1): 102–10.
- Schaefer, C.E., ed. 2010. *Play Therapy for Preschool Children*. Washington, DC: American Psychological Association.
- Schaefer, C.E., & A.A. Drewes. 2018. "Play-Based Approaches for Treating Childhood Anxieties: Basic Concepts and Practices." In *Play-Based Interventions for Childhood Anxieties, Fears, and Phobias*, eds. A.A. Drewes & C.E. Schaefer, 3–12. New York: Guilford.
- Yogman, M., A. Garner, J. Hutchinson, K. Hirsh-Pasek, R.M. Golinkoff, the Committee on Psychosocial Aspects of Child and Family Health, & the Council on Communications and Media. 2018. "The Power of Play: A Pediatric Role in Enhancing Development in Young Children." *Pediatrics* 142 (3). <https://pediatrics.aappublications.org/content/142/3/e20182058>.

About the authors

Sierra L. Brown, PhD, NCSP, ABPP, is an assistant professor of psychiatry at the Penn State Hershey Medical Center. Her research interests include the understanding of the social and emotional development of children diagnosed with autism spectrum disorder. sbrown12@pennstatehealth.psu.edu

Allison McCobin, PhD, is a licensed psychologist in the state of Pennsylvania. Her research interests include preschool mental health and the impact of parental stress on behaviors throughout childhood.

Stephanie Easley, PhD, is a certified school psychologist employed by North Allegheny School District, a large suburban district in the Pittsburgh area. Stephanie has been trained to serve students in grades pre-K to 12+.

Kara E. McGoey, PhD, is a professor of school psychology at Duquesne University. Her research interests include translating scientifically sound interventions into the classroom to improve students' social and emotional functioning and preschool mental health. mccoeyk@duq.edu

NatureStart™

A Program of the Chicago Zoological Society professional development



This project made possible in part by the Institute of Museum and Library Services. (Award # MG-10-16-0067-16).

Register now for a NatureStart training near you at www.CZS.org/NatureStart or call **708-688-8210**. Professional development credits available.

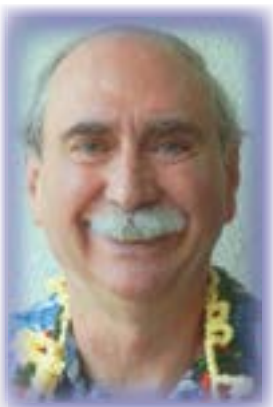
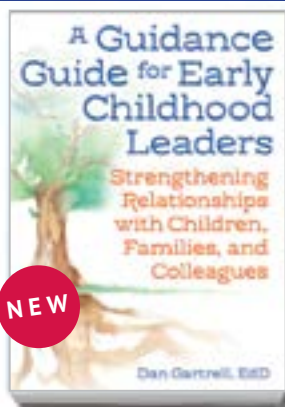
Creating leaders in early childhood nature-based programming!

NatureStart is an innovative, competency-based program that develops educators' skills and practices in providing high-quality childhood nature programming and is perfect for all education professionals working with young children.

"It's amazing. Right here in urban Chicago, we have preschoolers who really appreciate that they are natural beings who are an integral part of the natural world."

– Mary Crane Center, Head Start program (Chicago), director of education

AVAILABLE JUNE 2020 FROM
Dan "The Guidance Guy" Gartrell



The book for early childhood leaders, ranging from directors and principals to classroom managers and lead teachers, to experienced early childhood teachers, caregivers, home visitors and family child care providers.

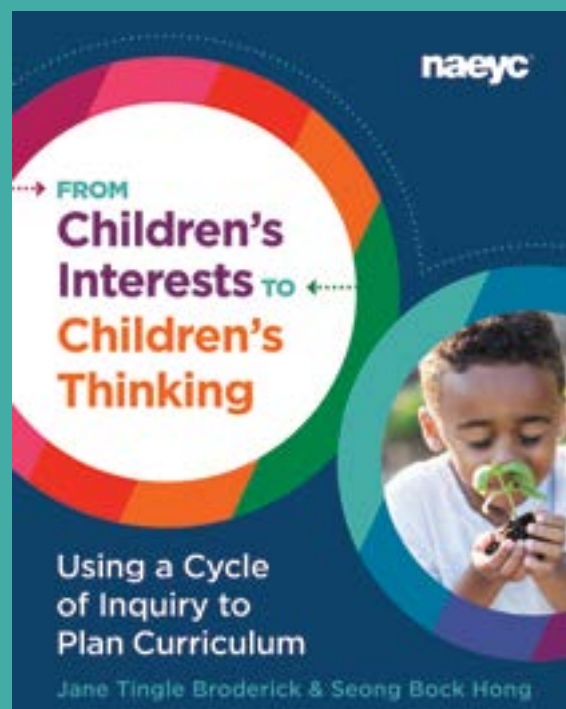
A GUIDANCE GUIDE FOR EARLY CHILDHOOD LEADERS
ISBN: 9781605546889 • \$27.95 • www.RedleafPress.org



Redleaf Press®

Exceptional Resources for Early Childhood Professionals

New NAEYC Resource



Buy now at NAEYC.org/shop



Preventing Compassion Fatigue

Caring for Yourself

Sarah Erdman, Laura J. Colker, and Elizabeth C. Winter

Our new book is about healing and hope. For children. For children's families. And for you, the early childhood educator. Trauma touches everyone. If left unchecked, it is likely to leave harm in its wake. That is why you must be vigilant and proactive, both with those you work with and yourself. In this article, we focus on how you can prevent the ill effects of trauma from creeping into your own life. The self-care strategies highlighted here will help you remain strong and healthy enough to be the champion for children and families with histories of trauma that you want and need to be.

Self-care may not be the first thing that comes to mind when most people think of dealing with trauma. As an educator, your focus is first and foremost on the children you teach. You also work with family members to support children's learning goals. You carve out time as needed to work with specialists who support the children, team with colleagues, meet with supervisors, and interact with members of the community.

You devote a lot of time, energy, and professional responsibilities to many other people, but you may not devote enough time to yourself.

Being an early childhood educator can be both physically and mentally exhausting. Preschoolers and kindergartners are whirlwinds of energy, exploring, experimenting, and making discoveries. They depend on you to put them first, meeting their needs and helping them attain their aspirations. At the same time, they bring joy as you see them mastering tasks, learning new concepts, and appreciating you for being such an important part of their lives. But there is no denying that they can drain you of energy and leave you feeling spent.

When you add trauma to the situation, the chances that you will sometimes feel overwhelmed and find it difficult to go on increase dramatically. Children who have experienced trauma often respond to it in ways that test your patience and push you to the limit. Children who are in survival mode can be aggressive, rude, uncooperative, and inattentive. And until you are able to help children feel calm and safe and learn to self-regulate, you cannot focus on other kinds of learning.

Your own compounding stress

If you have endured the same traumatic experiences as the children—a natural disaster, school violence, or a national crisis such as the COVID-19 pandemic—you share similar fight-flight-freeze responses in your life. You may be dealing with issues like the loss of personal property or you may even be grieving the death or injury of a loved one.



In addition, like a number of early childhood educators, you may also be a survivor of your own childhood traumas, which may or may not have been resolved. Hearing of children's experiences and fears can bring back unhappy memories that temporarily paralyze or haunt you.

Moreover, if your program or home is in a neighborhood characterized by violence or poverty, you are likely to experience the same ongoing traumas as the children you teach. For you and them, traumas are an ongoing concern.

The early childhood profession can itself be a source of financial stress. Despite the recognized importance of early education in children's lives, it is among the lowest-paying fields (Nicholson et al. 2020). Many early childhood teachers hold down supplemental jobs to earn a living wage. The economic stresses of being

This article is excerpted from NAEYC's upcoming book *Trauma and Young Children: Teaching Strategies to Support and Empower Children*, by Sarah Erdman, Laura J. Colker, and Elizabeth C. Winter. The book will be published in August 2020.



an early childhood professional are felt hardest by women of color, who make up 40 percent of the early childhood profession (Austin et al. 2019) and are more likely to work in lower-paying education positions than White educators.

All of these pressures can put chronic stress on educators each day. Before you even begin your day with young children, you may already be feeling the economic squeeze of low wages and perhaps prejudice and racism as well. The selflessness it takes to work with, nurture, and teach young children is a testament to the commitment that those who have chosen this profession have.

The good news is that you can take action to counteract your own stress. In the following sections, we will briefly explore some of the stress-related conditions early childhood educators may experience and offer practical ideas that you can implement to ease the stress of your job. Stress does not have to take a toll when self-care is a priority. As the saying goes, you need to be well to do well. And by doing so, you can position yourself to enjoy teaching's many rewards.

Defining teaching-related stress

As society has learned more about trauma and its effects, researchers have begun to look at how educators who work with young children with trauma are affected by the experience. In doing so,

they have defined and delineated how stress-related manifestations are triggered, what the symptoms are, and how they can be treated.

Burnout is probably the best known of these phenomena. *Burnout* is “a reaction to prolonged or chronic job stress [that] is characterized by three main dimensions: exhaustion, cynicism (less identification with the job), and feelings of reduced professional ability” (Freudenberger & Richelson 1980). Burnout can bring about physical, psychological, cognitive, and relational disturbances (Nicholson et al. 2020; Transitional Support, n.d). While you may experience burnout from your job, however, it is not directly tied to working with children with trauma.

Secondary trauma conditions that stem from absorbing the impacts of others' trauma go by several names, including *secondary traumatic stress*, *compassion fatigue*, and *vicarious traumatization* (Bride, Radey, & Figley 2007). *Empathy fatigue*, *empathic distress*, and *empathy distress fatigue* are newer terms for health problems brought on by stress (Alber 2018). Although all of these conditions are related, there are nuances that differentiate them that are further explained in our book.

The selflessness it takes to work with, nurture, and teach young children is a testament to the commitment that those who have chosen this profession have.

Secondary traumatic stress (STS) is the term most commonly found in the literature to describe the phenomenon brought on by helping someone exposed to trauma. A more recent term is *compassion fatigue*, often perceived as a kinder, less stigmatizing way to describe this phenomenon. According to the NCTSN (2011) and the Administration for Children & Families (n.d.), the terms *STS* and *compassion fatigue* are interchangeable and refer to the same condition.

While the symptoms of compassion fatigue vary from individual to individual, they most typically involve empathic drain and chronic exhaustion. Other symptoms resemble those experienced by individuals with post-traumatic stress disorder (PTSD), such as fear, guilt, anxiety, apathy, sense of hopelessness, sleep disturbances, nightmares and intrusive thoughts, hypervigilance, short-temperedness, and a denial of problems. These symptoms can further express themselves in compulsive behaviors (overspending, overeating, gambling) and drug use to mask feelings (NCTSN 2011; Nicholson et al. 2020; Administration for Children & Families, n.d.; Compassion Fatigue Awareness Project, n.d.; Gunn, n.d.).

Everyone who teaches children with a trauma background is susceptible to developing compassion fatigue. Some early childhood educators, however, are more likely than others to develop this condition: women, new teachers, those who are most empathic by nature, and those who have their own unresolved personal traumas (NCTSN 2011; Ollison 2019).

Using self-care to overcome secondary trauma

If you experience secondary trauma, you are not alone. Those who experience it do so because they are deeply empathic and take children's traumas to heart. All early childhood educators need to know this because secondary trauma can happen to anyone and, most important, it can be effectively addressed.

Self-care is often categorized as self-indulgence. Many people regard it as pampering used by those without the self-discipline to "get on with things." Even those who don't think of self-care as selfish or wasteful frequently regard it as a low-priority or luxury activity. Yet self-care is basic to our everyday existence. Rather than view self-care as self-indulgence, try reframing it as self-respect.

Self-care strategies

Self-care involves incorporating activities aimed at restoring and improving your physical and emotional well-being into your everyday life. The National Child Traumatic Stress Center (NCTSN 2011) recommends focusing on cognitive-behavioral and



mindfulness-based strategies for best results. Regularly using the ideas suggested here will help you heal from secondary stress and fortify you for the future.

Be kind to yourself

This strategy could be called "respect yourself," because tending to your basic wellness needs should not be a favor or privilege you extend yourself but something you do every day to be your healthiest and best-functioning self. As a kindness to yourself and



those you work with, attend to your physical, social, mental health, emotional, and spiritual needs as best you can (Scott 2019). Here are some ideas:

- Physical needs: regularly eat nutritiously balanced meals; sleep adequately; exercise regularly; and monitor and attend to your health needs, making and keeping needed doctor and dental appointments and taking any medications as prescribed.
- Social needs: cultivate and maintain close friendships. Everyone has different social needs, but we all have need to share others' company in some capacity. Determine what your needs are and build time into your schedule to have the face-to-face time with your friends that feels right for you.
- Mental health needs: do activities to keep your mind sharp, such as working crosswords and other puzzles, reading books, or researching a topic or subject you are interested in and passionate about. To be mentally healthy, you need to be proactive. If you feel depressed, anxious, or otherwise troubled, talk about it with a doctor or therapist. Treatment can make a world of difference.
- Emotional needs: establish appropriate ways to process your emotions. Talk to someone close to you—a spouse, partner, relative, or friend—to air your feelings and talk through problems. Journal your feelings; seeing things written out sometimes gives a different slant to events. Exercise, take baths, or spend time doing hobbies, such as painting, that allow you to relax and refocus. Remember that alcohol and other drugs can suppress your feelings rather than help you manage and lessen your distress. They may even intensify your emotional or physical pain.
- Spiritual needs: nurturing your spirit involves doing things that bring meaning to your life and a connection with the world. It doesn't have to involve religion, although it certainly can. Build in time for praying, meditating, or volunteering for a cause that enriches your soul.

Cultivate mindfulness

Mindfulness is one of the most successful strategies for counteracting the effects of compassion fatigue (NCTSN 2011). Over time, mindfulness practices help you develop increased emotional regulation and the ability to tolerate

emotional challenges. The effects of mindfulness extend your ability to better accept professional and personal frustrations with relationships.

The Foundation for a Mindful Society (2019) suggests the following exercise as a starter:

1. **Set aside some time.** You don't need a meditation cushion, bench, or any sort of special equipment to access your mindfulness skills—just time and space.
2. **Observe the present moment as it is.** The aim of mindfulness is not quieting the mind or attempting to achieve a state of lasting calm. The goal is to pay attention to the present moment without judgment.
3. **Let your judgments roll by.** When you notice judgments arise, make a mental note of them and then let them pass.
4. **Return to observing the present moment as it is.** Our minds often get carried away in thought. That's why mindfulness is the practice of returning, again and again, to the present moment.
5. **Be kind to your wandering mind.** Don't judge yourself for whatever thoughts crop up. Just practice recognizing when your mind has wandered off and gently bring it back.

Reframe your negative thoughts

Learning how to reframe pessimistic thoughts is known as *cognitive restructuring*. Part of cognitive behavioral therapy (CBT), it can be done at home and has been shown to be effective in treating depression and anxiety. The NCTSN (2011) suggests that combining this strategy with mindfulness may be particularly effective in addressing secondary trauma. Thinking optimistically is also known to have great personal benefits, including better physical and emotional health, greater self-efficacy, longer life, and greater career satisfaction (Seligman 2005; Colker & Koralek 2019).

Over the last 30 years, psychologists have found that optimism can be learned, no matter how innately pessimistic a person may be or how negative their life circumstances have been (Seligman 2005). By working through what has been dubbed the ABCDE model,

educators can learn to reframe their negative thinking (Hall & Pearson 2004). Our book also explains how to use this model with children.

You can be the
change agent who
gives children an
opportunity to rewrite
their life stories with
promise and hope.

When you have an experience that triggers pessimistic thoughts, use self-talk to walk your thoughts from A (adverse event) to E (energization) (based on Seligman 2005, 2007):

A=An **adverse** event occurs.

B=You immediately have some negative **beliefs** and thoughts about the adverse event.

C=You experience the **consequences** of having these thoughts and beliefs, including negative emotions

D=You intentionally **dispute** your pessimistic beliefs.

E=You feel **energized** when you successfully dispute your negative thoughts and realize that the situation is not as you initially believed.

It will take more than one attempt at this process to transform your pessimism into optimism. But with time and effort, reframing your beliefs, thoughts, and emotions is possible and can become your regular way of thinking.

When you make cognitive restructuring a part of your self-care routine, you will make inroads against the symptoms of compassion fatigue and position yourself to be a role model for children on thinking positively.

Make a self-care action plan

Because self-care tends to be neglected, it is helpful to develop an action plan. Setting two or three SMART goals at a time will keep you focused. SMART goals (Doran 1981; Haughey 2014; MindTools, n.d) are

- ☐ **Specific:** What exactly are you trying to accomplish? Why is this goal important to you? What resources or limits are involved?
- ☐ **Measurable:** How much effort will it take? How many people are involved? How will you know you accomplished it?
- ☐ **Assignable:** Who will do it?
- ☐ **Realistic:** Is this worthwhile? What results can realistically be achieved given available resources?
- ☐ **Time related:** When, specifically, can it be achieved? What can you do today?

A goal might be *Each night I will practice mindfulness for five minutes before I go to bed.*

Although it can be tempting to try to make sweeping changes in your lifestyle, like drastically changing your exercise routines or eating habits, realistically that is hard to sustain. We suggest you begin slowly—with only two or three goals to start. This will keep you from feeling overwhelmed and allow you to adjust as needed. Once they become routine, add another goal or two.

Conclusion

With your healing-centered interventions, perseverance, and compassionate teaching, the effects of traumas can be turned around for the children you teach, their families, and you. Children's histories do not have to be the prologue to the rest of their lives. As trauma therapist and author Karen Saakvitne proclaims, "Everyone has a right to have a present and future that are not completely dominated and dictated by the past" (Klinik Community

Health Centre 2013, 4). You can be the change agent who gives children that opportunity to rewrite their life stories with promise and hope.

References

- Administration for Children & Families. n.d. "Secondary Traumatic Stress. What Is Secondary Traumatic Stress?" *Administration for Children & Families*. Accessed March 12, 2020. www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress.
- Alber, R. 2018. "When Teachers Experience Empathic Distress." *Edutopia*, April 18. www.edutopia.org/article/when-teachers-experience-empathic-distress.
- Austin, L.J.E., B. Edwards, R. Chavez, & M. Whitebook. 2019. "Racial Wage Gaps in Early Education Employment." Center for the Study of Child Care Employment, December 19. <https://cscce.berkeley.edu/racial-wage-gaps-in-early-education-employment/>.
- Bride, B.E., M. Radey, & C.R. Figley. 2007. "Measuring Compassion Fatigue." *Clinical Social Work Journal* 35: 155–63.
- Colker, L.J., & D. Koralek. 2019. *Making Lemonade: Teaching Young Children to Think Optimistically*. St. Paul, MN: Redleaf.
- Compassion Fatigue Awareness Project. n.d. "Recognizing Compassion Fatigue." Accessed February 12, 2020. www.compassionfatigue.org/pages/symptoms.html.
- Doran, G.T. 1981. "There's a S.M.A.R.T. Way to Write Management's Goals and Objectives." *Management Review* 70 (11): 35–36.
- Foundation for a Mindful Society. 2019. "Getting Started with Mindfulness." www.mindful.org/meditation/mindfulness-getting-started/.
- Gunn, J. n.d. "Self-Care for Teachers of Traumatized Students." *Resilient Educator*. Accessed March 6, 2020. <https://education.cu-portland.edu/blog/classroom-resources/self-care-for-teachers/>.
- Freudenberger, H.J., & G. Richelson. 1980. *Burnout: The High Cost of High Achievement*. Norwell, MA: Anchor Press.
- Hall, D.K., & J. Pearson. 2004. *Introducing Thinking Skills to Promote Resilience in Young Children. Reaching IN...Reaching OUT (RIRO)*. Toronto: Child & Family Partnership.
- Haughey, D. 2014. "A Brief History of SMART Goals." Project Smart, December 13. www.projectsmart.co.uk/brief-history-of-smart-goals.php.
- Klinik Community Health Centre. 2013. *Trauma-Informed: The Trauma Toolkit. 2nd Edition*. http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf.
- MindTools. n.d. "SMART Goals." Accessed February 5, 2020. www.mindtools.com/pages/article/smart-goals.htm.
- NCTSN (The National Child Traumatic Stress Network). 2011. "Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals." www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf.

Nicholson, J., P.S. Driscoll, J. Kurtz, D. Marquez, & L. Wesley. 2020. *Culturally Responsive Self-Care Practices for Early Childhood Educators*. New York: Routledge.

Ollison, J. 2019. "Improving Teacher Retention by Addressing Teachers' Compassion Fatigue." PhD diss., University of the Pacific. https://scholarlycommons.pacific.edu/uop_etds/3602.

Scott, E. 2019. "5 Self-Care Practices for Every Area of Your Life." Verywellmind, July 25. www.verywellmind.com/self-care-strategies-overall-stress-reduction-3144729.

Seligman, M.E.P. 2005. *Learned Optimism: How to Change Your Mind and Your Life*. New York: Vintage Books.

Seligman, M.E.P. 2007. *The Optimistic Child: A Proven Program to Safeguard Children Against Depression and Build Lifelong Resilience*. Boston: Mariner Books.

Transitional Support. n.d. "Burnout vs. Compassion Fatigue." *Transitional Support*. Accessed April 1, 2020. <http://transitionalsupport.com.au/transitional-phase/compassion-fatigue-trauma/>.

About the authors

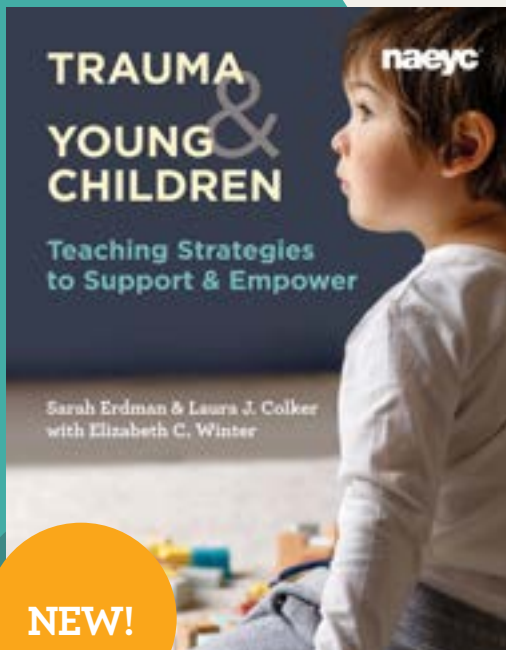
Sarah Erdman is an experienced early childhood educator and museum professional in Northern Virginia. She teaches at FB Meekins Cooperative Preschool. scerdman@gmail.com

Laura J. Colker, EdD, is president of L.J. Colker & Associates, in Washington, DC. She is an author, a lecturer, and a trainer in early childhood education with 40 years of experience. laura@ljcolkerassoc.com

Elizabeth C. Winter, MD, is a board-certified psychiatrist in Baltimore, Maryland. She is a senior physician with the Department of Veterans Affairs, Office of the Inspector General and a faculty member of the Johns Hopkins Hospital Department of Psychiatry and Behavioral Sciences.

Photographs: © Getty Images

Copyright © 2020 by the National Association for the Education of Young Children. See Permissions/Reprints at NAEYC.org/resources/permissions.



Trauma Is in Children's Lives—But So Are You

Bring hope to children and families and help them find a path forward—not only to survive but also to flourish.

More than ever, early childhood educators need practical guidance for addressing trauma. This highly anticipated book follows a healing-centered approach to working with children ages 3–6.

Item 1147

List Price: \$32

Member Price: \$25.60

Discover

- › What trauma is, what causes it, and its effects on the brain and learning
- › Why your relationships with children and families are critical to promoting healing
- › How to create trauma-informed programs and implement supportive practices
- › How to care for your own well-being



Exclusionary Discipline Practices in Early Childhood

Sarah C. Wymer, Amanda P. Williford, and Ann S. Lhospital

When hearing the words *suspension* and *expulsion*, most people do not think about children 5 and under. However, young children in state-funded preschool settings are expelled at three times the rate of K–12 students, and children in private and community programs are expelled at even higher rates (Gilliam 2005, 2006; US Department of Education 2016). Both suspension and expulsion are forms of exclusionary discipline practices, or practices that remove a child from the learning opportunities available in the classroom (Noltemeyer & McLoughlin 2010). Being suspended or expelled as a child increases an individual's chances of later dropping out of school, earning less money as an adult, and even becoming involved in the criminal justice system (Pascoe & Smart Richman 2009; Monahan et al. 2014).

What makes the use of exclusionary discipline even more problematic is that racial and ethnic minority children are much more likely to experience exclusionary discipline than White children. In preschool, Black children are twice as likely to be expelled as White children, and 42 percent of suspended preschoolers are Black, even though only 18 percent of all preschoolers are Black (USDHHS & ED 2014). Research shows that these disproportionalities are not because Black children display worse behavior than their White peers (Bradshaw et al. 2010; Skiba et al. 2011); that is, the different rates of discipline are not caused by different rates of behavior problems. Thus, these disproportionalities may well be due to explicit and implicit racial biases teachers have against Black children.

Because of the short- and long-term negative consequences of suspending and expelling young children, particularly children of color, many national organizations—including NAEYC—and federal agencies such as the Department of Education and the Department of Health and Human Services have called for an end to suspensions and expulsions in early childhood. Some states and school districts have put policies in place to prevent or severely limit the use of exclusionary discipline, such as the elimination of suspensions for children pre-K through second grade by Chicago Public Schools in 2014. While policies to minimize the use of suspensions and expulsions in early childhood are an important step, eliminating those disciplinary strategies as an option does not necessarily help teachers manage negative behaviors in the classroom more effectively. In fact, even if suspensions and expulsions are eliminated, students may still be excluded in more subtle ways.

Ms. Lawson hears yelling across the pre-K classroom during center time. She looks up and sees two children, Caleb and Michael, struggling over a toy. She immediately knows who must have started this: Caleb. Caleb is often out of sync with the rest of the class during transitions, fights with his peers, and refuses to follow instructions.

Ms. Lawson feels as though she is constantly calling out Caleb's name, needing to redirect or reprimand him repeatedly. This keeps her from providing

instruction to or having meaningful interactions with the rest of the class, and it does not seem to be helping Caleb behave better. She has regularly voiced her concerns to the director but has received no help or support.

She calls over, "Caleb, give Michael back the toy." Caleb scowls and pushes Michael. Ms. Lawson hurries over, yelling, "No, Caleb!" She grabs his hand and walks with him to the classroom of younger students next door. She knows Caleb will entertain himself with the toys there and she can focus on the other children back in her classroom.

"Soft" exclusionary strategies are not official suspensions or expulsions but still result in children being excluded from learning opportunities. We define a *soft exclusionary practice* as any practice that reduces or eliminates the opportunity for a child to learn from the activity or experience they should be engaged in during the school day. This could include sending a child to a different classroom (as Ms. Lawson did with Caleb), putting a child in time-out, or assigning a child to "silent lunch." Even more subtle strategies, like moving a child away from the rest of the class during story time, where the child can still hear the teacher but not see the book, lessen the child's ability to participate and learn from experiences in the classroom. While the child is still at school, they are not fully participating in the classroom environment. In Caleb's case, he receives little instruction and few opportunities to engage with peers while he is in the other classroom with younger children.

More than anyone,
teachers know how
important their work is
in preparing children to
be successful in school
and in life beyond
their classrooms.

These practices happen frequently in early childhood classrooms. Managing negative behaviors in the classroom is one of the most stressful parts of a teacher's job, so it's understandable that teachers use strategies like removing the child to try to quickly stop a behavior and end a challenging situation.

Teachers' positive relationships with children they find most challenging are critical to those children's success.

Sometimes strategies that temporarily remove a child from a learning environment can be recommended and, in theory, may be effective—if they are used properly. For example, having a child go to a calm-down space in a classroom does remove the child from instruction but is seen as an effective strategy if the child is truly able to use that space to regulate their emotions or behavior and quickly rejoin classroom activities. However, a child sent to a calm-down space who doesn't understand how to calm down essentially experiences a lengthy time-out. Another child may opt to repeatedly return to the calm-down space to avoid certain situations, such as challenging learning tasks. In both cases, the children miss out on opportunities to learn and grow in self-regulation and task-related skills. Soft exclusionary discipline practices reduce a child's access to learning opportunities related to an activity and rarely provide opportunities for the child to build stronger self-regulation skills.

Repeatedly removing a child from learning activities can also perpetuate cycles of negative teacher–child interactions, damaging the relationship. This is concerning because positive teacher–child relationships play a critical role in children's learning experiences. For a child to develop the full range of skills needed to be successful in school—academic, behavioral, emotional, and social skills—a warm, supportive, and sensitive teacher–child relationship is essential (Pianta 1999).

Strong relationships are even more important for young children who find classroom settings challenging (Hamre & Pianta 2005; Baker, Grant, & Morlock 2008; Sabol & Pianta 2012; Hamre 2014). From the children's perspectives, being excluded can make them feel as though the teacher does not like them. A child who struggles to regulate their behavior is often repeatedly in this situation, setting a negative tone in the teacher–child relationship. Lacking self-regulation skills and being stuck in a negative cycle with the teacher, the child continues to behave in the same way (or even worse), resulting in escalating exclusion and frustration for everyone.

Caleb has had another rough day at school, hitting his peers and taking their toys. Ms. Lawson is not sure how to get his behavior back under control and doesn't think he is getting anything out of being in the classroom when he is like this. She calls his mom to see if she can pick him up. As he waits for his mom in the office, Caleb feels upset thinking about how he is going to miss outside time with his friends. His mom is clearly frustrated when she picks him up, which makes him feel even worse.

Caleb's mom doesn't know how she is going to manage her work schedule with having to pick up Caleb so often; she isn't sure how much longer this can work. She spends the drive home lecturing Caleb about how he needs to be good at school and respect Ms. Lawson.

This is the message, as Caleb interprets it: He gets sent home because he's bad and because Ms. Lawson doesn't want him around.

Over time, the situation can become unsustainable for families like Caleb's, who have to find alternative child care arrangements and leave work to pick up their children. Eventually, the children may be moved to new settings where they have a good chance of experiencing the exact same problems because they have not learned how to better self-regulate, and now also have negative expectations for school and for the new teachers. Instead of early childhood education setting these children up for success, the children

have a more negative view of school, teachers, and themselves than if they had never attended school at all—all before entering kindergarten.

Racial bias in discipline practices

The disproportionate rates of exclusionary discipline for children from racial and ethnic minority groups extend to soft exclusionary practices. In one study looking at a range of disciplinary strategies in preschool classrooms, Black students with White teachers were significantly more likely to experience soft exclusion than were White students (Wymer & Williford 2018). One potential cause of this difference in discipline rates is implicit bias.

Part of the work in exploring biases is learning to become comfortable with being uncomfortable in order to make progress.

Implicit biases are unconscious attitudes, beliefs, and stereotypes that everyone has. We all have unconscious biases related to race, gender, disability status, and other social groups. In contrast to *explicit biases*, in which a person is aware of the bias, implicit biases are not intentional and, in fact, may be completely contrary to what the person consciously believes.

We develop implicit biases from an early age as we are exposed to direct and indirect messages in our cultures. Even though we are unaware of these biases, and even if they are not beliefs we would consciously agree with, implicit biases affect our actions and decisions. In the United States, pro-White and anti-Black messages are pervasive in history and culture. Like the majority of Americans (Schmidt & Nosek 2010), teachers tend to have more positive biases toward White students and more negative biases toward non-White students (Van den Bergh et al. 2010; Glock & Karbach 2015; Hartlep 2015). There are exceptions; for instance, research



on the effects of race matching on school exclusion indicates that teachers of color treat children of color more equitably (Lindsay & Hart 2017).

Teachers, on average, may unconsciously view and interpret Black children's behaviors in a way that leads to more discipline. In one study, preschool teachers were asked to review classroom footage and look for challenging behavior; those teachers spent more time watching Black children than White children and spent the most time watching Black boys in particular (Gilliam et al. 2016). It appears that due to implicit biases, teachers may unconsciously expect to see more negative behaviors from young Black children, so they observe those children more and may be more likely to interpret their behavior as a problem (Okonofua & Eberhardt 2015).

Because exclusionary discipline practices are both harmful and disproportionately applied to certain groups of children, we need to look for better techniques—techniques that can be applied equitably, maximize children's learning opportunities, preserve positive teacher–child relationships, and help children learn to better regulate their behavior without the serious downsides associated with exclusionary techniques.



Practical alternatives

While states, organizations, and school districts may take steps to reduce the use of harsh exclusionary discipline practices such as suspension and expulsion, teachers are the most essential element in creating successful educational experiences for children in the classroom and minimizing the negative impacts of implicit bias and exclusionary discipline in schools.

Early childhood educators welcome children into their classrooms at a critical age for social, emotional, and cognitive development and set the tone for children's future school experiences. More than anyone, teachers know how important their work is in preparing children to be successful in school and in life beyond their classrooms, and they often sacrifice incredible amounts of time and effort to make sure their students reach their full potential. The harm done by using exclusionary strategies is exactly the opposite of what most teachers intend, so what steps can teachers take to help their students be successful while still safely managing negative behaviors in the classroom?

Four steps for addressing implicit biases

While everyone has implicit biases, those biases do not have to be permanent. Research has shown that unconscious biases can be changed and steps can be taken to reduce their impact on our behavior (Dasgupta 2013).

1. **Understand implicit bias:** It's hard to open ourselves to thinking and talking about bias at first. When certain biases, such as those against different racial or ethnic groups, are discussed, it can make people feel defensive and as though they are being accused of holding explicit racial biases—of “being racist.” Implicit biases, however, are a result of normal human cognitive processes.

Noticing differences between people is completely normal; human cognition involves quick categorizing. From a young age, we are exposed to direct and indirect messages about those differences; being saturated with negative messages about people from racial and ethnic minority groups often leads to holding unconscious biases, even if they conflict with conscious beliefs. Understanding how biases come to exist and that they do not necessarily reflect our conscious beliefs is an important first step toward being able to look at and challenge those biases.

2. **Increase self-awareness:** After we understand that everyone has implicit biases that can arise even if we do not consciously agree with them, the next step is learning to recognize them in ourselves. This can be accomplished by learning about what biases most people hold, by reflecting on what messages we received growing up about different groups of people, and even by taking a test that measures biases (e.g., the Implicit Association Test: <https://implicit.harvard.edu/implicit/takeatest.html>). The more we become aware of a bias, the less chance it has to unconsciously influence our decision making.
3. **Discuss and reflect:** Having conversations about bias, particularly with people from different groups, can help us better know and explore our own biases and also help others recognize and understand their biases. Initially, people often find it very uncomfortable to talk about biases and how they impact behavior. Part of the work in exploring biases is learning to become comfortable with

being uncomfortable in order to make progress. It is important when exploring these issues to set up a space in which people do not feel judged or attacked when being open and vulnerable.

4. Use research-based strategies that minimize bias:

Implicit biases are most likely to impact behavior in ambiguous situations. For example, a lack of a clear policy about when a child should be removed from a classroom leaves that issue open to interpretation, allowing biases to influence if and when a child is removed. One way to minimize bias is to collect meaningful data and make decisions based on those data rather than on impressions. Data can be used to monitor progress, to determine when a child needs additional support, and to track whether there are disparities in how interventions and consequences are being administered. Some useful resources for learning about effective strategies for discipline and ways to reduce bias include

- National Clearinghouse on Supportive School Discipline—<https://supportiveschooldiscipline.org>
- The National Center for Pyramid Model Innovations—www.pyramidmodel.org
- Teaching Tolerance—www.tolerance.org

Three key positive behavioral interventions

Effective classroom management is key in addressing challenging behavior. Although an in-depth discussion of behavior management is beyond the scope of this article, the important components include setting up children to be successful, acknowledging and rewarding success, and teaching new skills. Here are some strategies that can help reduce discipline disparities:

- **Focus on relationships:** Children who struggle to meet classroom demands and who are sometimes viewed as disruptive or challenging are less likely to share a sensitive and supportive relationship with their teacher. This lack of connection leads to a cycle of negativity between the teacher and child that worsens over time. Unfortunately, young children are also less likely to have a positive relationship with teachers of a race different from their own (Saft & Pianta 2001; C. Murray, K.M. Murray, & Waas 2008).



To prevent negative interaction cycles and to provide a warm, supportive relationship to children who need the most help, teachers can focus on building a more positive relationship with the students who are struggling most in the classroom. One research-backed strategy is Banking Time (Pianta & Hamre 2001), an intervention designed to support teachers in developing close, positive relationships with target students. A few times a week, the teacher and individual children spend one-on-one time together during brief (10–15 minute), student-led sessions called Banking Time. During each session, the teacher interacts with the child in a specific way (e.g., asking limited questions, labeling the child's emotions) that helps both the teacher and the child change how they perceive each other. Banking Time has been shown to decrease preschoolers' disruptive behaviors over the school year (Williford et al. 2017).

- **Understand the *why* of behavior:** When a child is not meeting classroom expectations, it is essential to look for the reason behind the child's behaviors. After the teacher knows the reason (e.g., the skill deficit, the function of the behavior), they can then know how best to respond, such as



by teaching a replacement behavior or providing extra scaffolding. Maybe the child tends to struggle when given a motor task he finds challenging, such as cutting with scissors. Providing the child with additional support, such as coaching the child on how to grip the scissors, using thicker paper that is easier to cut, or encouraging the child to ask for help when something is too hard, is a much more effective plan than punishing them when they become frustrated and act out. Taking the time to consider possible actions reduces the chance that implicit biases can influence an in-the-moment decision.

- **Implement restorative practices:** When negative behaviors cannot be ignored, instead of using punishment, teachers can put in place restorative practices, or practices that focus on repairing the harm caused by a behavior. Restorative approaches are being used more and more in schools, and while most of the research has focused on older students, there is evidence that this approach to discipline may help narrow the racial discipline gap (Gregory et al. 2014). An example in an early childhood setting would be bringing back to the

block area a child who knocked over another child's block construction and having that child help the harmed child clean up. The solution is logical and focuses on fixing any harm that was done rather than punishing the child. If no harm was done, this may be an example of something to let go!

Closing thoughts

Caleb has been grabbing toys out of his peers' hands. Ms. Lawson checks in with Caleb's mom about whether she has observed that same behavior and how she responds. Caleb's mom tells Ms. Lawson that Caleb has much older brothers, so he doesn't usually have to share his toys.

Ms. Lawson knows that she often gets frustrated with Caleb and has started thinking of him as aggressive, and she is working on changing her relationship with him. She decides to test the idea that maybe Caleb just needs some help in learning how to ask for toys more appropriately. The next day, Ms. Lawson takes Caleb aside to play a new game. She has collected some of his favorite toys and has Caleb practice asking her to play. Ms. Lawson gives Caleb enthusiastic praise when he asks. She then recruits another child to play with them, and they take turns practicing asking each other to play together.

Later in the day, Ms. Lawson notices that Caleb appears frustrated while watching a peer play with a toy he likes. She calls Caleb over and whispers in his ear a reminder about how to ask to play with a friend. Caleb goes back to his peer and asks if he can play; the child says yes, and Caleb sits down. Ms. Lawson smiles at Caleb and later tells him how proud she is of the way he asked politely and played so well with his friend.

Addressing our implicit biases and managing children's difficult behavior in the classroom are both challenging tasks. However, the strategies discussed here are both effective and essential for preventing

the harm exclusionary discipline techniques do to all students—and to students of color in particular. While the strategies may require new ways of thinking about and doing things, the time and effort spent in implementing them will be invaluable to children who previously may have been set on very negative paths by being excluded from school.

Teachers' positive relationships with children they find most challenging are critical to those children's success. Finding ways to maintain a strong relationship while keeping a child engaged in learning opportunities makes the difference between the child entering elementary school already believing that they don't belong in the classroom and a child who is ready to learn and grow.

References

- Baker, J.A., S. Grant, & L. Morlock. 2008. "The Teacher–Student Relationship as a Developmental Context for Children with Internalizing or Externalizing Behavior Problems." *School Psychology Quarterly* 23 (1): 3–15.
- Bradshaw, C.P., M.M. Mitchell, L.M. O'Brennan, & P.J. Leaf. 2010. "Multilevel Exploration of Factors Contributing to the Overrepresentation of Black Students in Office Disciplinary Referrals." *Journal of Educational Psychology* 102 (2): 508–20.
- Dasgupta, N. 2013. "Implicit Attitudes and Beliefs Adapt to Situations: A Decade of Research on the Malleability of Implicit Prejudice, Stereotypes, and the Self-Concept." *Advances in Experimental Social Psychology* 47: 233–79.
- Gilliam, W.S. 2005. *Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Systems*. FCD Policy Brief Number 3. New York: Foundation for Child Development.
- Gilliam, W.S., & G. Shahar. 2006. "Preschool and Child Care Expulsion and Suspension: Rates and Predictors in One State." *Infants & Young Children* 19 (3): 228–45.
- Gilliam, W.S., A.N. Maupin, C.R. Reyes, M. Accavitti, & F. Shic. 2016. *Do Early Educators' Implicit Biases Regarding Sex and Race Relate to Behavior Expectations and Recommendations of Preschool Expulsions and Suspensions?* Research Brief. New Haven, CT: Yale University Child Study Center.
- Glock, S., & J. Karbach. 2015. "Preservice Teachers' Implicit Attitudes toward Racial Minority Students: Evidence from Three Implicit Measures." *Studies in Educational Evaluation* 45: 55–61.
- Gregory, A., J.P. Allen, A.Y. Mikami, C.A. Hafen, & R.C. Pianta. 2014. "Effects of a Professional Development Program on Behavioral Engagement of Students in Middle and High School." *Psychology in the Schools* 51 (2): 143–63.
- Hamre, B.K. 2014. "Teachers' Daily Interactions with Children: An Essential Ingredient in Effective Early Childhood Programs." *Child Development Perspectives* 8 (4): 223–30.
- Hamre, B.K., & R.C. Pianta. 2001. "Early Teacher–Child Relationships and the Trajectory of Children's School Outcomes through Eighth Grade." *Child Development* 72 (2): 625–38.
- . 2005. "Can Instructional and Emotional Support in the First Grade Classroom Make a Difference for Children at Risk of School Failure?" *Child Development* 76 (5): 949–67.
- Hartlep, N.D. 2015. "Unwilling or Unable? Measuring Anti-Asian Implicit Biases of Pre-Service Teachers in Order to Impact Teacher Effectiveness." *GAUISUS* 3. <https://sotl.illinoisstate.edu/downloads/gausisus/HartlepVolume3.pdf>.
- Monahan, K.C., S. VanDerhei, J. Bechtold, & E. Cauffman. 2014. "From the School Yard to the Squad Car: School Discipline, Truancy, and Arrest." *Journal of Youth and Adolescence* 43 (7): 1110–22.
- Murray, C., K.M. Murray, & G.K. Waas. 2008. "Child and Teacher Reports of Teacher–Student Relationships: Concordance of Perspectives and Associations with School Adjustment in Urban Kindergarten Classrooms." *Journal of Applied Developmental Psychology* 29 (1): 49–61.
- Noltmeyer, A., & C.S. McLoughlin. 2010. "Patterns of Exclusionary Discipline by School Typology, Ethnicity, and Their Interaction." *Perspectives on Urban Education* 7 (1): 27–40.
- Okonofua, J.A., & J.L. Eberhardt. 2015. "Two Strikes: Race and the Disciplining of Young Students." *Psychological Science* 26 (5): 617–24.



- Pascoe, E.A., & L.S. Richman. 2009. "Perceived Discrimination and Health: A Meta-Analytic Review." *Psychological Bulletin* 135 (4): 531–54.
- Pianta, R.C. 1999. *Enhancing Relationships between Children and Teachers*. Washington, DC: American Psychological Association.
- Sabol, T.J., & R.C. Pianta. 2012. "Recent Trends in Research on Teacher–Child Relationships." *Attachment & Human Development* 14 (3): 213–31.
- Saft, E.W., & R.C. Pianta. 2001. "Teachers' Perceptions of Their Relationships with Students: Effects of Child Age, Gender, and Ethnicity of Teachers and Children." *School Psychology Quarterly* 16 (2): 125–41.
- Schmidt, K., & B.A. Nosek. 2010. Implicit (and Explicit) Racial Attitudes Barely Changed During Barack Obama's Presidential Campaign and Early Presidency. *Journal of Experimental Social Psychology*, 46 (2): 308–14.
- Skiba, R.J., R.H. Horner, C.G. Chung, M.K. Rausch, S.L. May, & T. Tobin. 2011. "Race Is Not Neutral: A National Investigation of African American and Latino Disproportionality in School Discipline." *School Psychology Review* 40 (1): 85–107.
- US Department of Education (ED). 2016. *The State of Racial Diversity in the Educator Workforce*. Report. Washington, DC: ED.
- USDHHS (United States Department of Health and Human Services) & ED. 2014. *Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings*. Washington, DC: USDHHS and ED.
- Van den Bergh, L., E. Denessen, L. Hornstra, M. Voeten, & R.W. Holland. 2010. "The Implicit Prejudiced Attitudes of Teachers: Relations to Teacher Expectations and the Ethnic Achievement Gap." *American Educational Research Journal* 47 (2): 497–527.
- Williford, A.P., J. LoCasale-Crouch, J.V. Whittaker, J. DeCoster, K.A. Hartz, L.M. Carter, C.S. Wolcott, & B.E. Hatfield. 2017. "Changing Teacher–Child Dyadic Interactions to Improve Preschool Children's Externalizing Behaviors." *Child Development* 88 (5): 1544–53.
- Wymer, S., & A.P. Williford. 2018. "Relationship between Teacher–Child Race Matches and Trajectories of Disruptive Behavior in Preschool." Poster presented at the National Research Conference on Early Childhood, Arlington, VA, June 2018.

About the authors

Sarah C. Wymer, MEd, MS, is a graduate student in the Curry School's Clinical and School Psychology program at the University of Virginia, in Charlottesville, Virginia. Sarah has worked as a consultant to Head Start programs and has experience providing assessment and intervention services to young children and their families.

Amanda P. Williford, PhD, is associate professor in the Curry School of Education and Human Development at the University of Virginia and associate director for the Center for Advanced Study of Teaching and Learning, in Charlottesville, Virginia. Amanda focuses on creating and evaluating early interventions, understanding classroom processes critical for children's school success, and applying research to practice.

Ann S. Lhospital, PhD, is a research scientist at the University of Virginia, where she helped develop the mental health consultation model LOOK and supports quality enhancements, including social and emotional practices, in public pre-K across Virginia.

Save the Dates!

Mark your calendar to engage
in these amazing opportunities.



Connecting through NAEYC events:

- » early childhood educators,
- » program administrators,
- » students,
- » faculty,
- » researchers,
- » and advocates

explore best practices, activate
meaningful work, and learn from
one another.

2020 ————— **2021**

Nov 4–7
**Annual
Conference**

Feb 21–23
**Public
Policy
Forum**

Apr 10–16
**Week of the
Young Child
(WOYC)**

50th Anniversary

Jun 13–16
**Professional
Learning
Institute**



Words Matter

Moving from Trauma-Informed to Asset-Informed Care

Ellen Galinsky

For decades, many researchers and practitioners in the early childhood field have worked to promote a better understanding of the science of adversity. Their goal is to have professionals recognize the symptoms that indicate children may have experienced adversity and be able to provide appropriate assistance. There has also been a concerted effort to have professionals, families, and the public understand that excessive and long-lasting adversity in the absence of nurturing relationships can derail a child's healthy development.

That goal is becoming a reality, with the efforts coalescing into three main areas of focus: toxic stress, trauma-informed care, and adverse childhood experiences (ACEs). Take, for example, a national effort—the National Child Traumatic Stress Network (NCTSN), a network created by Congress in 2000 that consists of frontline providers, family members, researchers, and national partners “committed to changing the course of children’s lives by improving their care and moving scientific gains quickly into practice across the U.S.” (NCTSN, n.d.). One state-level example is Florida’s set of initiatives to address children living with trauma and toxic stress, including trauma-informed care training and credentialing programs for early childhood educators as well as efforts to build and strengthen partnerships between child welfare agencies and early childhood education providers (Center for Prevention and Early Intervention Policy 2018).

Given these positive results, you may be surprised to learn that I think it is time to transition the way we as a field talk about adversity. While it is critical that educators are able to recognize and acknowledge children’s and families’ painful experiences, this work needs to expand beyond the focus on trauma-laden concepts to highlight and build on children’s and families’ assets. After sharing four crucial conclusions I have arrived at over the past 15 years, I offer suggestions for promoting asset-informed care.

Four key points: My journey to asset-based education

Soon after the phrase *toxic stress* was introduced by the Harvard Center on the Developing Child in 2005 (National Scientific Council on the Developing Child [2005] 2014), our team at Mind in the Making (now a program of the Bezos Family Foundation) was conducting a training to share research on early childhood development with educators. When we shared the research on stress and taking on challenges in the training, we discussed toxic stress. This concept made it possible for people to understand how too much adversity activates the stress response systems of a child’s developing brain as well as the child’s immune system, metabolic regulatory systems, and cardiovascular

system. This language was emotional and “sticky,” reminding us that adversity can “get under the skin” and undermine a child’s healthy development.

During this discussion, a well-known educator sounded a warning. She said that stress hadn’t just affected the children they work with—it had affected their parents, their teachers, and many of the educators in the room, including herself.

She told the group how she had experienced trauma and described her recovery. She then said if anyone had ever used the word toxic about her experiences, she might not have believed recovery was possible; she might not have worked so hard to heal. The word toxic, she said, sounds like poison. It sounds fatal!

Educators, and all of us who care about children, need to build on children’s and families’ assets and strengths.

It’s important to note that the Harvard Center continues to emphasize the resilience of the developing child—how the brain can recover from severe stress—and the power of caring and responsive relationships to counter adverse experiences (National Scientific Council on the Developing Child [2005] 2014). But when a phrase becomes public, it assumes a life of its own. Over the years, I have read many reports and been in many discussions in which toxic stress is portrayed like a disease—an incurable disease that has to be prevented by early childhood programs. In response, I have found I have to talk about brain plasticity and resilience again and again. Words—and the assumptions they conjure up—matter. **So, my first point is that *adversity is not destiny*.**

Fast-forward to 2016. I was at a convening of researchers, organization leaders, and philanthropists where there was a presentation about adverse childhood experiences (ACEs), one of many such discussions I have participated in over the years. After this particular ACEs presentation, the room erupted.



A number of the people who direct children's programs said they recognized how important it is to address abuse and neglect, but they also said that people in their communities were jumping to conclusions about children. Knowing that a child was in a family in which there was divorce or in a community where there was violence—two of several experiences that may qualify as adverse in the measurement of ACEs—led people to make very negative assumptions about the child. Children like these, who were presumed to have high ACEs scores, were also presumed to be doomed, with limited capacity to learn and low odds of future success. The leaders said that children were being badly stereotyped and that these stereotypes could lead to discrimination, which could truly harm children (Huynh et al. 2016).

A national study conducted by *Child Trends* found that 45 percent of children in the United States have experienced at least one ACE and 11 percent have experienced three or more ACEs, as reported by a parent or guardian (Sacks & Murphey 2018). Given the concerns shared by the

organizational leaders at that 2016 convening, it's possible that many adults are taking a dim view of the prospects of nearly half of all children.

Again, words and the assumptions they conjure up matter. Just because children live in poverty or their parents are divorced or they have faced other adverse experiences, we should not make assumptions about them. When we do, we risk harming them. Because research indicates that stereotyping can have very negative consequences for young children, my second point is that ***if ACEs are used to stereotype children, they can, even unintentionally, cause harm.***

Focusing on trauma-informed care can also lead to some unintended results. Shawn Ginwright of San Francisco State University, an authority on African American youth, youth development, and youth activism, has written about this. While he was leading a healing circle with a group of African American young men, all of whom had experienced some form of adversity, one young man interjected, "I am more than what happened to me, I'm not just my trauma" (Ginwright 2018). This led Ginwright—and me—to another key point: ***Children—and adults—are whole people and are more than the worst things that have happened in their lives.***

Again, I want to be very clear. The public focus on toxic stress, ACEs, and trauma-informed care has done a great deal of good. Teachers tell me they are less likely to assume that children who act out are "willful" or "bad." Directors say that expelling children is not beneficial and that they are trying to understand children's challenging behavior. These changes are invaluable.

But we can do better.

Just as the physical health care field is doing, we need to move beyond treating disease to encouraging wellness. In July 2019, I interviewed Phil Fisher, who studies the effects of stressful experiences on young children's neurobiological and psychological development as director of the Center for Translational Neuroscience at the University of Oregon. In our discussion on the evolving responses to children and adversity, Fisher said that focusing on trauma is "the starting line, not the finish line." He's particularly concerned when traumatic experiences mean that

children are held to a lower standard. As he explained, “Sometimes . . . the child has free license to do whatever is in their less productive repertoire because they’ve been through these experiences—so they can leave the classroom, they can go take a break, they can act out. . . . [It] doesn’t necessarily lead them to end up in a better place” (P. Fisher, interview with author, July 9, 2019).

This brings me to the fourth, and most important, point: ***Educators, and all of us who care about children, need to build on children’s and families’ assets and strengths.*** As educators, our goal is not merely to understand children—it is to make sure they reach their full potential.

What’s next: Asset-based approaches

In my search for what comes next, I looked at some of the more successful interventions. One feature they have in common is paying serious attention to what children and adults are already doing that’s right and expanding this behavior rather than dwelling on what’s wrong.

Alicia Lieberman of the University of California, San Francisco, has a wonderful example of starting with strengths. She explains the approach she helped develop for Attachment Vitamins, a course that helps parents and caregivers repair the impact of chronic stress and trauma:

The first question asked of parents is, “Tell me what you love most about your child.” It is an instant wall dropper, and for the facilitators, it is the first glimpse of the magic they witness during the Attachment Vitamins group. There is intentionality in this question. By asking parents what they love most about their child, the facilitators tell parents that they assume they are in fact loving parents and that the love they have for their child has dimensions and layers. It is a strength-based approach that places the focus on the parent’s primary motivation for the class—the relationship with the child. (Hulette et al. 2016, 21)



A second example is Filming Interactions to Nurture Development (FIND) (www.thefindprogram.org). FIND is a brief video coaching program for caregivers of young children that’s designed to promote back-and-forth interactions between the caregiver and the child (National Scientific Council on the Developing Child 2004). Fisher, a developer of FIND, described its origins in our 2019 interview:

We spent many years developing programs to help children who are raised in neglectful and sometimes abusive backgrounds. What we found was that if you watch very closely the interactions between children and adults who are caring for them, there are numerous instances in which the child will do something and the adult will respond in the way that is supportive and nurturing. (interview with author, July 9, 2019)

Showing people that they already have what it takes—that they are already engaging in supportive interactions—is almost magical, Fisher says, in that it gives adults specific ideas of what to do more of.

Now that we have a clear picture of strengths-based early care and education, let’s explore how you can bring an asset-based approach into your classroom.

Moving to asset-informed care: Suggestions for starting with ourselves

In most child development articles, how-to suggestions typically focus on what to do for children; but I know from research and from my own experiences that it is essential that each of us begin with ourselves (Galinsky 2010). We can't change anyone else. We can only change ourselves and create the conditions in which it is likely that someone else, including the children in our classrooms, can change.

Suggestion 1: Understand yourself and seek support

I have often heard teachers say that they like all the children they teach equally. That is a noble aspiration, but it's important to understand that we are human and we react differently toward different children.

Here's an exercise I developed when I was a teacher because I realized that after the first day of school, I didn't remember all of the children's names—I remembered some and forgot others. To figure out why, I started writing down all of the names of the children in the class and then reflecting on whom I remembered, whom I forgot, and why.

In recent years, I've done this exercise with groups of teachers. Their answers are insightful. One teacher remembered the outgoing children and forgot the quieter children because being outgoing was valued in her family. Another remembered the seemingly out-of-control children because he had struggled so hard to gain control of his own feelings.

Try this exercise and see what you learn about yourself. All of us react strongly—positively or negatively—to some behaviors. It is important to understand what those behaviors are and why so that we can respond carefully and with intention rather than immediately reacting to a particular situation.

This type of self-reflection is especially important when we feel stressed because that stress makes it more difficult to respond positively to children.

Building up our self-knowledge will help us achieve the goal of behaving equitably and with care toward all children, which is the essence of asset-informed care. As Fred Rogers (with whom I had the honor of working as a parent expert on some of his shows for adults) has said, "Discovering the truth about ourselves is a lifetime's work, but it is worth the effort" (Rogers 2003, 13).

Although self-reflection and self-knowledge are important, we can't do this work alone. For personal and professional growth, we all need support from our colleagues. When I think back to being a teacher in New York City, the example that comes to mind is of one child who often climbed to the top of the jungle gym when it was time leave the city playground and go back to school. She seemed to be taunting the teachers: "Make me come down!"

Building up our self-knowledge will help us achieve the goal of behaving equitably and with care toward all children, which is the essence of asset-informed care.

If I had been alone, there was no way I could have managed a group of active children in a busy public playground and a child on top of the jungle gym, refusing to climb down. I could only manage because there was another teacher to help. Together, we handled each instance of this behavior; even better, over time we came to understand the behavior so we could address the child's needs and prevent these episodes from happening.

No teacher should feel obligated to manage challenging situations alone. Get help and support by talking with other teachers, reading articles, or finding professionals who can help you cope.

Suggestion 2: Listen to children's behavior and try to figure out what it is communicating

All behavior is a communication—it is saying what the child feels, thinks, believes, or expects, often without words. If a child's behavior is of concern, look deeply, asking yourself the following types of questions:

- *What* questions: What does the child seem to be communicating? Is the behavior an expression of anger? What seems to make this child angry? What makes the child sad? Or withdrawn?
- *When* questions: When does this behavior happen? Is it first thing in the morning or during transition times? Is it before mealtimes? Knowing when it happens provides clues for what triggers the behavior, such as separations, change, hunger, or tiredness. If you understand the triggers, you can better prepare for them such as by providing extra help during transitions or making sure the child doesn't get too hungry.
- *With whom* questions: With whom does this behavior happen? Is it adults or children? The same person or different people? Is there a particular person—child or adult—who seems to set the child off?
- *Why* questions: Why do you think this child becomes angry, sad, or withdrawn? Why do you think the transition to read-aloud time is so difficult? Why do you think the child reacts strongly to the music teacher? Understanding *why* can help you build a better relationship with the child and develop more effective strategies to support them.

It may take time and careful record keeping to determine answers to these types of questions—and you may not have answers to *why* questions—but trying to figure out the child's perspective, that is, using your own perspective-taking skills, will help you have a deeper compassion for and understanding of this child.

Suggestion 3: Improve your self-control

Self-control is about doing what you need to do to achieve a goal. One effective technique draws on the research of Gabriele Oettingen (2015)



of New York University. She has developed WOOP—Wish, Outcome, Obstacle, and Plan—as a process for exercising self-control and bringing about change (<http://woopmylife.org>).

Let's say you don't want to overreact to an aggressive child. Here is the WOOP process you would use:

- *Wish*: Set a goal for how you want to respond to this child.
- *Outcome*: Think of how achieving that goal will make you feel.
- *Obstacle*: Then think of an obstacle within you that could stand in your way of achieving that goal. The obstacle might be your feeling that children who are aggressive upset you and you always want to jump in quickly to protect the victims.
- *Plan*: Come up with an if-then plan for managing the child's behavior without overreacting: "If I find myself wanting to overreact to the aggressive child, then I will take a deep breath and speak to the child in a calm and constructive voice."



Moving to asset-informed care: Suggestions for working with children

As we turn to working with children, keep in mind that you cannot change children or their families, but you can create conditions that will help them change themselves. The following suggestions assume that you seek the support you need and that you help families find additional resources and assistance, as necessary.

Suggestion 1: Form a positive relationship with the child by building on moments of connection and catching them doing things right

Your relationship with each child in your classroom matters a great deal. In its review of the literature, the Harvard Center on the Developing Child has concluded that the quality of early care and education young children receive plays an important role

in whether or the extent to which their brains are affected by high stress levels (National Scientific Council on the Developing Child [2005] 2014).

Key factors in quality care and education are warmth, sensitivity to a child's cues, and responsiveness (such as engaging in back-and-forth interactions) (Galinsky 2010). In addition to creating many moments of connection with the child, it's important to build on and extend these moments with the child's family. If you are not sure where to start, try Lieberman's Attachment Vitamins approach of asking parents (and other primary caregivers) to talk about what they love most about their child. You can expand on that foundation by also asking families to share memories of moments in which they felt really connected with their child.

You cannot change children or their families, but you can create conditions that will help them change themselves.

You may think that this isn't necessary, but I can't tell you how many families think the teacher does not like their child if the teacher begins a conversation by talking about the child's problems. Taking a few minutes to highlight and learn more about a child's strengths may dramatically alter the nature and usefulness of the conversation—and help develop a true partnership with the family.

In our Mind in the Making training on executive function-based life skills (www.mindinthemaking.org/training), we ask participants to remember a time when a person in an authority position (e.g., a doctor) began a discussion with them about a problem. That's a quick route to realizing how powerful our words can be as teachers. Even today, years later, I can remember how I felt when teachers were critical of one of my children. I was much more open to learning if teachers began by sharing how much they appreciated my child and then talked about how we might solve a problem

together. When faced with difficult circumstances, Fred Rogers recommended offering “one kind word.” It will help families and children flourish!

Another important strategy is to look for the things that the family and the child are already doing that are right or beneficial (just as Fisher and his team do in the FIND intervention). Children who struggle with self-control and then use self-control—even for a few seconds—should be acknowledged. I have observed in classrooms (and in family situations) enough to know that we typically pay attention to what’s wrong, which can trigger defensiveness as people feel blamed. Catching the child or family doing something right is a much more positive and powerful way to encourage change. As the old adage goes, pay attention to what you want—not what you don’t want.

Suggestion 2: Help children understand and regulate their feelings

You can build opportunities for children to name and talk about their feelings into everyday activities. For example, when you ask children to recount an experience, ask them how that experience made them feel. Reading books offers another opportunity to talk about feelings. You can ask children what they think the character in the story is feeling and why, then ask them if they ever felt that way. At circle time, you can ask children to make faces and have the other children guess what that face is communicating. Children will begin to learn about the rich array of feelings through these activities.

You can also make this a special activity, like the Yale Center for Emotional Intelligence does with its Mood Meter, asking children to indicate how they feel when they come to school: happy, sad, angry, or calm. Then you can build on this initial understanding of emotions to help children learn to regulate their feelings. Researchers at the Yale Center developed a model named RULER, which is an acronym for five essential regulation skills the curriculum helps children acquire: “Recognizing emotions in oneself and others; Understanding the causes and consequences of emotions; Labeling emotions accurately; Expressing emotions in ways that are appropriate for the time, place, and culture; and Regulating emotions” (Tominey et al. 2017).

In addition to instructional resources, teachers need techniques—like pauses and mindfulness—that help children become calm and then reflect on their feelings. I use the word pause because words matter, and a new word is needed to spell out the best—not the worst—of time-outs. Too often, time-outs are punishments in which the child is isolated. With pauses, adults lovingly help children calm down—sometimes by removing them from the scene where the strong feelings erupted—and by holding them if the child consents to being held. Taking a pause gives the child time to reflect while feeling cared for and supported.

A number of programs have begun to help children learn calming strategies such as mindfulness as a part of the regular curriculum (not just as a technique to use when a child is upset or disruptive). In an experiment conducted by Phil Zelazo of the University of Minnesota and his colleagues, young children were taught breathing strategies for calming down. They were shown a bottle with glitter in it; after the bottle was shaken up, the children watched the glitter settle. It was an engaging example of what they were going to learn to do to settle themselves. Then they learned about breathing techniques by putting a stuffed animal on their stomachs when they were lying down and making the animal go up and down as they took big breaths in and out. Zelazo says that combining mindfulness and reflection training can help children dial down strong feelings as well as help them develop executive function skills for regulating their feelings (Zelazo et al. 2018).

Suggestion 3: Support children’s developing autonomy

Studies have found that caregiving and teaching that provide what’s called autonomy support are important precursors to executive function skills (Bernier et al. 2011; Meuwissen & Carlson 2015, 2019; Laurin & Joussemet 2017; Distefano et al. 2018). Simply put, autonomy support means that we don’t fix the problems for children, nor do we stand by and do nothing. We involve children in learning to fix or resolve problems for themselves.



In a review of the literature my colleagues and I conducted, we determined that autonomy support has four components. You can use these components as a lens in helping children learn to regulate their social, emotional, and cognitive capacities.

- **Take the child's view:** Do you think about why the child is behaving this way? Then do you think about what the child can and cannot (yet) do by watching and reflecting on the child's capabilities and what the child may be thinking and feeling? Do you then respond to the child with this understanding in mind?
- **Share reasons:** Do you share what is expected and why? Are you predictable, and do you share reasons in a way that promotes the child's taking an active role?
- **Ensure the child plays an active role—collaborative problem solving:** Do you ensure that the child is actively involved in solving age-appropriate problems instead of you solving the whole problem or fixing things for the child?
- **Scaffold:** Do you help the child in a way that provides the child with a challenge that is hard but not too hard and gives the child a chance to develop and use executive function skills?

In closing: A collaborative process for problem solving

Throughout the years, as well as in all of my books, I have championed the following problem-solving process with children. This process is the best way I have found of being autonomy-supportive and helping children learn to regulate their behavior and feelings:

1. State the problem. For example, "When you had a tantrum yesterday, you didn't like it and neither did I."
2. Involve the child in coming up with solutions: "What ideas do you have that would help you calm down when you start to get very upset?"
3. Have the child list as many ideas as possible while you write them all down.
4. Evaluate each solution together, asking the child if it would work for them and for you.
5. Pick one to try, write it down (and add a visual reminder, if possible), and post it. See if it works. If it doesn't, then without being punitive or judgmental, have another meeting to come up with another solution to try.

In addition to using this process in your classroom, it is helpful to share it with families. Consider adding a short workshop on collaborative problem solving to your next family event. Along with offering a demonstration and handout, be sure to ask families to share examples of their successes with problem solving so that you can celebrate their strengths and enable families to learn from each other.

For inspiration, I conclude with the wisdom of Fred Rogers (2003, 175), who said,

The world needs a sense of worth, and it will achieve it only by its people feeling that they are worthwhile.

References

- Bernier, A., S.M. Carlson, M. Deschênes, & C. Matte-Gagné. 2011. "Social Factors in the Development of Early Executive Functioning: A Closer Look at the Caregiving Environment." *Developmental Science* 15 (1): 12–24.

- Center for Prevention and Early Intervention Policy. 2018. *Creating a Trauma Informed State: A Showcase of Florida's Cutting Edge Trauma Initiatives*. Tallahassee, FL: Florida State University. https://cpeip.fsu.edu/Creating_a_Trauma_Informe_State/TraumaShowcase.pdf.
- Distefano, R., E. Galinsky, M.M. McClelland, P.D. Zelazo, & S.M. Carlson. 2018. "Autonomy-Supportive Parenting and Associations with Child and Parent Executive Function." *Journal of Applied Developmental Psychology* 58: 77–85.
- Galinsky, E. 2010. *Mind in the Making: The Seven Essential Life Skills Every Child Needs*. New York: HarperCollins.
- Ginwright, S. 2018. "The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement." Medium Psychology. Blog post. <https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>.
- Heath, C., & D. Heath. 2008. *Made to Stick: Why Some Ideas Take Hold and Others Come Unstuck*. London: Arrow Books.
- Hulette, A.C., M. Dunham, M. Davis, J. Gortney, & A.F. Lieberman. 2016. "Early Intervention for Families Exposed to Chronic Stress and Trauma: The Attachment Vitamins Program." *ZERO TO THREE* 36 (6): 19–25.
- Huynh, V.W., S.A. Guan, D.M. Almeida, H. McCreath, & A.J. Fuligni. 2016. "Everyday Discrimination and Diurnal Cortisol during Adolescence." *Hormones and Behavior* 80: 76–81.
- Laurin, J.C., & M. Joussemet. 2017. "Parental Autonomy-Supportive Practices and Toddlers' Rule Internalization: A Prospective Observational Study." *Motivation and Emotion* 41 (5): 562–75.
- Meuwissen, A.S., & S.M. Carlson. 2015. "Fathers Matter: The Role of Father Parenting in Preschoolers' Executive Function Development." *Journal of Experimental Child Psychology* 140: 1–15.
- Meuwissen, A.S., & S.M. Carlson. 2019. "An Experimental Study of the Effects of Autonomy Support on Preschoolers' Self-Regulation." *Journal of Applied Developmental Psychology* 60: 11–23.
- National Scientific Council on the Developing Child. 2004. *Young Children Develop in an Environment of Relationships: Working Paper 1*. <https://developingchild.harvard.edu/resources/wp1/>.
- National Scientific Council on the Developing Child. (2005) 2014. *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3*. Updated ed. <https://developingchild.harvard.edu/resources/wp3/>.
- NCTSN (National Child Traumatic Stress Network). n.d.. "Who We Are." <https://www.nctsn.org/about-us/who-we-are>.
- Oettingen, G. 2015. *Rethinking Positive Thinking: Inside the New Science of Motivation*. New York: Current.
- Pletcher, B.A., M. O'Connor, M.E. Swift-Taylor, & M. DallaPiazza. 2019. "Adverse Childhood Experiences: A Case-Based Workshop Introducing Medical Students to Trauma-Informed Care." *MedEdPORTAL* 15: 10803.
- Rogers, F. 2003. *The World According to Mister Rogers: Important Things to Remember*. New York: Hyperion.
- Sacks, V., & D. Murphey. 2018. *The Prevalence of Adverse Childhood Experiences, Nationally, by State, and by Race or Ethnicity*. Brief. Child Trends. www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity.
- Tominey, S.L., E.C. O'Bryon, S.E. Rivers, & S. Shapses. 2017. "Teaching Emotional Intelligence in Early Childhood." *Young Children* 72 (1): 7.
- Zelazo, P.D., J.L. Forston, A.S. Masten, & S.M. Carlson. 2018. "Mindfulness Plus Reflection Training Improves Executive Function in Early Childhood." *Frontiers in Psychology* 9: 208.

About the author

Ellen Galinsky is chief science officer at the Bezos Family Foundation and president of Families and Work Institute. She has conducted research on child care, parent-professional relationships, parental development, work-family issues, and youth voice. Her latest book is *Mind in the Making*. She's a past president of NAEYC.

NAEYC NEWS

The latest from the National Association for the Education of Young Children

FROM OUR PRESIDENT

Taking Care of Ourselves First

Ann McClain Terrell

Hello, NAEYC members! I am honored to serve as your NAEYC president and am excited about the next two years of service to you and to our field. This is an important time for the early childhood education profession, and I look forward to this next chapter and to sharing that journey with you.

As I write this column, we are in the midst of the international COVID-19 crisis. Suddenly, the early childhood education field and early childhood educators are being recognized as essential because of our service: providing early childhood care and education for families who are carrying out the necessary work to keep our cities going and are on the front lines of saving lives. Our field is critical to the work that must take place in order to address the COVID-19 pandemic. While we have long known how crucial early childhood education and care are, we are at a place and time where our often underappreciated work is being



DE NUESTRA PRESIDENTA

Cuidemos primero de nosotros mismos

Ann McClain Terrell

¡Saludos, miembros de NAEYC! Siento que es una honra servir como su presidenta de NAEYC y me emociona la posibilidad del servicio a ustedes y a nuestro campo durante los próximos dos años. Este es un momento importante para la profesión de la educación de la primera infancia, y tengo mucha esperanza acerca del próximo capítulo de nuestra historia y de compartir este viaje con ustedes.

Mientras escribo esta columna, nos hallamos en medio de la crisis internacional de la COVID-19. De repente se está reconociendo que el campo de la educación infantil y los educadores de niños pequeños somos esenciales a causa de nuestro servicio: aportamos el cuidado y educación infantil a familias que están realizando el trabajo



recognized for the important role it has in society, and we are stepping up to accept the challenge and to lead the charge.

This is work we at NAEYC have been engaged in for many years through Power to the Profession (P2P) and other initiatives—and P2P is working hard now to ensure that the value of our field is clearly articulated in terms and standards and will be recognized beyond this current crisis. As we move forward in those efforts, we—as individuals and as members of the larger field—must continue to be proactive in making sure we are open to having critical and courageous conversations about our work. One of those critical, ongoing conversations is a main focus of this issue of *Young Children*: supporting children who have experienced trauma. As you

We must be proactive
in having critical
conversations
about our work.

necesario para mantener nuestras ciudades y que se encuentran en la primera línea de los esfuerzos por salvar vidas. Nuestro campo es crucial para el trabajo que tiene que realizarse a fin de hacer frente a la pandemia de COVID-19. Aunque sabemos desde hace mucho lo esencial que es el cuidado y educación de niños pequeños, estamos en un lugar y un tiempo en que se está dando más reconocimiento a nuestra labor que con tanta frecuencia se subestima, por el papel importante que desempeña en la sociedad y nos estamos ofreciendo para contestar los desafíos y llevar la delantera en la lucha.

Esta es una obra la que ya llevamos muchos años realizando en la NAEYC por medio de Revalorizar la Profesión (P2P, siglas en inglés) y otras iniciativas; y en P2P se está trabajando mucho ahora para que el valor de nuestro campo profesional se exprese claramente en términos y normas y sea reconocido más allá de la crisis actual. Mientras avanzamos en estos esfuerzos, nosotros—como individuos y como miembros del campo profesional mayor—debemos seguir tomando la iniciativa para que estemos abiertos a las conversaciones críticas y valientes acerca de nuestro trabajo. Una de estas conversaciones críticas y continuas es un tema principal del presente número de *Young Children*: el apoyo a los niños que han experimentado el trauma. Como ustedes leerán en estas páginas, muchos en la profesión de la primera infancia, junto con peritos en otros campos, hemos dedicado mucho pensamiento e investigación a nuestra práctica y su relación con el trauma; focalizamos especialmente en cómo las experiencias traumáticas afectan a los

niños y cómo se ve esto día por día en nuestros programas y aulas de la primera infancias. No obstante, me pregunto si hemos pensado y conversado suficientemente sobre el trauma que algunos de nosotros, los adultos que trabajamos en el campo, traemos a estos mismos programas y aulas. Algunos maestros que tratan con niños

traumatizados pueden a veces desarrollar sus propios síntomas del trauma, lo que se llama *trauma secundario*. Las circunstancias como la actual crisis mundial de la salud pueden también provocar el estrés y el trauma y sacar a relucir en nuestras vidas memorias previamente reprimidas. Estos son momentos increíblemente difíciles para todos

will read in these pages, many of us in the early childhood profession along with experts in other fields have given a lot of thought and research to our practice and its relationship to trauma; we focus in particular on how traumatic experiences affect children and how that plays out in our early childhood classrooms and programs on a daily basis. However, I wonder if we have given enough thought and discussion to the trauma that some of us (the adults who work in the field) bring to those same early childhood classrooms and programs. Some teachers who deal with traumatized children can sometimes develop their own trauma symptoms (what's known as *secondary trauma*). Circumstances like our current global health crisis can also trigger stress and trauma and bring once-buried memories back to the forefront of our lives. This is an incredibly difficult time for us all. The effects may be devastating for many of us, and the enormity of the impact may be staggering.

In the spring of 2018, Oprah Winfrey brought the subject of childhood trauma and its impact on adults front and center. She came to Milwaukee, Wisconsin, where I live, and focused her *60 Minutes* report on residents here. She discussed the adverse childhood experiences (ACEs) test and study. An ACE score is a summation of characteristics of a challenging childhood, possibly including different types of abuse and neglect—the higher a score, the more likely a person is at risk for later mental and physical health problems. As I reflect back on that report, I wonder how many ACEs we're carrying and what traumas we must heal in order to facilitate the healing of those in our care.

The practices of self-reflection and self-care are critical in these times.

nosotros. Los efectos podrán ser devastadores para muchos de nosotros, y la enormidad del impacto puede abrumarnos.

En la primavera de 2018, Oprah Winfrey planteó como tema central el trauma infantil y su impacto

en los adultos. Vino a Milwaukee (Wisconsin), donde yo vivo, y focalizó su informe del programa *60 Minutes* en los residentes locales. Conversó sobre el análisis de experiencias adversas en la infancia (ACE, siglas en inglés) y el estudio relacionado. Una puntuación de ACE es un resumen de las características

de una niñez marcada por mucha dificultad, que posiblemente incluye varios tipos de abuso y descuido. Entre más alta es la puntuación, más probable es que la persona está en peligro de tener problemas de salud mental y física más tarde en la vida. Mientras reflexiono sobre aquel informe, me pregunto cuántos puntos en la escala ACE estamos llevando en nuestros interiores y qué traumas debemos sanar a fin de facilitar la curación de los que cuidamos.

Aprendamos a cuidar de nosotros mismos

Algunos hemos entrado a este campo porque tenemos la necesidad de ser nutridos y curados. Algunos tenemos la esperanza—tal vez subconsciente—que el mostrar cariño a los niños sanará nuestras heridas. Y también hay los que han sido aconsejados que este campo es muy apto para ellos, en la ausencia de otras habilidades u otra formación.

Delechia Johnson es una perita en capacitación docente de la educación infantil y proveedora de asistencia técnica a quien respeto y de quien he aprendido mucho durante los años. Cuando le pregunté acerca de proporcionar capacitación docente en la primera infancia a personas que pueden traer el trauma en su interior, me expresó los siguientes pensamientos:

Con frecuencia impartimos instrucción a través de la lente de cómo se nos crio. Si hemos experimentado el trauma puede impactar nuestra manera de ver las cosas, de confiar en otros, y cómo

Learning to care for ourselves

Some of us come into this field because we have a need to be nourished and made whole. Some have the hope—perhaps subconsciously—that loving children will heal our wounds. Then there are those who are offered the guidance that this field, absent other skills or education, is a good one for them to go into.

Delechia Johnson is an expert early childhood education teacher educator/trainer and technical assistance provider whom I respect and have learned much from over the years. When I asked her about providing early childhood training to people who may bring trauma with them, she shared these thoughts:

We often teach through the lens of how we were raised. If we have experienced trauma it can impact how we view things, how we trust others, and what we think about ourselves. Those of us who support teachers need to provide opportunities and spaces for teachers to reflect on their personal selves because they will have to blend their personal self with their professional self—one self will impact the other; we need to understand both. Many may think that this is leaning toward us needing to be counselors to teachers, but it is about meeting the needs of the whole person. We talk about meeting the needs of the whole child; we need to do the same for teachers. We need to provide more opportunities that allow teachers to slow down, reflect and access opportunities for self-care. Teachers are not whining; they are asking for help!



nos vemos a nosotros mismos. Los que ofrecemos apoyo a los maestros tenemos que ofrecerles oportunidades y espacios para que reflexionen en su yo personal porque tendrán que combinar su yo personal con su yo profesional—cada yo tendrá un impacto en el otro; tenemos que comprender a los dos. Muchos podrían pensar que esto nos lleva hacia tener que ser consejeros de los maestros, pero se trata de satisfacer las necesidades de la persona entera. Hablamos de satisfacer las necesidades del niño entero; es necesario que hagamos lo mismo para los maestros. Tenemos que aportarles más oportunidades de aminorar el paso, reflexionar y acceder a oportunidades de cuidarse a sí mismos. Los maestros no están lloriqueando; ellos que están pidiendo ayuda!

Our great responsibility

Our field is charged with the protection and nurturing of our youngest souls. And when the nation is in the midst of a crisis, we are called upon even more to steady small boats in overwhelming seas. I was reminded recently of the advice we receive when flying:

In case of an emergency, air masks will drop from the ceiling. If you are traveling with a minor, please put on your own mask before helping the minor.

In her recently published book *Happiness is Running Through the Streets to Find You: Translating Trauma's Harsh Legacy into Healing*, Holly Elissa Bruno writes, "Trauma is boot camp for our own brand of intelligence, if not wisdom. Only when we are truly heard can we speak. Only when we speak can we believe ourselves. Only then, feeling safer from the threat of annihilation can we climb out of our cover story."

The practices of self-reflection and self-care are critical in these times to ensure that we can be healthy and whole in our service to those who need us. Let us heal our trauma first so we can help others through their own healing and learning. Let's put on our own masks first.

Best,

Ann

Our field is charged with the protection and nurturing of our youngest souls.

Nuestra gran responsabilidad

Se ha encargado a nuestro campo la protección y el tierno cuidado de nuestras almas más pequeñas. Y cuando la nación se halla en medio de una crisis, se nos pide con aún más insistencia que establezcamos los barcos pequeños en unos mares abrumadores. Se me recordó hace poco el consejo que recibimos en los vuelos:

En caso de emergencia, las máscaras de aire caerán del techo. Si viaja con un menor, póngase su propia máscara antes de ayudar al menor.

En su libro recién publicado *Happiness is Running Through the Streets to Find You: Translating Trauma's Harsh Legacy into Healing*, Holly Elissa Bruno escribe: "El trauma es el campo de entrenamiento para nuestra propia marca de inteligencia, a no ser sabiduría. Es

solamente cuando se nos escucha de verdad que podemos hablar. Es solamente cuando hablamos que podemos creernos a nosotros mismos. Solamente entonces, cuando nos

sentimos más protegidos de la amenaza de la aniquilación, podemos salir trepando de nuestro artículo de portada."

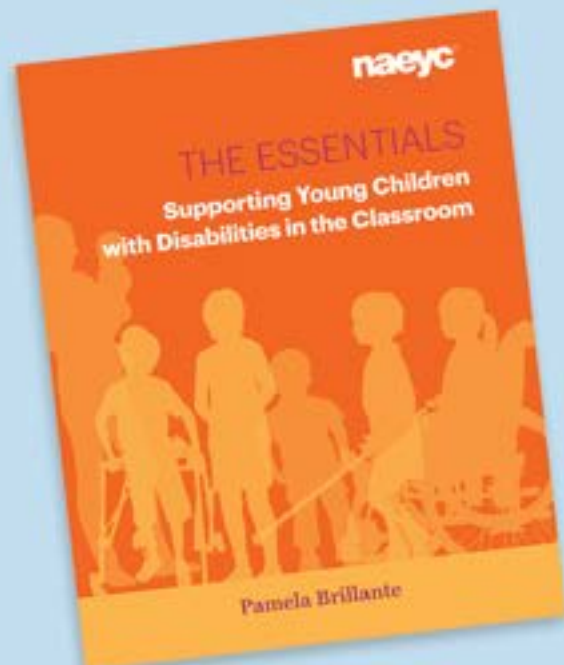
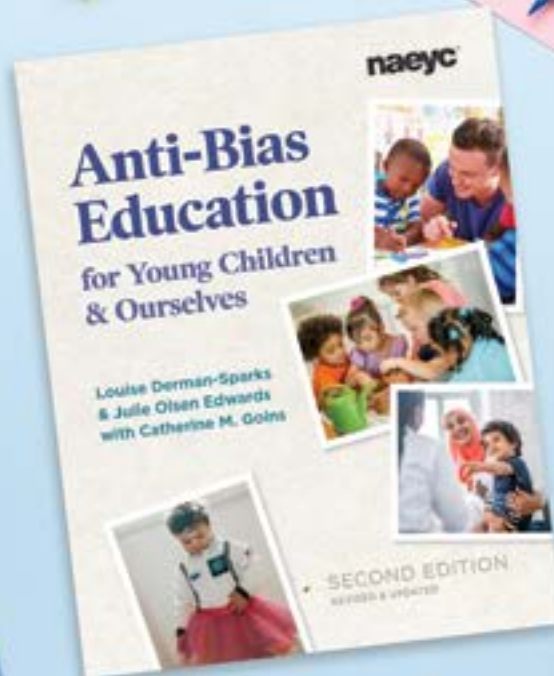
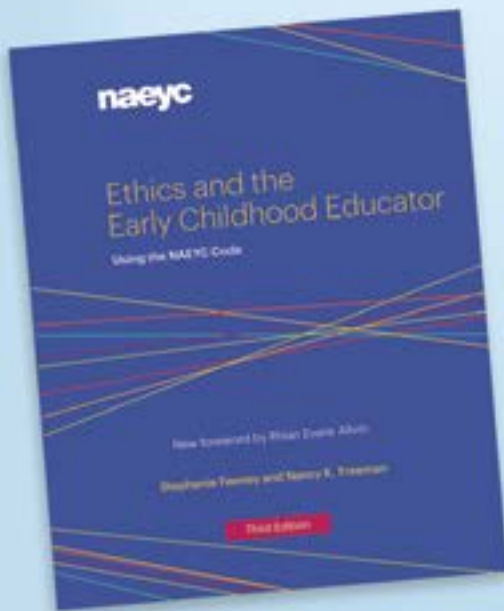
Las prácticas de la auto-reflexión y el auto-cuidado son esenciales en estos tiempos para que podamos estar sanos y enteros en nuestro servicio a los que nos necesitan. Sanemos primero nuestro propio trauma para que podamos ayudar a otros con su propia curación y su propio aprendizaje. Pongamos primero nuestras propias máscaras de aire.

Atentamente,

Ann

Photographs: p. 57 © NAEYC; p. 59 © Getty Images

Copyright © 2020 by the National Association for the Education of Young Children. See Permissions/Reprints at NAEYC.org/resources/permissions.



Books That Every Educator Needs!

[NAEYC.org/shop](https://naeyc.org/shop)

MAKING CONNECTIONS

Build It Better

Child Care after the COVID-19 Pandemic



Rhian Evans Allvin | *Chief Executive Officer*

This column was originally published on the NAEYC blog in May 2020. Read it here: [NAEYC.org/resources/blog/theres-no-going-back-child-care-after-covid-19](https://naeyc.org/resources/blog/theres-no-going-back-child-care-after-covid-19).

The world is experiencing and responding to a public health and economic crisis the likes of which my generation has never seen. On some days, the challenges are such that it's enough for me to simply put one foot in front of the other. On other days, I am able to look up from the fog and imagine how history may record this chapter decades from now. As I am writing this in April 2020, there is still so much we don't know. But the depths of the impact this pandemic is having on child care—as it reveals decades of structural cracks and economic vulnerability—is unmistakably devastating. Emergency support to shore up the industry is critical.

Yet even while we are amidst the devastation, we must collectively look up from the fog. We can't go from this crisis back to the crisis that was already defining our child care and early learning systems. We must resolve the fundamental challenges that have confronted us for decades—those which, if resolved appropriately, will propel far more children into high-quality child care and elevate the value of and compensation for early childhood educators.

FORMAR CONEXIONES

Construyámoslo mejor

El cuidado infantil después de la pandemia de COVID-19

Rhian Evans Allvin | *Directora Ejecutiva*

El mundo está experimentando y respondiendo ante una crisis económica y de salud pública nunca antes vista por mi generación. Algunos días, las dificultades son tantas que casi no puedo más al sencillamente poner un pie delante del otro. Otros días puedo levantar la vista desde las tinieblas e imaginarme cómo se podría grabar este capítulo de nuestra historia en las décadas venideras. Mientras escribo esto en abril de 2020, todavía es mucho lo que desconocemos. Pero es inconfundiblemente devastadora la profundidad del impacto que la presente pandemia está teniendo en el cuidado infantil—al revelar décadas de fallas estructurales y vulnerabilidad económica. Es crítico un apoyo de emergencia para fortalecer nuestra industria.

No obstante, aun mientras nos hallamos en medio de la desolación, debemos de levantar colectivamente la vista desde la neblina. Al salir de esta crisis, no podemos volver a la que ya definía nuestros sistemas de cuidado infantil y aprendizaje inicial. Tenemos que resolver las dificultades fundamentales que nos hacen frente desde el último siglo. Si se resuelven apropiadamente, impulsarán

Here are six keys we can use to unlock a better future:

1. Count by contract, not by child

During this public health crisis, we are seeing states taking advantage of new and existing flexibilities in child care subsidy funding to provide consistent payments both to programs that have remained open (with reduced enrollment) and to programs that have closed. These moves are a welcome departure from typical CCDBG (Child Care & Development Block Grant) funding approaches, which are based on funding individual children. In an underfunded system in which only one in six eligible children receives subsidy, this funding approach (which is done by attendance at worst and enrollment at best) makes it nearly impossible for providers to engage in planful budgeting. Let's not return to this strategy. In the future, states should contract with eligible licensed and regulated providers in centers and homes for a defined, consistent number of slots. To maintain public accountability, providers should periodically be audited and should be required to demonstrate they are serving CCDBG-eligible children in those slots.

2. Cover the cost of quality

Helping programs budget for consistency is an important step; helping them budget for quality is the next. With significant funding increases for child care in the last two federal budget and appropriations cycles, we have seen governors subsequently make necessary progress on increasing payment rates to providers serving families who receive subsidies through CCDBG. This progress represents a crucial step in

Early childhood educators need to be paid in alignment with their value, extensive skills, and competencies.

a muchísimos más niños al cuidado infantil de alta calidad y elevará el valor y la compensación de los educadores de niños pequeños.

He aquí seis claves que podemos utilizar para abrir el camino a un futuro mejor:

1. Contar los contratos, no a los niños

Durante esta crisis de la salud pública, vemos que los estados se aprovechan de flexibilidades nuevas y ya existentes en los fondos de concesiones para el cuidado infantil a fin de suministrar pagos constantes tanto a los programas que han quedado abiertos, aunque con una matriculación reducida, como a los que están cerrados. Estas decisiones marcan una diferencia positiva de los planteamientos típicos del financiamiento de CCDBG (siglas en inglés de Subvención en Bloque del Cuidado y Desarrollo Infantil), que se basan en la provisión de fondos según el número de niños individuales. En un sistema insuficientemente financiado en que solamente uno de cada seis niños elegibles recibe la subvención, este método de financiación (que se hace según la asistencia en el peor caso, y según la matrícula en el mejor caso)

por poco imposibilita que los proveedores hagan presupuestos planificados. No volvamos a esta estrategia. En el futuro, los estados deberán hacer contratos con proveedores elegibles, con licencia y reglados, ubicados en centros y hogares para un número concreto y consistente de plazos. Con el fin de mantener la responsabilidad ante el público, hay que auditar periódicamente a los proveedores y requerir que demuestren que están sirviendo en dichos plazos a niños elegibles para CCDBG.

2. Sufragar los gastos de la calidad

Ayudar a los programas a presupuestar para la consistencia es un paso importante. El siguiente es ayudarlos a presupuestar para la calidad. Gracias a los aumentos significativos en los fondos para el cuidado infantil que se han realizado durante los últimos dos ciclos de

fixing the structural financing inequities in child care. We shouldn't expect the market to serve children from families with low incomes with high-quality child care if we don't pay programs what it costs to do so. States that commit to using federal and state dollars to pay at or above current market rates and that sustain those increases each year will attract and incentivize a diverse range of high-quality providers, recruit and retain talented early childhood educators, give families *real choice*, and help young children get the best start in life, all resulting in economic benefits to the state and its workers.

3. Pay early childhood educators what they are worth

Throughout the COVID-19 crisis, health care workers have rightfully been lauded for their heroic efforts, but child care providers have routinely been overlooked. Both health care and child care workers are in essential roles, with hard science that backs up the value of their professions. Yet can you imagine the compounded challenges of this crisis if nurses and doctors were earning \$10.70 per hour (the current average wage for early childhood educators)? If we truly value early childhood education as the backbone to all other industries, then those who are providing the service every day need to be paid in alignment with their value, extensive skills, and competencies.

4. Rethink QRIS

Over the last two decades, the attention to the development and implementation of Quality Rating and Improvement Systems (QRIS) has done a lot to move high-quality child care into the vernacular. Yet in this

Post-pandemic,
we will have to
both build toward
the future while
also rebuilding
the foundation.

asignaciones y el presupuesto federal, hemos visto que los gobernadores subsiguientemente han progresado en hacer aumentos necesarios en las tasas de pagos destinados a los proveedores

que sirven a familias que reciben concesiones por medio de CCDBG. Este avance representa un paso crucial para arreglar las desigualdades estructurales de la financiación del cuidado infantil. No debemos de esperar que el mercado les proporcione el cuidado de alta calidad a niños cuyas familias tienen bajos ingresos si no se les paga a los programas tanto como les cuesta hacerlo. Los estados que

se comprometen con utilizar fondos federales y estatales para pagar según la tasa actual del mercado, o más, y que mantienen cada año dichos aumentos, atraerán e incentivarán a una amplia gama de proveedores de alta calidad, reclutarán y retendrán a educadores talentosos de niños pequeños, aportarán *opciones verdaderas* a las familias y ayudarán a los niños pequeños a tener el mejor comienzo en la vida; todo lo cual producirá ventajas económicas para el estado y sus trabajadores.

3. Pagar a los educadores infantiles un salario digno

Desde el principio de la crisis de COVID-19, con razón se ha elogiado a los trabajadores de la salud por sus esfuerzos heroicos, pero los cuidadores infantiles han sido pasados por alto con regularidad. Tanto los trabajadores de la atención médica como los cuidadores de niños desempeñan papeles esenciales, ya que datos científicos concretos respaldan el valor de sus profesiones. Sin embargo, imagínese cómo se intensificarían las dificultades de esta crisis si los enfermeros y doctores ganaban \$10.70 dólares por hora—el sueldo horario promedio de los educadores infantiles. Si de verdad valoramos la educación infantil como la columna vertebral de todas las demás industrias, los que aportan dicho servicio cada día deben de recibir una compensación que corresponda a su valor y sus extensas habilidades y competencias.

moment, we must reflect on whether we have made progress equivalent to what individualized state systems have cost us. While we have spent tens of millions of dollars on QRIS systems—including coaches, assessors, data systems, validation and evaluation systems, and cost of quality studies—early childhood educators are, on the whole, not earning more money, and child care programs continue to operate on razor-thin margins. If we had made the same investments in the drivers of quality related to the workforce and to the program environment, including compensation, market rate payments, scholarships to support the attainment of post-secondary degrees, and early learning and higher education program accreditation, I contend our outcomes would be startlingly different now.

5. Use the Unifying Framework for the Early Childhood Education Profession

Pre-pandemic, we knew we needed to build a unified profession. Post-pandemic, we will have to both build toward the future while also rebuilding the foundation. Our approach should be clear and consistent, reliant on the road map developed through the Unifying Framework for the Early Childhood Education Profession (<http://powertotheprofession.org/>). The Framework speaks to how and where dollars should be spent, what system elements are most critical, and how to avoid 50+ separate approaches for credentialing and certifications, which would inevitably result in an inefficient, inequitable system that is next to impossible for early childhood educators, families, and policymakers to navigate. I can, instead, envision a world where all early childhood educators, in every state and in every

This public health crisis has reinforced the essential nature of child care.

4. Reconsiderar el QRIS

Durante las últimas dos décadas, con la atención que se ha prestado al desarrollo e implementación de los sistemas QRIS (siglas en inglés de Sistemas de Tasación y Mejoramiento de la Calidad), se ha logrado mucho por llamar la atención del público al cuidado infantil de alta calidad. No obstante, en este momento debemos de reflexionar sobre si hemos logrado un progreso equivalente a los costos de los sistemas individuales de los estados. Aunque se ha gastado decenas de millones de dólares en los sistemas QRIS—lo que incluye los instructores profesionales, evaluadores, sistemas de datos, de validación y evaluación y los estudios del costo de la calidad—los educadores infantiles por lo general no ganan más dinero y los programas de cuidado infantil mantienen sus puertas abiertas pese a tener márgenes muy escasos. Si hubiéramos invertido cantidades iguales en los factores impulsores de la calidad que están relacionados con la fuerza laboral y el ambiente del programa, inclusive la compensación, los pagos según la tasa de mercado, las becas para respaldar el logro de títulos postsecundarios y la acreditación de programas de aprendizaje infantil y universitarios, yo sostengo que nuestros resultados serían asombrosamente diferentes ahora.

5. Utilizar el marco conceptual unificador para la profesión de la educación infantil

Antes de la pandemia, sabíamos que necesitábamos construir una profesión unificada. Después de este periodo, tendremos que construir hacia el futuro a la vez que reconstruyamos el cimiento. Nuestro planteamiento debe de ser claro y consistente, de acuerdo con el plan desarrollado por medio del Marco unificador para la profesión de la educación en la niñez temprana (<http://powertotheprofession.org/>). El Marco trata cómo y en dónde hay que gastar los fondos, cuáles elementos del sistema son más esenciales y cómo evitar que existan más de 50 planteamientos separados para las credenciales y la certificación, lo que inevitablemente daría por resultado un sistema ineficiente, poco equitativo

setting, are an Early Childhood Educator I, II, or III, connected by position descriptions, compensation, state licensing, and degree programs that are all aligned and straightforward.

6. Incentivize employers to have skin in the game

When COVID-19 became a global pandemic, many industries were decimated while others (like hospitals) needed to remain open and still others (like grocery stores) surged with increased hiring and profits as a result of heightened demand. The existence of open and thriving industries prompted insistence from governors that child care centers and programs remain open—at least in part—so the personnel in essential industries could go to work. This public health crisis has reinforced the essential nature of child care in order to keep at least part of America working in the face of an epidemic—and the rest of America working in the context of a recovery. It is critical that companies and industries recognize the contribution that child care makes to their ability to attract and retain a highly skilled workforce, provide a valuable good or service, and return earnings to their investors and shareholders. This recognition should come in the form of a strong commitment to employer-sponsored child care, which can sit alongside substantial public investment in child care as a public good and be further incentivized by states through favorable tax structures.

COVID-19 is shining a light on the inequities in America. Those deemed most essential are often the least valued and compensated and have the most limited access to basic supports like child care, health care, and

y casi imposible de navegar para los educadores infantiles, familias y legisladores. Más bien, yo concibo un mundo en que todos los educadores de niños pequeños, en todo estado y en todo programa, tienen el título Educador de la Primera Infancia I, II o III, conectados por descripciones de puestos, compensación, licencias estatales y programas de títulos universitarios que son alineados y sin ambigüedad.

6. Incentivar a los empleadores para que inviertan más

Cuando COVID-19 se volvió una pandemia global, muchas industrias quedaron diezmadas mientras que otras, como los hospitales, tenían que quedar abiertos y aun otras, como los supermercados, vieron un auge en las ganancias y las contrataciones a causa de la demanda elevada. La existencia de industrias abiertas y prósperas estimularon a los

gobernadores a insistir en que los centros y programas de cuidado infantil quedaran abiertos, al menos parcialmente, para que el personal de las industrias esenciales pudiera ir a trabajar. La crisis actual de salud pública ha hecho resaltar la naturaleza esencial del cuidado infantil para mantener el trabajo de al menos una porción de nuestro país durante una epidemia; y mantener el trabajo del resto del país en el contexto de la recuperación. Es crucial que las compañías y las industrias reconozcan la

contribución que hace el cuidado infantil a su capacidad de atraer y retener una fuerza laboral muy hábil, suministrar un bien o servicio valioso y devolver ganancias a sus inversores y accionistas. Este reconocimiento debe tomar la forma de un compromiso fuerte con el cuidado infantil patrocinado por empleadores, lo que puede acompañar una inversión pública cuantiosa en el cuidado infantil como un bien público y ser incentivado aún más por los estados a través de las estructuras impositivas favorables.

La situación actual de COVID-19 está arrojando luz sobre las desigualdades en Estados Unidos. Las personas que se considera más esenciales, con frecuencia son las menos valoradas y compensadas

It is critical industries recognize the contribution that child care makes to retaining a highly skilled workforce.

food security. It is within our reach to fix these inequities. We can't go back, so let's use this crisis to write a new chapter—one that is built on the best of what we know about how young children thrive and learn, how families need stable child care to go to work, and how early childhood educators have to be valued with more than accolades, but with compensation and benefits comparable to their essential status.

y tienen el acceso más limitado a apoyos básicos como el cuidado infantil, la atención médica y la seguridad alimentaria. Está dentro de nuestro alcance remediar estas inequidades. No podemos volver atrás, así que utilicemos la presente crisis para escribir un capítulo nuevo, que está cimentado en lo mejor de lo que sabemos sobre cómo los niños pequeños prosperan y aprenden, cuánto necesitan las familias el cuidado infantil estable para que vayan al trabajo, y cómo hay que valorar a los educadores de niños pequeños—no con meros elogios, sino con una compensación y prestaciones comparables a su estatus esencial.

NAEYC Is in Your Corner

Early childhood educators are working tirelessly to survive the devastating public health and economic crisis caused by COVID-19, and they are not alone.

NAEYC is a leading voice on behalf of the diverse, dynamic early childhood field. Through surveys, policy recommendations, webinars, resources, alerts, and more—in partnership with our Affiliates and other national and state organizations—NAEYC has been a fierce and relentless advocate.

We will continue to work to ensure that you, the members of the essential early childhood education system, have equitable access to the investments and supports needed to survive and thrive.

Learn More: [NAEYC.org/resources/covid-19](https://naeyc.org/resources/covid-19)

Join the Movement: [NAEYC.org/get-involved/advocate](https://naeyc.org/get-involved/advocate)

NAEYC Member Spotlight

Margarita Marichal

Associate Director of the School of Education,
Universidad Interamericana — San Juan, Puerto Rico



For four years, *Young Children* has published Member Spotlight, a column that features NAEYC members' exemplary work with and for young children. Our members represent all facets of the world of early childhood education: we are teachers, administrators, researchers, policymakers, family members, and advocates. Our members' stories illustrate the different paths we have all taken to become part of the vibrant early childhood community and the NAEYC family. They also showcase how NAEYC members are carrying out the mission of promoting high-quality early learning for all children.

In my role as the chief strategy and innovation officer, one of my priorities is member engagement. I will be working to gather and share our members' stories in upcoming issues of *Young Children*. There is no better way to see the impact of high-quality early learning than through the eyes of our members. I invite you to reach out to share your story with me!

—Michelle Kang

Margarita Marichal has experienced many different kinds of classrooms and approaches to early childhood education during her career. She began to notice a pattern, though, in some of the early childhood classrooms she worked in: there seemed to be a lack of emphasis on child-led play and also on creativity and the arts. Seeking answers as to why that could be, Margarita discovered new ways of integrating play and approaching creativity and self-expression to promote resilience and be responsive to the effects of trauma.

Play should be an integral part of learning.

After finishing her master's degree at the University of Houston's Children's Learning Centers, she returned to Puerto Rico to work as a physical education instructor at the Universidad Interamericana. She was later approached about offering a course on play for prekindergarten to sixth-grade students, and it became clear that, too often, play was relegated to the physical domain and physical education. Recognizing this, she delved into the research and learned

that, "From play, we can achieve all the other developmental aspects of early childhood education, especially with free play. Even social and emotional development can be achieved through play." Especially as children get older and play is emphasized less and less, Margarita noticed that it can still be developmentally beneficial, especially in supporting content knowledge. "We should facilitate children's play through exploring their environment," she says, clarifying that play should not be a supplement to children's learning but an integral part of lessons.

After years of teaching early childhood courses at the Universidad Interamericana and becoming an active member of both NAEYC and PRAEYC, Margarita earned her doctoral degree in education with a specialization in early childhood education. Her doctoral work involved doing more in-depth research about play and the effects of certain traumas on young children. At the same time, she continued to explore ways in which

arts-embedded activities can help foster children's self-expression and well-being.

Art can nurture emotional well-being and also align with standards.



With this knowledge, Margarita now divides her time between the Universidad Interamericana and volunteering in her community. Based on her work in both settings, she says, “I have seen the difference in children who come from marginalized environments and those who do not,” and she emphasizes just how much work remains to be done in achieving equity and diversity, especially as communities react to traumatic events such as natural disasters and the COVID-19 global pandemic. From her perspective, this is where play and the arts really hold power.

“At least once a week, I go to a refugee camp or school to train Head Start and elementary

teachers on how they can fulfill curriculum competencies through the healing properties of art and also play,” she explains. “It’s hard for children to express how they feel in words, so that’s why we do it through art.” Art can be used in the wake of traumatic events to nurture social and emotional well-being and can also align with curriculum standards. Even activities as simple as self-portraits, Margarita notes, can be powerful ways for children to share their inner thoughts: “You can see from their expressions in their self-portraits all the things that they can show through art. It’s a kind of catharsis.

She herself is a self-taught artist and appreciates the benefits of creativity, seeing how art can be healing not only for children, but also for teachers who are quietly dealing with traumatic events that have affected their communities. As Margarita says, “The healing power of art and play does not recognize chronological age.”

**NAEYC.org/get-involved/
membership/spotlight**

SHARE YOUR STORY Answer a few questions to tell us about your work with young children and what NAEYC membership means to you.

NOMINATE A MEMBER Share why an NAEYC member you know should be recognized for their work with young children.

Photographs: p. 68 courtesy of the author; p.69 © Getty Images

Copyright © 2020 by the National Association for the Education of Young Children. See Permissions/Reprints at [NAEYC.org/resources/permissions](https://naeyc.org/resources/permissions).

NAEYC Governing Board & Leadership

NAEYC Governing Board

Ann McClain Terrell, *President* / Concordia University, Milwaukee, WI

Amy O'Leary, *Past President* / Strategies for Children, Boston, MA

Crystal Sanford-Brown, *Vice President* / Early Childhood Advocate, Bloomfield Hills, MI

Steven Hicks, *Secretary* / Maryland State Department of Education, Baltimore, MD

Carl L. Hairston, *Treasurer* / First Citizens Bank, Vienna, VA

Uhriel Bedoya / Lime, Miami, FL

Anthony Broughton / Claflin University, Orangeburg, SC

Dina C. Castro / University of North Texas, Denton, TX

Jie-Qi Chen / Erikson Institute, Chicago, IL

Tamara Johnson / Malaika Early Learning Center, Milwaukee, WI

Nadia Jones / Atlanta First Day School, Atlanta, GA

Naomi McQuiller / Winthrop University (student), Sumter, SC

Yohana I. Quiroz / San Francisco State University (student) and Felton Institute, San Francisco, CA

Nicol Russell / Teaching Strategies, LLC, Phoenix, AZ

Traki Taylor / State University System of Florida, Tallahassee, FL

Stacia Tipton / Marketing and Research Consultant, Washington, DC

Reginald Williams / South Carolina State University, Orangeburg, SC

Michelle Wlazlo / JC Penney Company, Inc., Plano, TX

Rhian Evans Allvin (*Ex Officio*) / NAEYC Chief Executive Officer, Washington, DC

Young Children Consulting Editors

Jessica Alvarado / National University, San Diego, CA

Lawrence Balter / New York University

Michelle Barnea / Millburn, NJ

Bonnie Blagojevic / Morningtown Consulting, Orono, ME

Lorraine Breffni / Nova Southeastern University, Fort Lauderdale, FL

Pam Brillante / New Jersey Department of Education, Special Education Services, Trenton

Teresa Byington / University of Nevada, Reno

Karen Burger Cairone / Education Development Center, Inc., Learning and Teaching Division, Newtown, PA

Velynda Cameron / University of Missouri, Polk County Extension, Bolivar

Lisa Castillo / South Salem Elementary School, Port Washington, NY

Eun Kyeong Cho / University of New Hampshire, Durham

Dong Hwa Choi / Park University, Parkville, MO

Michael Connor / Chemeketa Community College, Salem, OR

Shelly Counsell / University of Memphis, TN

Jennifer Crandell / WestEd, Scituate, MA

Lisa Cranston / Greater Essex County District School Board, Windsor, Ontario, Canada

Sharron Cuthbertson / Florida Gateway College, Lake City, FL

Natalie Danner / University of Nebraska-Kearney

Dede Dunst / Mitchell Community College, Statesville, NC

Angela Eckhoff / Old Dominion University, Norfolk, VA

Kari Fore / Bethel Highlands Preschool, Hudson, WI

Jeanne Galbraith / State University of New York, Cortland

Margaret Gillis / University of North Carolina at Greensboro

Keri Giordano / Kean University, Union, NJ

Stephanie Haney / University of Southern Mississippi, Hattiesburg

Kathleen Harris / Seton Hill University, Greensburg, PA

Lynn Hartle / Pennsylvania State University, Brandywine

Jayme Hines / Keene State College, NH

Cindy Hoisington / Education Development Center, Newton, MA

Rebecca Isbell / East Tennessee State University, Johnson City, TN

Marla Susman Israel / Loyola University, Chicago, IL

Tamar Jacobson / Rider University, Lawrenceville, NJ

Rebecca Roji John / Old Dominion University, Norfolk, VA

Kristen Kemple / University of Florida, Gainesville

Jinhee Kim / Kennesaw State University, Kennesaw, GA

Ji-Eun Lee / Oakland University, Rochester, MI

Sandra Linder / Clemson University, SC

Julia Luckenbill / University of California, Davis

Joan Lundbohm / Our Savior's Lutheran Preschool, San Clemente, CA

Sue Mankiw / William Paterson University, Wayne, NJ

Nita Mathew / Early Childhood Consultant, St. Joseph, MI

Bernice Mayfield / Northern Virginia Community College, Manassas, VA

Hannah Mills Mechler / University of North Texas at Dallas

Gayle Mines / DePaul University, Chicago, IL

William Mosier / Wright State University, Dayton, OH

Meir Muller / University of South Carolina, Columbia

Jodi Nerren / Texas A&M University, College Station, TX

Laura Newman / ProSolutions Training, Atlanta, GA

Neal Nghia Nguyen / Florida Atlantic University, Boca Raton, FL

Brandy O'Leary / Walden University, Minneapolis, MN

Peg Oliveira / Gesell Institute of Child Development, New Haven, CT

Cheryl Paul / Henry Barnard School, Providence, RI

Debbie Pischke / Peoria Unified School District, AZ

Beth Quick / University of Tennessee at Martin, Martin, TN

Rekha Rajan / National-Louis University, Chicago, IL

Kimberly J. Regan / Sierra Nevada Academy, Reno, NV

Gretchen Reynolds / Algonquin College, Ottawa, Ontario, Canada

Laurie Lee Richter / University of New Orleans, LA

Dawn Rouse / University of Wisconsin, La Crosse

Kelly Sadlovsky / Concordia University, St. Paul, MN
Deborah Schein / Champlain College, Burlington, VT
Holly Seplocha / William Paterson University, Wayne, NJ
Amy Shillady / Westminster, MD
Susan Stacey / Halifax Grammar School, Halifax, Nova Scotia, Canada
Robyn Stone / University of California, Santa Cruz Silicon Valley Extension
John Sutterby / University of Texas at San Antonio
Rebecca Swartz / University of Illinois at Urbana-Champaign
Linda Taylor / Ball State University, Muncie, IN
Lois Wachtel / Port Saint Lucie, FL
Kelley Walters / Northcentral University, Armada, MI
Alyson Williams / Virginia Early Childhood Foundation, Richmond, VA
Brian Wright / University of Memphis, TN

Voices of Practitioners Editorial Advisory Board

Stacy M. Alfonso / City College of New York, New York, NY
Georgina Ardan / JO Wilson Elementary School, Washington, DC
Cindy Ballenger / Tufts University, Medford, MA
Nancy Barbour / James Madison University, Harrisonburg, VA
Megan Blumenreich / City College of New York, New York, NY
Barbara Bowman / Erikson Institute, Chicago, IL
Amanda Branscombe, *Executive Editor* / Athens State University, Athens, AL
Robyn Brookshire / University of Tennessee, Knoxville
Isauro Escamilla Calan / Las Americas Early Education School, San Francisco, CA
Kathryn Castle / Oklahoma State University, Stillwater, OK
Lori Caudle / Western Carolina University, Cullowhee, NC
Sherry Cleary / City University of New York, Brooklyn, NY

Carol Copple / Early education consultant and writer, Nashville, TN
Mary Cronin / Cape Cod Community College, West Barnstable, MA
Jerlean Daniel / Early childhood consultant, Stoney Beach, MD
Mary Garguile / Olympic College, Bremerton, WA
Anna Golden / Atelierista Sabot School, Stony Point Campus, Richmond, VA
Beth Graue / University of Wisconsin, Madison
Barbara Henderson, *Coeditor* / San Francisco State University, CA
Lilian Katz / University of Illinois at Urbana-Champaign
Ben Mardell, *Executive Editor* / Project Zero, Harvard University, Cambridge, MA
Martha Melgoza / Skytown Preschool, San Francisco, CA
Mary Jane Moran / University of Tennessee at Knoxville
Leah Muccio / University of Hawaii, Honolulu
Debra Murphy, *Executive Editor* / Cape Cod Community College, West Barnstable, MA
Carrie Nepstad / Harold Washington College, Chicago, IL
Rebecca S. New / Frank Porter Graham Child Development Institute, University of North Carolina, Chapel Hill
Gail Ritchie / Fairfax County Public Schools, Alexandria, VA
Frances Rust, *Executive Editor* / University of Pennsylvania, Philadelphia
Danielle Savory Seggerson / Lansing Community College, Lansing, MI
Jamie Solomon / University of Michigan, Flint
Andrew J. Stremmel, *Executive Editor* / South Dakota State University, Brookings
Stacia Stribling / George Mason University, Fairfax, VA
Patricia Sullivan / San Francisco State University, CA
Kaile Thomas / San Francisco Child Abuse Prevention Center, CA
Nathaniel U. Weber / Russian Hill School, San Francisco, CA
Ashley Williams / San Francisco State University, CA

Learn More about the Governing Board

The NAEYC Governing Board provides mission-based leadership and strategic governance for the association. Serving on the NAEYC Governing Board is an extraordinary opportunity for members who are passionate about NAEYC's vision and mission, deeply committed to its values and beliefs, and skilled leaders with a track record of effective governance experience. To learn more about the Governing Board, and upcoming opportunities to serve, visit [NAEYC.org/about/gb/board_service](https://naeyc.org/about/gb/board_service).

NAEYC members may submit recommendations in writing to the Governing Board at any time. All recommendations should include a statement of concern, name, and contact information. Approved minutes of the Governing Board meetings are available online in the Members Only area ([NAEYC.org/memberlogin](https://naeyc.org/memberlogin)) or to members on written request.

Reimagining Infant and Toddler Preliteracy Programs

Mother Goose on the Loose

Betsy Diamant-Cohen

Gloria Bartas, an experienced children's librarian, has a small group of 2-year-olds circled around her. During story time, she wants to help the children get moving and focused with a whole-body activity paired with a rhyme. She has designed a series of fun-but-challenging moves to go with "Wee Willie Winkie" (a Scottish nursery rhyme) to provide an outlet for the children's excess energy and to eventually have them in a sitting-up position.

Gloria and the children lie faceup with their legs in the air. They bend their knees at their hips so their calves are parallel with the floor.

Wee Willie Winkie
Everyone kicks their feet.
runs through the town.
Continuing to kick their feet,
Upstairs,
they kick up toward the sky
Downstairs,
and down a little below knee level.
in his nightgown.
Gloria and the children sit up.
Tapping at the window
They clap three times.
Hollering in the lock,
They make noises by clicking
their tongues.



*"Are the children in their beds,
Bringing their palms together, they
lean their heads to the side to rest
on their hands.*

*it's now eight o'clock."
Gloria and the children bring their
hands, with fingers wide open, in front
of them and then move their thumbs
in front of their palms so eight fingers
are up.*

Before starting the rhyme and movements again, Gloria takes a moment to show the children her 10 fingers and folds in her two thumbs to make eight. After repeating “Wee Willie Winkie” two more times, Gloria sees that the children are focused on her and are calm—ready to return to paying attention during story time.

Gloria Bartas is a highly engaged children’s librarian dedicated to cultivating young readers. While her rendition of “Wee Willie Winkie” has a lot of her personality, it is an activity she learned by becoming a facilitator of Mother Goose on the Loose (MGOL). This research-based program is designed to be easy to implement in a wide variety of settings—from early childhood education centers to family child care homes to libraries. An educator uses nursery rhymes, songs, and related activities to help infants and toddlers develop oral language, preliteracy, social and emotional, and other kindergarten readiness skills in a nurturing environment. In 30-minute sessions, MGOL offers educators, parents, and other primary caregivers enjoyable ways to seamlessly incorporate various props into interactive rhymes designed to build self-esteem, connection, and curiosity. Based on the “Listen, Like, Learn” approach for teaching music to babies (which was designed by a retired opera singer, Barbara Cass-Beggs), MGOL focuses on the whole child while also promoting bonding (Cass-Beggs 1974, 1991). MGOL maximizes learning by incorporating repetition, rituals, movement, a joyful atmosphere, a safe environment, celebrations of successes, and individual recognition (Diamant-Cohen, Riordan, & Wade 2004). Core practices include talking, singing, reading, doing finger plays, and playing with infants and toddlers.

Although MGOL was originally designed as a public library program for parents with children from birth to 24 months, it has morphed into much more than that.

- › Teachers of young children (birth through pre-K) use MGOL activities to enrich circle time, one-on-one time, and group activities.
- › Early education centers and schools use MGOL activities to welcome new families into the school community and to give them fun educational activities that are easy to do at home.



- › Programs support children with special needs and their families by adding sensory toys, braille picture books, and high-contrast felt pieces to MGOL activities.
- › Programs serving homeless women who are suffering from traumatic experiences help young families find comfort by engaging in MGOL rhymes, songs, and movements (many of which do not require anything more than your voice and body).

How does MGOL work?

During standard MGOL sessions, a facilitator leads young children (or, in settings such as libraries or family workshops, children and their primary caregivers) through a variety of musical activities and finger plays. Rhymes—which are repeated twice and matched with fun activities—are accompanied by visual representations including book illustrations, flannel board pieces, and other props. Each session has the same 10 sequential sections, starting with passive finger plays and leading to musical instrument and colored scarf play. Approximately 80 percent of the program’s content is repeated from session to session, giving infants and toddlers a sense of stability that comes from knowing what to expect. The 20 percent of new activities keeps the program

Get Started with Free Mother Goose on the Loose Videos

To support educators, librarians, and caregivers who want to engage in MGOL activities, there are over 400 short videos (most are under a minute) available for free at <https://bit.ly/2N72YSK>. A large number of these videos feature experienced MGOL facilitators—including children’s librarian Gloria Bartas from the opening vignette—demonstrating rhymes, movements, and props. To see Gloria perform her version of “Wee Willie Winkie,” visit <https://bit.ly/2tCCjGG>. For another of Gloria’s whole-body rhymes, this time featuring “Zoom, Zoom, Zoom, We’re Going to the Moon,” visit <https://bit.ly/39PO7Wp>. As you’ll see, this song includes lots of movement. For infants and young toddlers, this is a great song to teach during a family workshop so that families can help their babies fly to the moon. For older toddlers, the movements can be done just as Gloria does them (flying themselves around instead of being lifted).

If you would like to implement the whole program, everything needed is available in one book: Mother Goose on the Loose, Updated! (Diamant-Cohen 2019b).

fresh and exciting. Following a predictable pattern, the musicality and repetition of rhymes and songs helps children to learn vocabulary, to easily recognize words, and to eventually feel like old friends (Diamant-Cohen 2019b).

MGOL facilitators strive to create a nurturing, nonjudgmental environment while forming positive connections with all participants (Diamant-Cohen, Riordan, & Wade 2004). Facilitators are encouraged to contribute their unique talents and personalities and to integrate their own interests into the program. Whether you are a guitar player or a dancer, MGOL is flexible and invites you to share yourself with the participants. This flexibility also means that you can easily adapt the program to incorporate songs and rhymes from your culture and the cultures of the children participating. Any rhyme, playground

chant, camp song, or family heritage song that is short, rhythmic, and easy to chant or sing can qualify, allowing for a diverse selection of songs and rhymes.

MGOL activities

MGOL activities are designed to afford time for infants and toddlers to bond with their caregivers (including educators and family members), since all are active participants. Pleasurable interactions such as hugs, knee bounces, and peek-a-boo games stimulate children’s brains and strengthen relationships (Lally & Mangione 2017). Program facilitators often choose to teach MGOL to families (e.g., as welcoming activities for families who are new to an early education center or in parenting courses); they model early literacy practices and provide useful developmental tips, explaining the value of the activities and suggesting ways to implement them at home.

Playing fun language games in a group setting familiarizes children with sound patterns and syllables while promoting social engagement.

Playing fun language games in a group setting familiarizes children with sound patterns and syllables while promoting social engagement (Fisher et al. 2011). Games consisting of easily achievable tasks, such as pulling a felt character off of a flannel board, provide opportunities to practice turn-taking, following directions, and paying attention. Freeze games, such as flying like a bird until short music clips pause, help children practice stopping. Receiving positive reinforcement for successful completion of these challenges builds children’s sense of competence and enables them to experience the joy of following directions (NAEYC 2019). Giving positive reinforcement by clapping for others enables children to see beyond themselves to celebrate others’ achievements. Together, these purposeful



play activities strengthen executive function skills by providing self-regulation practice and building self-esteem; both are important for school readiness, academic success, and future wellness (Diamond & Lee 2011; Jones, Greenberg, & Crowley 2015).

Rhymes about weather and animals build knowledge of the surrounding world (Mullen 2017). Playing with musical instruments and colored scarves allows for experimentation, observation of cause and effect, and creative expression (Diamant-Cohen et al. 2012). Music builds connections while nurturing children's imagination and creativity (Lerner & Parlakian 2016). Tapping the syllables of one's name on a drum helps children hear the sounds in words, which makes it easier for them to learn to write and read printed text (Winters & Griffin 2014). The age-appropriate listening, moving, and singing that takes place in MGOL activities exercises fine and gross motor skills, fosters speech development, and keeps children's interest for an extended period of time.

What are the benefits of MGOL?

Studies have shown that children who enter kindergarten with large vocabularies and strong language comprehension are more successful in school (Morgan et al. 2015; Cartmill 2016). When children begin to identify flannel pieces, they learn that visual representations such as pictures or letters have meaning (Diamant-Cohen & Valakos 2007). The joyful exposure to rhymes and books in age-appropriate, multisensory ways helps children acquire a rich vocabulary, inspires them to want to learn to read, and builds reading readiness skills (Campbell, Helf, & Cooke 2008).

MGOL builds emergent literacy skills. For example, as a precursor to phonemic awareness, infants and toddlers are encouraged to pay attention to musical sounds and patterns such as fast/slow, high/low, and loud/soft. MGOL encourages language use and helps young children distinguish speech sounds by engaging them in reciting rhymes with alliteration;

it introduces syllables through clapping to songs and playing musical instruments to the beat. MGOL nurtures appropriate responses to verbal cues, such as when an infant responds appropriately to a request to hit a drum or a toddler jumps over a candlestick. The applause they receive builds a sense of achievement. Children learn to be patient and take turns as well as to put toys away through cleanup songs. MGOL fosters motor coordination through interactive rhymes, movement games, and finger plays while simultaneously familiarizing children (and their families) with books and book illustrations. The social environment and participatory activities where very young children interact with other children of the same age build socialization skills.



Why nursery rhymes?

“Nursery rhymes are a socially engaging, playful, and developmentally appropriate way for young children to hear, identify, manipulate, and experiment with the sounds of language” (Harper 2011, 76). Studies indicate a direct correlation between nursery rhyme knowledge and phonological awareness in preschool children, and phonological awareness is essential for learning to read (Dunst, Meter, & Hanby 2011; Harper 2011). Knowing nursery rhymes before starting kindergarten is an indicator of early reading ability (Bryant et al. 1989; Bryant et al. 1990; Dunst, Meter, & Hanby 2011; Harper 2011). The rhyming patterns in nursery rhymes sensitize children to the sounds in words; being able to hear the smaller sounds in words is critical as children learn the sound–spelling correspondences that enable them to read (Moats & Tolman 2009; Huss et. al 2011).

The joyful exposure to rhymes and books in age-appropriate, multisensory ways helps children acquire a rich vocabulary and builds reading readiness skills.

Although nursery rhymes are short and easy to remember, they often expose children to new words that enrich their vocabularies. For instance, the lines “Jack be nimble, Jack be quick” and “I’m a little teapot, short and stout” use the words *nimble* and *stout*, which are not commonly heard. Through the context of the rhymes, children connect *nimble* with moving their bodies; by opening their arms wide while saying *stout*, they connect *stout* with being very wide.

Narrative skills develop when children learn sequences in stories and are able to follow along; many nursery rhymes tell short stories with a beginning, a middle, and an end (ALSC & PLA 2011; Neuman, Moland, & Celano 2017). Recognizing rhyme patterns

and story sequences builds early math skills—also important for school readiness (Ginsburg, Lee, & Boyd 2008). These are supplemented by rhymes that involve counting, naming numbers, and talking about sizes.

Refreshing older rhymes

Some traditional Mother Goose rhymes contain disturbing words or images that we no longer want to use with our children (Prošić-Santovac 2015). Rather than discarding the rhymes, however, changing a few words can turn each rhyme into a winner (Birckmayer, Kennedy, & Stonehouse 2008). For instance, instead of the old woman living in the shoe whipping her children soundly, she can kiss them all soundly before sending them to bed, giving the rhyme a totally different flavor. One MGOL facilitator I met is not comfortable with the lyrics for “Baa Baa Black Sheep”:

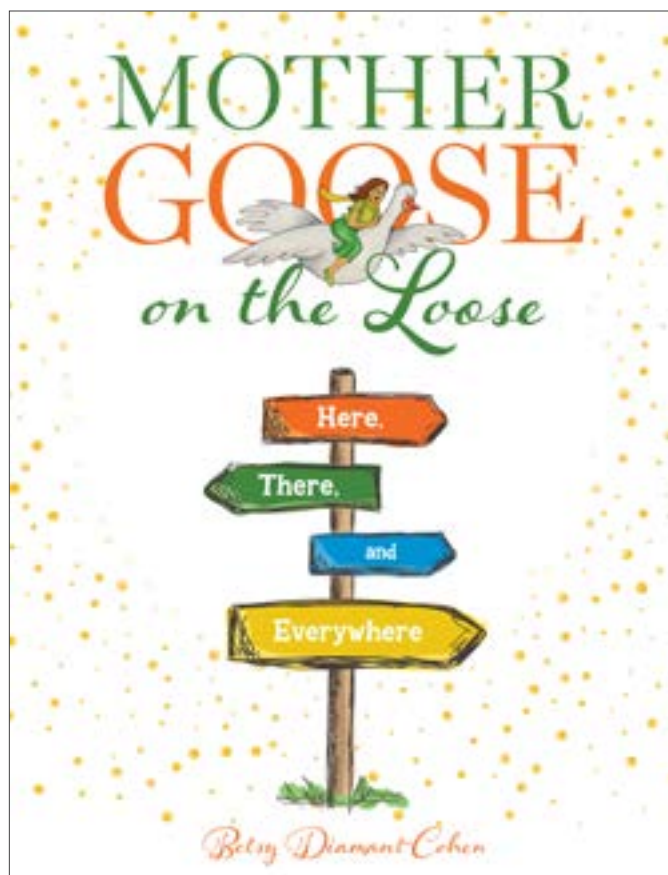
Baa, baa, black sheep, have you any wool?
Yes sir, yes sir, three bags full!
One for the master,
One for the dame,
And one for the little boy
Who lives down the lane

She believes that “the master” is a reference to slavery, so she changed the lyrics (Diamant-Cohen 2019b):

Baa, baa, black sheep, have you any wool?
Yes, I have some—four bags full.
One for my mommy and one for my dad,
One for the little girl and one for the lad.

A facilitator who wants to avoid gendered language or who wants to teach about animals could change the lyrics even further:

Baa, baa, black sheep, have you any wool?
Why yes, I do, three bags full!
One for the brown bear,
And one for the toad,
One for the little duck
Who lives down the road.



Adapting Mother Goose on the Loose

Since MGOL was created over 20 years ago, it has evolved and expanded beyond the library to early care and education settings, classrooms, museums, and more. MGOL workshops train facilitators to use and then tailor the structure, activities, and information to fit programs they are already running or the new audiences with which they hope to work. Because everything can be adapted and workshop participants are not required to keep the program name, there is no way to count the number of MGOL programs or MGOL-influenced programs being presented today. Beyond the hundreds of known MGOL programs in the United States, documented versions of MGOL have engaged infants and toddlers in Argentina, Australia, Egypt, Honduras, India, Israel, Mexico, Morocco, and New Zealand—but its reach could be much wider. (To see how MGOL was adapted for use in neonatal intensive care units, see “Talking, Reading, Singing, and Rhyming: Tips for Fostering Literacy in Infancy” on page 80.)

Parents and grandparents enjoy sharing MGOL activities with their children at home. Recent immigrants begin to learn English by regularly participating in MGOL with their children in libraries. Rehabilitation programs teach parenting skills through MGOL. MGOL is being used to prevent educational inequities, to build cultural competence, and as a family engagement strategy. Many MGOL adaptations stem from partnerships between institutions, people, and communities (Diamant-Cohen 2019a). Here are some examples of adaptations designed to fit different needs and to reach the young children who need them the most.

- › The Community Services of Venango County Early Head Start in Pennsylvania uses MGOL activities during the music and movement portion of home visits, adapting them to the needs of each specific family and expanding them to include sensory activities that target the development of specific skills. Their monthly newsletter features a MGOL rhyme of the month; it is used with other MGOL musical activities during Family Interaction Time.
- › The Chicago Public Library presents MGOL sessions during outreach programming to local laundromats. Upon arrival, librarians walk through the laundromat and invite everyone with children to join in. Sessions begin with “Scrub a Dub Dub” to create a connection with soap and cleaning at the laundromat. Seniors are encouraged to stand along the periphery and clap out the rhymes!
- › A partnership between United Way via the Success by 6 program and the Vigo County Public Library in Indiana established MGOL at the library and purchased a “Goosemobile” to enable outreach visits. The Goosemobile currently serves 32 child care centers and preschools; it also brings MGOL sessions to foster parent picnics and to community chili cook-offs and presents programs for female prisoners and their children.
- › The San Francisco Public Library holds MGOL trainings specifically for local early care and education providers. It also offers several bilingual story times—including two in Chinese—that were inspired and informed by MGOL.
- › The Wicomico County Judy Center, in Maryland, invited the author of this article to be an educator-in-residence for a week at a time. Each

week, Dr. Betsy presents MGOL programs for preschool classes held in elementary schools and home child care centers; offers private consultation time with teachers; creates portable felt boards and felt pieces for popular rhymes and leaves them with the Judy Center for future use; develops instructional sheets based on the weekly rhymes and activities that list targeted skills and describe how the activities can be applied to enhance daily classroom interactions; and presents a huge wrap-up MGOL program for all preschool students, teachers, and families.

Mother Goose on the Loose facilitators strive to create a nurturing, nonjudgmental environment while forming positive connections with all participants.

Several key features of MGOL have been essential to its broad appeal: its structure and repetition, its commitment to creating a nurturing and nonjudgmental environment, its inclusion of age-appropriate activities that offer a joyful introduction to the world of books, and its flexibility to incorporate a diverse array of songs and rhymes.

References

- ALSC (Association for Library Service to Children) & PLA (Public Library Association). 2011. *Every Child Ready to Read*. 2nd ed. Atlanta, GA: ALA (American Library Association).
- Birckmayer, J., A. Kennedy, & A. Stonehouse. 2008. *From Lullabies to Literature: Stories in the Lives of Infants and Toddlers*. Washington, DC: NAEYC (National Association for the Education of Young Children).
- Bryant, P.E., L. Bradley, M. Maclean, & J. Crossland. 1989. “Nursery Rhymes, Phonological Skills and Reading.” *Journal of Child Language* 16 (2): 407.
- Bryant, P.E., M. MacLean, L.L. Bradley, & J. Crossland. 1990. “Rhyme and Alliteration, Phoneme Detection, and Learning to Read.” *Developmental Psychology* 26: 429–38.

- Campbell, M.L., S. Helf, & N.L. Cooke. 2008. "Effects of Adding Multisensory Components to a Supplemental Reading Program on the Decoding Skills of Treatment Resisters." *Education and Treatment of Children* 31 (3): 267–95.
- Cartmill, E.A. 2016. "Mind the Gap: Assessing and Addressing the Word Gap in Early Education." *Policy Insights from the Behavioral and Brain Sciences* 3 (2): 187.
- Cass-Beggs, B. 1974. *To Listen, To Like, To Learn*. Toronto: Peter Martin Associates.
- Cass-Beggs, B. 1991. "How Music is First Introduced." *Ostinato* 17: 120–21.
- Diamant-Cohen, B. 2004. "Mother Goose on the Loose: Applying Brain Research to Early Childhood Programs in the Public Library." *Public Libraries* 43 (1): 41–45.
- Diamant-Cohen, B., E. Riordan, & R. Wade. 2004. "Make Way for Dendrites: How Brain Research Can Impact Children's Programming." *Children and Libraries* 2 (1): 12–20.
- Diamant-Cohen, B., & D. Valakos. 2007. "Promoting Visual Literacy Using the Mother Goose on the Loose Program." *Public Libraries* 46 (2): 47–54.
- Diamant-Cohen, B., T. Prendergast, C. Estrovitz, C. Banks, & K. Van der Veen. 2012. "We Play Here! Bringing the Power of Play into Children's Libraries." *Children and Libraries* 10 (1): 3–10, 52.
- Diamant-Cohen, B. 2019a. *Mother Goose on the Loose: Here, There, and Everywhere*. Chicago: ALA.
- Diamant-Cohen, B. 2019b. *Mother Goose on the Loose, Updated!*. Chicago: ALA.
- Diamond, A., & K. Lee. 2011. "Interventions Shown to Aid Executive Function Development in Children 4 to 12 Years Old." *Science* 333 (6045): 959–64.
- Dunst, C.J., D. Meter, & D.W. Hamby. 2011. "Relationship Between Young Children's Nursery Rhyme Experiences and Knowledge and Phonological and Print-Related Abilities." *Center for Early Literacy Learning* 4 (1): 1–12.
- Fisher, K., K. Hirsh-Pasek, R.M. Golinkoff, D.G. Singer, & L. Berk. 2011. "Playing Around in School: Implications for Learning and Educational Policy." In *The Oxford Handbook of the Development of Play*, ed. A.D. Pellegrini, 341–62.
- Ginsburg, H.P., J.S. Lee, & J.S. Boyd. 2008. "Mathematics Education for Young Children: What It Is and How to Promote It." *Social Policy Report* 22 (1): 3–11, 14–22.
- Harper, L.J. 2011. "Nursery Rhyme Knowledge and Phonological Awareness in Preschool Children." *The Journal of Language and Literacy Education* 7 (1): 65–78.
- Huss, M., J.P. Verney, T. Fosker, N. Mead, & U. Goswami. 2011. "Music, Rhythm, Rise Time Perception and Developmental Dyslexia: Perception of Musical Meter Predicts Reading and Phonology." *Cortex* 47: 674–89.
- Jones, D.E., M. Greenberg, & M. Crowley. 2015. "Early Social-Emotional Functioning and Public Health: The Relationship Between Kindergarten Social Competence and Future Wellness." *American Journal of Public Health* 105 (11): 2283–2290.
- Lally, J.R., & P. Mangione. 2017. "Caring Relationships: The Heart of Early Brain Development." *Young Children* 72 (2): 17–24.
- Lerner, C., & R. Parlakian. 2016. "Beyond Twinkle, Twinkle: Using Music With Infants and Toddlers." Zero to Three. www.zerotothree.org/resources/1514-beyond-twinkle-twinkle-using-music-with-infants-and-toddlers.
- Moats, L., & C. Tolman. 2009. "Why Phonological Awareness Is Important for Reading and Spelling." LD Online: All About Learning Disabilities and ADHD. <http://www.ldonline.org/article/28655/>.
- Morgan, P.L., G. Farkas, M.M. Hillemeir, C.S. Hammer, & S. Maczuga. 2015. "24-Month-Old Children with Larger Oral Vocabularies Display Greater Academic and Behavioral Functioning at Kindergarten Entry." *Child Development* 86 (5): 1351–1370.
- Mullen, G. 2017. "More Than Words: Using Nursery Rhymes and Songs to Support Domains of Child Development." *Journal of Childhood Studies* 42 (2): 42–53.
- NAEYC. 2019. Developmentally Appropriate Practice in Early Childhood Programs Serving Children Birth to Age 8, rev. 2nd draft. Position statement. Washington, DC: NAEYC.
- Neuman, S.B., N. Moland, & D. Celano. 2017. *Bringing Literacy Home: An Evaluation of the Every Child Ready to Read Program*. Report. Chicago: ALA. <http://everychildreadytoread.org/wp-content/uploads/2017/11/2017-ECRR-Report-Final.pdf>.
- Prošić-Santovac, D. 2015. "Making the Match: Traditional Nursery Rhymes and Teaching English to Modern Children." *Children's Literature in English Language Education* 3 (1): 25–48. <http://clelejournal.org/wp-content/uploads/2015/05/Prosic-Santovac-CLELEjournal-v3.1-20151.pdf>.
- Winters, K.L., & S.M. Griffin. 2014. "Singing is a Celebration of Language: Using Music to Enhance Young Children's Vocabularies." *Language and Literacy* 16 (3): 78–91.

About the author

Betsy Diamant-Cohen's experiences as a children's librarian, preschool teacher, home child care provider, children's museum educator, and parent of three children support her work in creating award-winning early literacy programming for young children and families. Recipient of the 2018 Vattermare Award for Creativity in Libraries, Betsy also received the 2013 ASCLA Leadership and Professional Achievement Award for "revolutionizing the way librarians work with children from birth to age 3." Her website, www.mgol.net, offers information for early childhood educators, and her books are available at alastore.ala.org/content/betsy-diamant-cohen. betsydc@mgol.org

Photographs: courtesy of the author

Copyright © 2020 by the National Association for the Education of Young Children. See Permissions/Reprints at NAEYC.org/resources/permissions.

Talking, Reading, Singing, and Rhyming

Tips for Fostering Literacy in Infancy

Rebecca Dowling, Lisa Shanty, Susan Sonnenschein, and Brenda Hussey-Gardner

Through Mother Goose on the Loose (MGOL), educators, librarians, family members, and other caregivers have a wonderful set of activities to develop infants’ and toddlers’ language, literacy, social, and emotional skills. Wanting to bring a similar program to the families of newborns in intensive care, we worked with Betsy Diamant-Cohen to create a new version of MGOL—Goslings. Since infants in neonatal intensive care units tend to be in isolettes (also known as incubators) and are easily overstimulated, families may be unsure of how to interact with their infants. Goslings helps. Early indications suggest that Goslings improves

families’ confidence in interacting with their infants and supports infants in getting the level of stimulation they need (which varies greatly from day to day).

In a one-hour group session, Goslings facilitators introduce caregivers to developmentally appropriate language and preliteracy activities paired with tips to foster sensitive and responsive interactions. Caregivers practice talking, reading, singing, and rhyming with lifelike dolls and mock isolettes. A key aspect of the program is drawing caregivers’ attention to how infants look and act when they are overstimulated versus when they are ready for interaction.

Two Little Goslings

By Betsy Diamant-Cohen

Sleep is important for premature babies. When babies sleep, their bodies work on healing themselves. That is why it is important for caregivers to let babies sleep, even if they have just arrived at the hospital for a visit and want to play. This song reminds caregivers of the importance of letting babies sleep.

Sing “Two Little Goslings” softly to the tune of “Hush Little Baby,” and make the following gestures slowly and gently.	
Lyrics	Gestures
Two little goslings safe in their nest.	Link fingers together to make a nest.
One was awake and the other at rest.	Lift one hand so your fingers are pointing up and lower the other hand with your palm facing up.
One fell asleep and the other did too.	Bring one hand to the side of your head and then bring your other hand up (like a silent clap).
And they slept and they slept the whole night through.	Lean your head on your hands.

To watch a Goslings facilitator lead a group of caregivers in singing this song, visit <https://youtu.be/cGcSLc7RIIsQ>.

Although Goslings, to date, has only been offered in neonatal intensive care units (Shanty et al. 2019), the information presented in the program is appropriate for everyone caring for, bonding with, and educating infants. Here we provide several tips from Goslings that can be used by infant educators and shared with family members or other caregivers to help foster sensitive and responsive language and literacy interactions.

- › **It's never too early to start fostering language and literacy skills.** Growing up in language- and print-rich environments has long-term positive benefits for children (Schmitt, Simpson, & Friend 2011). Make sure caregivers know that learning begins at birth.
- › **Infants learn best through responsive, playful interactions in natural, everyday settings.** Goslings recommends four types of language-rich activities caregivers can use with their infants: talking, reading, singing, and reciting nursery rhymes.
 - **Talking.** Exposure to language in early childhood has been positively related to children's later language and literacy abilities (Hart & Risley 1995; Hoff 2006). We recommend that caregivers first describe what is going on in the infant's environment. For example, caregivers can describe what they are doing as they change an infant's diaper. Describing shared interactions and pointing out and labeling objects in an infant's environment is another great way to expose infants to language. Next, we recommend that caregivers respond to infant vocalizations. Infants make lots of sounds; caregivers can respond to these attempts to communicate by copying the sounds infants make and taking turns making different types of sounds (e.g., grunts, single-syllable sounds, raspberries). This game of "conversational" turn-taking is fun and sets a strong foundation for later language learning (Goldstein & Schwade 2008).
 - **Reading.** Make sure that caregivers know the value of reading to infants. Research suggests that exposure to print-rich environments is important long before children can read (American Academy of Pediatrics 2014). Infants may not seem like they are paying attention, but they are listening and learning during these interactions. Caregivers can read as part of a bedtime routine. They can begin to



develop routines from the day their infant is born. Storybooks can be used as a transition to bedtime. Caregivers can also get creative with books. They can read the words or describe the pictures to create a new story. Wordless picture books are great because the story is up to the teller each time.

- **Singing.** Singing is a great way to expose children to language, and studies have shown that singing is calming for both caregivers and infants (Loewy et al. 2013; Persico et al. 2017). Caregivers may be uncomfortable with the idea of singing, but remind them that infants don't care about the quality of a singer's voice; they like hearing the sound of their voice regardless of how good or bad a singer they may be. Songs can also be used to pass on traditions. Music and songs are important aspects of many cultures and religions. Caregivers can expose children to the songs they grew up singing with their families. Singing can serve the dual purpose of passing on traditions and fostering language development.

- **Reciting nursery rhymes.** Rhyming is an important skill because it exposes infants to language sounds and contributes to phonological awareness, which is critical in learning to read (Dunst, Meter, & Hamby 2011). Caregivers can turn to the classics and recite favorites from their childhood, or they can check out a book of rhymes from the library. Caregivers can also experiment by creating their own rhymes. To get started, try changing some words in a traditional nursery rhyme.
 - › **Consider incorporating toys into language-based interactions.** Rattles, finger puppets, and other age-appropriate toys can be incorporated into daily language activities to promote sensory and language development. For example, while reciting nursery rhymes, caregivers can pretend that a finger puppet is talking. Remind caregivers that infants see best when items are held 8 to 10 inches from their eyes.
 - › **Interactions should be pleasant for both caregiver and infant.** Caregivers should approach interactions with infants with warmth and positivity by using a soft but enthusiastic voice and by being sensitive to the infant's needs. Advise caregivers to be aware of the signs of overstimulation, such as fussiness, grimacing, and turning away. Caregivers should try to be responsive to these signals during interactions and change activities as appropriate. If an activity doesn't work out, they can try again another time.
- An intended outcome of Goslings is helping caregivers feel empowered and confident in their ability to be active participants in infants' language and literacy development. We hope these tips can help caregivers feel ready to embark on a journey of lifelong language and literacy learning with their children.





References

- American Academy of Pediatrics. 2014. "Literacy Promotion: An Essential Component of Primary Care Pediatric Practice." *Pediatrics* 134 (2): 1–6.
- Dunst, C.J., D. Meter, & D.W. Hamby. 2011. "Relationship Between Young Children's Nursery Rhyme Experiences and Knowledge and Phonological and Print-Related Abilities." *Center for Early Literacy Learning* 4 (1): 1–12. www.earlyliteracylearning.org/cellreviews/cellreviews_v4_n1.pdf.
- Goldstein, M.H., & J.A. Schwade. 2008. "Social Feedback to Infants' Babbling Facilitates Rapid Phonological Learning." *Psychological Science* 19 (5): 515–23.

Hart, B., & T.R. Risley. 1995. *Meaningful Differences in the Everyday Experience of Young American Children*. Baltimore: Brookes.

Hoff, E. 2006. "How Social Contexts Support and Shape Language Development." *Developmental Review* 26 (1): 55–88.

Loewy, J., K. Stewart, A. Dassler, A. Telsey, & P. Homel. 2013. "The Effects of Music Therapy on Vital Signs, Feeding, and Sleep in Premature Infants." *Pediatrics* 131 (5): 902–18.

Persico, G., L. Antolini, P. Vergani, W. Costantini, M.T. Nardi, & L. Bellotti. 2017. "Maternal Singing of Lullabies During Pregnancy and After Birth: Effects on Mother-Infant Bonding and on Newborns' Behaviour. Concurrent Cohort Study." *Women and Birth: Journal of The Australian College Of Midwives* 30 (4): 214–20.

Schmitt, S.A., A.M. Simpson, & M. Friend. 2011. "A Longitudinal Assessment of the Home Literacy Environment and Early Language." *Infant & Child Development* 20 (6): 409–31.

Shanty, L., R. Dowling, S. Sonnenschein, & B. Hussey-Gardner. 2019. "Evaluation of an Early Language and Literacy Program for Parents of Infants in the NICU." *Neonatal Network* 33 (4): 206–16.

About the authors

Rebecca Dowling, MA, is a doctoral candidate in the applied developmental psychology program at the University of Maryland, Baltimore County (UMBC). Her research focuses on early childhood classroom practices, the home learning environment, and evaluation of educational programming. rebe7@umbc.edu

Lisa Shanty, MA, is a doctoral candidate in the applied developmental psychology program at UMBC. Her work focuses on developmental screening, early intervention, and the promotion of social and emotional development in early childhood. lishanty1@umbc.edu

Susan Sonnenschein, PhD, is a developmental psychologist at UMBC. Her research focuses on ways to promote the academic development and success of children from different demographic backgrounds. Much of her research has focused on children's language, reading, and math development. sonnensc@umbc.edu

Brenda Hussey-Gardner, PhD, MPH, is an associate professor in the Department of Pediatrics at the University of Maryland School of Medicine. She has over 25 years of research and clinical experience with infants born prematurely and their families. bhussey@som.umaryland.edu

Photographs: © Getty Images

Copyright © 2020 by the National Association for the Education of Young Children. See Permissions/Reprints at NAEYC.org/resources/permissions.

Understanding Children's Sense of Identity

The Life and Work of Dr. Mamie Phipps Clark (1917–1983)

Grace Jepkemboi, Annette Mohan, and Lois M. Christensen

Most research studies in the field of early childhood education are based on the works of prominent men like Jean Piaget and John Dewey. While their contributions to the field are undeniably important, there are other stories—especially those of women scholars—that have not been prominently told (Clifford 2014). Even more neglected is the work of African American women researchers and scholars. This article describes the foundational research of Mamie Phipps Clark, an African American scholar in the 20th century.

Clark had a remarkable career of over 40 years as a scholar, an early childhood educator, a humanitarian, and a philanthropist in Washington, DC and New York City (McLean 2005; Aldridge & Christensen 2013; Loder-Jackson, Christensen, & Kelly 2016). She was a pioneer researcher in her own right who worked determinedly for generations of children and women, preparing the way for school integration in the United States (Christensen & Wilson 2018). Most significantly, she was the originator of and a collaborator with her research partner and husband, Kenneth Bancroft Clark, on the renowned 1930s and 1940s doll studies (K.B. Clark & M.P. Clark 1939a, 1940; M.P. Clark 1939; Christensen & Wilson 2018); these studies were indispensable to the landmark Supreme Court decision in *Brown v. Board of Education* that outlawed segregation in public schools in the United States (K. Clark & M. Clark 1939b; Loder-Jackson, Christensen, & Kelly 2016).

Mamie Phipps Clark's research forever changed the trajectory and cause of public education in the

United States. Early childhood educators today can emulate Clark's work by developing culturally responsive classrooms where all children are welcome and where children's identities are valued and celebrated.

The doll experiments

Clark's research interest in children's identities started in the summer after her graduation from Howard University in 1938. Working as a secretary in the law offices of Charles Houston, she witnessed the work of Thurgood Marshall and other civil rights lawyers who would later be instrumental in *Brown v. Board of Education* (Loder-Jackson, Christensen, & Kelly 2016; Christensen & Wilson 2018). This experience influenced her academic career, leading to a graduate degree in psychology at Howard and a master's thesis on how preschool-age African American children developed their sense of self (M.P. Clark 1939).

Educators today can emulate Dr. Clark's work by developing culturally responsive classrooms.

Clark met her future husband and research partner, Kenneth, while attending Howard. When Kenneth moved to New York to pursue a PhD in psychology

at Columbia University, Mamie relocated too and eventually enrolled in her own doctoral program in experimental psychology in 1940 (M.P. Clark 1983; Aldridge & Christensen 2013). In 1943, she became the first African American woman to be awarded a PhD by Columbia (Aldridge & Christensen 2013).

Dr. Clark was a pioneer researcher who worked determinedly for generations of children.

The Clarks shared a professional dedication to studying racial identification in African American children. For over 20 years, they conducted groundbreaking studies on children's sense of identity, including tests using dolls, coloring, and drawings. In 1939, they conducted a study to investigate the development of consciousness in self in young children, particularly related to the emergence of race consciousness: 150 Black children in Washington, DC, nursery schools were shown a series of line drawings of a White boy and a Black boy, a lion, a clown, and a hen and were asked to identify themselves or others. The results showed that, more often than not, the children selected the drawing of the Black boy to identify themselves rather than the drawing of the White boy (or any of the animals). The researchers concluded consciousness of self begins to emerge between 3 and 4 years of age (K.B. Clark & M.P. Clark 1939a).

In 1940, the Clarks conducted another study to investigate age and gender factors in racial identification of Black preschool children. They followed the same procedures as in the 1939 study. However, the children were divided into three groups on the basis of skin color: light, medium, and dark, and the only choices for drawings were of a White boy and a Black boy. The data showed that, consistently, children with lighter complexions chose the image of the White boy more than that of the Black boy. The children with medium and darker complexions chose the Black boy over the

A Note from the Our Proud Heritage Editor

Dear Reader,

Since Dr. Charlotte Anderson and I began coordinating the Our Proud Heritage column in 2010, 23 columns on the history of the early childhood care and education profession have been published. When Charlotte resigned in 2016, I continued on, but as of the November 2020 issue, I will be leaving my position.

I am pleased to announce that Dr. Grace Jepkemboi (an author of this column) and Dr. Jerry Aldridge will become the Our Proud Heritage coordinators in 2021. Grace is an associate professor and Jerry is professor emeritus, both at the University of Alabama at Birmingham.

Readers of *Young Children* are invited to submit an email proposal for a historical Our Proud Heritage column to memoi@uab.edu and jta@uab.edu.

—Edna Ranck, Our Proud Heritage editor

White boy to the same degree as the children with lighter complexions did the reverse. Based on the findings, the researchers concluded that skin color is a determinant of self-identification in children (K.B. Clark & M.P. Clark 1940).

The Clarks are best known for the experiments known as the doll tests. In “Racial Identification and Preference in Negro Children” (K.B. Clark & M.P. Clark 1947), the Clarks examined young children's identity development and the relationship between identity and self-esteem. The study involved 253 African American children ranging in age from 3 to 7. Each child was presented with four dolls; the dolls were alike with respect to clothing, hair, and positioning apart from skin color. Two of the four dolls represented a Black child with black hair, and the other two represented a White child with yellow hair. Among other prompts, the children were asked, “Give me the doll that you like to play with,” “Give me the doll that is the nice doll,” and “Give me the doll that looks bad” (K.B. Clark & M.P. Clark 1947, 169). Approximately two-thirds

of the children indicated that they liked the White doll “best,” or that they would like to play with the White doll in preference to the Black doll, and that the White doll is a “nice doll.” A majority of the children also indicated that the Black doll “looks bad” (K.B. Clark & M.P. Clark 1947, 175; Sharpe 2014). The researchers demonstrated that a basic knowledge of racial differences existed in young children. Regardless of age, the majority of children preferred the White dolls. The study concluded that segregation, along with discrimination and prejudice, caused feelings of inferiority and self-hatred in African American children.

Brown v. Board of Education

These seminal doll and picture experiments made a significant contribution to psychologists’ understanding of children’s identity and awareness (Christensen & Wilson 2018). They also affected Mamie Phipps Clark’s view of school integration as “foundational to creating a racially equitable society” because they “revealed that identity development, especially among Black children, was integral to positive self-identity and racial preference” (Loder-Jackson, Christensen, & Kelly 2016, 205). When the National Association for the Advancement of Colored People (NAACP) was building its arguments for the school integration cases that would eventually lead to *Brown*, Kenneth Clark was asked to testify and provide supporting documentation related to the Clarks’ studies and to other cutting-edge social science research, and one of his papers was ultimately cited in the Supreme Court’s *Brown* decision. Both Mamie and Kenneth Clark were very active in school desegregation, including *Brown v. Board of Education*. However, “because her husband was often the one to testify in court about their research, she [Mamie] has usually been ignored or given insufficient credit for their ground breaking work and its impact on the destruction of the ‘separate but equal’ defense of segregation” (McClean 2005, 258).

By showing that racial inequality negatively affected young children’s self-esteem, the Clarks helped change the course of American history (*Brown v. Board of Education* 1954; Loder-Jackson, Christensen, & Kelly 2016; Christensen & Wilson 2018). The US Supreme Court in *Brown* reiterated the Clarks’ research when

it stated, “To separate Black children from others of similar age and qualifications solely because of their race generates a feeling of inferiority as to their status in the community that may affect their hearts and minds in a way unlikely ever to be undone” (*Brown v. Board of Education* 1954, 494).

Recreation of the Clarks’ experiments

As we reflect 80 years later on Mamie Phipps Clark’s research contribution to the study of children’s identity through the doll experiments, an important question arises: how much has our society changed in response to growing diversity and children’s identities? Two notable works have addressed this question. First, in the film *A Girl Like Me*, Kiri Davis asked 4- and 5-year-olds at a Harlem school the same questions as were asked in the Clarks’ doll experiments (Holland 2006). Of the 21 children interviewed, 15 said the White doll was good and pretty and the Black doll was bad, results that are very similar to those in the Clarks’ doll experiments (ABC News 2006; Holland 2006).

Dr. Clark’s research forever changed the trajectory and cause of public education in the United States.

Second, in 2010, renowned child psychologist Margaret Beale Spencer of the University of Chicago revisited the doll experiments to examine how children’s perceptions of body image, self-efficacy, and self-esteem had changed. The study, showcased during a CNN special, involved 133 children from eight schools that met very specific economic and demographic requirements (four in the greater New York City area and four in Georgia). Spencer’s findings demonstrated that, among young children who were interviewed, White students tended to more frequently select lighter skin tones than their African American peers when indicating positive attitudes and beliefs, social experiences, and color preferences. In addition, the findings showed that

White children as a whole responded with a high rate of what researchers called “White bias,” identifying the color of their own skin with positive attributes and darker skin with negative attributes (CNN 2010). The Black children had some bias toward whiteness, but far less than White children did. These results suggested that children’s perceptions of race and color had not changed significantly since the Clarks’ initial experiments in 1939 (CNN 2010).

These more recent works continue to challenge educators and researchers regarding how they think about, talk about, and study identity development and race. Children are impacted by the direct and indirect messages they receive about who they are—including their racial identity—and early childhood educators have the power to recognize and guide children toward accurate, positive understandings about themselves and others (Derman-Sparks & Edwards 2020).

Following in Dr. Clark’s footsteps

There are many things early childhood educators can do to further Mamie Phipps Clark’s work on children’s identity development and to continue her advocacy work for all young children. Here are some ways to support Clark’s call to increase awareness of children’s identity and combat racial inequities in early childhood education:

1. Acknowledge children’s identities as a strength to the classroom community.
2. Create a welcoming classroom that reflects and celebrates children’s identities, including images of children (e.g., self-portraits) and families (e.g., photos), and offer different opportunities for children to learn about themselves and each other throughout the curriculum.
3. Show respect for children of different cultural backgrounds in school settings.
4. Welcome families and children to share their cultural heritages at schoolwide events such as cultural fairs or a cultural week, and also include sustained focus on children’s social identities throughout the year.
5. Include children’s books and media in early childhood classrooms and in the school library that reflect all children’s identities and diversity. The American Library Association has a great resource here: <https://bit.ly/3av7OLP>.
6. Join professional organizations that value children’s identities and focus on advancing equity in the classroom. Most professional organizations, such as NAEYC, have position statements and curriculum recommendations about embracing diversity in the classroom and regularly produce tips and materials to support and engage early childhood advocates (NAEYC 2019; see [NAEYC.org/our-work/initiatives/equity](https://naeyc.org/our-work/initiatives/equity) for additional resources).
7. Display pictures in the classroom of Mamie Phipps Clark, Kenneth B. Clark, and other pioneers who have made significant contributions to early childhood education.
8. Visit Clark’s Northside Center in Harlem and learn more about it through their website: www.northsidecenter.org/.

Mamie Phipps Clark’s legacy

Dr. Clark’s advocacy for future generations, especially for children of color, lives on through the Northside Center for Child Development in Harlem, which she founded in March 1946 with funding from her family. She served as the director of the center for more than three decades, until her retirement in 1979 (Aldridge & Christensen 2013). Clark was also active in the larger Harlem community and in the greater New York City area, including helping to initiate the national Head Start program and Head Start Center in Harlem (Aldridge & Christensen 2013; Loder-Jackson, Christensen, & Kelly 2016). Her work and influence continue through these programs as well as through her essential contributions to the understanding of children’s sense of identity and self-worth.

References

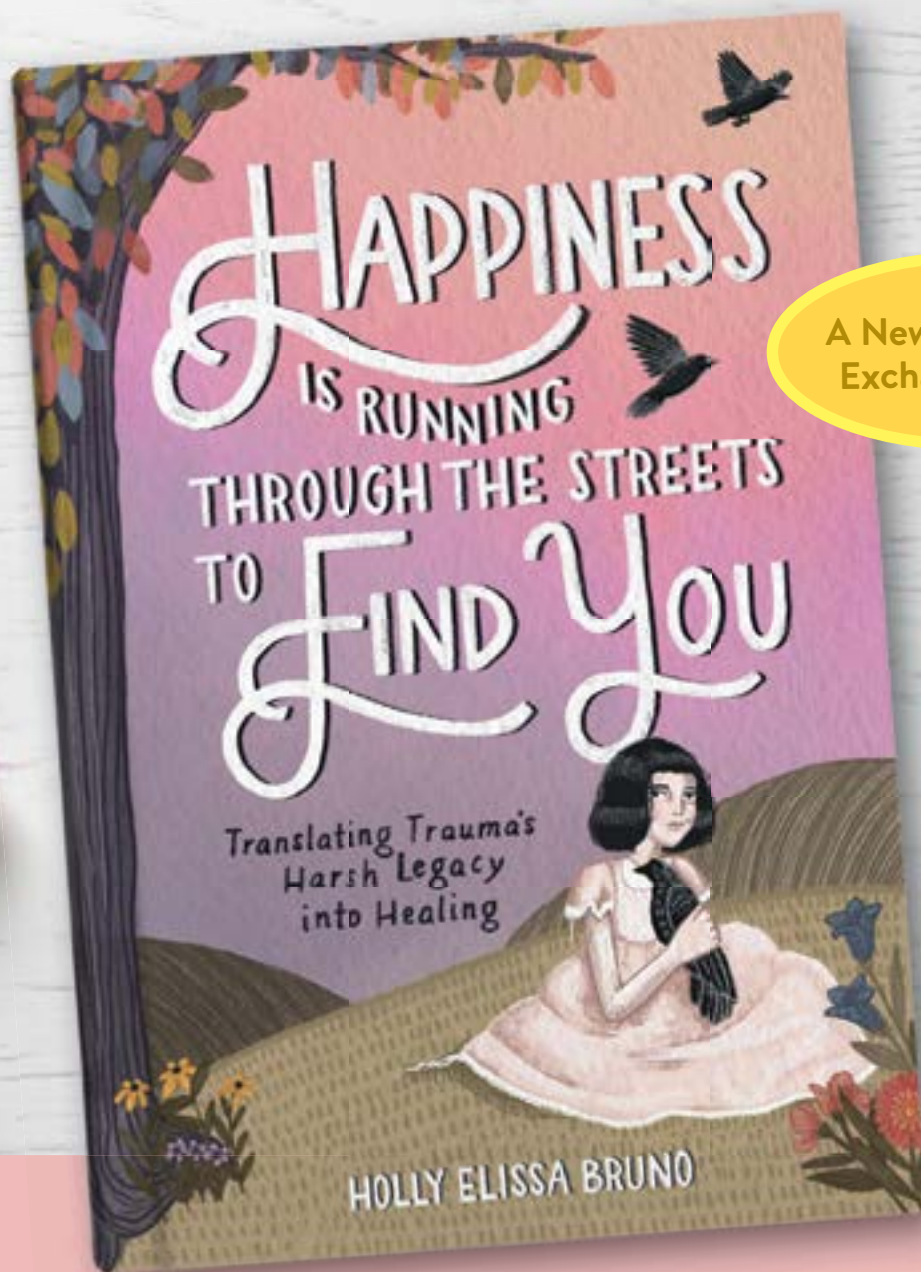
- ABC News. 2006. "What Dolls Can Tell Us About Race in America." <https://abcnews.go.com/GMA/story?id=2553348&page=1>.
- Aldridge, J., & L.M. Christensen. 2013. *Stealing from the Mother. The Marginalization of Women in Education and Psychology from 1900–2010*. New York: Rowman & Littlefield.
- Brown v. Board of Education*. 1954. 347 U.S. 483.
- Christensen, L.M., & E.K. Wilson. 2018. "Mamie P. Clark's Denied Research 'Thou Hast the Power' E.B. Browning." *Social Studies Research and Practice* 13 (1): 1–9.
- Clark, K.B., & M.P. Clark. 1939a. "The Development of Consciousness of Self and the Emergence of Racial Identification in Negro Preschool Children." *Journal of Social Psychology* 10: 591–99.
- . 1939b. "Segregation as a Factor in the Racial Identification of Negro Preschool Children." *Journal of Experimental Education* 8: 161–65.
- . 1940. "Skin Color as a Factor in the Racial Identification of Negro Preschool Children." *Journal of Social Psychology* 11: 159–69.
- Clark, K.B., & M.P. Clark. 1947. "Racial Identification and Preference in Negro Children." In *Readings in Social Psychology*, 3rd ed., eds. E.E. Maccoby, T.M. Newcomb, & E.L. Hartley, 169–78. New York: Holt, Rinehart, & Winston.
- Clark, K.B. 1988. *Prejudice and Your Child*. Middleton, CT: Wesleyan University Press.
- Clark, M.P. 1939. "The Development of Consciousness of Self in Negro Pre-School Children." *Archives of Psychology*. Washington, DC: Howard University.
- . 1983. "Mamie Phipps Clark (1917-1983)." In *Models of Achievement: Reflections of Eminent Women in Psychology*, eds. A.N. O'Connell & N.F. Russo, 267–77. New York: Columbia University Press.
- Clifford, G.J. 2014. *Those Good Gertrudes: A Social History of Women Teachers in America*.
- CNN. 2010. "Study: White and Black Children Biased toward Lighter Skin." www.cnn.com/2010/US/05/13/doll.study/index.html.
- Derman-Sparks, L., & J.O. Edwards. 2020. *Anti-Bias Education for Young Children and Ourselves*. 2nd ed. Washington, DC: NAEYC (National Association for the Education of Young Children).
- Holland, A., dir. 2006. *A Girl Like Me: The Gwen Araujo Story*. New York: Lifetime.
- Loder-Jackson, T.L., L.M. Christensen, & H. Kelly. 2016. "Unearthing and Bequeathing Black Feminist Legacies of Brown to a New Generation of Women and Girls." *The Journal of Negro Education* 85 (3): 199–211.
- McLean, J. 2005. "Mamie Phipps Clark." In *Black Women in America: Volume 1*. 2nd ed., ed. D.C. Hine, 257–59. Oxford: Oxford University Press.
- NAEYC (National Association for the Education of Young Children). 2019. "Advancing Equity in Early Childhood Education." Position statement. Washington, DC: NAEYC. <https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/naeycadvancingequitypositionstatement.pdf>.
- Sharpe, T.S.R. 2014. *Shades of Knowledge: Young Children's Perceptions of Racial Attitudes and Preferences*. Doctoral dissertation. Ashland, OH: Ashland University.

About the authors

Grace Jepkemboi, PhD, is faculty in the Early Childhood and Elementary Education Program at the University of Alabama at Birmingham. Her research focus is on fostering diversity and history of early childhood education. memoi@uab.edu

Annette Mohan, PhD, is an associate professor of early childhood education at Alabama A&M University, in Huntsville, Alabama. Her research focus is on early childhood teacher education and preparation, diversity and equity in education, culturally responsive education, social justice, and global awareness. annette.mohan@gmail.com

Lois McFadyen Christensen, PhD, is a professor in the Early Childhood and Elementary Education Program at the University of Alabama at Birmingham. She publishes in areas pertinent to social justice, early childhood education, Reggio Emilia-inspired approaches, and women's issues. lmchrist@uab.edu



A New Book from
Exchange Press!

"Happiness Is Running Through the Streets to Find You is a remarkable book, written by a remarkable woman. When I think of how easily Holly Elissa laughs and loves, given everything she's endured, I am in awe. To say that her story is a testament to the human spirit is to use a cliché, but there's simply no other way to put it. Because of Holly Elissa's courage in writing this book, readers will have a much greater understanding of and empathy for children who have experienced trauma."

— *Rae Pica*, Author, *What If Everybody Understood Child Development?*

For more information and
to order, call (800) 221-2864
or visit ExchangePress.com/happiness

Exchange[™]

Difficult Goodbyes

Supporting Toddlers Who Are Coping with Separation Anxiety

Julia Yeary

LaKrisha, an early childhood caregiver, watches as 20-month-old Nancy and her mother enter the classroom. LaKrisha has been working with Nancy's mother on helping Nancy transition from home to the classroom. Nancy has had such a hard time, sometimes crying for over an hour at drop-off. Her mother must frequently carry her in as she has a tantrum, not wanting to leave her mother's side.

LaKrisha warmly greets both Nancy and her mother and hears Nancy's mother tell Nancy that she loves her and will pick her up after work. Nancy's mother gives Nancy her stuffed bunny, says goodbye, and leaves. Nancy starts to cry loudly, banging on the classroom door. LaKrisha takes a deep breath to calm herself. She knows that Nancy needs to "borrow her calm," because young toddlers don't have the ability to calm themselves just yet. She tells Nancy, "I can see how sad you are that Mommy went to work. You miss her when she isn't with you. But Mommy will be back after work. We have lots of time to play! Do you want to come sit in my lap for a while and rock?" Nancy says yes, but she is still crying. They go to the

rocking chair, and LaKrisha holds Nancy. She asks if they can read their special book. Nancy says yes, so LaKrisha reads *Bye-Bye Time/Momento de la despedida*, by Elizabeth Verdick and Marieka Heinlen. Soon, other children gather around, listening to the story. Nancy sees her friend Jojo and gets down to sit by her, having now stopped crying. They ask for another favorite story.

Babies and toddlers develop rapidly, continuously building new understandings of the world around them. One way we see this development is in a young child's ability to separate from their caregivers. Starting in the second half of a baby's first year (around 7 to 9 months old), babies begin to grasp the concept of object permanence. This means that a child who could easily be left with someone other than their primary caregiver will often loudly protest when that primary caregiver leaves the room, attempting to bring that primary caregiver back where they can be seen. What developmental experts term *stranger anxiety* will continue, peaking with *separation anxiety* at about 18 months (Zeanah 2019). But this distress doesn't just disappear at 18 months; rather, the difficulty children have with separation diminishes over time as they receive support from caregivers and grow in their ability to hold their loved ones in their minds. It's perfectly normal for a toddler to exhibit anxiety when having to say goodbye to their caregiver. They may cry, become clingier, throw a tantrum, or withdraw in response to being

left in the care of others—even people they know well, such as a grandparent, an aunt, or a child care educator. It isn't unusual for this behavior to continue until age 4 (Poole 2005).

With the help of skilled caregivers, young children will begin to develop emotional coping strategies to manage their distress—for example, the cuddling and story time suggested by LaKrisha in the opening vignette. The child's temperament also plays a role in how easily they are able to manage their distress over separations; in addition, trauma and stress can affect how children cope too (Yeary, Zoll, & Reschke 2012).

Young children are supported when their caregivers are able to provide predictability. All the routines and rituals of the day promote a sense of security for little ones: they know what is coming next, and if daily routines follow their predicted pattern, then that also means their primary caregiver's return will follow. For early childhood educators, the challenge is in figuring out how to support a child who is clearly overwhelmed with big emotions when a caregiver departs.

Supporting a child who is dealing with separation anxiety

Young children, just like all of us, need to know others can see and understand what they are feeling, especially when those feelings are overwhelming. Help provide children with words for what they are feeling, and reassure them you are there for support. For example, you can say something like, "I know you are worried that Meemie has left you, but she knows that we will keep you safe, and she loves you!" Help connect children to their peers or to an engaging activity. Some children may need you to remain close for a period of time. If that is the case, find a way to reassure them that you and your colleagues are sources of support. Offer to hold the child, sit with them, share a story, or just allow them to help you with daily tasks. Loving proximity can provide children with a sense of calm and belonging.

When children are especially upset by a separation, they may choose a specific provider as their safe person during the transition. Sometimes this person is not the child's assigned primary caregiver, and they may feel overwhelmed with meeting the child's

individual needs while also balancing the needs of the group. Whenever possible, though, these relationships should be supported. Providing the child with access to this chosen relationship is not "spoiling" or "giving in" to the child; rather, it is an important way to honor the child's emotional needs during a distressing time. It is a sign of nurturing care.

It goes without saying that when members of the teaching staff must leave for a break, it is important for them to follow the same separation guidelines as recommended for families (see "The Good Goodbye: Strategies for Families" on page 92). They should let the child know they are leaving and tell them when they will be back.

Working with families to help separation anxiety

Here are some strategies you can use for working with families to support their children in the transition from home to school, as well as in developing coping skills for separation anxiety.

Getting to know the early childhood setting

If a child is new to your class, encourage the family to visit with their child prior to their first day (if possible) so the child can see that the classroom is a safe place and is parent-approved! If age appropriate, show the child where their cubby is and where they will eat, play, and nap. If it's something the family can do, it's helpful to gradually increase the child's time at the center (beginning with shorter periods, such as a visit to the classroom, and transitioning to a full day). This may help the child learn that their caregiver will always return at the end of the day.

Including families in the early education setting

Many early childhood caregivers think it is best not to mention a child's primary caregiver or to have any reminders of the caregiver in the room. But this assumption is actually false—young children do better when they know their loved one is thinking of them as often as they think of their loved one. By purposely avoiding mentioning a child's caregiver, we are feeding into their worst fear—that their

loved one has disappeared! Instead, we want to intentionally include children's primary caregivers to strengthen the connection between adult and child. Encourage caregivers to bring photos from home to keep in the classroom. Having a family bulletin board (at child's eye level) is a good way to bring the family into the classroom even when they are away from their child. Teachers might even use these images when they know a child is showing signs of separation anxiety. For example, a teacher could say, "Mindi, I know right now you are missing your Poppa. Poppa is thinking about you right now too. Do you want to go over and look at Poppa's picture?" Consider how technology can support solutions as well. For example, a brief video of a parent singing their child's favorite song or saying "I love you" can be shared with a child if needed.

The Good Goodbye: Strategies for Families

You can support families in having good goodbyes with their children (Jepson, n.d.) by suggesting strategies such as the following:

- Have a routine for leaving home to go to school. For example, you might make up a silly song to sing in the car as you are on your way: "Off we go to Jackie's school, Jackie's school, Jackie's school. Off we go to Jackie's school, early in the morning!"
- Create a goodbye ritual to separate with love. For example, you might say, "Momma loves you more, here are two quick kisses and I'll give you two more when I pick you up after work."
- Leave without making a big deal, trusting that the educators know how to support your child's big emotions.
- Never leave without saying goodbye. Sneaking away only heightens a child's worry that they cannot trust you or trust in your return.

Partnering with families

It is hard to leave a child who is crying. Many family members feel sad, guilty, or upset doing so. You may see these feelings manifest in family members through behaviors like hovering, prolonging the goodbye, questioning if something happened at school to scare their child, or even breaking down in tears themselves! A critical part of your role is helping families understand separation anxiety as a normal part of development. Creating a partnership and working together to support a child's ability to have a good goodbye is the first step in supporting a young child who is experiencing separation anxiety.

Provide a way for families to check in with you every day, noting anything that may be different in that day's schedule. If you cannot personally greet each parent or family member at the door, dedicate a place for them to leave you any useful notes about their child. Did the child sleep normally the night before? Did they eat well before school? Is there anything going on at home that may cause changes in behavior, such as a caregiver having to leave on a trip or change their work hours? This information helps a lot as you try to see things from the child's perspective!

You can also work with caregivers to find out what works best for them to soothe their child. Is there a song, a transitional object, or a phrase they use at home that you could also use to calm the child? You can help a child feel that they are in their caregiver's thoughts by using similar strategies: "I know you miss your momma. Your momma told me she sings you this song when you are sad. Let's sing it now."

Transitional objects, such as a special blanket or a small stuffed animal, can be very helpful for little ones as they learn to hold their caregivers in their minds. Encourage children's primary caregivers to use transitional objects to help children when they cannot be physically with them. Be sure to let caregivers know what items meet the guidelines for the classroom.

It is also beneficial to help families understand that following routines at home is just as important as following routines at school. For instance, some children who are allowed to stay up later during the weekend find separation from their caregivers to be overwhelming in the first few days back at school,

usually because they are overtired. When they finally get back into the rhythm of drop-off, it's the weekend again. Encourage families to maintain the same routine even on weekends so their child isn't overtired come Monday morning.

How you are is as important as what you do

Jeree Pawl, a developmental psychologist, has stressed how important it is for children to witness adult emotional regulation in order to learn how to deal with their own big emotions (Pawl & St. John 1998). When a child is *dysregulated* (distressed/overwhelmed), the first step for adults is to check their own emotional regulation. Children in your care can only be as calm as you are feeling! They are “borrowing” your sense of calm to find their own, just as LaKrisha mentions in the opening vignette. If you need to, pause and breathe before responding to a child who is dysregulated. Your efforts will be much more effective.

While separation anxiety is a part of normal development, you can foster healthy social and emotional growth by helping families experience good goodbyes every day at drop-off. Through consistently using these practices, young children in your care will learn that they are safe, cared for, and free to explore their world.

For even more mindfulness tips, visit zerotothree.org/mindfulness.

Think about it

- › How do you find your calm when children in your care are dysregulated? Do you breathe? Do you pause before responding?
- › How can you create a space for children in your care to connect with their loved ones? How can you include families in everyday activities?
- › How do you help the parents and primary caregivers of the children in your care plan for a good goodbye?
- › How do you support caregivers in their growing knowledge of child development and healthy social and emotional development?

Try it

- › When a child is displaying their distress over a parent or caregiver's departure, help provide words for what they may be feeling: *sad, upset, worried, mad, frustrated, unsure*. Consider if the child needs extra nurturing—to be held, to be rocked in a chair, or to stay close by your side.
- › Connect children to their loved ones by using pictures, stories, transitional objects, or songs.
- › Remember to find your calm before trying to calm a young child.

References

- Jepsen, D. n.d. “What I Learned About Child Care and Dealing with Separation Anxiety.” Melbourne Child Psychiatry. www.melbournechildpsychology.com.au/blog/child-care-separation-anxiety/.
- Pawl, J.H., & M. St. John. 1998. *How You Are Is as Important as What You Do . . . In Making a Positive Difference for Infants, Toddlers and Their Families*. Washington, DC: Zero to Three.
- Poole, C. 2005. “How Children Adjust to School.” *Early Childhood Today* 20 (1): 33–37.
- Yeary, J., S. Zoll, & K. Reschke. 2012. “When a Parent Is Away: Promoting Strong Parent–Child Connections During Parental Absence.” *Zero to Three* 32 (5): 5–10.
- Zeanah, C.H., ed. 2019. *Handbook of Infant Mental Health*. 4th ed. New York: Guilford.

About the author

Julia Yeary, LCSW, IMH-E®, is the director of military family projects at ZERO TO THREE. She has developed numerous resources and trainings across the country to support professionals in their work with families who have experienced trauma, grief, or loss. jyeary@zerotothree.org

Rocking & Rolling is written by infant and toddler specialists and contributed by ZERO TO THREE, a nonprofit organization working to promote the health and development of infants and toddlers by translating research and knowledge into a range of practical tools and resources for use by the adults who influence the lives of young children. The column can be found online at NAEYC.org/resources/pubs/yc/columns.

The Reading Chair

New children's books too good to miss and one forever favorite



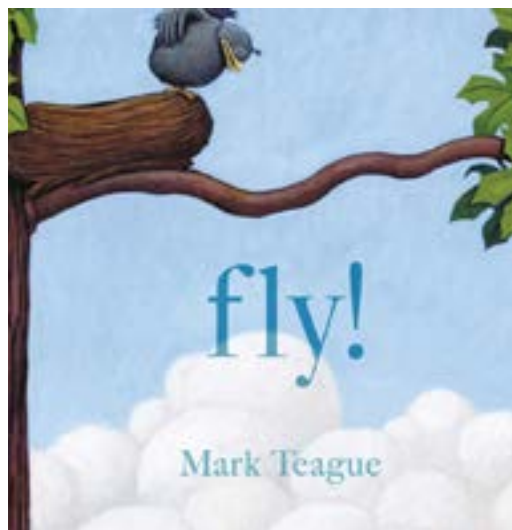
Seeds Move!

By Robin Page. 2019. New York: Beach Lane Books. 32 pp. Ages 3 to 8.

This is a serious science book that is both exciting and approachable for young readers. Each page or spread features a different seed and tells readers how that seed manages to plant itself in fertile soil near and far from its plant of origin. Animals, wind, and water are called into play when it's time for seeds to get moving. Seeds' movement isn't often covered in planting books, yet the journey seeds make is full of drama and closely intertwined with animal life. Along with the details of each seed's journey, the book features a variety of engaging verbs in a large font to describe the seeds' behavior (*hitchhikes*, *burrows*, *sinks*, *squirts*, *parachutes*, *helicopters*, and more), introducing exciting vocabulary to new readers. The illustrations are large and pop off the page, complementing the thrilling details of each seed's journey. This is an excellent STEAM title.

About the authors

Isabel Baker, MAT, MLS, is president of The Book Vine for Children, a national company dedicated to getting good books into the hands of preschool children and their teachers. Isabel has worked as a children's librarian and is currently a presenter on early literacy and book selection.



Fly!

By Mark Teague. 2019. New York: Beach Lane Books. 40 pp. Ages birth to 8.

In this wordless tale, Mark Teague's exuberant illustrations do a perfect job conveying the funny and compelling story of a baby bird who is reluctant to fly. Illustrator of Jane Yolen's *How Do Dinosaurs . . .* series, Teague proved excellent at drawing dinosaurs. In *Fly!*, he shows he has just as much facility with birds. Adults and children alike will be laughing out loud at the story's relatable drama as the fearful and stubborn baby bird comes up with endless justifications for not wanting to fly. His mother tells him that it's for his own good, and, as parents will find familiar, she vacillates between true concern and deep frustration when he ignores her.

With its generously sized pages and large illustrations, *Fly!* will be a story time hit. Invite children to act out the back-and-forth between mother and child and encourage questions about birds in nature.

Miriam Baker Schiffer, MFA, is a writer in Brooklyn, New York. She consults on book selections for The Book Vine, in McHenry, Illinois. Miriam's children's book, *Stella Brings the Family*, was published by Chronicle Books in 2015.

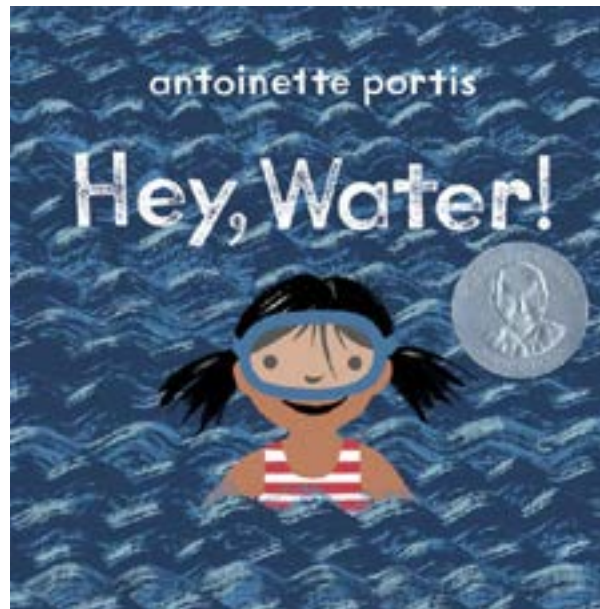


Saturday

By Oge Mora. 2019. New York: Little, Brown and Company. 40 pp. Ages 3 to 6.

Saturday is a special day for Ava and her mother. Her mother works six days a week, but on Saturdays they devote their attention completely to each other. They share special rituals, such as story time at the library, and they often do something unusual, like see a puppet show. But on one such Saturday, nothing seems to be going right! Story time is cancelled, their special hairdos from the salon get ruined by a splash of water, and their peaceful park is overcrowded. When they realize they've forgotten the tickets for the puppet show, that's one problem too many . . . until they remember that Saturdays are special because they spend them with each other.

Mora, who trained in illustration at the Rhode Island School of Design, made this vibrantly colorful book with paint, marker, and cut paper collage. The story is a reminder of what every child wants most from the adults in their lives: time together and focused attention. That this story follows a working mother and perhaps single parent is especially important. This book also reminds us that resilience and a positive outlook are more attainable when we have each other.



Hey, Water!

By Antoinette Portis. 2019. New York: Neal Porter Books. 48 pp. Ages 3 to 8.

Celebrate water! It's a substance so basic and singularly essential. And it becomes magical when you consider the various forms we find it in and the many uses and pleasures it provides each day. In this book, readers will find a hybrid of science, poetry, visual intrigue, and playfulness. Portis shows readers that water abounds, from the faucet to the sprinkler, from rivers to oceans, from steam to clouds and fog, from dewdrops to tears and rain, and from ice cubes to icebergs and snow. A young girl appears as a constant, lending a feeling of cohesiveness to the material. With a diverse cast of characters, this book is an asset for representation in classroom libraries.

Rich back matter dives into the concepts of liquid, solid, and gas; presents a graphic about the water cycle; and discusses water conservation.

My Hands

By Catherine Hnatov. 2019. Cambridge, MA: Star Bright Books. 12 pp. Ages birth to 3.

Hands are amazing tools, as this board book shows. Featuring a racially diverse group of babies and toddlers, beautiful photographs make ordinary uses of hands seem incredible: children draw, make music, catch a ball, wave goodbye, and more. With one example and an interesting verb on each page, this book is relatable, easy to digest, and not overcrowded.



Forever Favorites

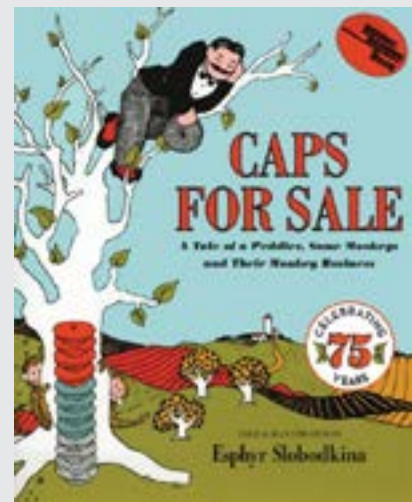
In each issue we feature a classic book to (re)introduce teachers to old favorites.

Caps for Sale

By Esphyr Slobodkina. 1940. New York: HarperCollins Children's Books. 48 pp. Ages 3 to 6.

What is it about this quirky story that continues to charm young children? Perhaps it's the irresistible fantasy that a tree full of monkeys could steal a peddler's wares. Maybe it's the always-relevant tension of a beleaguered underdog having to face his bullies. Is it the enchanting illustrations? Perhaps it's the beloved refrain, "Caps! Caps for sale! Fifty cents a cap!"

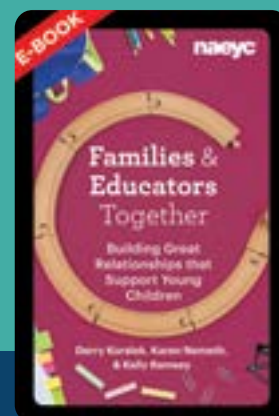
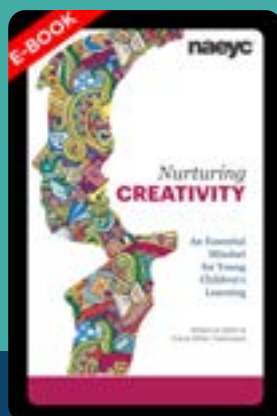
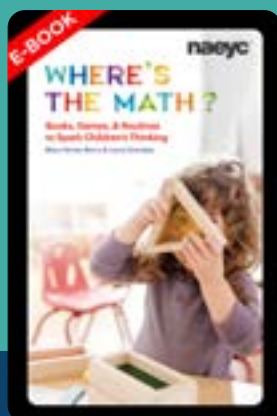
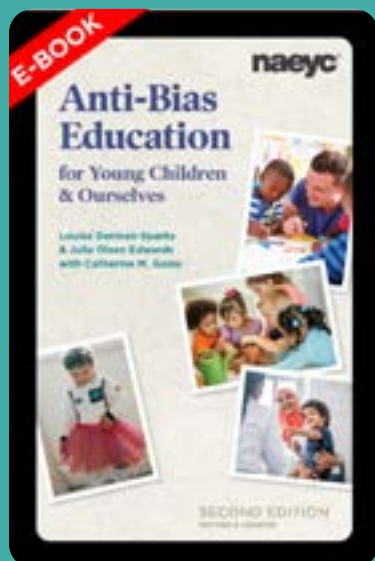
Children love the mischief of these monkeys—mischief that children themselves might like to do in their imaginations. And they can relate to the frustrations of the peddler as he can't get the monkeys to cooperate. Through a stroke of luck, the peddler outwits the monkeys to get his stack of caps back, and he once again can call out, "Caps! Caps for sale! Fifty cents a cap!"



E-Book Versions of Your Favorite NAEYC Books Are Now Available!



Download Today
[NAEYC.org/ebooks](https://naeyc.org/ebooks)



naeyc[®]

National Association for the
Education of Young Children

Need NAEYC Resources for Your Team?
Contact us for a consultation.
MarketSolutions@NAEYC.org



new

Only \$99
per year

Online courses to earn your CDA Credential™

Join for unlimited access to 200+ online PD courses,
including CDA courses!

continued Early Childhood Education membership gives you 24/7 access to the entire library of 200+ practical, research-based training courses, including courses you can take to earn the 120 clock hours you need to apply for your CDA Credential™.* CDA renewal courses are also available at no additional cost!

CDA Credential packages available for: Family Child Care | Preschool | Infant-Toddler

- IACET Accredited Provider of CEUs
- Course completion certificates provided
- Courses accepted by most state registries**
- Mobile access

Learn more: continued.com/eceOnlineCDACourses

UNLIMITED course access | \$99 per year

866-801-3202 | [f](#) [t](#) [in](#)

continued
EARLY CHILDHOOD EDUCATION

*The Child Development Associate (CDA) Credential™ is awarded by the Council for Professional Recognition.

**To find courses to meet your registry requirements, search the Course Library and select your state from the State Approvals menu.