

Mental Health and Children

What Is Mental Health?

Good mental health for adults means having a job, maintaining a home, and having healthy relationships. For young children, good mental health means being able to develop secure, trusting relationships, expressing emotions appropriately, and interacting with others—in other words: playing.

Can Parents Help a Child Develop Good Mental Health?

The first thing parents can do is to take good care of themselves. Even before her baby is born, a woman who eats well, exercises regularly, and avoids harmful substances like drugs and alcohol is helping her child develop good physical health and good mental health. After a child is born, eating well and getting regular exercise are still important, but parents must also make sure their child has the chance to develop trusting relationships.

From their first moments of life, your child is learning that they can rely on you for their physical and emotional needs. They are beginning to develop trust and that all-important sense of security. Children who develop this trust take risks, explore their world, and try new things because they know they can return to safety.

The Importance of Relationships

Most children thrive when they receive the right amount and right kind of stimulation. However, not all children have the same opportunities. Even something as seemingly harmless as TV viewing can reduce your child's opportunity to have the one-on-one human relationships that are so important during the early years.

Relationships are also important because they help children understand and relate to their world in emotional terms. To nurture this type of development, provide your child with an environment that offers emotional support and gives your child a sense of belonging (see box).

How Can I Know if My Child's Development is Typical?

The range of "what's typical" is very broad for young children. Some 1 year olds are fearful of strangers but others are not. By age 3, some children are able to show empathy, but for others empathy doesn't show up until age 5 or 6. (For general guidelines see the fact sheet titled "What You May See When.") If you do have a concern, discuss it with your child's doctor.

Is a Child's Mental Health Inherited?

According to Dr. Tonya White, pediatrician, psychiatrist, and mother of three, a child's mental health can sometimes be influenced by their parents' mental health. Research shows that 30 to 50 percent of children who have a parent with a mental illness are diagnosed with a mental health disorder. But Dr. White says that a child's environment also influences a child's mental health.

Ready Reference

Mental Health is sometimes referred to as **Mental Fitness**.

Feelings are sometimes called **Emotions**

Create an Emotionally Supportive Home

- Be sure your child has plenty of love, understanding, and support.
- Help your child talk about their feelings.
- Encourage your child to try new things.
- Provide a safe place for your child to learn independence.
- Show your child effective ways to solve problems and resolve conflicts.
- Allow your child to solve some problems on their own.
- Teach deep-breathing exercises to help your child reduce stress.
- Teach your child to appreciate and respect others.
- Encourage your child to help others.

Source: Early Childhood Indicators of Progress, Minnesota Departments of Education and Human Services



Risk Factors

Some things can actually increase a child's chance for developing a mental health problem. Often the factors are beyond a parent's control, as in the case of the loss of a caregiver. But other times a parent can reduce their child's risk, by avoiding harmful substances, for example.

Loss of a Significant Caregiver

For very young children, the loss of a caregiver can be devastating. Children who experience such a loss often become extremely needy, withdraw, or express their emotions differently from before. Others may cry, call and search for the absent caregiver, and/or refuse to be comforted (see box).

Lack of Appropriate Stimulation

Children who don't have enough physical and emotional nurturing may not grow at the expected rate, or they may show symptoms of depression. Physical delays are usually caused by problems such as reflux or a milk intolerance, but sometimes the cause is a lack of appropriate care. If your child experiences a delay, talk with your doctor to figure out the cause.

Toxins

Parents can protect their child from many toxins by being aware of how the toxins affect their child's development both before and after birth. In addition to the toxins listed below, household cleaners, medications, and some house plants are harmful to children and must be avoided.

- **Lead** exposure can cause blood pressure to rise, which can damage a developing fetus. Sources of lead include paint in older buildings, soil, and water from lead pipes. **Mercury** exposure, which usually comes from eating contaminated fish, causes problems with speaking, thinking, and voluntary movement.
- There is no safe amount or safe time to drink **alcohol**. Children exposed to alcohol before birth suffer brain damage and often have difficulty with decision-making and self-control; they may also have stunted growth, facial malformation, learning difficulties, and problems of the heart or other organs.
- Prenatal **methamphetamine** (meth) use can cause slow overall growth, prenatal stroke, heart damage, and sometimes even death. After birth, meth babies are very fussy, hypersensitive, and have long periods of high-pitched screaming.
- **Marijuana** use during pregnancy can cause intellectual and developmental delays, hyperactivity and inattention, sleeping problems, and excessive crying. **Cocaine** use causes newborns to go through withdrawal characterized by fussiness, screaming, and rigidity; development may also be delayed.
- **Tobacco** use during pregnancy can cause low birth weight. Later a child may show signs of hyperactivity and inattention, asthma and other breathing disorders, and lowered immunity levels

These things can help reduce the risk of a mental health disorder:

- A caring adult
- High-quality childcare
- At least one secure attachment

These things can put a child at risk for a mental health disorder:

- Exposure to drugs, alcohol, or other toxins
- Living in poverty
- Loss of a caregiver
- Exposure to violence

Supporting a Child Who Has Lost a Caregiver

- Allow your child to ask questions, even if it is painful.
- Answer all questions simply and honestly; use words your child can understand.
- If your child's grief is due to a death, don't refer to the person as sleeping—this may lead your child to become fearful of sleep or they may expect the person to wake up.
- Avoid using the word "loss"—some children think this means that the person is "lost" and they may be "found."



What You May See When

All children develop at their own pace; below are some general guidelines of healthy development.

Newborn

- Prefers caregiver's face, voice, touch, and even smell more than anything else.
- Would rather listen to talking or singing than any other kind of sound.
- Recognizes mother's scent

3 months

- Looks at people and watches their faces
- Startles at loud noises
- Recognizes faces and/or voices
- Smiles; can express joy and sadness

6 months

- Cries when hungry or uncomfortable
- Laughs, babbles and/or squeals
- Turns head toward sounds
- Can express anger and surprise; recognizes fear in others

9 months

- Can reproduce events from the day before—this shows the development of memory
- Responds to own name
- Knows the difference between caregivers and strangers and begins to express stranger anxiety
- Has ability to express fear
- Seeks caregivers for comfort, support, and safety
- Begins to protest separation from caregivers

12 months

- Shows affection
- Prefers certain people and toys over others
- Shows likes and dislikes (shakes head)
- Tries new ways to get your attention

18 months

- Likes to help
- Can let you know what they want
- Can tell when someone else is happy or mad

Between ages of 2 and 4

- Begins to realize that they are a boy or a girl

2 years

- Likes to do things themselves
- Does not understand how to share
- Copies other children in play
- Develops fears (like of the dark or large animals)

3 years

- Begins to share and take turns
- Can identify feelings from simple pictures
- Can link feelings to events, for example, "A birthday party makes Johnny feel _____"
- Begins to explore ways to solve problems
- Begins make-believe play
- Shows more sensitivity to others' feelings
- Changes mood quickly

4 years

- Begins to realize they can have more than one feeling at a time (sad they can't go to the zoo but glad they can go to the kids' museum)
- Begins to learn to control frustration
- Likes everyone to do things the "right" way
- Becomes more independent and likes to play with other children

5 years

- Can talk about rather than act on their feelings
- May make up excuses or stories to stay out of trouble
- Takes turns but doesn't always want to

Sources

- "BrainWonders" fact sheets, available at www.zerotothree.org/brainwonders
- *A Guide to the Use of ZERO TO THREE's Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:03 Casebook)*
- "Minnesota's Early Childhood Intervention: A Guide to Your Child's First Five Years," available from Minnesota Department of Health
- "Plays Well with Others: A Guide to a Young Child's Social Emotional Development," available from Hennepin County Early Childhood Services



Maternal Depression

All families experience a period of adjustment when a baby is born. While pregnancy and childbirth are usually times of great joy and triumph, they are often accompanied by changes and demands that may feel overwhelming and challenging.

Baby Blues

For a very brief period following the birth of a child, it is common for a new mother to experience mood swings, restlessness, and weepiness. These symptoms, which are usually short-lived, are referred to as the "baby blues." Even the most competent mother may experience them. For most women, the baby blues generally clear up within a few days or weeks. Strategies for helping a mother manage the baby blues include talking to a friend or supportive family member or reading about other moms who have had the baby blues.

Maternal Depression

Sometimes the depression is more serious and longer-lasting. This type of depression is called "postpartum depression." It usually begins within the first six months after childbirth and may last a year or longer if left untreated. Postpartum depression affects a woman's thinking, moods, sleep patterns, and physical health. It may also affect her feelings toward herself, her baby, and her family. Because a mom with postpartum depression may struggle to develop a loving attitude toward her baby, untreated depression can affect her child's healthy development (see box).

Some women believe they can overcome postpartum depression on their own, and some are told by others they will be fine in a couple weeks. If the symptoms do not lessen after a few weeks or if a woman is not able to manage the depression, immediate attention by a health care provider is necessary. In rare instances, severe signs and symptoms may indicate postpartum psychosis, which requires immediate attention and treatment (see box).

Seeking Help

If you believe that you or someone you know has postpartum depression, professional diagnosis and treatment is critical. A woman can call her doctor or her baby's doctor for help. Postpartum support groups and specialty clinics are also available in some areas. Overall, it is important to understand that depression may not be something a woman can "get over" on her own, nor is it a sign of being a bad parent. Depression is manageable and treatable—effective treatment is available.

Self Care

Lack of sleep and social isolation can affect how a new mom feels. Accepting help, taking naps, and keeping up with favorite activities can help.

Special thanks to Terrie Rose, Ph.D., L.P., for information on maternal depression.

Symptoms of Maternal Depression

- Loses interest in caring for herself
- Sense of inadequacy, unworthiness, guilt, or failure
- Sadness
- Feeling helpless/hopeless
- Difficulty concentrating; loss of memory
- Thoughts of death, dying, or suicide
- Feeling trapped without options to change
- Overwhelming worries; frustration; anger; rage
- Wishing someone else would care for the baby or that the baby hadn't come
- Withdrawal from family, friends, and previous activities

Symptoms of Postpartum Psychosis

- Mental confusion and disorientation
- Hallucinations; delusions; paranoia
- Unusual or unrelenting thoughts and fears
- Extreme agitation and anger
- Thoughts of hurting or killing one's self or the baby



Getting to Know Your Child

Your Child Is Unique

Every child has their own unique nature. Some children love to be cuddled. Some startle easily or cry and some fuss a lot. And some seem to be fine with anything. As children grow and mature, even more of these preferences emerge. For example, some children love to get messy and others want to be clean all the time. Some children prefer loose-fitting clothes, others like tight-fitting ones. And some children even prefer certain colors or shapes of food.

When a child is very young it can be difficult to figure out their preferences. For example, a child who only likes to eat foods in the shape of a circle (things like Cheerios and Ritz crackers) won't be able to tell you that until they learn the names of shapes. Even when a child is able to say they prefer circles, it may not be clear that they want all their foods to be round.

Parents often wonder if they will spoil their child if they accommodate their child's preferences. One way to think about this is to think about your own preferences. Do you like your coffee with a certain amount and kind of creamer? Do you cut the tags off your clothes? Do you prefer one brand of bread over another? If your child gets a balanced diet from eating things that are round, then work with it. It may be a bit unusual, but it isn't going to spoil your child. Instead, it shows that their needs matter.

Understanding Your Child's Temperament

There is no "right" temperament for children, but many people expect children to be light-hearted, fun-loving, and eager to do anything. Some children are carefree and relaxed, but others are more serious or reserved, even in familiar surroundings. When a child's temperament is different from what a parent expects, they may have difficulty relating to the child. When this happens, parents need to listen carefully and watch their child to learn how best to build a relationship (see box, "Natalie and Maria").

Recognizing Sensory Reactions

Nearly all children (and adults for that matter) have preferences. Some children are highly sensitive to sound, bright lights, or rough-and-tumble play, while others may need deep pressure, lots of spinning, and loud noises to wake up their senses. Some children (and adults!) prefer certain kinds of fabrics, avoid eating some foods because the texture is too crunchy or too soft, or need to have complete darkness to get restful sleep.

To learn about your child's sensitivities, watch for reactions and responses to different things. A child who covers their ears when they hear a siren and runs and hides when their baby sister cries may not be able to tolerate loud noises. Or if your child loves to swing the highest, spin fastest, or pound the loudest, they may be saying they need more sensory input. Pay attention to your child's reactions and do what you can to make their environment supportive (see box for more ideas).

Natalie and Maria

Maria loves having the radio and TV on all the time and enjoys having lots of friends around. Her daughter, Natalie, though, hates loud noises and chaotic situations.

Maria has noticed that when she takes Natalie to places where there is a lot of noise or activity, Natalie stays close and asks, "Can we leave soon?"

Maria has even noticed that when they play house, Natalie starts to cry or has a tantrum if Maria pretends to cry like a baby.

Maria knows that she and Natalie have different needs and knows that she must learn how to build a relationship with Natalie.

Now when they play house, Maria pretends to be a baby napping instead of a baby crying.

If Your Child Has Sensory Sensitivities

- Watch for signs of stress and help your child calm down if they are over-stimulated.
- Teach your child ways to self-soothe, like cuddling a soft toy or favorite blanket.
- Allow your child plenty of time to make choices; your child may not be able to make quick decisions.



Managing Typical Behaviors

During their early years children develop an amazing array of skills and abilities. Most of the time parents will feel completely comfortable and secure in their ability to nurture their child's healthy emotional development (their mental health), but there are times when even the most confident and competent parent will become frustrated and wonder, "Are these behaviors typical?" Most often, the answer is "Yes!," and in fact, the behaviors are often necessary to healthy emotional development.

The behaviors that give most parents a reason to wonder are those related to control—that is their child's ability to control their world. When a child is born they have many needs and few wants. As a child grows, the balance between their needs and their wants begins to shift. The moment when a need turns to a want, however, is very difficult to determine and very likely will be different for each child—but when it happens, issues of control often emerge. Most children will express their desire to control everyday tasks like sleeping, eating, and playing.

And although their desire for control will often lead to sleep problems, tantrums, and/or power struggles, these are also golden opportunities to help children develop a healthy emotional foundation for good mental health. For example, working through a sleep problem can help a child learn self-soothing techniques; tantrums are opportunities to teach children healthy ways to deal with frustration and disappointment; and power struggles are excellent times to help children learn necessary problem-solving strategies.

Each new generation of parents will address these issues, and countless pages have been written to suggest solutions. Here are a few websites that offer current, reliable information.

- www.education.umn.edu/CEED — The Center for Early Education and Development (CEED) at the University of Minnesota has developed "Questions About Kids," fact sheets that tackle issues of concern for early childhood professionals.
- <http://education.umn.edu/ChildCareCenter/Kamihealingthroughbooks/> — The Kami M. Talley Reading and Resource Center at the University of Minnesota has a great list of books, tapes, videos, and other resources that encourage positive development of children.
- www.nimh.nih.gov — The National Institute of Mental Health has a wealth of information about children's mental health disorders.
- www.mentalhealth.samhsa.gov — SAMHSA's National Mental Health Information Center has many great resources.
- www.zerotothree.org — ZERO TO THREE, the National Center for Infants, Toddlers, and Families, has information for parents and professionals about early childhood development.

Growing Pains

Expressions of control can be great opportunities to teach life-long skills

- Self-soothing techniques can be practiced when sleep problems arise.
- Tantrums offer great opportunities to teach a child healthy ways to deal with frustration.
- Power struggles are excellent times to help children learn problem-solving skills.



Sleep

What Is Considered Typical?

The amount of sleep each child needs varies, but a child who is happy and healthy is most likely getting enough sleep—even if the amount is different from what is considered normal (see box). For parents, the key is to be able to recognize how much sleep their child needs. A lack of sleep can interfere with a child's behavior and their ability to learn and play. It can also increase their chance of becoming ill.

Routines and Napping

It's a good idea to have a routine for sleep times. And it's good to have different routines for nap time and bedtime. For example, a bath and two stories means bedtime, but quiet music and one story means nap time.

Napping improves a child's focus, concentration, and ability to learn. When children are tired, they become irritable, yawn, rub their eyes, and/or have trouble concentrating. Try to offer the chance to sleep before the child becomes too tired. Children who are overtired often have a harder time settling down.

As children grow, their need for sleep, especially naps, changes. Some children need to sleep for an hour or two, but others don't need a nap. Even if a child doesn't nap, they may still need a rest time. Cuddling, reading, or playing quietly are good ways to provide a restful atmosphere.

Crying and Fussing

All children stir, fuss, or cry while sleeping. Sometimes it means the child is going through a typical sleep cycle, but it may mean the child needs attention. Some parents let their child cry, some rub their child's back, and others rock their child back to sleep. Whatever method is used, it should be one that lets the child know they are safe, secure, and well cared for.

Most children develop good sleep patterns around 1 year, but this is also when they begin to test limits. Your child may let you know that they have their own ideas about when and where they should sleep. And by this age they are usually able to get out of bed. This is age-appropriate behavior, but it often leads to power struggles. To avoid struggles, keep to a routine but adapt it when necessary. Try having your child listen to a story on tape or CD, or tell them you will check on them in five minutes.

Are There Times to Be Concerned?

If you have concerns about your child's sleep, discuss them with your child's doctor who can check for problems like colds, allergies, and teething pain. If a physical problem isn't the cause, your doctor may refer you to a mental health professional who can explore other causes.

Average Sleep Need

Age	Hours a Day
Birth – 3 months	14 – 18
3 – 6 months	14 – 16
6 months – 2 years	12 – 14
2 years – 5 years	10 – 12

Nightmares and Toddlers

Nightmares can be related to something a child has experienced. Clowns can be terrifying and TV shows often show images that are hard for children to understand.

If a child is startled by a nightmare, talk about it and help them understand how it made them feel. For a child who isn't yet talking, simply offer comfort and reassurance.

Sleep Problems? Consider These:

- Should the routine be longer or shorter?
- Is the routine calming? (Avoid active play).
- Is the room too cold or too warm? Too noisy? Too quiet? Too light? Too dark?
- Has the child had any food or drink that could keep them awake?
- Could a medication be causing jittery or irritable side effects?
- Does your child need to talk about their day or discuss any worries?



Tantrums, Mood Meltdowns

What Is Considered Typical?

We all have days when we just don't feel like ourselves—things that normally wouldn't bother us are “the last straw.” Children are no different. Adults are usually able to manage the ups and downs, but young children (by about 2 years of age) are just beginning to manage their ups and downs and control their emotions. It may seem like progress in this area is slow, but given time and continued support and encouragement, children do learn.

Temper tantrums are really just immature ways of expressing intensely felt emotions. Because children express their emotions through their behavior, parents usually respond to their child's behavior but may miss the feelings that are causing the behavior. Rather than responding to tantrums with a disciplinary approach, it may be more helpful to see tantrums as opportunities to help children learn to express their feelings appropriately.

What Strategies Help Prevent Tantrums?

Parents can sometimes avoid meltdowns by paying close attention to the cues their children give (see “Tantrum Triggers”). Some tantrums occur because of a child's inability to handle certain social situations. To prevent this type of tantrum, teach your child how to share and take turns and to say “no,” or “mine,” instead of screaming, hitting, or biting.

Some tantrums happen as a response to frustration. To avoid this type of tantrum, help your child understand what triggers their tantrums, then teach coping strategies. For example, help your child to recognize when they are becoming frustrated and teach them to ask for help. Keep your child's energy focused on solving problems before they become crises.

What Strategies Help Moderate a Tantrum in Progress?

Having a breakdown or losing control can be very unsettling for a child, so it is important to remain calm and to let your child know that you will help them calm down. When responding to a tantrum, remember that what works for one child may aggravate another child. For example, some children may be extra sensitive to touch and may not respond well to hugging or rocking. The key is to be attentive to your child's needs.

There are times when the best response to a tantrum is to let it continue. When this occurs, be sure your child is safe and knows that you are available when they are ready to calm down. If the tantrum seems to be continuing too long or if the child is becoming harmful, intervention may be necessary.

Are There Times to Be Concerned about Tantrums?

If you do become concerned about your child's behavior, talking with others who care for your child (such as a preschool teacher) can often be very beneficial—strategies that work well in other settings can sometimes work well at home too. If your child's behavior becomes too disruptive, you may need to seek outside support and guidance from your child's doctor.

Responding effectively to tantrums when a child is young can reduce the number of tantrums later.

Helpful Tips

- Sing a soothing song or try hugging or rocking.
- Do running in place or other physical activity to get rid of aggression.
- Offer something with a soothing texture like a fuzzy animal.
- Take deep breaths and ask your child to also.
- Re-direct—when frustration rises, play a game, read a book, or dance.
- Laughter—make a joke or do something silly.

Tantrum Triggers

- Transitions: Give plenty of notice before changing activities.
- Frustration: Young children are learning to share so have multiple toys for this age group.
- Routine: Toddlers do best when they know the limits and what's expected of them.
- Hunger: Some children have trouble managing their emotions right before mealtime. Keep healthful snacks on hand for when meals are delayed.
- Fatigue: Tired children sometimes have short fuses. They may need a nap or quiet time.



Power Struggles

What Is Considered Typical?

Anyone who spends time with toddlers or preschoolers knows about power struggles. Quite often they are signs that a child has realized that by saying no, they can control when and how things happen.

Power struggles are usually about a child exploring the healthy boundaries you provide for them. Your child may be thinking, “You asked me to wear the blue dress, but I want to wear my swimsuit to school.” Young children have very little control over their lives. Recognize this and give your child control in some areas—they may surprise you. For example, your child may suggest that she wear the suit under her dress—crisis averted!

What Strategies Are Helpful When Managing a Power Struggle?

A big piece of power struggles is clear expectations. Ask yourself if your child understands what is expected? Another factor is whether your child is developmentally able to do what is being asked. For example, expecting a 3 year old to sit still through a formal dinner is probably not realistic.

When power struggles do occur, remember that it takes two. When the parent is the other person, they sometimes need to let go of some of the control. That doesn’t mean that children should be allowed to decide what to do, how to do it, and when to do it. But it does mean that children should have some chance to express their individuality. For example, some children want to choose their clothes but it takes too long and they sometimes pick things that aren’t practical. A little planning (have your child select clothes the night before) and organization (separate play clothes from school clothes) can avoid a struggle that could take longer than it would take to choose the clothes.

What If a Child Is in Danger?

Sometimes power struggles arise when a parent is trying to ensure a child’s safety. Even then, there is usually an opportunity to allow choice. Here’s how it might sound: “I see that you hit Jordan with the truck; trucks are for driving, hauling, and racing but not hitting—you’re all done with that truck now. You may read a book or play with the blocks instead. You may try again later to play with the truck.” Allowing a second chance helps the child maintain their sense of independence.

Are There Times to Be Concerned About Power Struggles?

If power struggles happen repeatedly or if you become concerned about your child’s power struggles, keep a log of how often they happen and how intense they are. Also make a note of how your child acted. If you do talk with someone about managing power struggles, the more information you have, the better chance you’ll have of figuring out how to avoid them.

In some cases, your physician may refer you and your child to a mental health professional for counseling, support, and training in how to work out power struggles. The mental health professional will also be able to tell you whether the power struggles are an indication of a more significant emotional problem in the child or even in the adult.

Power Struggles

It seems like children really know how to “push buttons.”

When this happens, your child is likely getting a need met. Maybe they are trying to practice a new skill, testing their independence, or just seeking your attention.

Identifying the source of the struggle can often be the key to the resolution.

Allow your child plenty of opportunity to perfect new skills and let your child make some choices.

If your child really needs your attention, spend time reading or playing. If you can’t right away, let your child know when you will be able to play.

Helpful Tips

- Don’t become part of the struggle—identify the problem and help find a solution
- Give second chances
- Set clear expectations
- Speak calmly and respectfully
- Offer choices and follow through
- Use an interested voice, not a punishing voice



Toileting

What Is Considered Typical?

Nearly all children learn to use the toilet but some learn in stages and others learn all at once. Toileting happens to be one of those areas where each child will have their own schedule and will likely insist on absolute control. Successful toileting relies most on a child's readiness and willingness and on an adult's patience, support, and understanding. A child who shows no interest in toileting or who doesn't seem to recognize when they need to potty is simply not ready. On the other hand, a very young child (usually one with an older sibling) who is interested in toileting can be successful.

What Strategies Support Successful Toileting?

One of the first things to do is to make sure your toilet is accessible and comfortable for a young child. Also make sure your child can remove their own clothing—tricky snaps, buckles, and even some buttons can make going potty difficult. Another important factor is patience. Some children will begin the process and then change their mind. Tempting as it may be to nudge the child to continue, taking a break and waiting for your child to show interest again usually works better.

What Gets in the Way of Successful Toileting?

Even if a child shows signs of readiness, there are times when it's best to wait. Immediately after a new sibling joins the family or during a move to a new home are usually not good times to begin toileting. Some children may be very interested in toileting, but they may also have very real fears about the process. Some children are afraid they will fall in and get wet or that they will be disappear just like their "poo." These may seem like silly concerns, but responding seriously and sincerely will reassure the child. Allow your child to safely explore the toilet and show them that the pipes are too small for a person to be flushed away.

Are There Times to Be Concerned?

Some children will regress in their ability to go potty by themselves during times of stress. For example, if there is a change in the family routine, a traumatic event, or a disruption in the schedule. Children sometimes regress even when changes occur that seem fairly minor. For example, when a child moves into a new bedroom or has a new preschool schedule. This is very normal.

If you do become concerned, keep track of the times and see if you can figure out what the problem might be. When a regression does occur, it's best to be patient and understanding—most children are fine as soon as their life becomes less stressful.

Occasionally, a child's ability to toilet independently may be delayed, or a child may show persistent signs of regression. If this occurs, there may be a physical ailment, and the child should be seen by their doctor. Sometimes a disruption in toileting, along with other symptoms, can indicate a problem in the child's overall environment.

When to Begin?

Children begin to use the toilet when they are ready. No amount of pleading or bribing will change this.

You may have heard that "all children begin training at 18 months" or "all children must be trained by age 3." These ideas often lead to unnecessary power struggles.

Patience & False Alarms

A child who is becoming aware of their body's signals may not always need to "go" when they ask for help. They may sit for several minutes then realize it was a false alarm.

Be patient and encourage your child to pay attention to their body. In the long run it will pay off.

Oops!

Your child may seem like they have mastered toileting, only to have an accident. Accidents are normal, so respond with a matter-of-fact attitude.

Try to understand how and why the accident happened. Maybe your child was so busy playing that they didn't notice they had to go until it was too late.

When too much is made of an accident some children lose confidence.



Aggressive Behavior

What Is Considered Typical?

When children are learning how to express their emotions, they are often in the company of other children who are learning the same thing. When several very young children are all learning group interaction and social skills, it's likely there will be hitting, pushing, shoving, and sometimes even some biting. Although aggressive behaviors are not unexpected, they must be addressed. Such behavior is usually just a sign that your child hasn't learned better ways to express their very strongly felt emotions.

How Can a Child Moderate Aggressive Behavior?

Just as most children learn how to do some things with little or no help—like climbing up stairs—other things must be taught—like going down the stairs. The same is true for emotions. Some emotions take almost no effort to understand—like joy and sadness. The meanings and expressions of other emotions, however, must be taught. For example, many people confuse anger with frustration. And some mistakenly think that anger is bad. But they are confusing the feeling with how it is expressed. Anger is a normal part of life, but hitting, biting, or saying mean things doesn't have to be.

Actively teach your child how to express their emotions. This is best done when you or your child is experiencing an emotion. The next time you are feeling anger or frustration, talk it through. It may sound like this: "I am so frustrated that the store is closed—I really wanted to get this errand done today. Next time I'll call first to make sure they are open."

What about Physical Energy?

Not all aggressive behavior, though, is based on emotions. Some children just have lots of physical energy—they enjoy roughhousing. Even though these children mean no harm, this kind of play should be closely watched. Children usually don't realize when their physical play is disruptive to others, or they may not realize that they are strong enough to hurt someone.

If your child seems restless, try saying something like, "Mikey, you look like you feel restless, and Katie doesn't look like she is enjoying wrestling with you. Why don't you pretend to be an astronaut and fly around the room." There are times when flying around the room isn't practical. When this happens, let your child know when and how they can get their energy out.

For children who are very physical and have lots of energy, a preschool class in creative movement, dance, karate, or tumbling may be a good way for them to use their energy and build self-esteem. When choosing a class, try to find a teacher who works well with energetic children.

Are There Times to Be Concerned?

If a child is guided to develop appropriate ways to express anger and frustration, but is not able to change their behavior, there may be a problem. If you have a concern, talk with your child's doctor.

Modeling Emotions

If you see your child trying to get something from another child, intervene by saying something like "Sophie, you look frustrated, and it looks like Kyle doesn't want to give up that book yet. What can you do?"

Then help Sophie figure out a solution. If her ideas include just taking the book or hitting Kyle, explain that both those options might work, but they are not respectful of Kyle. Eventually Sophie will think of something.

Then watch as Sophie puts her solution to work. It may not work perfectly the first time, and she may need support as she talks to Kyle. She may even go back to her old ways. But with repetition and success, Sophie will develop new patterns.

Exposure to Aggressive Behavior

Children who witness aggression—whether it's on TV, in a video game, at school, or among family members—are at risk of displaying overly aggressive behaviors.



Eating

What Is Considered Typical?

Most children will want as much control as possible when it comes to what they eat. Some insist that bread crusts be trimmed off and others want their noodles to be a certain shape. Picky eating is normal. It doesn't mean your child will be a picky eater forever, or that your child isn't getting a balanced diet. Most children eat well over the period of a week, so worrying on Tuesday about the child's refusal to eat anything but cheese slices may be energy wasted. Instead, make sure that mealtimes are enjoyable and that the foods you serve are healthy.

What Strategies Support Successful Eating?

Involving your child in the planning and/or preparing of the meal is one way to create a positive mealtime routine. Young children love to help stir or pour; setting out the placemats and silverware can also be a good job. Once the meal begins, it's important to have enough time and to have a plan for how the meal will end. Determine ahead of time when a child may leave the table and if there are any rules about dessert.

Serving nutritional foods is easier than many people realize. It simply means that the food should have good nutritional value so that if a child eats primarily one type of food on a given day, they will not be eating empty calories. Or if they have a snack close to mealtime, it won't matter so much if they have a lighter-than-normal dinner. Snacks of fruits, vegetables, cheese, meat slices, crackers, and low-sugar cereals are excellent choices.

What Gets in the Way of Successful Eating?

Mealtimes can be difficult if your child won't eat what is served or says they aren't hungry. When your child says they aren't hungry, be sure that whatever snack they filled up on was as nutritious as the meal being offered. If your child refuses to eat what you serve, use a little creativity. Try offering the vegetable both raw and cooked, or serve the pasta with the sauce on the side. Some children may dislike the way the food is prepared or presented, and some children are suspicious of new or combined foods. Instead of a sandwich, offer the bread, slices of meat, cheese, and a piece of tomato on a plate.

Distractions during mealtimes can also keep a child from focusing on eating. Also, some children are sensitive to certain textures, flavors, or temperatures. Figuring out these sensitivities and accommodating them is preferable to having a power struggle at mealtime. If your child does refuse to eat what is served, have a no-cook option available that the child can prepare. Most preschoolers can make their own cheese or sliced turkey sandwich.

Are There Times to Be Concerned?

Some children, due to food sensitivities, food allergies, or physical problems, will have difficulty eating. If these lead to nutritional deficiencies or cause your child to have difficulty maintaining their recommended weight, contact your child's doctor.

Food Sensitivities

There are not always logical reasons for your child's food preferences. Look for patterns in the foods your child avoids. Pay attention to textures, tastes, and temperatures.

Sometimes certain shapes and colors may be preferred or some children won't eat food if it touches other foods. For example, some children don't like milk on their cereal. If that's the case, simply offer the milk in a cup instead.

Nutritional Guidelines

In 2005, the FDA issued new recommendations for healthy diets. Go to www.mypyramid.gov.

Mealtime Battles

Problems sometimes arise when a child is made to eat specific amounts and certain types of foods.

Such rules are often meant to help a child eat right, but they often lead to unproductive power struggles. Since a child controls what goes in their mouth, battles over food are rarely won by the parent.

The key is to make sure that the foods you offer at mealtime and at snack time are nutritious.



Gender Identity

What Is Considered Typical?

Gender identity is an important developmental process that occurs between the ages of 2 and 4. This is when children figure out whether they are a boy or girl. During this time, many children (though not all) “try on” different roles. Such experimenting is normal, healthy behavior.

What Strategies Support Healthy Gender Identity?

Allowing your child to dress up and pretend to be the other gender is perfectly acceptable. Parents sometimes are troubled that their little girl wants to be a daddy or insists on being a boy, or that their little boy wants to be a mommy or insists on being a girl.

Children may also have cross-gender interests. For example, a little boy may enjoy things that his mother and sisters enjoy such as wearing jewelry or putting on nail polish; a little girl may pretend to shave her imaginary beard, want to wear pants all the time, and prefer to have boys as playmates. Many children also go through a stage of wishing to be both genders—for example, a little boy may want to have baby “just like mommy” and little girls may think they will grow a beard “just like daddy.”

All of this is typical, healthy behavior. Children who explore and experiment in this way do not develop a dislike of their own gender, but are in the very important process of developing their own gender identity.

Are There Times to Be Concerned?

There are some behaviors that are cause for concern. Such behaviors include persistent discomfort with one’s assigned sex. In boys this may be a strong belief that their penis or testes are disgusting or strong hope that they will disappear. Girls may refuse to go potty in a sitting position. Other behaviors to be concerned about include a child’s insistence that they are the opposite sex, a strong and persistent preference for cross-sex roles in make-believe play—for example, boys insisting on being the princess, girls insisting on being the prince, and an intense desire to participate in the games and/or pastimes of the opposite sex.

Although a gender identity disorder is very rare, if you have concerns, seek advice or information from your child’s doctor or from a mental health professional.

What Gets in the Way of Gender Identity?

Some parents grow concerned when their son wants to wear his sister’s tutu or wants to be the mommy when playing house.

Or they become upset when their daughter will only play with trucks and race cars or refuses to wear a dress.

Responding to these behaviors by discouraging, embarrassing, or shaming a child can be harmful to a child’s gender development.

Share in your child’s interests and answer any questions they have about the differences between boys and girls.



Early Childhood Mental Health Care

Is Mental Health Care Necessary for Young Children?

Yes. According to Glenace Edwall, Director of the Children's Mental Health Division at the Minnesota Department of Human Services, early childhood mental health care is for "children who will never have a mental health diagnosis, those who may develop a problem at some point, and those who have evident problems early on."

She also says that this care "embraces families as the most important people in their children's mental health development, but it also acknowledges the importance of the quality of relationships that children begin to establish outside the family during their early years."

The Need for Early Intervention

Because emotional problems tend to impact a young child's ability to regulate their behavior, mental health problems can cause a child's relationships and social development to be negatively affected. Children who are emotionally well-adjusted have a greater chance of early school success, while children who experience serious emotional difficulty face risks of early school difficulty. There also appears to be a natural advantage to interventions that happen during early childhood when a child's brain is still developing. Unfortunately, many young children do not receive the needed support or interventions.

Stigma

One of the most preventable reasons a child doesn't receive mental health care is because of the stigma that surrounds mental illness. How many times have we seen images on television or in movies (cartoons even) portraying people with mental illness as violent, running around in straight jackets, or locked in padded cells. These portrayals cause stigma, and it is this type of stigma that can prevent parents from seeking appropriate help when they have a concern about their child's mental health.

Why Stigma Is a Problem

Most families expect their children to have a carefree childhood—full of the everyday joys and upsets that are typical for children. When they realize that this may not be true for their child, some parents have mixed feelings about getting help. Because of the stigma associated with mental health problems, some parents fear that their child will be labeled. They may also be told by friends and family that their child just needs to work harder to control their behavior; or some think that their child's mental health disorder is their fault.

Parents can combat this stigma by learning more about mental health disorders. Knowing how to get help when a disorder is suspected and what strategies work when caring for a child with a mental health disorder will ensure that a child will receive appropriate and timely care.

Mental Health Problems in Young Children?

A 2002 study showed that 16 percent of the infants and toddlers in families that were surveyed had social, emotional, or behavioral problems. Most of the concerns were addressed by regular program services, but 7 percent required additional services and/or urgent care.

Myths and Facts

Myth: Mental health disorders do not affect children.

Fact: One in five children have a mental health disorder. Just as some children have physical ailments like asthma, some children have mental health disorders like AD/HD (attention-deficit/hyperactivity disorder) or depression.

Myth: Mental health refers to people who are "crazy."

Fact: Mental health refers to how a person manages their life—how they handle stress, relate to others, and make decisions. Just like good physical health, good mental health is important at every stage of life—even childhood.



Early Intervention

When Mental Health Services May Be Needed

Parents sometimes wonder if their child's development is normal or if their child's behavior might mean that a problem exists. Although early childhood development does vary greatly, parents often seem to have an intuitive sense about their children.

Many parents whose children have been diagnosed with a mental health disorder have said things like, "I knew by the time she was two something was wasn't quite right" or even, "He was different from the moment he was born." In some cases the parents may not raise the concern, but an early childhood professional who works with a child may suggest that a child they work with may benefit from an evaluation. Even though some neurological disorders such as autism or fetal alcohol spectrum disorders (FASD) cannot be totally overcome, the effects can be lessened with early intervention and these children, too, have a wonderful chance of growing into mentally healthy adults.

What Options Are Available If My Child Needs Help?

If a parent has concerns, several options are available. Some families will have their child evaluated by a doctor—perhaps their pediatrician—who can advise the parents about what to do next. Others may contact their school district's Early Childhood Special Education (ECSE) program to learn about their screening and evaluation process and available services. For more about ECSE, visit <http://education.state.mn.us/EarlyLearningServices/search.do>.

When parents do decide to have their child seen, it's not uncommon for parents to feel conflicted, scared, nervous, and/or confused about the process. Many parents feel very vulnerable and may need a safe and supportive place to ask questions. They may have significant concerns, even some fears about their child's future. Along with getting help for their child, parents should ask about parent support groups—this is where parents share their experiences and concerns with other parents who have similar problems.

What If a Parent Decides Not to Seek Help Right Away?

Some families will take a wait-and-see approach because they believe that their child "will just grow out of it." If the decision is made to wait and see, parents should continue to watch their child's behavior. If the behaviors that are causing concern happen more often or get worse, the family should consider consulting their doctor or a mental health professional.

What If Someone Else Says My Child Needs Help?

Sometimes a childcare provider will raise a concern. Some parents follow through right away but others wait. In some cases waiting may be acceptable. If a parent does wait, the care provider who made the original suggestion will likely continue to provide the parents with observations about their child's behavior. Depending on the child's symptoms and behaviors, however, a parent who doesn't respond to the suggestion that their child be evaluated may be considered neglectful.

Why Early Intervention

One study found that preschoolers are expelled for behavior problems three times more often than K-12 students.

The Value of Early Intervention

Early intervention services can prevent the need for services later in life.

Giving children the support they need when they are learning to control their behavior and express themselves is a great way to help them develop good mental health.

Early intervention can improve a child's ability to form meaningful relationships and help them learn the social skills necessary for school success.

Pre-Evaluation Tips

If you have concerns about your child and you can't find another explanation—such as oncoming illness or a change in routine—start here:

- Record specific behaviors and watch for patterns.
- Find out if the behaviors are happening in other settings.
- Try simple strategies first. For example, if your child is anxious, see if a calm activity reduces the anxiety.



Screening and Services

Parents in the state of Minnesota are encouraged to have a developmental screening for their child by the age of 4. The state provides screening at this age because early detection of children's health and developmental problems can reduce the need for costly care later. But a parent who has a concern need not wait until their child is 4. Parents can, at any time, discuss their concerns with their health care provider. Parents can also contact their local Early Childhood Special Education (ECSE) office to discuss any concerns they have about their child.

Screening Options

The state-sponsored screening will look at a child's communication skills, social and emotional development, motor development, general learning development, and physical development (vision, hearing, health, and sometimes dental). The screener will also ask the parent to describe the child's behavior. Through this process, the screener will be able to determine if a child needs a more in-depth evaluation. If a screener does suggest further evaluation, the parent must arrange the evaluation either through their schools district's ECSE program, or it may be arranged privately through their health care provider.

Getting Services

When the results of a screening show that a child would benefit from special education services, families can check to see if they qualify for services through the ECSE program. Children who are not yet in kindergarten may qualify for special education services if they show a pattern of behavior in one of these areas: 1) withdrawn, anxious; 2) thought process that causes unusual behavior, communication, or distorted relationships; or 3) aggressive, hyperactive, or impulsive. The pattern must negatively affect the child's social ability, and the child's functioning must be very different from children their same age.

For some families, the services provided through the school may not fully address the concerns, or the child may not qualify for school services even though very real problems exist. In that case, a parent will need to talk with their doctor and ask for a referral to a clinic that specializes in children's mental and behavioral health.

If a child does need services that are not provided by the school district, and the child's family cannot afford the services, families who are eligible can apply for some services through their county. For more information about county services, a parent can contact their county social services office or visit the Minnesota Department of Human Services website at www.dhs.state.mn.us.

Screening and Evaluation

A **Screening** is like taking a child's temperature—it lets the screener know there may be a concern but it doesn't determine what the concern is.

An **Evaluation** is like figuring out why there is a temperature—Is it a cold? Teething? Scarlet fever?

Source: Ed Frickson, Licensed Psychologist

Screening Information

- For information about ECSE services, call the Minnesota Department of Education at 651-582-8200 or go to www.education.state.mn.us

- For information about the Head Start program in your area, visit www.mnheadstart.org or call 218-728-1091

Information about Services

Early Childhood Services: A Directory of Services Available to Children with Disabilities in Minnesota lists many early childhood resources available in Minnesota.

To get a copy, call 651-215-8956 or 800-728-5420 or go to www.health.state.mn.us.divs/fh/mcshn/



Building Partnerships

Keys to Building Successful Partnerships

One thing parents can do is give clear information about their child to the people involved in their child's care. As soon as a parent becomes concerned, they should begin to keep a record of their child's behaviors. Parents can also help professionals by sharing information about their child's likes, dislikes, temperament, and sensitivities. For example, a parent might tell the occupational therapist that their child really, really likes the color yellow and that Thomas the Tank Engine is the current favorite toy.

Parents should also share information about their child's behaviors that may indicate a delay. Although parents may feel embarrassed to share that their 5-year-old still wears diapers to bed or that their 3-year-old refuses to go to sleep alone, this kind of information may help a therapist design a more effective treatment plan. Parents should also be sure to share the triumphs, no matter how big or small.

One Key Is Clear Communication

It is also important for family members and early childhood care professionals to communicate with each other about the child's goals. By knowing each other's expectations, family members and care providers can agree on goals and specific ways to achieve them. For example, it may be important to the early childhood professional that a child learn to participate in group time, but the parent may not see that skill as necessary. Instead, the parent may want their child to spend more time learning how to express frustration. In fact, group time may be a great time for the child to learn how to express frustration, but the parent and professional need to recognize their shared goal and talk about how that goal will be accomplished.

Getting Past Jargon

When it comes to communications between parents and professionals, parents sometimes need to ask professionals to explain the terms they are using. Have you ever heard something like this: "Mia seems to be showing some signs of apraxia of speech—do you notice that at home?" In order to bridge information gaps, parents need to be sure they ask for clarification when they don't understand the information they are given.

Despite all the best efforts to build effective partnerships, parents and professionals do sometimes have disagreements. Although these disagreements may stress the partnership, if both parties continue to keep open and clear communication, even differences of opinion can become building blocks upon which an even stronger partnership can be built.

Effective Partnerships

Children benefit most when parents and professionals work together effectively. However, successful partnerships can sometimes be time consuming to develop, emotionally exhausting, and at times uncomfortable when feelings are hurt.

But partnerships can also be very rewarding. There are several things parents can do to build a successful partnership, but the most important thing overall is to keep the lines of communication open!



Medications

Is Medication OK?

Deciding to use medication to treat the symptoms of a mental health disorder for children younger than 5 years old is a complicated process. Parents and health care providers must work together to determine when using medication is the best course of action.

If a child's behavior is interfering with his or her ability to form and maintain relationships and other treatments have not worked, parents may decide to ask their doctor about the benefits of medication. While medication is not the first or only option for a young child with a mental health disorder, medication may be necessary in combination with other therapies to help a child cope with the symptoms of their disorder, build self-esteem, and continue their healthy emotional development.

Is Medication Safe for Young Children?

Each family must determine for themselves if the benefits of medication outweigh the potential risks. There is not a lot of research about the effects of psychiatric medications on young children—even those medications that have been used for children for a long time. If a parent does decide to add medication to their child's treatment plan, it is very important to find the most suitable and effective medication and the correct dosage. Parents must work closely with the prescribing doctors to fully understand the use of any medication.

When a child is put on medication, it is very important that parents observe and keep notes of what they see so they can report any changes in the child's behavior to their doctor. Because not all medications affect the body the same way, parents should also make sure they know what to do if a dose is missed. A doctor should also be consulted if the parent decides to stop using medication—stopping medications suddenly can be dangerous.

Stigma

Some children don't want others to know that they are taking medication. If a child does begin to take medication, parents should watch for signs of this and respect the child's privacy. This will also lessen the possibility that a child will be teased or made fun of by their brothers and sisters or their friends. It may help to use a subtle, nonverbal signal as a reminder that it is time for medication. If your child is in a daycare setting or preschool, you may want to suggest that similar strategies be used there if medication must be given during school time.

When Considering Medication, Consider These

- Which symptoms will the medication help?
- Which symptoms will it not help?
- Are there side effects?
- Is there a risk of a bad reaction?
- What is the proper dosage and when should it be given?
- Does missing a dose or stopping the medication matter?
- Can the medication be taken with other medications (such as those given for asthma or diabetes)?
- How many doses must be taken before the medication will be effective?
- How will I know if it's working?
- Who should I call if there is a problem?

Keep Detailed Notes

- Are there side effects?
- Are the symptoms better or worse?
- When does the medication wear off and how can you tell?
- Questions you want to ask the doctor.



Should I Be Concerned?

From time to time, your child may have behaviors and feelings that worry you. Many times these behaviors are a normal part of growing up. For example, adjusting to a new daycare may cause your child to be more irritable or anxious. Adjustment periods for such changes are normal. But sometimes disruptions can lead to more significant problems. Here are some signs to look for if you think your child may be showing signs of a mental health disorder.

Mood

- Appears sad or depressed
- Lethargic or apathetic
- Cries a lot and is irritable or anxious

Emotional Development

- Increased separation anxiety
- Excessive stranger anxiety
- Repeated nightmares; night terrors
- Unusual fear of the dark, fear of toileting alone, and other new fears
- Doesn't seek comfort or resists comforting
- Preoccupied with or compulsively reenacts a traumatic event in play
- Lacks social shyness around unfamiliar adults (for example willing to leave with a stranger or hugs strangers)
- Cooperating, showing affection, and relying on others is missing or very restricted

Social Developmental

- Is able to repeat a rule, but isn't able to follow it
- Has difficulty with instructions that have more than two steps
- Motor skills lag behind children of the same age
- Temporary loss of previously acquired skills, such as talking or toileting
- May rarely speak or may be unable to initiate or maintain a conversation
- Unable to comprehend danger

Physical Health

- Change in sleep patterns; disrupted sleep
- Disinterested in food; weight loss
- Tremors

Physical Behaviors

- Increased irritability, outbursts of anger, or extreme fussiness
- Aggression toward peers, adults, or animals
- Frequent tantrums; noncompliance
- Reckless and defiant behavior
- Lack of impulse control
- Distractible, unable to concentrate, poor memory
- Difficulty with transitions between activities and/or changes in routine
- Repetitive physical movements such as eye blinking, throat clearing, or coughing

Social Behaviors

- Hitting or biting that is uncharacteristic
- Lack of interest or pleasure in favorite daily activities and routines such as playing and story time
- Difficulty waiting their turn
- Seemingly unable to listen
- Does not initiate social interaction
- Avoids eye contact
- Difficulty with non-verbal communication
- Increased social withdrawal

Sensitivities

- Lack of sensitivity or highly sensitive to sounds, lights, smells, touch, clothes, shoes, and/or the taste and texture of foods
- Tasks such as brushing teeth and combing and/or cutting hair may be nearly impossible to accomplish
- Easily over-stimulated, then hard to soothe
- Limited diet and strong resistance to foods because of the texture

You Know Your Child

Remember, most children will display some of these signs as a normal part of childhood. If your child's feelings and behaviors seem to last too long, occur often over time, or are disruptive, talk with your child's doctor.

