

# Supporting Children's Mental Health and Wellbeing

A Strength-Based Approach  
for Early Childhood Educators

A young boy with light hair, wearing a blue and red plaid shirt, is sitting on the floor and looking towards a woman. The woman has long dark hair and is wearing a green sweater. She is smiling and looking back at the boy. They are in a brightly lit room, possibly a classroom or play area, with other children partially visible in the background.

Jean Barbre, EdD, LMFT  
Ingrid Anderson, EdD



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Jean Barbre, EdD, LMFT  
and Ingrid Anderson, EdD

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To Mom, who led by example of what it means to champion  
and advocate for young children. I love you.

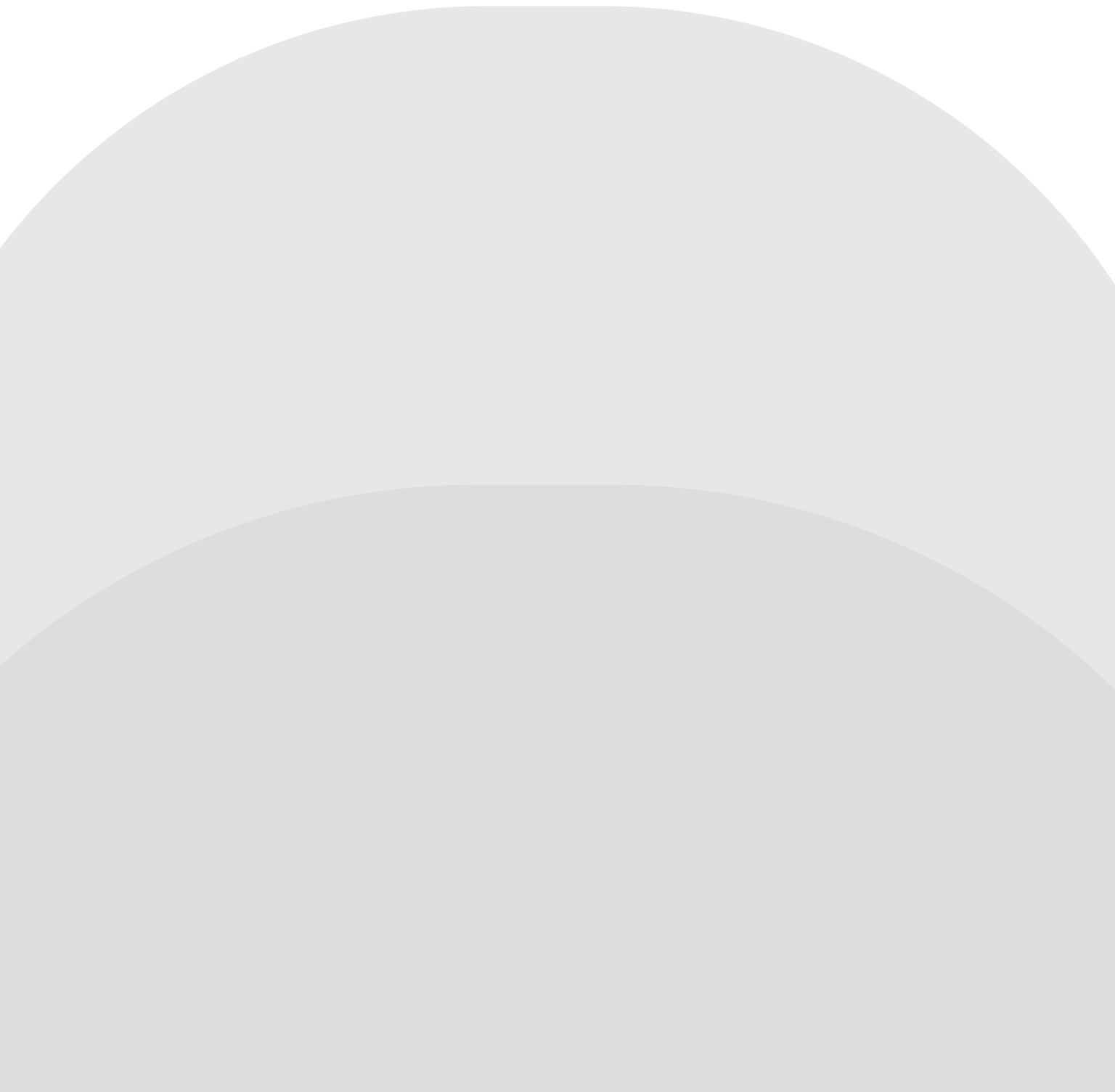
—Ingrid

To Carly, Charlie, and Sam. May you live happy, healthy,  
and extraordinary lives.

—Jean

“Instead of raising children who turn out okay despite their  
childhood, let’s raise children who turn out extraordinary  
because of their childhood.”

—L. R. Knost, *Two Thousand Kisses a Day: Gentle Parenting  
through the Ages and Stages*



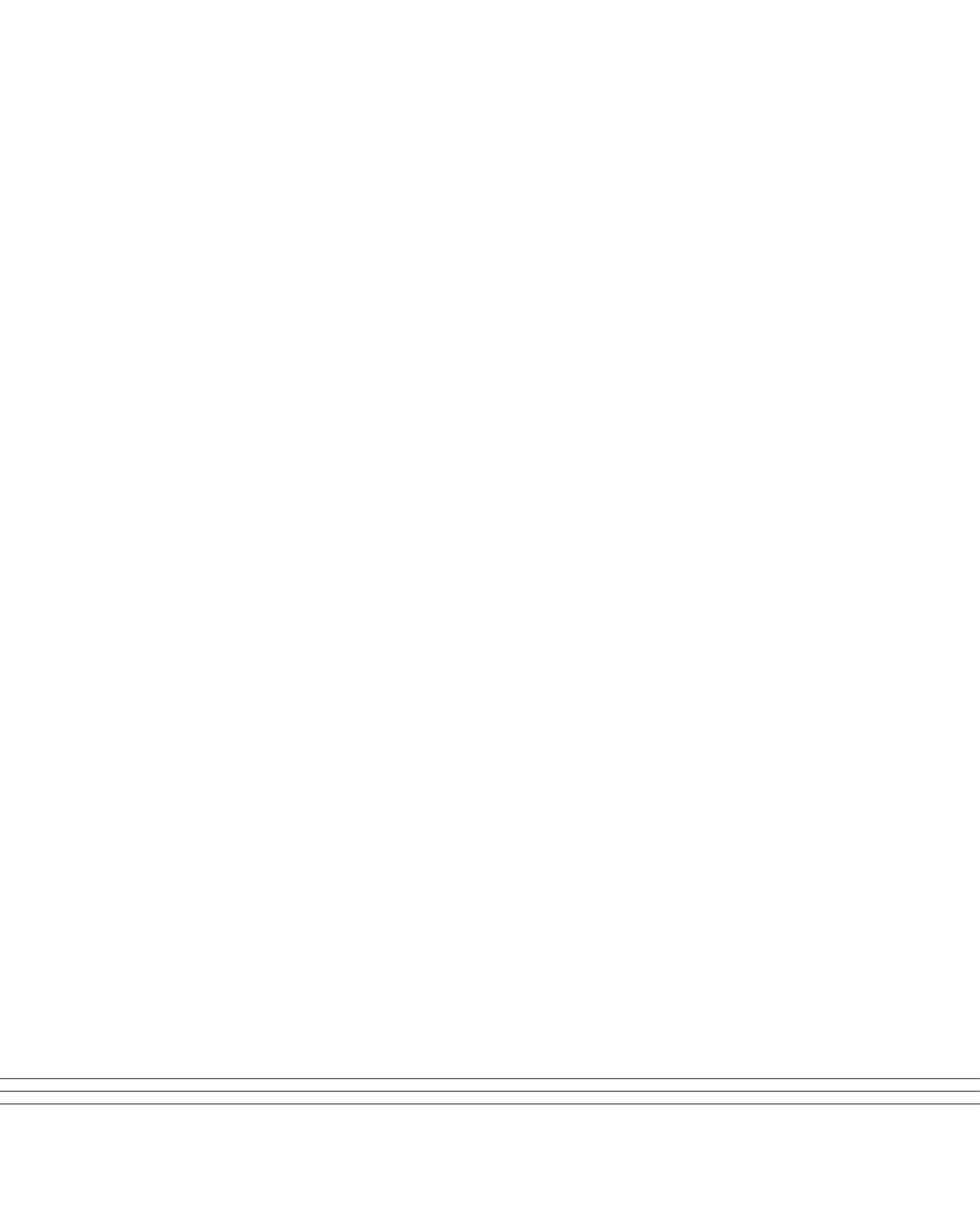
# CONTENTS

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Acknowledgments . . . . .	ix
<b>Section 1: The Circle of Caregiver and Child Wellbeing . . . . .</b>	<b>1</b>
<b>Chapter 1:</b> The Foundations of Mental Health and Wellness	7
<b>Chapter 2:</b> Mental Health and Wellbeing	25
<b>Chapter 3:</b> Caregiver Wellbeing	34
<b>Chapter 4:</b> The Six Pillars of Strength-Based Caregiving	48
<b>Section 2: The Six Pillars . . . . .</b>	<b>61</b>
<b>Chapter 5:</b> Pillar One: Social and Emotional Development	62
<b>Chapter 6:</b> Pillar Two: Attachment and Caregiving Relationships	82
<b>Chapter 7:</b> Pillar Three: Understanding Concerning Behaviors	97
<b>Chapter 8:</b> Pillar Four: Risk and Resiliency	107
<b>Chapter 9:</b> Pillar Five: Family Relationships and Culture	124
<b>Chapter 10:</b> Pillar Six: Caregiver’s Sphere of Influence	139
<b>Section 3: Strength-Based Classroom Strategies . . . . .</b>	<b>149</b>
<b>Chapter 11:</b> Strength-Based Classroom Approaches and Resources	150
<b>Chapter 12:</b> Becoming a Strength-Based Caregiver	172
<b>Appendix A: Recommended Children’s Books for Social and     Emotional Development . . . . .</b>	<b>177</b>
<b>Appendix B: Websites and Internet Resources . . . . .</b>	<b>179</b>
<b>References . . . . .</b>	<b>181</b>
<b>Index . . . . .</b>	<b>185</b>

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# Acknowledgments

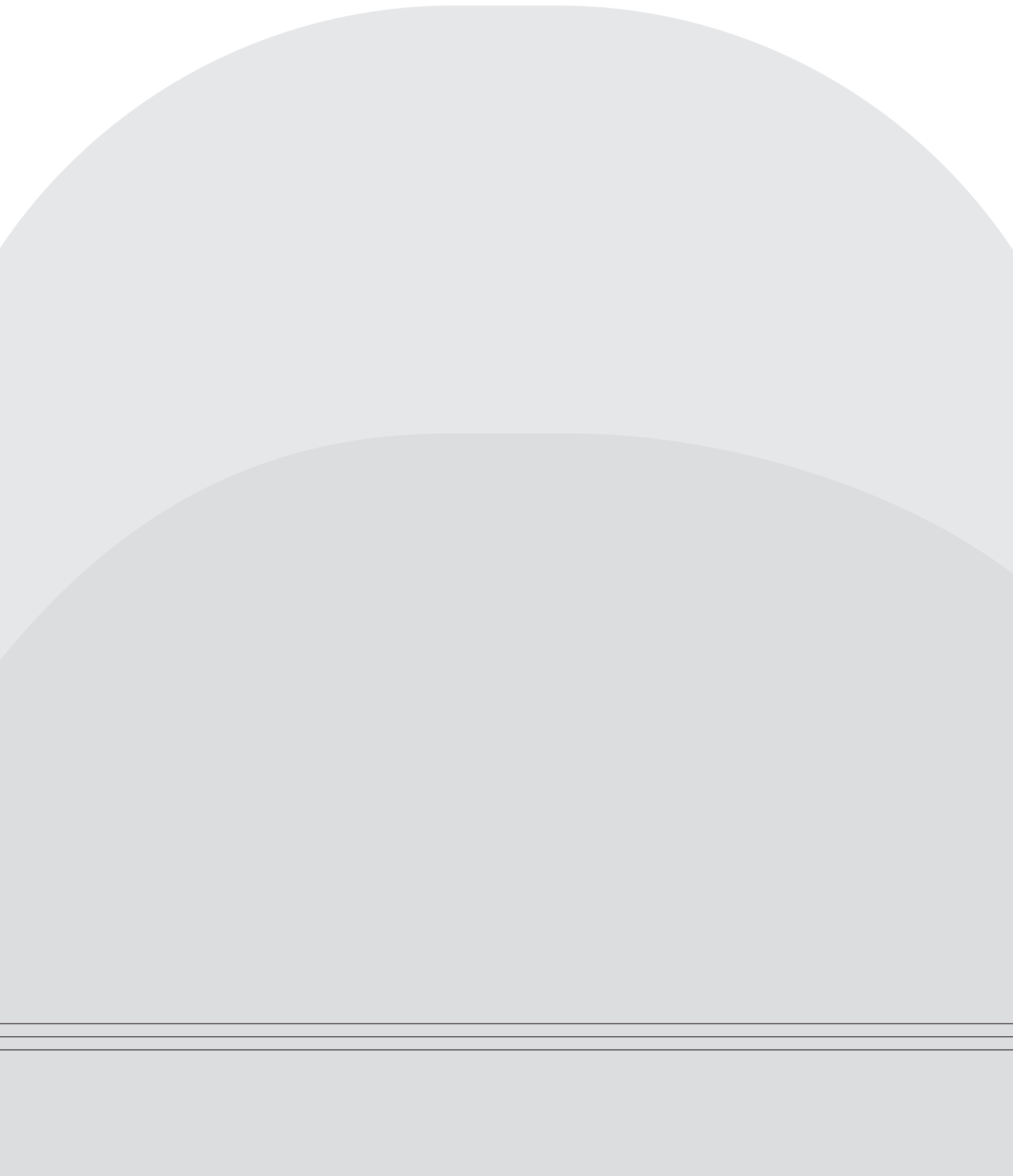
Writing a book is like embarking on a long adventure. You set off on your journey, never sure of what you might encounter. We would like to thank our guides, who along the way offered sage advice, reflected with a kind yet critical eye, and encouraged us to continue along the path until we arrived.

We'd like to thank the wonderful staff at Redleaf Press, including Melissa York, Renee Hammes, Douglas Schmitz, and Meredith Burks, for enthusiastically supporting our desire to write *Supporting Children's Mental Health and Wellbeing: A Strength-Based Approach for Early Childhood Educators*. You have made this book a pleasure to work on. We appreciate the opportunity to share our knowledge and expertise on early mental health and wellbeing with the caregivers who care for young children every day.

We'd like to thank Kathryn Buechel, PhD, for her advice on the strength-based holistic activities and yoga exercises. We would also like to thank our colleagues in the Infant/Toddler Mental Health program at Portland State University for their support and understanding of infant and toddler mental health that started us on this journey.

We want to thank the countless early childhood educators we have worked with throughout our careers who have shown us what it means to advocate for and promote the mental health and wellbeing of our youngest learners. Thank you all for your compassion and daily commitment to helping all children learn, grow, and thrive.

We'd like to thank our family, friends, and colleagues for their interest and encouragement as we wrote this book—in particular, our spouses, Greg and Brett, who saw more of our computer screens than our faces during this time. We deeply appreciate your patience and understanding through the many adventures we have navigated over the past several decades.



# The Circle of Caregiver and Child Wellbeing

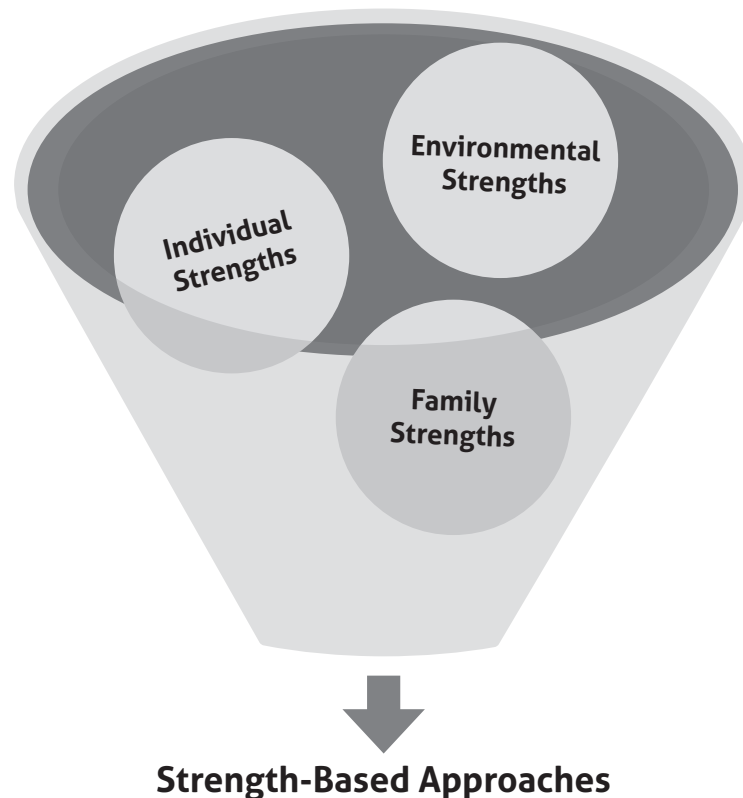
During the first five years of life, young children are busy exploring and learning about the world. They are developing skills across all five developmental domains: cognitive, linguistic, physical, and especially social and emotional. We believe that adult-child relationships and social and emotional skills are foundational to a child's mental health and wellbeing. Early attachments to loving, caring adults help children develop feelings of security and trust, providing them with the skills they need to form close relationships with others, adapt to the changing situations of life, and develop a sense of self and wellbeing.

We wrote *Supporting Children's Mental Health and Wellbeing: A Strength-Based Approach for Early Childhood Educators* to support early child care providers as they navigate the changing emotional climate of the children and families in their care. This book is designed to help those who work in early care and education understand the relationship between mental health and typical social and emotional development. We hope that by reading this book, you will gain a deeper understanding of the early mental health and wellbeing of children ages birth through five and learn strength-based, developmentally appropriate strategies you can use to support young children's social and emotional development.

## A Strength-Based Approach

Strength-based caregiving is the ability to reflect on which practices best support each child's individual needs. When we incorporate a strength-based approach, we start with what is present—skills and competencies that already exist within the child and family. In this approach, focus is placed on the child's and family's positive attributes rather than on their

deficits. A deficit-based approach sees what is lacking rather than what is present. We want to ask ourselves, *How do I build on \_\_\_\_\_?* rather than, *Why can't they \_\_\_\_\_?* When we use a strength-based approach and language, we orient ourselves to working with families. A strength-based approach recognizes individual, family, and environmental strengths. We see the strength of the individual child and their unique capabilities. We acknowledge the strength that comes from their environments, including cultural identity. We build on family strengths by recognizing their resourcefulness and resiliency.



For caregivers, the foundation of strength-based caregiving is the dyadic or one-child/one-adult relationship. The dyadic relationship is fundamentally different from our relationship with a group or classroom of children. A dyadic relationship is mutually engaging. For example, an infant and their primary caregiver engage in serve and return, or behaviors in which each individual in the pair reads facial and body expressions and responds to the other in a back-and-forth pattern. Dyadic relationships

are a cornerstone of healthy attachment, brain development, and social and emotional development.

The dyadic relationship requires trust and respect between both members of the dyad. In this relationship, the caregiver trusts that the child's behavior is genuine and the child trusts the caregiver to meet their needs. As caregivers, we need to recognize that misbehavior emerges from underlying unmet needs. As parent educator Dr. Jane Nelsen states, "Misbehaving children are discouraged children who have mistaken ideas on how to achieve their primary goal—to belong" (Nelsen 2021). All children have a profound need to feel human connections and a sense of belonging. They need their hopes for the future to be nurtured. Each individual child needs their caregivers to treat them with respect and attribute positive intention to their actions.

A strength-based approach requires caregivers to build a culture of trust and respect with each child and their family. Building mutually respectful relationships begins with our first encounters with young children and their families as we create space to build trust with families and enter a relationship that sees every child's limitless potential. Building on a child's strengths invites families to feel safe in having complex, and sometimes courageous, conversations about their children. Families will understand that we see the whole child, not just the child's challenges.

## **Why We Wrote This Book**

We the authors each come from unique backgrounds that frame our understanding of child mental health and wellbeing. We each have over thirty years of experience working in early childhood programs and mental health, and hold doctoral degrees in education.

Jean is a licensed marriage and family therapist, early childhood administrator, and university faculty member. She has extensive advanced training as a certified trauma therapist and in holistic supports for young children in mindfulness and yoga practices.

Ingrid has been an early childhood educator and administrator, and is now a faculty member in graduate programs for infant and toddler mental health and inclusive early childhood education. She has an advanced degree in conflict resolution and peaceable solutions skills. Her work has focused on access and equity issues in early childhood, and her research focuses on the wellbeing of early childhood educators and young children.

We both have trained as parent educators and have worked together since 1998. In our collaborations, we have established and managed preschool programs, collaborated with local mental health supports, and taught and researched at various universities around the world. Over the past two decades, we have seen the early care and education field face increasingly more complex challenges in scaffolding social and emotional development. As we worked, presented, and collaborated together, we began noticing requests for guidance supports from the early childhood field increasing. Caregivers were expressing concerns that the strategies they were using to guide young children were not as effective as in the past.

Concurrently, we have seen a growing interest among early child care providers to understand early mental health and wellbeing. There are now more advances in mental health and empirical evidence about developmental disorders available for mental health professionals than ever before, but we know that this information is not readily available to early childhood providers. In 2016 early childhood advocacy group Zero to Three released the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood DC:0–5* (Zero to Three 2016). This document provides general diagnostic information for mental health clinicians but is not written for the early child care provider. Therefore, we decided to write this book to help caregivers understand the continuum leading from social and emotional development to mental health and wellbeing.

Our goal is to equip caregivers with the tools they need to address children's development based on mutual respectful dyadic relationships in the classroom. We want to help caregivers build their practices on a strength-based approach with the resources they need to thrive alongside the children in their care. This book represents a culmination of our work together in thinking about early childhood educators, young children, their families, and the changing social and emotional landscapes of the early childhood classroom.

We will provide an overview of major mental health disorders commonly seen in early childhood environments. Our intention is to educate and inform early childhood providers in understanding mental health and wellbeing in young children. This book is in *no way* meant for you to label or diagnose children with a mental health disorder. The information in this book *is not* a substitute for the knowledge, skill, and expertise of qualified mental health professionals. Should you have any health, medical,

or disability questions or concerns about the children in your care, please follow your agency's protocol for referrals to a licensed physician or other health care professional.

As we examine supporting children's mental health and wellbeing, we must first identify the common terms and definitions used in this book. They are as follows.

- **Mental Health:** The sense of wellbeing an individual possesses that impacts how they think and feel about, adapt to, and cope with the stresses of life.
- **Mental Illness:** A wide range of conditions and disorders that affect an individual's behavior, mood, and thinking. A mental health professional must diagnose a mental disorder, which meets specific criteria using a common diagnostic tool. See more information on diagnostic tools in chapter 2.
- **Wellbeing:** A positive sense of self that allows individuals to lead happy, productive lives and form and maintain healthy relationships.
- **Emotional Wellbeing:** The quality of emotional responses to life experiences, including the ability to adapt and change, demonstrate resiliency, resolve conflict, manage emotions, and generate consistent feelings of happiness and hopefulness.
- **Social Health:** The skills and competencies needed to form healthy relationships and social interactions. These include skills and competencies to communicate with others, work cooperatively in groups, have our needs met, and form relationships.
- **Emotional Health:** The ability at a developmentally appropriate age level to develop, understand, express, and navigate a wide range of human emotions.

Mental health and wellbeing are used interchangeably in this book, and the concepts apply to both adults and children. Social and emotional health specifically refers to children's skills and competencies within that developmental domain. More information on social and emotional development is found in chapter 5.



We congratulate you for exploring the mental health and wellbeing of young children. Sometimes this exploration reminds us of our own journeys and the relationships and events that have influenced who we are as adults, so we have provided numerous practices in this book to help you reflect on your own understanding of mental health. We know that the adult's emotional health influences the child's emotional health, so we hope that these reflective practices will provide you opportunities to foster your own personal growth to allow you to better serve the children in your care. Enjoy the journey! We believe that the more you learn about yourself and grow as a person, the more caring and compassionate you will be as a professional early care provider.

# The Foundations of Mental Health and Wellness

*Every day in a hundred small ways our children ask, "Do you see me? Do you hear me? Do I matter?" Their behaviour often reflects our response.*

—L. R. Knost, *A Gentle Parent*

Mental health, which includes social and emotional development, affects how we think, feel, and respond to the people and situations around us. Historically, clinical knowledge, therapeutic models, and interventions surrounding mental health and mental disorders have been available for adults, adolescents, and older children but have lagged for younger children, especially children ages birth through five. In 2020 researchers found that one in six children between the ages of two and eight suffers from one or more mental, behavioral, or developmental disorders (Centers for Disease Control and Prevention 2020c). Disorders such as autism spectrum disorder, attention deficit hyperactivity disorder, sensory processing disorders, anxiety disorders, and mood disorders, or combinations of several such disorders can be diagnosed in young children.

We know that a significant number of children and families experience complex life circumstances that present serious challenges for developing children. A child's mental health and wellbeing can be affected by family structures, home and community living conditions, diagnosed disabilities, and trauma, to name a few factors. Solutions for supporting young children are not always simple

because disorders surface from complicated, ongoing familial or systemic socioeconomic living conditions. Therefore, strength-based supports need to be individualized, focusing on the ongoing needs of each child.

Young children are rapidly growing and changing, and their responses to emotional experiences and traumatic events differ from those of older children and adults. We know that early disruptions in the developmental process of young children can potentially leave a lasting impact on a child's capacity to learn, make decisions, and form future relationships. Whether it is a single traumatic event or a recurring situation, all traumatic experiences impact developing children. This heartbreaking information means it is critical that those who provide care for young children acquire a deeper understanding of early mental health and what they can do to provide optimal care. The impact of trauma on the developing child is further discussed in chapter 8.

Actions such as aggression, tantrums, and noncompliance have new meaning when the underlying needs of the young child are identified and addressed. When confronted with complex behaviors and concerns for the wellbeing of a child and their classmates, we ask ourselves the following questions:

- How do I handle children's complex social and emotional development?
- How do I get to the underlying causes of children's strong emotions?
- What supports are available to me to manage children's complex behaviors?
- How can I partner with families to support their children?
- How can I access resources to meet the needs of the child and the family?
- How do I prevent myself from experiencing burnout in my caregiving job?

This book is designed to answer these questions and many more. We explore the importance of creating high-quality and strength-based environments where relationships are central to the child's growing sense of self and wellbeing. In particular, we focus on the dyadic relationship, or the one-to-one relationship between a primary caregiver and a developing child, because we know that the child's first and most important relationship is with the adult who provides their primary care. Relationships with caring adults are foundational in helping a child develop their sense of

self and wellbeing. Understanding early mental health is key to equipping children with the healthy social and emotional skills they need to lead happy and productive lives.

This chapter presents an overview of the components influencing the whole child's growth and development. In reflecting on children's development, we begin with understanding the role of family and community. Next, we address the role of responsive caregiving and the importance of loving and nurturing care to young children's growth and development. We know that children's brains are strongly influenced by their experiences and the care they receive. Early brain functioning influences children's behavior and sense of wellbeing throughout their lifetime. High-quality learning environments provide optimal care and development while guiding the formation of young children's relationships. Because children learn through play, environments that provide multiple opportunities to engage in play are a foundation of children's learning. These components provide the landscape of social and emotional wellbeing, and it begins with families and communities.

## **Families and Communities**

We know that family and communities greatly influence how a child develops and learns to respond to life's situations and events. Beginning at birth, children learn who they are in the world and how to interact and communicate with those around them. The world young children are growing up in today is dramatically different from that of any previous generation. Today's children live in a rapidly changing culture greatly influenced by advances in technology and the internet. Nearly thirty years ago, the early childhood field entered a period of rapid growth that has yet to slow down. Today the majority of parents work outside the home, and children ages birth through five are spending more and more time in the care of others in various settings, including child care centers, family child care facilities, or the homes of family, friends, or neighbors. Regardless of the setting, all children deserve nurturing and responsive care provided by knowledgeable and well-trained care providers. As the field of child care evolves and changes, we see a continued focus on children's social and emotional development and how adults, including early care providers, can support children's sense of wellbeing. As caregivers, we need to reflect on how we nurture children as critical thinkers, collaborators, communicators, and creators/innovators. These skills, which are part of responsive

caregiving, emerge from children's social and emotional mental health and last a lifetime.

## Responsive Caregiving

Early childhood caregivers who spend a majority of days with the child are considered primary caregivers. As such, you partner with other primary caregivers in young children's lives based on the makeup of the family unit. Family units can include any combination of one parent, both parents, family members like grandparents, or other designated legal guardians. Primary care includes providing food, shelter, comfort, cognitive stimulation, and emotional support by feeding, changing diapers, rocking, soothing, talking, interacting, and engaging. For the purpose of this book, the terms *caregiver* and *primary caregiver* will be used interchangeably with you, the reader. Regardless of who this person is, their role in the adult-child dyad is paramount to establishing the child's foundation of mental health and wellbeing.

Responsive caregiving fosters healthy social and emotional development, as caring adults accurately interpret children's cues and meet their ongoing needs. Brain research shows that contrary to the historical practice of letting children fuss and cry, adults build trust by appropriately responding to young children's needs. Since young children are so dependent on adults to meet all their needs, their foundation of wellbeing begins with trust built through the development of respectful reciprocal relationships. These secure relationships provide children with feelings of love, trust, and security. In secure relationships, caregivers are responsive to the children's ongoing needs. Like secure relationships, attachment also allows children to feel protected, comforted, and loved.

Beginning in infancy, attachment develops between the young child and one or two specific stable adults, typically parents or another primary adult in the child's life. Attachment is more complex and profound than a secure relationship. We learn to love, care for, and form close, intimate relationships with others from the people who first cared for us. Nurturing, responsive caregivers help children feel safe, loved, and secure during these formative years. Therefore, infants, toddlers, and preschool children begin learning to love and care for others during their first relationships with adults. These early experiences and relationships influence the developing brain and form the beginnings of children's mental health and wellbeing.

## The Developing Brain

We know the brain is wired for relationships. Because children are rapidly growing and changing, it is important to examine how relationships influence the developing brain. The human brain is a dynamic organ that changes and adapts throughout one's lifetime. In the early years, a child's brain is establishing important neurological pathways; therefore, positive nurturing environments that promote social and emotional development are critical during this period. During the first five years, the brain is more flexible than at any other time, setting the stage for a lifetime of learning. This period of growth, called neuroplasticity, allows the developing brain to change and adapt with alarming speed.

The developing brain is profoundly influenced by the presence or absence of experiences, including loving and nurturing care. For example, when caregivers respond warmly and caringly to a young child's cries, the child's brain makes a positive connection to the adult's nurturing response and the surrounding environment. Through both attachment to caregivers and the quality of care they receive, young children strengthen positive brain connections that promote wellbeing. They develop internal connections or feelings that the environment and the adults around them will meet their needs and bring them comfort. These feelings are internalized and hardwired as safety, security, and trust, which are foundational to creating a state of wellbeing. These neurological pathways affect the ways we think, learn, and manage emotions. Early brain connections affect how we build relationships with others, show empathy, care for others, and demonstrate compassion. We know that the neurological pathways formed in the early years and the quality of care received influences a person for their lifetime. Therefore, early nurturing, responsive care is critical to brain development and positively affects children throughout their lives.

The care infants, toddlers, and preschool age children receive must vary based on the age of the child and their developmental stage. The elements of strength-based care build on each other as children move through their developmental milestones, supported by developmentally appropriate practices. Therefore, it is best to think of the elements of responsive caregiving in a more linear progression, helping one skill build upon another. The following table includes a sample of things infants and toddlers need in a responsive high-quality care setting.

**TABLE 1.1. WHAT YOUNG CHILDREN NEED FROM THEIR CAREGIVERS**

<p><b>INFANTS AND TODDLERS</b>  <i>Caregivers use a calm, gentle, and nurturing manner to engage with young children.</i></p>	<p><b>PRESCHOOLERS</b>  <i>Caregivers build on quality infant and toddler care to engage children through responsive care environment.</i></p>
<p>They need us to</p> <ul style="list-style-type: none"> <li>• create soothing and calming environments that also provide novel and stimulating activities</li> <li>• quickly respond to their needs with gentle, soothing, and comforting facial expressions and tone of voice</li> <li>• respond in a positive and nurturing manner to their physical needs to be fed, rocked, soothed, and have their diapers changed</li> <li>• tune in to their signals to communicate with positive words, facial expressions, and actions</li> <li>• respond in ways that respect their individual needs</li> <li>• provide opportunities to freely play and explore</li> <li>• provide hands-on, multisensory experiences</li> <li>• provide opportunities for both indoor and outdoor exploration</li> <li>• create daily routines and provide a consistent, predictable learning environment</li> <li>• be sensitive to the individual differences in temperament and ability to adapt to change</li> <li>• be sensitive to sensory needs</li> <li>• provide love and nurturing care in the early learning environment</li> </ul>	<p>They need us to</p> <ul style="list-style-type: none"> <li>• help build their healthy brain connections through developmentally appropriate activities</li> <li>• provide novel activities so they can master new skills and develop new learning</li> <li>• integrate learning across all developmental domains: social, emotional, cognitive, language, and physical</li> <li>• create learning environments that provide structure, routines, and opportunities to explore and make choices</li> <li>• create quiet spaces where they can practice self-soothing and calming skills</li> <li>• design learning environments that allow for both large- and small-group instruction</li> <li>• encourage friendship-building skills through play and other social interactions</li> <li>• provide opportunities for early literacy development, including books and stories that teach social and emotional skills</li> <li>• scaffold opportunities to practice navigating social relationships individually and in groups</li> <li>• encourage their independence, initiative, and problem-solving skills</li> </ul>

Because early brain development is so important to social and emotional development and wellbeing, it is discussed throughout this book. The early years provide caregivers with a window of opportunity to offer positive early experiences that will dramatically affect children's chances to build their sense of wellbeing. When we practice responsive caregiving, children's basic needs for loving, nurturing care are met and the child feels safe and secure. When caregivers respond in loving, nurturing ways, we are letting young children know that they are important to us and valuable to our classroom community, and that we understand what they are telling us and we respect their needs. As we approach early mental health and wellbeing, finding ways to support the whole child is important. Providing nurturing care in high-quality learning environments sets the landscape of social and emotional wellbeing.

## High-Quality Early Learning Environments

As we explore the ways we support the emotional health and wellbeing of young children, we know that providing a high-quality early learning environment is essential. Although the world is rapidly changing, children continue to need food, shelter, comfort, cognitive stimulation, and emotional support. Feelings of trust, security, and love are still the cornerstone of future emotional wellbeing and mental health. During infancy, toddlerhood, and the preschool years, children learn through play, hands-on experiences, and the relationships with the adults who care for them and who support and scaffold their learning.

When examining early mental health and a child's state of wellbeing, we must consider the whole child and their social, emotional, cognitive, language, and physical development along the developmental continuum. As care providers, we know that social and emotional development can be integrated across all developmental domains. For example, as two or three children play together building with wood blocks, they are learning to share, play cooperatively, and form positive relationships with peers. When caregivers read books such as *I'm Happy-Sad Today: Making Sense of Mixed-Together Feelings* by Lory Britain or *That's What a Friend Is* by P.K. Hallinan to children, they bring social and emotional awareness through language and literacy (see appendix A for an extended list of books).



With a growing emphasis on high-quality early care settings, the National Association for the Education of Young Children (NAEYC) has set ten standards for early childhood programs (NAEYC 2005). These standards are recognized as best practices in quality care for young children. They are as follows:

- **Standard 1:** Relationships
- **Standard 2:** Curriculum
- **Standard 3:** Teaching
- **Standard 4:** Assessment of Child Progress
- **Standard 5:** Health
- **Standard 6:** Staff Competencies, Preparation, and Support
- **Standard 7:** Families
- **Standard 8:** Community Relationships
- **Standard 9:** Physical Environment
- **Standard 10:** Leadership and Management

These standards established by NAEYC are integrated throughout this book and in our understanding of early mental health and wellbeing in young children. High-quality care includes developmentally appropriate practices (DAP). Following DAP, a caregiver bases all instructional practices and decisions on these three things:

- theories of child development
- a child's individual strengths and needs, which are uncovered through authentic assessment
- a child's cultural background as defined by their community, family history, and family structure

In doing so, a caregiver nurtures a child's social, emotional, cognitive, language, and physical development. High-quality care adapts to the changing needs of children, families, and communities.

Prosocial values such as empathy, caring, sharing, compassion, and helping others are integrated into DAP and play-based activities. Prosocial values promote the development of social, emotional, physical, cognitive, and linguistic skills needed to navigate society as a whole. In high-quality programs, caregivers have an opportunity to plan activities that support prosocial values. These activities help to guild young children as they develop and strengthen relationships.

## Guiding Young Children through Relationships

Many young children, including babies as young as six weeks of age, are spending the majority of their days in early childhood environments. Strong partnerships between parents and caregivers are critical to the healthy development and wellbeing of all children. Responsive caregivers partner with families, ensure secure attachments and relationships between adults and children, and assist children in acquiring skills across the learning domains, including social and emotional development. These skills foster a child's growing ability to identify, express, and regulate their emotions and to feel concern and empathy for others.

Caring and responsive caregivers help children develop and maintain a state of wellbeing—including health and happiness and building children's internal sense of meaning and purpose. Developing social and emotional skills in young children helps them build feelings of wellbeing. Many practitioners continue to view social and emotional development solely as curriculum, but it is more than that; it is based on authentic, respectful reciprocal relationships between a child and their peers, parents, and care providers. The relationships between a child and their caregivers provide opportunities for the child to develop who they are and find their place in the world. Responsive caregivers help children develop into people with a wide range of social and emotional competencies. Chapter 5 further discusses social and emotional development.

Concerns for children's mental health conditions and wellbeing often leave the adults caring for them wondering how best to support and assist the developing child. Learning to address the complex needs of children is part of a strength-based approach. Understanding both our own unmet needs as caregivers and the unmet needs of children is one facet of solution-based supports. Working as a primary caregiver requires a great deal both physically and emotionally. Early childhood environments are lively, noisy, and frequently very demanding places, and caregivers often feel overwhelmed and alone in managing the emotional needs of not just one child but an entire classroom of children. Across the nation, we are seeing more and more children demonstrating challenging and disruptive behaviors in the classroom environment. For example, caregivers are seeing children struggling to make and form friendships. Teachers report that they do not know how to respond to children's emotional outbursts. Even experienced teachers are voicing concerns and reporting stress in

managing big emotions such as anger or rage in the classroom. Further, teachers are seeking guidance in supporting children who struggle with attention and self-control. Finally, we are hearing from the field that complex emotions are not limited to one child in a class but are occurring in rising numbers, thus increasing stress and safety concerns for both children and teachers in early childhood environments.

Increasingly complex emotional behaviors are surfacing in early learning settings, leading to three times the expulsion rate that is seen in K–12 schools (Gilliam 2005). NAEYC (2021) states, “Over a decade of research and data tell us that the policies and practices of suspension and expulsion in early childhood, which disproportionately affect children of color, are causing harm to children and families.” Researchers further identified the decision factors for expulsion, including classroom disruption, fear of accountability, hopelessness, and teacher stress (Gilliam and Reyes 2018).

Rather than addressing concerning behaviors, many classrooms and programs simply label such students “problem children” and ask families to leave the program. But concerning behaviors are the outward actions or expressions of unmet needs. When we see children from a problem lens, we employ a deficit view of the child. We only identify the behavior, missing the child’s unmet needs. Strength-based approaches look behind the curtain of the behavior to understand the underlying issues and needs.

If early care providers focus only on the outward behavior rather than the unmet need, children are apt to continue repeating the undesired action. Unmet needs can include the following:

- body needs—hunger, sleep, illness, or sensory overload
- emotional needs—consistent emotional supports, such as gentle touch, soothing, and comfort
- autonomy/control needs—control over the environment and ability to make choices
- developmental needs—developmentally appropriate and engaging experiences that allow for cognitive stimulation and exploration
- relational needs—trusting dyadic relationships with trusting adults and opportunities for peer interaction
- communication needs—being heard, recognized, respected, and valued

Children may also present or voice feelings of despair, hopelessness, helplessness, or inadequacy, and these too are expressions or signs of unmet needs.

As you work with children who show unmet needs through their behavior, continue to encourage and connect with them through small steps that build their confidence and relationships. To learn more about meeting the needs of the children in your care, we suggest you begin by examining the strength-based approach we call *Looking behind the Curtain* (see chapter 11 and QR codes for additional activities). In this approach, the *curtain* is the concerning behavior, and behind it is the child's unmet need or needs. Many providers only focus on the presenting behavior, or *curtain*.

It's important to remember that the children in our care are under the age of six and have limited life experiences and knowledge about social and emotional development. Because young children are still developing and understanding their needs and how to meet them successfully, they go about resolving them the best way they can. They are often overwhelmed by the intensity of their emotions, not knowing age-appropriate strategies for managing or regulating them. We also remember that young children more often communicate with their bodies than their words (Statman-Weil 2020). Unfortunately, in a classroom setting, children's attempts to meet their needs may be seen in these aggressive behaviors:

- fighting
- hitting
- biting
- destroying classroom or other children's property
- excessive crying
- clinging behavior
- throwing tantrums

Many times, if needs continue to be unmet, the behavior will escalate and become a safety issue for both children and caregivers. With the understanding that undesirable behaviors are unmet needs, guidance in the classroom then becomes how we change our reactions and engagement to help a child meet their needs.

Strength-based classrooms provide opportunities for children to learn age-appropriate ways to identify their needs and express themselves in safe, supportive environments. Our work, then, is to be aware of where a child might fall on the continuum of social and emotional to mental

health so we can match the child's need with the supports that will best help them. When we separate needs from behaviors, we come to recognize that we do not seek to change undesirable behaviors but rather support the child in meeting their needs. As a responsive caregiver, remember that children need connection and a sense of belonging. The dyadic relationship becomes particularly important, since meeting an individual child's need happens in one-to-one engagement and not through group directions. You will see in both chapter 11 and the QR codes a variety of strength-based approaches and activities that will assist you as you design your classroom to help meet the needs and underlying issues of the children in your early learning environment.

We have learned that there is no one-size-fits-all approach to helping children regulate their emotions. What we do know is that it is imperative that we continue to educate our early childhood workforce about strength-based approaches and practices that can meet the changing needs of *all* children. In partnership with parents and families, caregivers have a critical role in supporting early interventions, promoting social and emotional development, and scaffolding safe, nurturing play-based environments.

## Play

Play is a vital part of nurturing environments that guide young children. Play as a curriculum supports children's healthy brain development. For example, we know that play helps with executive function skills such as problem solving, identifying and regulating emotions, critical thinking, focus, and communication. Children benefit from all types of play. Research demonstrates direct correlations between play and children's social, emotional, cognitive, language, and physical growth, as well as moral development. Removing, limiting, or overstructuring children's play experiences can contribute to poor mental health outcomes. We believe that in high-quality early learning settings, play needs to be

- self-selected and self-directed by the child
- process based rather than goal based (as in sports)
- open-ended
- individually constructed
- encouraging imaginative exploration
- promoting curiosity with novel experiences
- building on prior knowledge and skills
- active rather than passive engagement
- embedded with opportunities for social engagement and building friendships

Play provides children with opportunities to build resiliency and develop creative problem-solving skills. Self-directed and open-ended play provides children with safe ways to express their feelings and concerns. By observing children’s free play, caregivers can develop a broad and complex understanding of each individual child’s developing strengths, competencies, and needs. Through play, children build confidence, developmental competencies, and relationship skills. Children’s play and their sense of playfulness have a direct correlation to their ability to develop healthy social bonds with adults and peers. Children who lack sufficient exploratory play experiences may feel alone and isolated and lack the skills and confidence to initiate relationships. Therefore, they are often hesitant to try new experiences. Mental Health America identifies play as being as important as all other basic human needs, such as food, sleep, love, and acceptance. Play experiences stimulate the brain, offering young children opportunities to build on prior learning and develop and learn new skills. Play fosters collaboration, creativity, problem solving, and language skills, as well as focus and control.

In 1929 Mildred Parten identified six types of play, noting how a child’s social skills are reflected in the way in which they engage in play (Parten 1932). Parten’s identifications are still used today. It is important to note that Parten’s age ranges can be somewhat fluid, and as children grow, they combine current and previous stages to create variation in their play experiences. The following are Parten’s six types of play, linking each to its benefit to emotional wellness.

**TABLE 1.2. PARTEN’S SIX TYPES OF PLAY**

TYPE OF PLAY	DESCRIPTION	EMOTIONAL WELLNESS BENEFIT
<p><b>Unoccupied Play</b> <i>0 to 3 months</i></p>	<p>In the first three months of life, children play through the exploration of their world. This play appears to be unorganized as young children explore materials around themselves (including their limbs).</p>	<p>Babies learn to explore their environment and make connections to objects through manipulation. Sensory input at this stage wires the first play connections in the brain, helping children to orient themselves in the world. It is the foundation of all play to follow.</p>

<p><b>Solitary (Independent) Play</b> <i>3 months to 2.5 years</i></p>	<p>Children younger than two years of age generally focus on a single activity or toy. Children work to develop mastery of the materials or activity through physical and cognitive action.</p>	<p>Children build confidence as they begin to develop and test theories about activities or objects. They learn to spend time with themselves as their cognitive processes begin to develop. Their confidence increases through autonomous actions.</p>
<p><b>Onlooker Play</b> <i>2.5 to 3.5 years</i></p>	<p>Onlooker play allows children to observe and then model play experiences. Children work out the physical movements of play, as well as the cognitive, social, and emotional structure of play.</p>	<p>In this stage, acts of listening and observing support a child's ability to understand what social interactions look like. As children observe others play, they begin to build a framework for their own wellbeing and compare their actions with others, and may even comment on what they see.</p>
<p><b>Parallel Play</b> <i>3.5 to 4 years</i></p>	<p>Parallel play builds on from onlooker play, as children now sit close to each other. They may begin to share resources but continue to focus on separate activities during play.</p>	<p>Learning to relate to others is fundamental in this type of play. Children build to make social connections.</p>
<p><b>Associate Play</b> <i>4 to 4.5 years</i></p>	<p>Children are engaged in play together and acknowledge one another, but it is not organized to a specific shared outcome. Rather, associate play demonstrates social engagement in parallel processes, such as children riding scooters next to each other or dancing to music.</p>	<p>Children are learning to navigate social experiences and begin to negotiate play materials. These early efforts of give and take begin to build on cooperative experiences.</p>
<p><b>Cooperative Play</b> <i>4.5 years and up</i></p>	<p>Children begin to work together in shared exchanges to collaborate toward a shared goal.</p>	<p>Social interactions are building as children learn to compromise to continue playing in a community. Different perspectives help young children to refine their ideas and actions.</p>

Play is a universal human activity seen around the world in children of all ages. While play is universal, it is influenced by culture and looks different in different cultures. Cultural differences in play may include views based on these criteria:

- what is considered active versus aggressive
- what are acceptable risk levels
- what is considered gender appropriate
- what are considered acceptable noise levels
- how free play is valued
- who are acceptable play partners
- what types of play might occur and where play might take place

How might play vary between cultures? Let us look at one of the most common aspects of imaginative play: storytelling. Western European/US storytelling patterns strongly differ from those of other cultures. The most common Western European/US storytelling arc is *beginning, middle, end*. However, many other cultures do not follow this story arc. When observing children's play, identifying and evaluating storytelling patterns from our own cultural perspective is easy, as is identifying social and emotional development in children sharing our same cultural background. Research shows that when we observe play in other cultures, we often miss the complexity of the story lines and the social and emotional learning.

Caregivers are often not familiar with other cultures' patterns of storytelling, which leads to misinterpretation and underappreciation of children's development. Chapter 9 discusses expanding our interpretations of what we observe when working with children from cultures different than our own. As you examine the social and emotional landscape of wellbeing, pay careful attention to your own cultural norms when observing and documenting play experiences to assure that you are objectively interpreting what you are observing.

## The Landscape of Social and Emotional Wellbeing

We know that a strong support system has many positive benefits for both children and their families. Our support system helps us develop coping and resiliency skills, scaffolds our learning, and gives us a positive, hopeful outlook on life. Support systems help us overcome many of life's challenges and obstacles while reducing feelings of anxiety and depression.



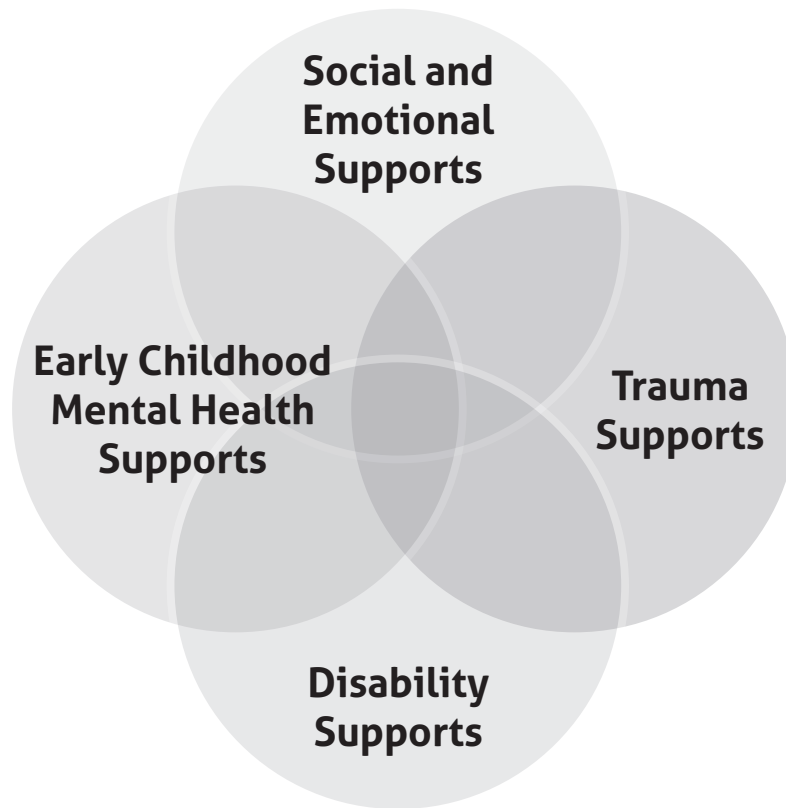


Figure 1.1. The Intersecting Needs for Support

There are four intersecting areas in which young children need support for their social and emotional development (see figure 1.1). As caregivers, we provide *social and emotional supports* to foster the development of typical skills needed for children to meet social and emotional developmental milestones.

Early learning settings need to provide multiple opportunities for children to learn and express their emotions in relationship with others. Trauma, disability, and early mental health supports are generally provided by specialists in their respective fields. Specialized *trauma supports* are needed for young children who have been or are being exposed to distressing or disturbing experiences over time that have rewired their brains. Trauma supports address the behaviors that emerge from trauma responses. *Disability supports* are provided for children who have a medical diagnosis, and for their families. A medical diagnosis can overlap with trauma and/or mental health. *Early childhood mental health supports* help children learn strategies for self-regulation, communication, and recognizing emotions in self and others. They are scaffolded experiences focused on promoting healthy social and emotional development for the

parent-child dyad and can be extended to the early childhood setting or other caregivers. You will find opportunities to expand your knowledge of these four supports throughout the book.

**TABLE 1.3. UNDERSTANDING THE INTERSECTING NEEDS FOR SUPPORT**

TYPE OF SUPPORTS	WHAT ARE THE KEY IDEAS IN EACH SUPPORT SYSTEM?	WHAT TYPES OF SPECIALIZED SUPPORTS ARE AVAILABLE FOR CHILDREN AND FAMILIES?	WHAT ARE SOME EXAMPLES FROM YOUR PRACTICE?	WHAT DO YOU WANT TO LEARN MORE ABOUT?
<i>Social and Emotional Supports</i>				
<i>Trauma Supports</i>				
<i>Disability Supports</i>				
<i>Early Childhood Mental Health Supports</i>				

Overlap exists between support systems, and some children receive multiple services. Within each system, supports for children range from everyday best practices incorporated into every quality early childhood program to more complex, multisystem supports that include medical and mental health professionals. This book primarily focuses on early childhood mental health and its intersections with social and emotional and trauma supports.

## Final Thoughts

The care and wellbeing of young children is an awesome responsibility for caregivers. Your role is understanding the complexity of the developing child and how strength-based approaches can set them on a positive trajectory toward mental health and wellbeing. As we have seen in this chapter, healthy play and social interaction are important for building relationships because reciprocal and respectful relationships between and among children, caregivers, and families help lay the foundation for long-term social and emotional wellness.

## Taking Action

### What Caregivers Can Do

- Identify strategies that promote relationship building between caregivers and children.
- List strength-based practices to support culturally inclusive classrooms.
- Describe the steps you can take to promote relationships and pro-social values in your classroom.

### Reflection and Application

- What do respectful and reciprocal relationships look like with children and families?
- What are three ways you demonstrate that you are a responsive caregiver?
- How would you explain to families the importance of early brain development?



## Jean Barbre

Edd, LMFT, holds a master's degree in child and family studies from California State University Long Beach, a master's degree in counseling from California State

University Fullerton, and a doctorate degree in educational leadership from Pepperdine University. She has thirty years of experience working with children and families as a preschool director, teacher, therapist, and university instructor. As a licensed marriage and family therapist, she blends her knowledge of counseling and psychology into her understanding of children and families.



## Ingrid Anderson

Edd, holds a master's degree in Conflict Resolution and Peaceable Schools from Lesley University in Cambridge, Massachusetts, and a

doctorate degree in Educational Leadership from Portland State University. She has spent over thirty years working with children and families in city, county, and state governments, children's museums, and now as an Associate Professor of Practice at Portland State University. She coordinates the Infant and Toddler Mental Health Graduate Certificate and co-coordinates the Masters of Early Childhood: Inclusive Education.

# Strategies to support children's mental health and wellbeing

The emotional lives of young children are growing increasingly more complex. There is rising interest in understanding early mental health and wellbeing and how early childcare providers can support children birth to age five who have complex behaviors. *Supporting Children's Mental Health and Wellbeing* incorporates strength-based child care strategies to foster positive reciprocal relationships between caregiver and young children and strengthen children's resiliency and wellbeing.

Strategies include identifying our spheres of influence in building on children's mental health; identifying protective factors; promoting healthy attachment; and scaffolding social and emotional development in early childhood programs within the context of family relationships and culture.

### ***Supporting Children's Mental Health and Wellbeing* covers:**

- Exploring the foundations of mental health and wellbeing in the first five years
- Examining the stages of typical social-emotional development
- Identifying concerning behaviors in early childhood setting
- Understanding influences on brain development
- Categorizing risk and resiliency factors in the first five years of life
- Supporting children who have experienced trauma or traumatic events
- Creating strength-based approaches to working with families
- Building a toolkit of strength-based strategies and resources

