

SUPPORTING YOUR CHILD'S MENTAL HEALTH AND EMOTIONAL WELL-BEING



**Prepared for the families and caregivers of students
within DeWitt, Livingston, Logan and McLean
Counties**



INTRODUCTION

Being a parent is hard and comes with challenges no one can fully prepare you for. It seems safe to say that most parents were not prepared for remote learning, pandemics, working while children were remote learning, all while STILL parenting. No one resource is likely to help solve all parenting items, but this handbook is intended to help guide you a bit through some developmental stages of childhood and adolescence, and help support you in supporting the children in your home or family.

Every child is different. Every family is different. This handbook certainly can't take unique circumstances into account, nor does it replace the invaluable resources of school counselors or outside resources such as therapy for you or the children in your care. Different cultures view receiving help for mental health needs, parenting/family dynamics, or familial roles, differently than what may be presented here.

It is also really important to remember that regardless of age, child versus adult, capacity for learning and logic is limited when in a heightened emotional state. Learning how to regulate your own emotions, co-regulate with your child(ren) through their emotional states, and to help build up their own "toolbox" for them to know how to navigate their emotions, are important gifts you can give to children in your care. Regardless of whether they go to college or not, regardless of the job they may have one day, they will always have emotions and the goal of this handbook is to simply offer ideas for how you can help the child in your home navigate the emotional road of life.

Please note that if the child, or children, in your care are a part of your family through foster care or adoption, there may be trauma histories you are not aware of that may greatly impact them. It is important to be able to understand how any of these suggestions may impact that child, or children. As an example, while hugs may be comforting and needed to some children, touch of any kind can be traumatizing to others. Many children in foster care are actively involved in counseling or therapy; feel free to ask the caseworker what you can do as the foster parent to best support that child's emotional well-being.



A FEW NOTES

- While parent or family are used most often in this handbook, it is recognized that your role may be that of caregiver, stepparent, foster parent, grandparent, older sibling, or an entirely different relationship to the student enrolled in school. The terms used in this handbook are used generally and intended to capture the role of the adult(s) in the student's life.
- The counties and districts served through ROE #17 are vast and capture a diverse range of cultural, religious and ethnic groups and it is recognized that parenting styles and familial approaches can vary based on family of origin, cultural, religious, or ethnic reasons. Not all suggestions in this handbook will resonate with all groups, though many of the warning signs/shifts in behaviors per developmental periods in childhood and adolescence remain consistent across cultural, religious, and ethnic groups.
 - It is known that not all families, individuals, religions, cultural or ethnic groups, encourage discussion of life's challenges, emotions or hardships outside of the family or their group (however defined). It would be encouraged that if you or your child are struggling, to seek help from a qualified professional.
- There are a number of circumstances that may lead to youth developing physically, cognitively, socially, and emotionally, at drastically different rates. This handbook addresses typical youth development and concerns. Your child may be experiencing life at an entirely different rate and display and cope with their emotions in ways suitable for them and their development. If you have questions specific to your child and/or their development, please consult the child's pediatrician and/or other qualified professionals who may be involved in your child's life.



There are multiple direct links in this handbook to resources. If you have a printed copy, accessing the online version through your school or district will allow you to directly link to those sites.

COMMON TERMS DEFINED

- **Mental Health** – Mental health is the state of one's emotional well-being. Mental health can be thought of much as physical health, but with regard to emotions and feelings. All individuals have mental health.
- **Mental Illness** - This term is rarely used in this handbook, but is commonly confused with "mental health." As noted above, mental health is the state of an individual's emotional well-being, while mental illness would indicate that an individual's mental health has declined, they are not functioning or feeling their best emotionally, and they may have a diagnosis associated with their mental health.
- **Therapy/Counseling** - These two terms are often used interchangeably. Professionally, the terms can indicate differences in degrees or licensure of the professional providing the service, as well as approaches to concern. Therapy is often associated with a concept of helping an individual better understand themselves, patterns of thought, and more global life-long shifts, whereas counseling is often more focused on one specific issue. Additionally, the use of the term is sometimes used to indicate a difference in duration, or length of time, with counseling often being short-term and therapy being considered for a longer period of time.
- **ACEs** - This abbreviation or acronym refers to Adverse Childhood Experiences. Adverse Childhood Experiences are potentially traumatic events that occur in childhood, which also include aspects of a child's environment that can impact their sense of safety and stability. ACEs have been linked to lifelong challenges, including chronic health problems. There are references to ACEs in this handbook, as well as a page including more information. Understanding potential ACEs can also help caregivers and others take measures within their control to prevent them when possible, as well as to help build up resilient factors known to help.
- **Parent** - "Parent" is the most commonly used term in this handbook to reference the adult(s) in a child's life. However, it is intended to reflect any caregiver in a child's life and to instead represent the role of parenting a child, regardless of definition of relationship (biological or otherwise).

WAYS TO SUPPORT MENTAL HEALTH, REGARDLESS OF AGE

SIT DOWN AND SHARE FAMILY MEALS

While there are a number of factors that may contribute to not being able to have the full household family sit down and share a meal together, there is value in doing so when you can.

- It creates routine. Mental health benefits when there is structure and routine. Schedules help (even for those who may not love schedules).
- It brings people together. Obviously, there could be family dynamics that make this an unhealthy choice. Please take into consideration if it's appropriate to pull your household together in this manner.
- There are physiological benefits to eating without distractions of television, media, phones – and to sitting upright.
 - Though, there can also be emotional benefit to having special nights that do include television and meals, that work for your household - such as a pizza/movie night.
- Engaging in regular conversations with adults increases vocabulary of younger children
- Increased opportunities to engage in discussion with your child(ren).
- Tips:
 - Include your child in the preparation of the meal, if safe and appropriate to do so.
 - Building the salad
 - Cutting vegetables
 - Adding ingredients
 - Stirring
 - Give your child appropriate choices (it enhances individuality which increases self-esteem and reinforces they DO have control over some things, even at young ages). Perhaps that choice is carrots vs green beans, or a bun for their hamburger or bread, or yogurt vs a piece of cheese. Choice does not have to be open-ended or complicated to empower your child; it can also be guided by choices you are in agreement with offering.

For more information, here is just one resource from Harvard:

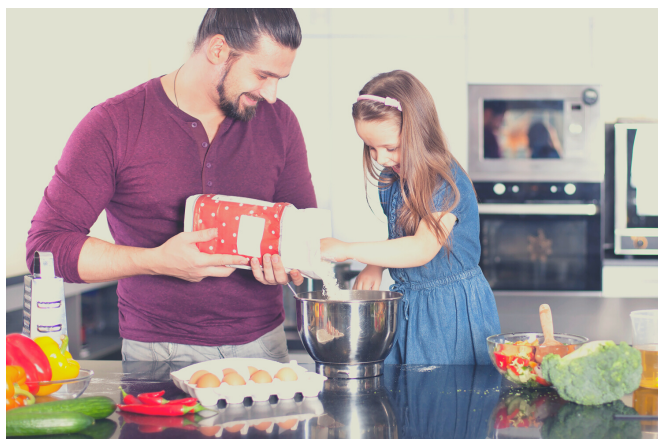
<https://www.gse.harvard.edu/news/20/04/harvard-edcast-benefit-family-mealtime>



SIT DOWN AND SHARE FAMILY MEALS

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- Have the family members each discuss one positive item from their day and one negative.
 - In college, my friend group referred to this as “highs and lows;” I’ve also heard it referred to as “peaks and pits” or “mountains and valleys.”
 - Consider after school or evening questions, such as: “What was the best part of your day, or your favorite part?” “Was there anything today that was not so good?”
- If you want to hear about details of your child’s day at school, consider questions beyond “How was your day?” (My best guess is the answer will be “fine” or “meh.”)
 - Many youth do better with specific questions – questions such as “What book did your teacher read today?” “What did your class work on in math today?” “Yesterday you mentioned your class might do a science experiment today if there was time. Did that happen? What was it like?”
 - Even chatty kids tend to prefer questions about specific parts of their day
 - Consider a question other than “What did you learn today?” Other options may include questions such as:
 - “Tell me a bit about your group project. What did your group decide to do?”
 - “I’ve really been enjoying when you tell me about what you’ve been learning in [class], will you tell me what it was like today?”
 - Consider questions that ask about emotional or intellectual connections that may have transpired throughout the day:
 - “What was one of the most challenging moments of your day?” “How did you respond?”
 - “What mistakes did you learn from today?”
 - “What accomplishment are you most proud of today?”



- Be sure you listen when your child talks to you – it will help fuel future conversations.
- Consider engaging in a family activity after the meal (or at some point each day).
 - Play a game.
 - Play cards.
 - Pictionary, charades
 - Read a book.
 - Make up a story where each family member adds a sentence.
 - Take a walk.

Maybe family dinner does not work for you. Varied work schedules, extra-curricular activities, parent involvement in community events, all may shift an entire household being available for a meal each day. Consider what COULD work for your household. Perhaps it’s breakfast, weekend meals, etc...

MODEL HEALTHY COPING SKILLS

Modeling healthy coping skills may not come naturally for a lot of parents, especially if you grew up in a home where healthy coping skills were not modeled for you. When this is paired with the fact that there is no one specific formula for healthy coping skills, it can become even more complicated. Oh, and you probably have your own stressors in life compounding this also.

If you've ever flown on an airplane, you likely recall when you're reminded to put on your own oxygen mask before helping others with theirs. Some of this is rooted in that philosophy – that we cannot support others and help them regulate themselves emotionally (especially when they're smaller humans who have not yet learned many of the skills necessary for it) if we have not ensured we have our own “oxygen” (i.e. emotional regulation). However, it's also following the idea that children learn by example, by observation. If we want children to know how to care for their emotions, to be kind to themselves (and others), then modeling that falls on us as their primary caregivers.

Healthy coping skills can range from remaining calm to self-care. It can look like:

- Respectful dialogue, even if/when upset
- Calm voices
- Self-care
- Even the verbal recognition that taking care of ourselves also helps us take care of them
- Going for a walk or exercise
- Utilizing breathing or grounding techniques for emotional regulation
- Asking for a hug when we are the ones who need it
- Setting our own boundaries



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Some ideas for consideration:

- **Being able to regulate your own emotions, or remain emotionally regulated is one of the most important factors in both modeling healthy coping skills AND in helping your child(ren) regulate their emotions.**
 - Fresh air, a splash of cold water on your face, and deep breaths are just a few ways to begin to regulate your emotions.
 - If you consider that when stressed, frustrated, angry, sad, anxious, or many other emotions, our breathing pattern changes, our muscles tense, and our body and brain begin responding differently.
 - From a body/science perspective, our brain and internal organs need our help to reset – that's where fresh air, a splash of water or deep breaths come into play. They help reset and change our breathing pattern, increase oxygen back into our body and organs, and allow the "thinking" parts of our brain to re-engage.
 - This summary of a Stanford research study helps explain it a bit, and also has links for videos on how to do the breathing (and for kids):
https://greatergood.berkeley.edu/article/item/how_four_deep_breaths_can_help_kids_calm_down?utm_source=Greater+Good+Science+Center&utm_campaign=fcffc36b57-EMAIL_CAMPAIGN_GG_Newsletter_January_6_2021_COPY_0&utm_medium=email&utm_term=0_5ae73e326e-fcffc36b57-75696632



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Some ideas for consideration, continued:

- **Start from a place of understanding and awareness (for you and your child)**
 - Being able to identify the emotion you're feeling is one of the first steps.
 - Try to name the feeling. Is it happy? Sad? Jealous? Frustrated? Anxious? Something else?
 - Do not judge the feeling - do not assign a "good" or "bad" to it; just name it.
 - "I hear how disappointed you must be right now."
 - There is a lot of power in validating a child's emotions and the simple act of reflecting back to them and acknowledging you've heard them AND their feeling can help them regulate their emotions.
 - Try to separate the feeling (or emotion) from the thoughts and thinking.

MY EMOTIONS



Salud

resiliencykids.com

MIS EMOCIONES



Salud

resiliencykids.com

CALMING STRATEGIES



salud

resiliencykids.com

ESTRATEGIAS DE RELAJACIÓN



salud

resiliencykids.com

Some ideas for consideration, continued:

- **Model acceptance of all emotions**

- This is part of the "do not judge the feeling" concept.
- Helping children accept their own emotions and realize that emotions are okay and everyone has them, is to also allow them to see that everyone has emotions and not just "happy" emotions.
- It may feel like we're protecting children by pretending to not be sad when that is, in fact, what we're feeling. It is okay to say "Yes, I'm feeling sad right now. Everyone feels sad sometimes. Sometimes when I feel sad, I like to listen to happy music to feel better, or to wiggle my body and be silly. What helps you when you feel sad?"
 - By acknowledging your own feelings, you're also communicating to your child that it's okay to have that feeling. It removes the sense of shame or need to hide the emotion. You're also identifying a coping mechanism that may work for you, while engaging them to consider what helps them (teaching them to consider their own coping strategies).

MODEL HEALTHY COPING SKILLS

Some ideas for consideration, continued:

- **Model self-compassion**

- Imagine how you would feel if your child were verbally (or mentally) beating themselves up over how they were/are feeling?
 - Often, what we do or say to ourselves does not align with what we would allow (or want) our children to say to themselves, or our friends to themselves, etc...
 - So, it begs the question: "Why do we talk to ourselves in that way?"
- Let's imagine you're repainting one of the rooms in your house or apartment and you spill paint on the carpet, but don't notice right away (thereby ruining the apartment).
 - One path of self-talk is: "Dang it! I can't believe I spilled the paint and ruined the carpet. I ruin everything. Ugh, I'm such an idiot."
 - A more self-compassionate path of self-talk is: "Ugh, that stinks. I didn't realize I spilled paint. I may have ruined the carpet and don't know the solution. I will need to be more careful next time. I need to use the tarps I bought and slow down, and google some options for getting paint out of the carpet."
 - This one obviously takes a bit of practice and intentional effort, but this one is honest and full of facts. It DOES stink that the paint spilled. The carpet MAY be ruined. I may NOT know the solution. And, I COULD be more careful next time. This self-dialogue (or out loud with a child) also models what can be done next time to solve some of the problems in the scenario. More, this path of self-talk models a lack of blame (even on oneself). It models responsibility, identification of problems, and solution generating thoughts.
- Kids can have negative self-talk too, and sometimes by surprise when those things are not said in the home. Let's say the child drops a full glass of milk on the floor and begins crying, apologizing, and says "I'm so stupid." A compassionate response sounds and looks like:
 - "You are not stupid. And, absolutely everyone drops something sometimes. Even me. How about a hug and then we work to clean this up? Would you like the paper towels or to help with the mop?"

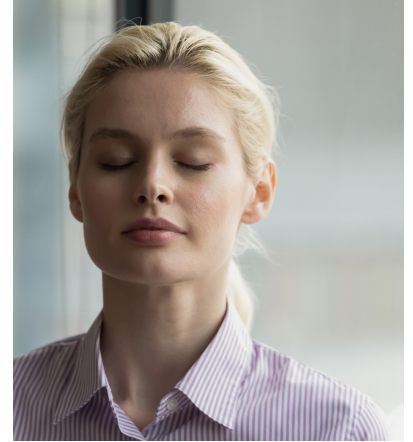
*Be gentle with
yourself*

MODEL HEALTHY COPING SKILLS

Some ideas for consideration, continued:

- **Pause before responding**

- Remember, the goal for anyone (adults or children) is to respond, not to react. Responding is rarely immediate.
- In children and in many adults, our brains go into fight-flight-freeze-fawn responses when presented with intense emotions and/or stressors. A response indicates that our brain and our body have begun to recognize there is not an immediate threat and that calm has begun to return. (This ties into the benefits of deep and intentional breathing).
- One example or option is:
 - “Let’s take some space and each work on our deep breaths before talking through this.”
 - “I know that my emotions feel big, so I’m going to go sit on the couch and take my deep breaths before we talk. Do you think it would feel helpful to your body to do the same?”
 - “It’s important to me that we talk through this, but it’s also important to me that we both are calm. Let’s see if 5 minutes is enough for us both to feel calm.”



- **Teach or model actions having consequences.**

- Note: consequences in this context does not mean punishment or discipline. Instead, “consequences” refers to the result or “after” of an action.
 - A consequence of not studying may be failing a test. A punishment for failing a test may be grounding at home.
 - In this section, we’re only discussing consequences being a natural byproduct of an action taken.
- Practice modeling (and believing) all emotions are okay; it’s what we do with them that may be a problem.
 - Anger, as an emotion, is valid and real and serves a purpose. It’s a feeling. It’s an emotion.
 - Punching a person when feeling angry is an action as a result of an emotion. Punching a person will have consequences. A consequence, separating it from discipline, is that another person may be physically hurt.

MODEL HEALTHY COPING SKILLS

Some ideas for consideration, continued:

- **An Example of Consequences Versus Punishment**

- Consider a child “performing a science experiment” while you take a shower and once out and dressed, find an overflowing liquid in glasses on the kitchen counter. Consider the following occurring:
 - There is no discipline, no punishment.
 - There is calming (the child may be upset knowing that they should not have done the experiment without supervision) before discussion.
 - There is discussion about concerns, but there is also discussion with praise about recognizing the proactive steps the child took for safety measures (wore a KN95 mask to keep face safe (since scientists wear masks for safety); wore glasses (since scientists wear safety goggles); wore gloves; alerted you when they realized things were going awry).
 - The consequence of the action (science experiment overflow) was to help clean up the mess caused by the action(s).
- Sometimes the consequence of emotions and acknowledgement of them is the fact that they may result in someone else having their own emotions in response.



BREATHING TECHNIQUES

Breathing can have physiological benefits to help reset organs within your body, improve bloodflow, calm and soften your body and mind's fight or flight system, and can aid in emotional regulation.

- **Breath Counting**

- There are numerous ways and suggestions for deep breathing. Regardless of count suggestions, all (or almost all) will encourage breathing IN through the nose and OUT through the mouth.
 - For small children, a good visual for this is “smell the roses, blow out the birthday candles.” Other children have been given suggestions to refer to them as “super breaths,” modeled after superheroes. Imagine the superheroes who take really big breaths in, hold for a moment, and then “whoosh” out a giant breath.
 - Some counts suggest breathing in for a count of 4, holding (up to 4), and breathing out for 4. This is often referred to as box breathing, when all counts are the same.
 - Some count suggestions are for a count of 5 on the inhale, and a 7 on the exhale.
 - Regardless of the count you utilize, it should be slow and calm, in through the nose and out through the mouth. This video is a great illustration: <https://vimeo.com/442138393/d8f6c46d13>

- **Breath Shifting**

- This model focuses attention on recognizing how inhales and exhales impact our bodies.
 - Begin by utilizing one of the breath count strategies above and place one hand on your chest, and the other on your abdomen, just below the ribcage.
 - As you inhale, focus on keeping your chest still and recognize that your hand on your abdomen gets pushed out.
 - As you exhale, feel your hand move in until all air is pushed out/exhaled.
- This model of breathing is also known as diaphragmatic breathing.

CONNECTION

There is a lot of research over many years that has looked at and explored the need for human connection. This research morphs into other concepts such as early childhood attachment styles, adult attachment, and more. However, at the root of it - it's often tied to when humans were more primitive beings and survival was centered around connectedness and other people. At particular points in time, social connectedness could literally be life or death.

How is connection shown and demonstrated in your family? What about your culture? Or, your race or ethnic group? How is connection shown or felt within your social circle, friends, colleagues, or religious groups?

While unhealed trauma can impact how individuals attach and connect with others, and whether touch benefits or harms them, touch (when appropriate and with consent) is one of the most universal connection points to signify care, concern and compassion.

- **On a particularly rough day for you, the child in your home, or all of you, what about one of these scenarios instead of whatever the “regular” may look like:**

- “It seems like we’ve all had some rough days. What if we each change clothes, grab a drink of water and take our deep breaths. Meet me back in the living room?”
 - With this relatively short series of statements, you’ve acknowledged that people may need space, that there have been bad days, and you’re encouraging healthy coping mechanisms through reminders of possible solutions. You’re also reinventing discussion.
- “Does anyone need a hug? I know I could use one.”
 - Hugs, snuggles, a hand on the shoulder, a high five, an elbow bump, a fist bump, standing shoulder to shoulder.....it’s about what may work for each of you, or your home. Sometimes that would not mean touch in some form.
 - Think about how magically calming picking up a crying baby can be – or the reasons behind why many hospitals encourage skin-to-skin contact at birth.
- “Does anyone want to talk about their days? What was the rough spot for you?”
 - This does not need to be scripted, but it does open the door for folks to share their difficulty.
- Consider a household activity to increase or remain connected on days it’s really needed - and ideally at least once a week.
 - Is it a household pizza/movie night?
 - Is it a game night?
 - Is it the whole family taking the dog for a walk?
 - Maybe it’s that your household maximizes connectedness and opportunities for building relationships in the home through everyone going along to take someone to work, or to drop off dinner for the adult working 2nd shift.
 - What are the child(ren)’s interests?
 - Consider a new family hobby.
- Play
 - Playing builds connection.

THE IMPACT AND POWER OF MOVEMENT

Have you ever wondered how your child has so much energy? Or, how on earth they make it through a full school day based on how incapable they seem to be of sitting still after school? Have you ever had a conversation with your child's teacher/school about what the class AFTER recess or PE is like?

Moving increases oxygen and blood circulation throughout the body, including in the brain. Improved blood circulation in the brain translates to increased cognitive functioning, attention/focus, and most typically - mood. Health benefits of regular exercise begin to increase also and impact other areas of life: improved sleep; stress relief; increased energy; reduced tiredness; and, other physical health benefits such as reduced cholesterol.

Maybe you aren't sure that your child needs a movement or brain break at home because they're not learning at home in the traditional sense that they are in school. However, consider whether you have ever had to repeat yourself to your child? Or, if they are struggling to remain calm to something they typically would be calm to/with? Or, if their mood just seems to be a bit "off."

Keep in mind that many youth know that they need to "keep it together" during their school day. As a visual, they know that they need to keep all of their marbles in their jar during the school day, so they've learned how to focus in class, sit still, walk in a straight line, or refrain from talking nonstop. But this also means that they kept ALL of those marbles inside, and likely had some added (let's be realistic – interactions with others, no matter how fantastic they are, can lead to frustrations). Your child(ren) may need a reset after school. They may need a mental break, but they may also need a movement break (or fresh air, or a shower, or all of the above) before they can reasonably adapt after school.



THE IMPACT AND POWER OF MOVEMENT

- **Here are some options for resources to explore:**

- You may not be a teacher, but there are a lot of great options in here that can easily be used at home: <https://www.weareteachers.com/brain-breaks-for-kids/>
- GoNoodle
 - GoNoodle has so many options! You can select an activity type (stretching, dance, workout, etc....) or type of routine (wake up, bedtime, indoor recess).
 - Go Noodle videos can also be found on YouTube
- Cosmic Kids
 - Cosmic Kids is a channel on YouTube, largely with yoga-centered calming videos/activities.
 - Themes and length of video are easily searchable/utilized.
- Miss Linky Educational Videos
 - These are also a hit with younger kids because her voice is soothing, she's fun and engaging, and in most of the exercise based videos, she's incorporating education to a topic/theme/show/game that your child may already be interested in.
- Animal Walk Exercises
 - This resource not only has visual images to represent the walk/movement, but also quite a bit of information about how these movements can be helpful for emotional regulation.
 - The end cites references for further information.
- Breathe Like a Bear
 - This is a book that can be ordered to have at home that teaches a range of movement and breathing techniques, along with concepts related to calming and relaxation.
- Movement ideas for an entire family:
 - Anything mentioned above!
 - Play a sport together
 - Race one another for 30 second intervals
 - Have a dance party
 - Make up a movement contest; invent yoga poses; get creative



THE IMPACT AND POWER OF MOVEMENT

- **Movement ideas for older children/adolescents:**

- Take a walk
- Yoga
- Fitness games as part of a video game system
- Dance
- Bicycling
- Stretching
- Search YouTube
 - Deeper Health has a teen workout channel (and a kids workout channel, as well as “math & move”).
 - Yoga Ed
 - This channel has options for the whole family. Some playlists are targeted to families, some to children, some to teens, and some for adults.
 - ***Of note – some workouts on YouTube have targeted ads toward weight loss. Suggestions of videos or movement here is not for weight loss purposes for youth and instead is to aid in increased focus, mood, and blood flow through movement. If you have a youth or adolescent sensitive to weight topics or struggling with weight or eating disordered thoughts, please monitor and assist your youth in the way they may need. These ads and/or additional messages beyond what comes from their pediatrician may be more harmful to their emotional well-being.***



H-A-L-T: HUNGRY - ANGRY - LONELY - TIRED

This one applies to all humans. It is HARD to emotionally regulate oneself (regardless of ability or age) when hungry, angry, lonely, or tired. HALT is a really good acronym and starting point to see if meeting a basic need can resolve some of the big emotions.

- **Are you hungry? How does your belly feel - does it need food?**

- Consider meal and snack pairings that mix macros – not from a “diet” perspective, but instead as a more optimal pairing of fats, carbs, and proteins for optimal and sustained energy. (kidseatincolor.com or the linked Instagram page offers lots of practical tips for snacks and meals for kids).

- Examples may be:

- An apple with peanut butter
- A piece of string cheese with celery and crackers
- A peanut butter and jelly sandwich
- Veggies and yogurt

- We're a “grab breakfast and go” household on school/work days, which often looks like a breakfast bar and a yogurt pouch (GoGo Squeez yogurt pouches have 4g protein vs 2g protein in one GoGurt yogurt tube) to get carbs mixed with protein. Sometimes it looks like reheating sausage links or bacon and whatever else my child chooses (applesauce, banana, yogurt, breakfast bar). In our house, a higher protein choice like sausage gives more flexibility in the second breakfast option.

- *Also - you may have a child who simply is hungry (or not hungry) when others may be. As an example, mine will likely consistently be hungry within the first hour after school starts, and immediately after school ends – regardless of how well they did with lunch, snacks, etc...*



- **Are you angry? Take a moment to take your “emotional temperature.”**

- What do your emotions and your body need to reduce the anger?
 - Deep, slow breathing?
 - A moment alone in quiet?
 - A dance party after acknowledging what has led to the emotions?
 - Hunger? (See #1)
 - Fresh air?



H-A-L-T: HUNGRY - ANGRY - LONELY - TIRED

• Are you feeling lonely?

- Lonely is an emotion that can exist even with others around. Lonely does not only “live” in isolation. Lonely can often be an emotion helping us identify that we need increased connection or interaction.
- If it is your child who may be feeling lonely, it could be that they don't feel heard or that their opinion or voice may not be respected. It could be that they need connection.
 - Sometimes kids also recognize what they need when we give them the opportunity to respond. Try this:
 - Can you think of anything you think might help with that lonely feeling?
 - Or – what are some ideas that might help with that emotion?

• Are you thirsty?

- You might be amazed to know the impact of a drink of water on emotions. From a very simplistic perspective, consider the fact that if you're crying and you take a drink of water, your breathing has to change in order to accommodate swallowing the water. In addition, hydration has its own important role in emotional stability/regulation.

• Are you tired?

- Think about how your mood is impacted when you're tired. Our children are no different. Emotions become bigger. Smaller problems seem monumental.
 - Keep in mind, though, that an overly tired child may look like an overly energized child.
 - Consistent bedtime and wake times are important for all humans and is part of what is referred to as “sleep hygiene.”
 - [This link from the CDC](#) outlines the amount of sleep recommended and needed for individuals throughout the lifespan.
 - Did you know that a school aged child between the ages of 6 to 12 should be getting anywhere from 9-12 hours of sleep per 24 hour period? Other sites often list that amount in the 11-12 hour per night range.
 - If your 8 year old is staying up until 9:30 p.m. and wakes up at 6:30 a.m., that's only 9 hours – on the low end of the spectrum, and assuming that that's all your child may need.
 - Did you know that teenagers are still recommended to get 8 -10 hours of sleep per night, with many sites recommending 10 or more?
 - Their self-imposed bedtime of midnight and 6am wakeup for their zero hour class may make their grouchy mood or lack of focus during the day more easy to understand.
 - Rest, or naps, still serve purpose even for kids (and adults). Sometimes it may just be “hey, you mentioned you were tired. I think some quiet time resting could help how you're feeling. How about going to lay down for a bit and I'll come in and check-in in a bit?”

GENTLE PARENTING

"Gentle parenting" may be a term that is new to you, though it's not a new or "trendy" parenting technique or approach. Gentle, or compassionate, parenting encompasses a focus on creating an environment of safety, loving responsiveness, and respect for the child as an individual. Gentle parenting recognizes that your child(ren) is an individual, separate from you. It values talking to and treating your child(ren) with respect.

Gentle parenting also includes firm and consistent boundaries, realistic expectations, and natural consequences. However, it is intended for the child to learn rather than to be punished. Gentle parenting is NOT saying yes to everything; it is not an approach that behavior does not have a consequence. Instead, gentle parenting begins from a place of respect, boundaries, and teaching opportunities.

Authoritarian parenting may be: *"You will brush your teeth because I said so!"*

Permissive parenting may be: *"That's okay; if you don't want to brush your teeth, you don't have to do so."*

Gentle parenting may be: *"I understand that brushing your teeth isn't your favorite thing. Some days I don't feel like it either. However, I like having teeth to brush and know that it isn't fun to have cavities and have dentists have to do things like fillings. Brushing your teeth is non-negotiable in the house, but you can choose whether you brush before or after your bath."*

Gentle parenting also allows room for all emotions, by all individuals in the home and not just adults. Consider the home you grew up in – was it okay for the adults to have bad days, but not the kids? Gentle parenting allows kids to have their own bad days, too. However, gentle parenting also may remind children that the behavior they engage in while having a bad day may not be an okay choice.

"You've had a really bad day. I get it. Anger is absolutely an okay feeling. However, I cannot let you hit your brother like that. Let me hold you while you're feeling angry to help keep other bodies safe, including yours. We can talk more when you're ready. You and your feelings are safe. I'm here."

Gentle parenting recognizes that behavior is communication. Gentle parenting values empathy and intrinsic motivation rather than external motivation. Gentle parenting recognizes that a lot of childhood behavior is developmentally appropriate and not problematic. Gentle parenting responds rather than reacts.

Respect = Both Directions

PRAISING EFFORT INSTEAD OF OUTCOME

Praising effort instead of outcome begins to build internal motivation for individuals.

- **Avoid using external rewards.**

- External rewards reinforce external motivation, rather than internal. Whether we're talking about grades, homework, behavior, or helping around the house.....keep in mind that most of life doesn't come with consistent external rewards. I don't know about you, but no one pays me when I vacuum my house or put the laundry away; just as I don't get a raise or bonus for every great project I complete. Our efforts in parenting should help build up the internal processes youth will one day need to succeed in life as an adult -- cleaning their space because they recognize how they feel when it's dirty vs clean; putting away laundry because they can find their clothes; or completion of a work project because they value doing it well.
 - Do external rewards sometimes have merit, or are used even by parents who might otherwise encourage not using them? Absolutely. But, is it all of the time? Nope. Can there also be messages that certain things in the house are done because that's what families do (empty the dishwasher, put away their own laundry, help with picking up, etc...)? Yep.
 - External rewards are more likely to happen in my house during unstructured times such as winter or summer break from school. I also tend to keep "rewards" small and require an assortment of tasks to reach the reward.
 - Sometimes this looks like keeping a stash of pieces of candy, something from the Target \$1 bins, a hotwheels car, etc... to use as motivation during times it's really needed.
 - It also looks like having a list of "extra jobs," each with a monetary value posted in the house. This allows my child to make a choice about how badly they may want whatever toy they recently saw and offers them options for how to earn the money to get to that amount. That also creates an internal motivation to determine "how badly" they may want something. (*Note: This is something done in my own home; not something that works for all children in all homes, or for all families*).
 - Do I have a child who says "no, thank you" when I ask for them to do something? Yes, of course. Do I also have the same child often say they enjoyed something after doing it (i.e. cleaning or organizing)? Also, yes. It's important to remember that kids are going to have times to want or not want to do something just as we are. I may choose to make sure the laundry is always washed and folded, but that does not always mean that I WANT to do so.
 - Keep in mind that what you're really trying to foster is that their effort, help, and kindness comes from within and not because they received something for it - or conversely, that it does not only come out of fear of repercussions/punishment.
 - There are neuroscience studies that show the pleasure centers of the brain light up when people behave altruistically. Just imagine if we could see our kids' brains as they help others or do something with kindness?!!

PRAISING EFFORT INSTEAD OF OUTCOME

Praising effort instead of outcome begins to build internal motivation for individuals.

- **Praise character, not behavior.**

- As children are developing their moral identities, their character and the traits they begin to recognize are part of them become increasingly important. Praise such as “You are such a kind friend” could be more effective than “That was something a kind friend would do. Good job.” While the differences between the two may seem small, perhaps trivial, the first is about who the child is in relation to their friend; it is tied to their own character. The second is about the behavior the child engaged in.
 - Consider a child involved in sports and enjoying seeing them have successful practices in traditional sports-oriented ways. Those sports-related accomplishments are praised too (they can help reinforce that you paid attention and watched, paired with knowing it’s important to them too), but you can also praise all of the times you see them be kind. “You had a great basket tonight during the end part of practice, but you know what I loved even more? I saw you being such a great teammate tonight.” If your child is like mine, you may then be asked what behaviors you observed that led to that statement, but starting with the character statement is about who they are and not just something they did.

- **If criticizing, focus on behavior and not character.**

- This is a lot like the “It’s okay to feel angry, but it’s what we do with the anger that may be the problem” scenario.
 - You may have a household rule that hitting is not ever an acceptable behavior. So, let’s say your child is feeling mad and hits something. Some options for responses could be:
 - “You’re being bad. Stop that.”
 - “Hitting isn’t okay.”
 - “The rule in our house is that hitting is not an okay choice. It seems to me like you must be feeling very mad. Your feelings are safe and I want to help, but I also need you to not hit. Do you need some time to yourself or would a hug help?”
 - The 3rd option above is the better option, followed by the second if needed for your own response in that moment. The third option validates the child's feelings, offers two options specific to the child for regulation, reconnection, and love.

PRAISING EFFORT INSTEAD OF OUTCOME

Praising effort instead of outcome begins to build internal motivation for individuals.



- **Place more emphasis on the steps than the end result**

- It's so easy to get caught up in praising the end result – the A on the test; the game that was won; the award for a speech competition. Focusing on the result keeps the focus there; it places (even if unintentionally) an expectation on similar end results. It also can place an unintentional fear around NOT achieving similar end results.
- Try praising the effort and steps they took instead. It may sound like this:
 - "You had some really great baskets in today's game. I saw you be such a great team player and noticed that the focus you put into practices really helps. You should be so proud of yourself and how you played today."
 - "I know the grade on the math quiz wasn't what you were hoping for, but I saw you take extra time to study, ask your teacher questions, and I see how you wrote out each question as you were going. I can really see how hard you were trying to not only understand, but to also do well. You should be proud of the effort you put in."
 - "That is a fantastic drawing! I love the attention to detail, and how many aspects you've really captured in this one. Will you tell me about what gave you the idea for this one? And, will you tell me about the details so I hear them from your perspective?"
 - "You are working really hard on your science project. It's great how well thought-out your plan is, and I see that you've captured all of the pieces your teacher is hoping to have demonstrated. I noticed that you read about the concept, thought through what additional questions may exist to solve, and then brainstormed ways to demonstrate all of this for your project. Great job."

"CATCH" THEM HAVING POSITIVE BEHAVIORS AND GOOD DECISION MAKING

Most parents can relate that it can be easy to get caught up in the frustrations of parenting, of the saying "no" or "stop" or "don't." Some days it may feel like our negative feedback is on repeat. BUT are you also taking time to catch them making positive choices and engaging in the behaviors you want to see? Are you praising and recognizing the GOOD stuff just as much as the not so good?

Think of it a bit like this: Are you more likely to keep doing a good job at work when someone responds favorably to your efforts, or when they criticize the mistake you made? Kids are the same.

This does not mean that you let the "not so good" slide or go unnoticed. Catching a child with positive behaviors is not the same as ignoring others; instead, it is making sure your child has feedback and emphasis also on what IS working well. Also consider that "don't" or "stop" does not indicate to the child what alternative acceptable choices are.

- **A few examples:**

- "You just did a really great job at sharing with your cousin without any adults asking."
- (high-five) "Way to go on brushing your teeth this morning without me asking. I love that you took initiative!"
- "You're being so gentle with the dog today. I know she loves it when you snuggle with her."

- **The same concept can also help when kids are struggling with lies/telling the truth.**

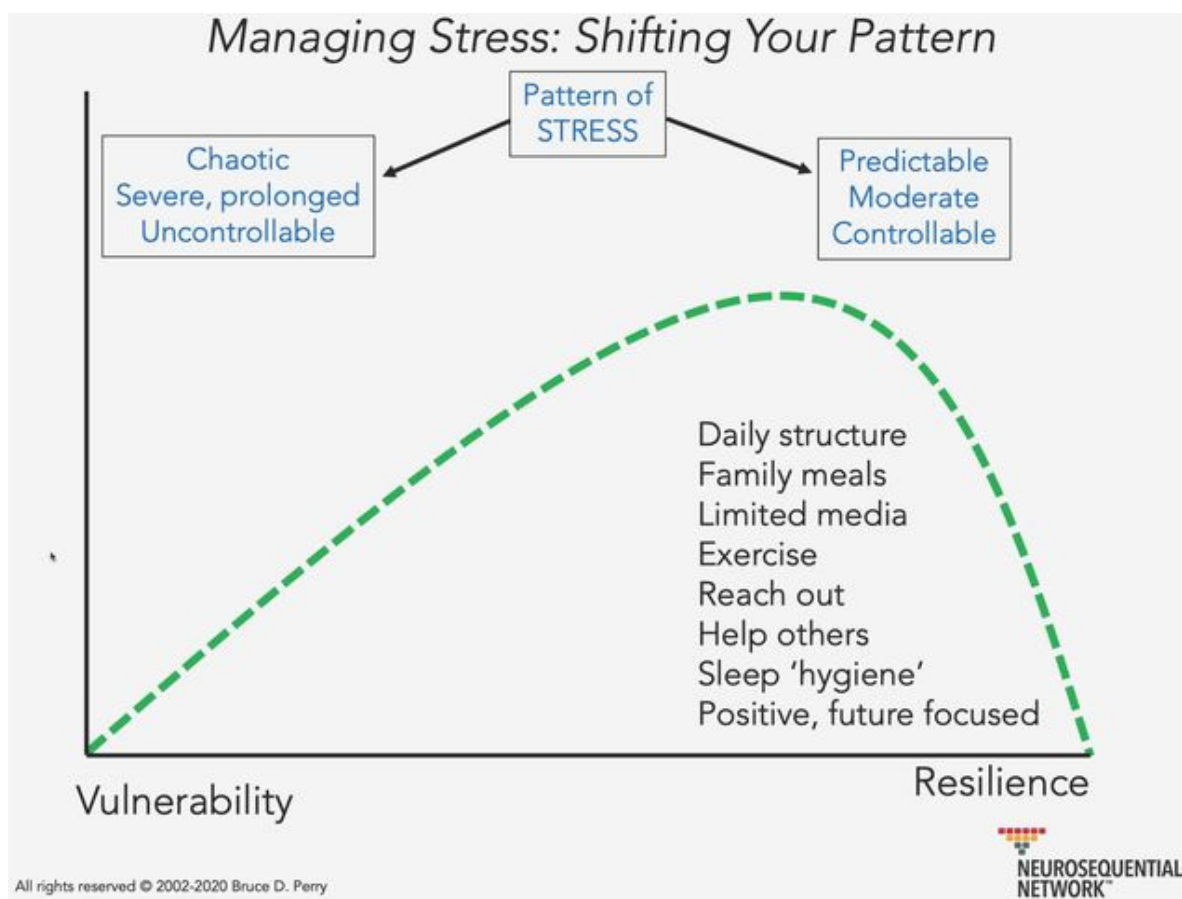
- Set up circumstances that are easy to validate and where there isn't a negative consequence for telling the truth. Remember, in this scenario, it's about creating opportunities for your youth to tell the truth.
 - "Did you make your bed this morning?"
 - The honest answer gets praised....even if it means the bed wasn't made. "Thank you for telling me the truth."
 - The lie gets discussed – "I can see that your bed wasn't made. Can you help me understand why you chose to not tell the truth?"

Great
JOB!

CREATE ROUTINE AND STRUCTURE

Routine and structure do not have to be synonymous with "rigid" or "without exceptions." Instead, routine and structure help most people thrive and to know that they are safe. Routine and structure enhance and create safety. While there is more to this image than can be succinctly summarized here, this graph by Bruce Perry further shows the role that structure and routine can play in contributing to resiliency.

Look at structure as a rough outline for what time in your household might look like, keeping in mind standard sleep and wake times are part of (super) important sleep hygiene. Structure also helps everyone know what's coming and what the general plan is. If there's more than one household involved, it's even better if those households can be somewhat in sync – but also with the understanding that each household is its own household.



CREATE ROUTINE AND STRUCTURE

One example of a tentative idea for a day or schedule may be:

6:30 a.m.	Wake-up
6:40 a.m. to 7:30 a.m.	Get ready for school/work
7:30 a.m.	Prep lunches/breakfasts
8:00 a.m.	Out of the house for school/work
3:30 p.m. to 4:30 p.m.	After school decompression time/snack (consider not having homework immediately after school, or media/games/screens)
4:30 p.m. to 5:00 p.m.	Movement
5:00 p.m. to 6:30 p.m.	Dinner prep/family meal/family discussion connection (Homework could be done in kitchen while dinner is being made)
6:30 p.m. to 7:30 p.m.	Family time (or continued homework)
7:30 p.m.	Begin bedtime routines

Part of sleep hygiene is to limit screens prior to bedtime, especially for individuals who struggle to fall asleep. Sleep hygiene research consistently suggests no screens for one hour prior to bedtime (some suggest 30-45 minutes instead), calming activities, only using the bed for sleep (not homework, not tv, etc...) , bath or shower before bedtime, reading. In addition, all sleep hygiene research supports going to bed at consistent times regardless of day/week and waking at consistent times.

HELPING CHILDREN UNDERSTAND THE "WHY" BEHIND THE RULE/ TYING IT TO A HOUSEHOLD OR FAMILY VALUE

Tied to much of what's been written in prior sections, children are more likely to follow a rule when they understand (and it's consistent) than simply because it's mandated. In the pages that follow are some personal and family value cards that can be used, if you choose. They were found through biglifejournal.com (and given permission to use in this handbook and for this purpose) and even if not used interactively with your children, you may find that they are helpful to tie some of your rules to for explanation to your children.

Some examples may be:

- "One thing I value is your safety. This is why I have the rule that you have to hold my hand in parking lots. Drivers do their best to be focused and safe, but I know that if we hold hands, I can also do my part to help keep you safe."
- "Persistence is the idea that we keep going even when things are hard. That's something that I think is really important to learn; it's why I encourage you to keep trying to tie your shoes even though you don't have it quite figured out yet. Plus, I know one day you won't want my help anymore because you'll want to be more independent."
- "Please don't say negative things about yourself. I love you exactly as you are and hope you can love yourself just as much as I love you."
 - *(Imagine if you spoke to your friends or loved ones as you talk to yourself.)*



"PERSONAL & FAMILY, values"

Values are basic beliefs that guide and motivate your behaviors and actions. They are like guideposts that can help you decide how to act in any given situation.

When playing soccer, for example, if someone values honesty, they will choose to play by the rules even if it means losing. However, if they value winning above all else, they might be willing to break the rules to accomplish their goal. The art project of a person who values creativity, for example, might differ from that of someone who values cleanliness.

Understanding your personal and family values can help you act with clarity and purpose, especially in challenging or uncertain situations.

How to Use the Cards

Read through the value cards. Consider the following questions:

- Which values do you choose to guide your behaviors?
- Which values does your family put first?
- Are your personal and family values similar, or do they differ?
- Have your personal or family values changed over time? If so, why?
- Do you and your friends share values?



Big Life Journal

Forgiveness



Feeling at peace about the actions of others.

Courage



Trying - even if we are unsure or afraid.

Growth



Developing our skills and abilities.

Creativity



Generating new possibilities with our ideas.

Contribution



Sharing our skills with those around us.

Safety



Staying free of harm or danger.

Generosity



Willing to share with others.

Acceptance



Being open to things we dislike in ourselves and others.

Respect



Caring for the well-being of others.

Self-Control



Managing our emotions, actions, and desires.

Self-Love



Believing that we are valuable and enough just as we are.

Purpose



Discovering what gives our lives meaning.

Mindfulness



Slowing down and paying attention to the world.

Love



Connecting and sharing love with each other.

Community



Caring for those around us.

Fun



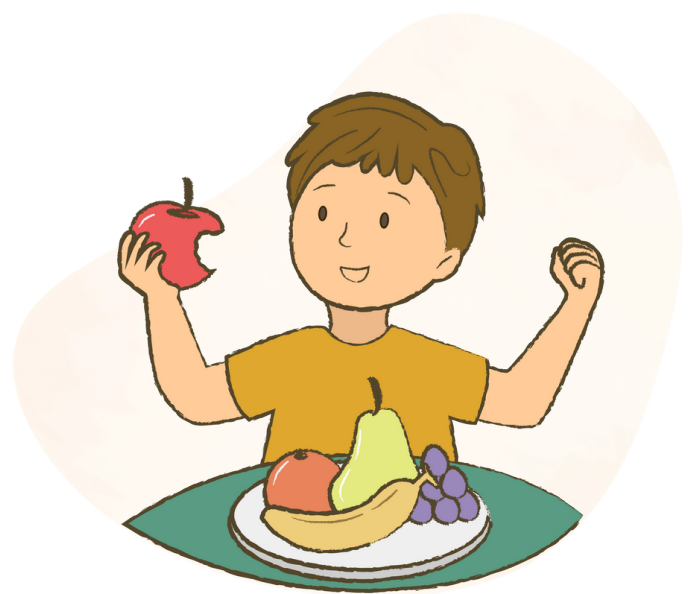
Finding joy in our activities.

Integrity



Being honest and staying true to what we know is right.

Health



Caring for the well-being of our bodies.

Curiosity



Seeking to understand the world around us.

Self-Compassion



Giving ourselves the same kindness and care that we give to our friends.

Kindness



Being gentle and considerate of the needs of others.

Persistence



Continuing despite difficulties.

Resilience



Staying flexible and strong during challenges.

Responsibility



Being accountable for our actions.

MAINTAIN YOUR CHILD'S WELL-CARE VISITS WITH THEIR PEDIATRICIAN

Many pediatricians perform regular screening for behavioral health concerns during their well-care visits with children and/or at school physical appointments. And, for those that may not do a formal assessment for younger children, they do make observations of mood and behaviors while the child is in their office and questions are asked of the parent/caregiver about age appropriate responsibilities, developmental stages, or child responses to being asked to do something. While many pediatricians are not also trained as psychiatrists or therapists, they have received training in medical school with regard to typical emotional and behavioral childhood developmental stages, as well as steps and appropriate routes for when more help may be needed. Pediatricians are a great first step and resource in the path to helping support your child with their mental health. Not only is it possible that your pediatrician may notice something that you did not, but scheduling an appointment if you have concerns can lead to additional help for you and your child.



SHARE CONTROL AND GIVE CHOICE (*WHEN APPROPRIATE*)

Do you ever feel like parenting your child or children is a giant power struggle? Kids want to feel like they have control in life, just as most adults want. Your job is to help them see what they do have control over, and even offer some opportunities for them to have choice and control when it makes sense. Your job is to also work to AVOID power struggles with the child. We each have control over our own bodies, our emotions, our responses, and our actions. We have control over whether we brush our teeth before or after we get dressed in the morning. Possible safe options for choice/control giving to children:

- Allowing them to pick out their own clothes (with guidance given to weather-appropriate needs)
- The order in which they do what's needed in the morning to get ready for school
- The order in which they do bedtime routine tasks
- Which book to read at bedtime
- Offering them one night per week that is their night to choose the dinner plan

Remember, sometimes choice or control can be small:

- "Do you want green beans or salad with dinner tonight?"
- "Would you like milk or water to drink?"

You're guiding the options, while the child feels like they have control by having the opportunity to make a choice. Avoiding a power struggle can also look like validating their emotion and acknowledging you heard them, identifying the value or importance of the decision you've made, and offering what choice may exist, if any.

UNDERSTANDING SOME BASICS OF BRAIN DEVELOPMENT

Brain Development—How you can help your child learn and grow.

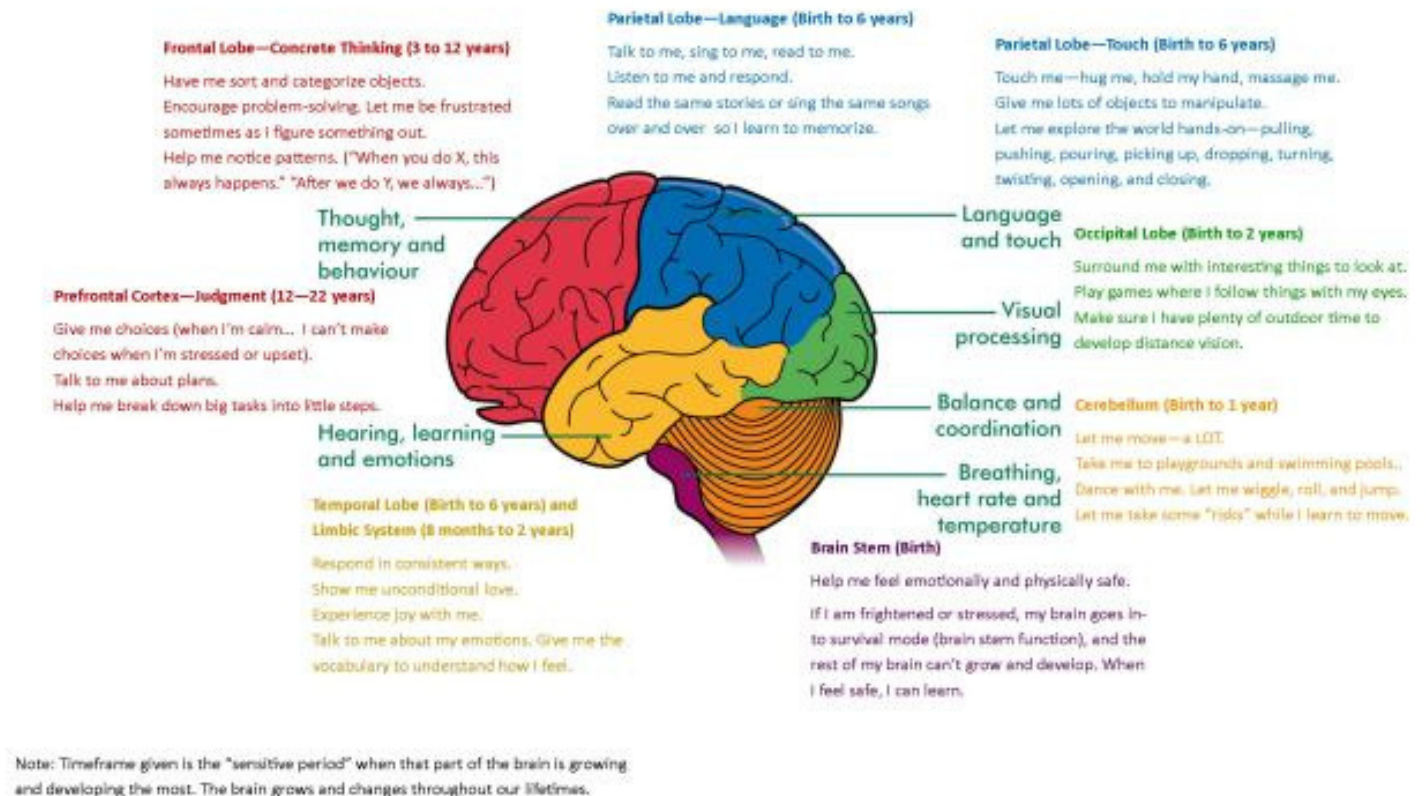


Illustration: Macmillan Cancer Support 2012

Image with descriptions taken from: <https://gooddayswithkids.com/2014/09/26/brain-development-poster/>

Above citation source took original brain graphic from:
<https://www.macmillan.org.uk/cancer-information-and-support/brain-tumour/the-brain>

First, it's important to note that the purpose of the above graphic, and the reasons for choosing this one over others that are available, is that it demonstrates not only parts of the brain, names of lobes, age ranges for primary development, and also what each part is responsible for. If you're not aware of typical brain development in children, this a comprehensive yet more simplified version that discusses numerous aspects of development.

UNDERSTANDING SOME BASICS OF BRAIN DEVELOPMENT

If you look at the image on the prior page, you'll note that the only portion of the brain that does not continue to develop is the brainstem. More importantly, the brainstem is one portion of the brain that gets activated during fear and stress responses for all people. The brainstem is responsible for alerting our body and brain that danger is present. The brainstem is NOT responsible for logic, reasoning, or high level thinking. Its purpose is to help us know whether we achieve safety by fighting, freezing, fleeing, or fawning (a more recently discussed 4th trauma response).

Think of the child(ren) in your home and how they respond to fear or stress: Do they seem to become angry and/or ready to tackle it head on? Do they run to another room? Do they just seem to stop functioning and sit down and no longer interact? Or, do they almost immediately shift to people pleasing? Or, does their response depend on the fear, stressor, or trigger?

You may also note that there are many other parts of the brain that begin the process of development at birth, ranging in time frames for optimal development. You may also note that as you read the descriptors of the cerebellum, the occipital lobe, the parietal lobe, the temporal lobe and limbic system, that they all relate to interaction with a caregiver. They include taking children outside to develop distance vision and helping them move their bodies in different ways (tummy time, holding hands while they move their feet, dance parties, etc...) to help build up their balance and coordination and early movement skills. They include tactile needs (sensory bins, different textured items), hugs, talking, singing, reading and listening to the sounds the child makes. Brain development also includes a need for consistent responses, unconditional love, and helping with emotional vocabulary and expression.

- Some people have trauma as part of their story. Trauma can impact brain development and trauma can impact attachment in relationships. However, the brain is described as "plastic," meaning it has the ability to shift, morph and adapt; this is an amazing thing. The human brain, even if impacted by trauma, has the opportunity to heal in certain circumstances. Never underestimate the power of connection and kindness. Also, never underestimate the power of a new positive experience to add to the healing process.

Take note that the prefrontal cortex and frontal lobe begin development in early childhood (at earliest) and continue into an individual's twenties. TWENTIES!! Think of that time when you wonder why your 13 or 14 year old isn't behaving or emotionally responding more maturely, then realize that they truly are not equipped to do so. Some research notes that the prefrontal cortex does not fully finish development until an individual is in their 30's, possibly.

UNDERSTANDING SOME BASICS OF BRAIN DEVELOPMENT

SO, NOW THAT I UNDERSTAND A BIT ABOUT THE BRAIN, HOW DOES THAT RELATE TO MY CHILD'S MELTDOWNS?

Regardless of age, if the emotions potentially tied to what the child is experiencing is fear, stress, or anxiety (or something along those lines), conceptualize helping them first as if they are a newborn and work your way up through brain development.

1. They first are in survival mode. How did you help soothe the newborn in your care to assure them they were safe? Perhaps a hug while whispering "you're safe, it will be okay."
2. Moving up through brain development, notice how much has to do with movement, sights observed, touch, sound, love, joy. Feel the feeling. Connect and relate.
3. All of that comes before problem solving or logical thinking.
4. Many clinicians recommend connection prior to problem solving or discussion, regardless of age. Connect and calm the emotions, then process.



CHILDHOOD DEVELOPMENT AND TYPICAL HEALTHY MENTAL HEALTH

This resource is targeted for school-aged children, most often kindergarten through high school. As Mayo Clinic points out, “it can be difficult to understand mental health disorders in children because normal childhood development is a process that involves change. Additionally, the symptoms of a disorder may differ depending on a child’s age, and children may not be able to explain how they feel or why they are behaving a certain way.”

Regardless of age, some common mental health concerns and disorders for children and adolescents are noted below. Though, it should be noted, that it is important to not assign a diagnosis to behaviors you may be seeing in the child(ren) in your care. Instead, if you see evidence of one of these, or identify something as concerning, it is important to discuss those concerns with the child’s pediatrician, counselor, therapist, or other mental health professional.

- **Anxiety**

- Anxiety may manifest as persistent fears or worry and is more concerning when it disrupts their ability to play, engage in school, or other typical age-appropriate activities and situations. Anxiety could be centered around people or social situations, be more generalized, could be related to health, or have obsessive-compulsive features.

- **Attention-Deficit/Hyperactivity Disorder (ADHD)**

- When compared to other children their age, a child with ADHD struggles more with attention, impulsive behavior, hyperactivity, or a combination of the three. It is important to note, though, that consideration should be given to what is being asked of the child in relation to what is age and developmentally appropriate for their body. As an example, extended periods of time seated and without movement for a 5-year old will be a challenge given their age and developmental level and may be far less likely to indicate a diagnosis of ADHD.



CHILDHOOD DEVELOPMENT AND TYPICAL HEALTHY MENTAL HEALTH

- **Disordered Eating**

- Disordered eating often includes a preoccupation with a perceived ideal body type, disordered thinking surrounding weight, weight loss, and food, and potentially unsafe eating/dieting habits. Disordered eating can include anorexia nervosa, bulimia nervosa, binge-eating, and combinations of the three. Individuals with disordered eating can be any gender, sex, race or ethnicity and can often go undetected by others until a greater concern.
 - As a caregiver, one of the best ways you can help the child(ren) in your home grow up with healthier perspectives on eating habits and thoughts surrounding weights is to avoid language surrounding diets, fat/skinny as descriptors of people, and to avoid comments about yourself and your own potential dislike of how clothing fits/your weight/your body.

- **Depression (or other mood disorders)**

- Depression is characterized by persistent feelings of sadness and loss of interest that disrupt a child's ability to function in school and/or interact with others. Depression, from a diagnostic standpoint, is not situational or sadness as a result of one bad day. Instead, to be diagnosed with depression is to have sadness that persists for two weeks or more.

Warning signs and concerns for children of any age:

- Sudden and drastic changes in behavior, mood, personality, or interests
- Changes in sleep habits and patterns without other explanation or cause
- A new, sudden, or increased difficulty with concentration
- Changes in academic performance
- Avoidance of, or desire to avoid/miss, or missing school (especially concerning when the child may have previously enjoyed school)
- Changes in eating habits, without medical cause
- Talking about death, suicide, or harming oneself or others
- Withdrawing or avoiding social interactions
- Persistent sadness, worries or fears that last two weeks or more and/or are not calmed, processed, or helped in ways that once did
- Frequent headaches or stomachaches, without medical cause

CHILDHOOD DEVELOPMENT AND TYPICAL HEALTHY MENTAL HEALTH

For Children Aged 5 to 8 Years Old:

- **Please note the below are some behaviors, interests, and attitudes reflective of typical development for children aged 5 to 8 years:**
- Curious about the world and beginning to pair knowledge with concepts.
- Increased confidence in physical skills.
- Increased use of words to express and discuss feelings to cope. This does not exclude first responses of crying, anger, or other more visible expressions of emotion. Instead, it recognizes that youth begin to use words for emotional expression more than at younger ages.
- Interest in grown-up activities or roles, but also still enjoying play. Play may include “playing grown up.”
- Plays more cooperatively with other youth.
- This age range is increasing in independence and may push back on rules to find where the line and balance is for their independence in relation to household rules/dynamics.
 - It should also be noted that children in this age range, while pushing back on rules to determine where there is increased independence, also still need and crave the structure they've had and the knowledge that the parent is making big decisions to care for them.

Children in this age range will naturally have times of pushing back on rules, naturally have big feelings at times, naturally have good days and bad days, and naturally still have moments of separation anxiety. Children in this age range will naturally have points of fantastic attention, while other moments will have a poor attention span. Children in the age range of 5 - 8 years old will also still have moments of anger, sadness, frustration, and worry. It is important to keep in mind that children are still humans and therefore will have corresponding emotional experiences, but also are still DEVELOPING humans who have not yet mastered their emotions and responses.

CHILDHOOD DEVELOPMENT AND TYPICAL HEALTHY MENTAL HEALTH

For Children Aged 5 to 8 Years Old - Concerns

Generally speaking, a concern about your child's mental health may be warranted when you begin to notice changes and they are not just episodic, situational, or temporary. Some changes you may notice that could warrant follow-up discussion with your pediatrician or therapist:

- A continuous change in appetite and eating. This may be either an increase or decrease. Note: This is not a temporary change that may be attributable to a growth spurt, illness, or other temporary shift.
- Consistent change with regard to sleep habits. Again, this is about a change in sleep habits. If your child previously slept through the night with ease, but now wakes frequently and this has been ongoing, that would be a concern. Similarly, if your child is now wanting to sleep more hours and more frequently, and it is not attributable to illness, time change, or a growth spurt, that is also noteworthy. Other sleep changes that may indicate a need to seek outside support would be a shift from sleeping independently to a sudden need to sleep with others.
- A recent decline in grades, or effort in school (especially if this is inconsistent with how they typically perform and/or view school).
- Frequent tantrums, irritability, and/or difficulty being calmed with assistance. More notably, these indicate more concerns when they are a change in typical behavior for the child in your care.
- Complaint(s) about "aches" that do not have a medical cause, such as headaches or stomach aches, especially if they are a change and/or ongoing or more frequent than at any point in the past.
- Lost interest in previously enjoyed activities. It should also be noted that it is age appropriate to have varied interests which may also "come and go" similarly to when they were 4 years old and liked chicken nuggets one day and despised them the next.
 - This is more indicative of a concern if it is a more global loss of interest, rather than a shift from an interest in dolls to no longer liking them and now liking puzzles instead.
 - It is important to remember and recognize that this age range is also a point in childhood development where youth are beginning to develop their own interests, independent of parents, and therefore may have some fluctuation as they begin to figure out who they are.
- Sudden, frequent, or increased hypervigilance.
 - Childhood fears are common during this age range. Many children are scared of the dark, the possibility of something bad happening to someone they love, spiders, or even other things they may know a parent or loved one is fearful of. A cause for concern would be when those fears can no longer be calmed in the same manner as they once were, have increased, or are interfering with daily activities.

CHILDHOOD DEVELOPMENT AND TYPICAL HEALTHY MENTAL HEALTH

For Pre-Teens/Children Aged 9+

Please note the below are some behaviors, interests, and attitudes reflective of typical development for pre-teens/children aged 9+. It should also be noted that a lot, physically, socially, and developmentally is occurring for children in this age group. There is A LOT to navigate, including understanding their own bodies that can be an emotional challenge for them.

- This age group becomes increasingly more:
 - Self-reflective
 - Self-conscious
- A child's self-concept begins to emerge during this age range.
- Children begin to understand that situations or events can lead to an experience of mixed, multiple and even the potential for conflicting emotions at times (if they have not already been able to do so).
- Children's desire for independence continues to increase during this time, paired with having periods of time desiring connection and time with family.
- Children in this age group who have good mental health often:
 - Feel and experience upsets and disappointments, but do not dwell in them for prolonged periods of time and can "bounce back"
 - Have and maintain healthy family relationships
 - Engage in physical activity and in a manner often consistent with their life up to this point
 - Stay involved in activities
 - Feel and have a sense of achievement
 - Have a sense of belonging in their communities, friend groups, school, and/or families



CHILDHOOD DEVELOPMENT AND TYPICAL HEALTHY MENTAL HEALTH

For Pre-Teens/Children Aged 9+ - Concerns

Generally speaking, a concern about your child's mental health may be warranted when you begin to notice changes and they are not just episodic, situational, or temporary. Some changes you may notice that could warrant follow-up discussion with your pediatrician or therapist:

- A continuous change in appetite and eating. This may be either an increase or decrease. Note: This is not a temporary change that may be attributable to a growth spurt, illness, or other temporary shift. A new behavior of being "picky" with food may also be indicative of a concern, especially if the child has not been considered a "picky eater" throughout their life.
- Consistent change with regard to sleep habits. Again, this is about a change in sleep habits. If your child previously slept through the night with ease, but now wakes frequently and this has been ongoing, that would be a concern. Similarly, if your child is now wanting to sleep more hours and more frequently, and it is not attributable to illness, time change, or a growth spurt, that is also noteworthy. Other sleep changes that may indicate a need to seek outside support would be a shift from sleeping independently to a sudden need to sleep with others. Nightmares can also be concerning, especially if new.
- A recent decline in grades, or effort in school (especially if this is inconsistent with how they typically perform and/or view school).
- Frequent tantrums, irritability, and/or difficulty being calmed with assistance. More notably, these indicate more concerns when they are a change in typical behavior for the child in your care. This could also include aggressive or consistently disobedient behavior. The behavior is more concerning when it represents a change in behavior or patterns for your child(ren). Similarly, it may pose a concern if it is atypical for the child's age.
- Complaint(s) about "aches" that do not have a medical cause, such as headaches or stomach aches, especially if they are a change and/or ongoing or more frequent than at any point in the past.
- Lost interest in previously enjoyed activities, especially without a new interest/enjoyed activity. It is important to remember and recognize that this age range is also a point in childhood development where youth are transitioning more and more toward adolescence and independence, while not yet fully autonomous.
- Sudden, frequent, or increased hypervigilance, or persistent fears or worries.

CHILDHOOD DEVELOPMENT AND TYPICAL HEALTHY MENTAL HEALTH

For Adolescents Over the Age of 12

Please note the below are some behaviors, interests, and attitudes reflective of typical development for adolescents over the age of 12.

- Adolescents are in a unique position of growing and developing toward adulthood, autonomy and independence while not yet being adults.
- Physically, their growth is most likely to occur in spurts and their motor skills will continue to improve. They begin to develop primary and secondary sexual characteristics, if they did not occur prior to the age of 12. And, they are more likely to experience increases in perspiration and acne.
 - These physical changes can also lead to emotional challenges for some adolescents when the physical changes are occurring at a rate different than the majority of their peers.
- Adolescents often view themselves as invincible.
- Abstract thinking begins to develop and adolescents begin to choose their own values.
- They are able to identify and consider their own emotions, and the emotions of others
- They may have the skillset to cope and manage intense emotions, but are also capable of learning new coping skills if they do not already have them.
- Mood swings and exaggerating problems is TYPICAL adolescent development.
- Adolescents begin to develop their own individual identity, become more autonomous, build close relationships with others (in particular peers), and may challenge authority in their efforts to increase independence.
- Adolescents often have an interest in sexual or romantic relationships, may develop emotional attachments, may become interested in pornography, and have curiosity surrounding their sexual identity and orientation.



CHILDHOOD DEVELOPMENT AND TYPICAL HEALTHY MENTAL HEALTH

For Adolescents Over the Age of 12

Below are behaviors often not liked by parents or caregivers, but are typical adolescent behaviors that are not (typically) cause for concern or indicative of a mental health need:

- Talking back, swearing, having an “attitude”
- Lying about homework completion
- Occasionally using electronics outside of permitted hours
- Staying up later, sleeping in longer, not adhering to previously typical or preferred sleep/wake times
- Short dating relationships
- Peer conflicts (typically able to be resolved and reconciled, may be short-lived even if intense)
- A desire to be with friends more than family



CHILDHOOD DEVELOPMENT AND TYPICAL HEALTHY MENTAL HEALTH

For Adolescents Over the Age of 12 - Concerns

Some indicators that the adolescent in your life may need additional support and/or professional input from a doctor, counselor, therapist, or other professional include:

- When something causes a problem for the adolescent.
 - They may feel shame, confusion, embarrassment, or another strong “negative” emotion; they may experience consequences; it may cause physical or emotional harm.
 - Examples may include:
 - A sore throat that persists, is problematic and troublesome to the adolescent, and all medical causes have been ruled out by physicians, specialists, and medical tests. (It was anxiety manifesting as a physical pain - a sore throat).
 - An adolescent who is physically developing at a slower rate than their peers and it is emotionally and socially problematic for them, and to them.
- When something causes a problem for the family.
 - It could conflict with family values or religion, result in confusion, or create conflict within the family.
- When something causes a problem for others.
 - Behaviors or changes could be disruptive to teachers, create conflicts with peers, or result in physical or emotional harm.
- Academic performance and class engagement declines
- Abstract thinking about larger concepts does not develop or abruptly changes
- Self-harming behaviors (cutting, scratching, hitting own head, picking skin, pulling out own hair, etc...)
- Unable to control or regulate strong emotions, especially if they have the tools in their toolbox to do so
- Lack of empathy for others
- Talking about death/dying
- Desire to spend time with younger children more than peers, when typically developed themselves
- Persistently turning down opportunities to socialize with peers
- Loss of interest in activities - peer, family, sport, extracurricular, etc...
- Multiple friendships ending without resolution, discussion, compromise, or attempts at resolution
- Does not enjoy family activities, routines or rituals (some decline in desire to spend time with family is typical; loss of interest is a concern)
- No apparent reason for mood swings or changes
- Neglecting hygiene

SUPPORTING YOUTH MENTAL HEALTH

CONSIDERATIONS FOR SUPPORTING THE MENTAL HEALTH AND EMOTIONAL WELL-BEING OF LGBTQI YOUTH

LGBTQI youth are at greater risk to experience mental health concerns and experience suicidality. According to [NAMI](#), they are “more than twice as likely to report experiencing persistent feelings of sadness or hopelessness than their heterosexual peers. Transgender youth face further disparities as they are twice as likely to experience depressive symptoms, seriously consider suicide, and attempt suicide compared to cisgender lesbian, gay, bisexual, queer and questioning youth.” It should be noted that it is not their sexual orientation or identity that places them at a higher risk for suicide and instead is reflective of the stigma and mistreatment in society. [The Trevor Project](#) estimates that more than 1.8 million LGBTQ youth (13-24) seriously consider suicide each year in the United States, and a 2021 survey found that “42% of LGBTQ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth.”

There are important factors tied to the mental health of LGBTQI youth, in addition to factors impacting all youth. Typical youth development and potential signs for concern still apply, but it is important to recognize that LGBTQI youth face additional challenges that their heterosexual or cisgendered peers do not.

- Coming out
- Rejection
- Trauma
- Substance Use
- Homelessness
- Suicide
- Potential of inadequate mental health care
- Overlap with other populations experiencing high rates of stigmatization

SUPPORTING YOUTH MENTAL HEALTH

CONSIDERATIONS FOR SUPPORTING THE MENTAL HEALTH AND EMOTIONAL WELL-BEING OF LGBTQI YOUTH

Supporting LGBTQI youth's emotional well-being may include:

- Be a safe person and a safe space for them to talk and to be themselves.
- Remember that your child does not change from who they were before by disclosing this part of themselves to you. They are still the child you've raised and they still need you. Perhaps, they need and want and can benefit more from your support than ever before.
- If it is your child who is coming out or questioning their sexual identity, it may prompt you to need to seek out your own professional support. Doing so also supports your child.
- Advocating for your child's needs at school, in physician offices, on sports teams, or elsewhere as you would for other needs they may have.
- Help youth find social support and affirming spaces.
- Research shows that having at least one accepting adult can reduce the risk of a suicide attempt significantly. Be the one accepting adult.
- Just like other parenting topics, our children do not always need us to have answers or to fix something. Most of the time, our children need their parent(s) to listen and be supportive. They need their emotions validated; they need to feel heard.
 - One suggestion provided: "Listening authentically allows you to support fiercely."



SUPPORTING YOUTH MENTAL HEALTH

CONSIDERATIONS FOR SUPPORTING RACIAL AND ETHNIC DISPARITIES IN YOUTH MENTAL HEALTH

African American and Hispanic/Latino(a) children have 1.5 - 3 times greater odds of having unmet mental health needs than white/caucasian children. This can be a result of many factors, including cultural and societal stigmatization and norms surrounding seeking help, inability to find providers who speak the same language or who represent the culture or racial or ethnic background of the youth or family, or concern with regard to permanency status and documentation.

While research indicates BIPOC individuals and families may encounter higher stressors and adverse childhood experiences, the same support and protective factors exist for BIPOC youth as with all youth, with specific consideration of/for:

- They will thrive in safe and supportive home and school environments.
- Safe, supportive familial relationships serve as protective and resiliency factors for improved mental health and emotional well-being of youth.
- Healthy and emotionally healthy support people aid in the emotional well-being of youth, even if experiencing a parent with a mental health concern.
- Increasing social support and/or community involvement aids in the emotional well-being of youth.
- Having and maintaining a positive view of their racial and ethnic identity.
 - Parents and practitioners can help support this through their own positive identities, their communication with others, and their education with their child(ren) about their racial, cultural and ethnic backgrounds.
- Advocating for your child's needs, including mental health services or additional supports, asking questions, or seeking services that fit within the parameters of your family's needs.

SUPPORTING YOUTH MENTAL HEALTH

HOW TO ASK TEENS ABOUT THEIR MENTAL HEALTH OR SUICIDE AND HOW TO DISCUSS YOUR CONCERNS WITH THEM

1. Ask your child how they're doing. Don't be afraid to ask "Are you okay?" if you're concerned that they may not be.
2. Listen with purpose and without judgment. Consider that listening does not have to include problem solving. Listen with curiosity and a desire to understand with empathy.
3. Acknowledge and validate their experiences, emotions and fears. Validation goes a long way!
4. Remember that there's value in statements like "Tell more about that."
5. Have compassion and understanding if and when they don't want to talk, but leave the door and invitation open. "I'm here to listen and support you."
6. If you are concerned your child may be feeling suicidal or contemplating it, don't be afraid to ask whether they're having thoughts of suicide. There are numerous studies that have evaluated connections between asking the questions and increases in suicidality and research continuously shows that when asked, it indicates that you are a safe person and the topic is okay to discuss with you. That safe space created HELPS rather than harms. Research shows that asking the questions do not "plant the idea."
7. If your child, or someone you know, is expressing suicidality, they need help from a professional and if currently and actively contemplating it, they need to see someone trained to assess individuals in a behavioral health crisis. More resources are at the end about who to contact..

SUPPORTING YOUTH MENTAL HEALTH

WARNING SIGNS THAT SOMEONE MAY BE AT MORE IMMEDIATE RISK FOR ATTEMPTING SUICIDE

- Talking about wanting to die and/or wanting to kill themselves
- Talking about feeling empty or hopeless or having no reason to live
- Talking about feeling trapped or feeling that there are no solutions
- Being preoccupied with death, in conversation, writing, drawing, or music
- Talking about being a burden to others
- Withdrawing from family and friends
- Giving away personal possessions
- Saying goodbye to family and friends
- Increased or unnecessary risk-taking, particularly in activities which could lead to death, like drinking, drugging, or driving extremely fast
- Increased substance use/abuse
- Extreme mood swings

You Are Enough

SUPPORTING YOUTH MENTAL HEALTH

UNDERSTANDING ADVERSE CHILDHOOD EXPERIENCES (ACEs)

The original ACE study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection, to evaluate childhood abuse, neglect, and household challenges in relation to later-life health and well-being. Over 17,000 confidential surveys regarding childhood experiences and then-current health status and behaviors were received and part of the evaluation. All ACE questions pertain to an individual's life prior to the age of 18.

The original study found that nearly 64% of respondents had experienced at least one adverse childhood experience as defined for the study. It is important to recognize and remember that MOST OF US have at least one ACE if we take the survey. Having one or more ACEs should not bring shame or stigma, instead it should be an indicator that there may be a need for healing paired with recognition of what can be done to help youth thrive in their environments as much as possible.

ACEs are common across all populations, races, ethnicities, and socioeconomic statuses. Some populations are more vulnerable, but no one population has zero risk.

Some steps to prevention of ACEs and building resilient factors in youth:

- Seeking out support for your own (parent/caregiver) mental health when needed
- Attempting to provide stability for youth in your home and care
- Connecting youth to community and supporting connections - to school, after school care, coaches, sports, faith-based organizations, teachers, family friends, etc...
- Seeking out support if you are a victim of violence or abuse as the parent/caregiver
- Create loving, safe and nurturing relationships with your child(ren)
- Seek help if you struggle with substance misuse or abuse
- Seek to understand childhood development and parenting
- Develop your own social support connections

For more information on ACEs, please see one of the links below:

- <https://www.cdc.gov/violenceprevention/aces/fastfact.html>
- <https://www.childwelfare.gov/topics/preventing/preventionmonth/about/protective-factors-aces/>
- <https://hmpgrg.org/programs/illinois-aces-response-collaborative/>
- And, to view a previously recorded presentation by Keith Brotheridge with The Baby Fold on ACEs and Trauma: https://www.youtube.com/watch?v=fQg3E1tlr_o

SUPPORTING YOUTH MENTAL HEALTH

RECOMMENDATIONS FOR SAFE, HEALTHY ELECTRONIC AND MEDIA USAGE FOR YOUTH, IN AN EFFORT TO SUPPORT YOUTH AND ADOLESCENT MENTAL HEALTH

Even if you're in support of youth having devices and/or your child(ren) already do, take a moment to read some of what's below and consider shifts in settings or household rules.

- As individuals spend more time on technology, they are also inherently more likely to be isolated from family and friends, even if using the technology to communicate with family or friends. Increased isolation/time alone increases mental health concerns and risks.
- Technology has resulted in increases in bullying behavior because "cyberbullying" often feels safer to the one doing the bullying, but often becomes much more challenging to escape for the one being bullied. Increases in cyberbullying have also led to increases in adolescent suicides.
 - Technology has made it all too easy for individuals to create fake profiles used to embarrass others, harass or bully someone, post mean or untrue statements, or share images.
- Access to the internet without parental controls and safety measures also means kids have access to inappropriate content, which can include pornography.
 - The average age of pornographic exposure is 11 years old.
- In assorted studies prior to 2020, they showed that adolescents spent 7+ hours on their phone and 4+ hours for children aged 8-11.
 - Increased or excessive screen time is linked to declines in social and emotional development and decreased in-person connections.
- Recent studies have begun to explore the effect of social media on adolescents' self-reported mental health (and it is not good).
- Technology and social media makes it all too easy for children to be linked to individuals they've never met, including people who may be inappropriate for them to be linked to.



SUPPORTING YOUTH MENTAL HEALTH

RECOMMENDATIONS FOR SAFE, HEALTHY ELECTRONIC AND MEDIA USAGE FOR YOUTH, IN AN EFFORT TO SUPPORT YOUTH AND ADOLESCENT MENTAL HEALTH

Some of the more dangerous social media apps are:

- Snapchat
- Kik
- Discord
- TikTok
- YouTube
- WhatsApp
- Instagram
- Others to be aware of: Telegram; Whisper

Considerations for your household:

- Consider delaying your child(ren) having a phone, tablet, computer or other devices until absolutely necessary for communication with parents.
- Compare and assess child's age at time of electronic device, brain development, and ability to discern appropriate vs inappropriate content.
 - Note: Most under 12 cannot discern this for themselves, and many over 12 cannot. Impulsive behavior exists throughout adolescence, and impulsivity or peer pressure will override rational thinking more than we as adults would like to consider for teenagers.
- Consider safe devices such as Gabb Wireless for kids with no internet access, no games, and no social media.
- Consider options so only parents can add apps to phones; require children to share passwords for monitoring.
- Educate your child about online dangers and online predators
- Seek out healthy and age-appropriate safe online usage education for yourself as a parent and for your child(ren)
- Encourage or establish household rules for overnight phone charging in the kitchen or parent's bedroom to avoid overnight usage

RESOURCES

RESOURCES ADOLESCENTS CAN CONTACT ON THEIR OWN

The Trevor Project

- Text START to 678-678
- online at trevorproject.org
- By phone at 1-866-488-7486

PATH

- By phone at 2-1-1

Crisis Text Line:

- Visit www.crisistextline.org/
- Text "START" to 741-741

Love is Respect:

- Visit www.loveisrespect.org/
- Text "LOVEIS" to 22522
- Call 1-866-331-9474 to talk with a peer advocate to prevent and end abusive relationships

National Eating Disorder Association:

- Visit www.nationaleatingdisorders.org/
- Call 1-800-931-2237

National Suicide Prevention Lifeline:

- Visit www.suicidepreventionlifeline.org/
- Call 1-800-273-TALK (8255)

YouthLine:

- Text teen2teen to 839863
- Call 1-877-968-8491 (ages 11 to 21)

RESOURCES

SUPPORT OPTIONS FOR ADULTS EXPERIENCING A BEHAVIORAL HEALTH CRISIS

PATH

- By phone at 2-1-1

Crisis Text Line:

- Visit www.crisistextline.org/
- Text "START" to 741-741

National Suicide Prevention Lifeline:

- Visit www.suicidepreventionlifeline.org/
- Call 1-800-273-TALK (8255)

McLean County Center for Human Services Mobile Crisis:

- Call 1-309-827-5351

McLean County Triage Center:

- Walk-in only 7:30 a.m. to 3:00 a.m. 365 days per year
- Located at the SW corner of the 1st floor of 200 W. Front Street in Bloomington, IL

LOCAL AGENCIES WHO PROVIDE YOUTH/ADOLESCENT/FAMILY COUNSELING

INtegrItY Counseling: 309-827-9100

Center for Youth & Family Solutions: 309-820-7616

McLean County Center for Human Services: 309-827-5351

ABC Counseling & Family Services: 309-451-9495

Children's Home & Aid: 309-834-5210

LifeStance Health: 309-706-3190

Project Oz: 309-827-0377

Chestnut Health Systems: 309-827-6026

The Baby Fold: 309-454-1770

Heritage Behavioral Health: 217-570-0900

DeWitt County Human Resource Center: 217-935-9496

Memorial Behavioral Health Center (Logan): 217-735-2272

IHR Counseling Services: 815-844-6109

****NOTE: MANY AGENCIES HAVE WAITING LISTS. THIS LIST IS NOT AN EXHAUSTIVE LIST AND THERE ARE MANY OTHER PROVIDERS WITHIN CENTRAL ILLINOIS WHO MAY ACCEPT YOUR INSURANCE. PLEASE ALSO NOTE THAT AGENCIES LISTED HERE MAY NOT ACCEPT ALL INSURANCES, BUT DO REPRESENT ORGANIZATIONS THAT OFTEN TAKE MEDICAID, MANAGED CARE OPTIONS, AND PRIVATE COMMERCIAL INSURANCE.***

ADDITIONAL RESOURCES

Illinois Warm Line

- 866-359-7953

NAMI Mid-Central Illinois

- <http://namimidcentral.org>

Helpline

- 1-800-950-6264

Trans Lifeline:

- 1-877-565-8860

Veterans Crisis Line

- 1-800-273-8255

National Domestic Violence Hotline

- Text "START" to 88788
- Call 1-800-799-7233

National Deaf Domestic Violence Hotline

- 1-855-812-1001

RAINN

- 1-800-656-4673

LGBT National Hotline

- 1-888-843-4564

LGBT National Youth Talkline

- 1-800-246-7743

SAMHSA National Helpline

- 1-800-662-4357



ADDITIONAL RESOURCES

Exercise for Mental Health

Ninja Life Hacks - books and resources

- This series is a favorite in our house and at school. There is a book for MANY topics and feelings, including growth mindset books.
 - Growth mindset is the goal for shifting from an “I can’t do it” type of mentality to overcoming frustrations and hurdles.
 - The stories are relatable

<https://www.edutopia.org/article/10-most-significant-education-studies-2020>

https://ggia.berkeley.edu/practice/how_to_praise_kids_in_ways_that_make_them_more_kind

<https://www.epinsight.com/post/the-constellation-of-regulation-part-1-of-the-3-rs>

<https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/mental-illness-in-children/art-20046577>

<https://www.resiliencykids.com/>

Suggested social media accounts to follow with content similar to what's been presented in this handbook:

- **Instagram**
 - Sesamestreetincommunities
 - Ourmamavillage
 - Joyful.parents
 - Synergy.parenting
 - Hatchandbloomco
 - curious.parenting

Parenting Books

- **The Gardener and The Carpenter**
- **Raising Good Humans**
- **The Whole Brain Child**