

## Nurturing Children in Early Childhood



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## Family as unit for Developing Person

- Families teach values & appropriate behavior, foster self concept/self esteem
- Each critical period in a child's life reactivates a critical period in the parent
- Culture, family structure/style strongly influence how children develop
- Boundaries between parent/child & caretaker/child important

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## Variables ~ adult/child interactions

- responses to learning styles and opportunities
- spontaneity of child
- ordinal position and sex of child
- how parents were parented
- type of family
  - single parent, traditional, blended, same sex parent

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## 'good' families...

- Provide for physical, emotional, social and spiritual needs
- Listen and communicate effectively
- Provide trust, support, security, affirmation, encouragement
- Demonstrate mutual respect for family and others
- Able to grow with as well as through children
- Perform roles flexibly and share responsibility
  
- Murray & Zentner (7th ed) , p. 201

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## Factors ~ G&D...

- **biology, genetics, environment, biochemical & neurophysiological factors, sex differences**
  - predictable, sequential patterns but variable timing
- **behavioral**
  - S-R bonding, readiness, conditioning, behavior mod
- **ego adaptive/defense mechanisms**
  - psychoanalytic focus, developmental 'tasks'
- **cognition & morality**
  - staged levels not always related to chronology

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## crisis

- developmental vs accidental
  - expected vs unexpected
- a state where existing coping mechanisms do not work
- human do not tolerate crisis, so must develop new coping mechanisms
- Selye, Gerald Caplan, Holmes & Rahe  
Betty Neuman

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- Childbearing, childrearing, marriage, aging, retirement, loss of spouse/partner, grandparenthood - all examples of developmental crises
- how people cope depends on various factors
  - perception of event, physical and emotional status, level of maturity, previous experience with similar situations, culture, realistic aspects of current crisis, availability and response of support systems : family, friends, community

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**Getting started on a positive pathway : everybody needs a buddy...**



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**Important components for positive outcomes**

- prenatal care
- childbirth education
- ‘normal’ birth experience
- strong relationship with pediatric provider
- support systems

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## Prenatal care...

- EVIDENCE BASED!!!!
- Huge number of ‘old wives tales’ and biased assumptions even among those who are not ‘old wives’

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## Childbirth education

- Eclectic
  - present range of possible/acceptable behaviors
- support of process of pregnancy & childbirth
  - management of uncontrollable interventions
- include information about becoming parents and nurturing infants

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## ‘normal birth’

- as ‘non-interventive’ as possible
- pregnancy, labor and delivery are not an illness
- tailor to individual preferences

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## Relationship with pediatric provider

- establish prenatally if possible
- need level of comfort that allows free access
- strong sense of trust
- willingness to seek and adhere to anticipatory guidance, especially in first year

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## support

- Everybody needs it, especially first time parents...



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## Variables that affect nurturant behaviors

- In parent
  - stress/emotional state, method of delivery, resolution of birth that was, degree of maturity, finances
- In child
  - anoxia/LBW, nutrition, environment, vulnerability, ability of caretaker to understand 'normal' bizarre behaviors
- In both
  - culture, separation

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### Nurturing needs in Infancy

- Nurturing/parenting is learned behavior
- ALL new parents need to be nurtured to be able to nurture



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### I need....



- a consistent caretaker - ? Mom ? Dad ?Nannie
- touch, cuddling, comforting, 'unconditional love'
- bonding (not intuitive, develops over time)
- to be fed - breast is best but I can tolerate bottles...
- to have my growth and development progress understood, especially in my first year

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### risks, problems

- consistent difficulty providing basics
- no signs of attachment
  - doesn't call by name, no joy in caring for child
  - not concerned for or aware of safety issues
  - disgusted by infant's bodily functions
  - not responsive to infant's non verbal communication
  - doesn't hold baby

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## Nursing interventions

- talk to parents and baby by name
- ask about well-being of parent before asking about child
- positively reinforce good/safe parenting behaviors
- comment on how baby 'knows' parents
- provide anticipatory guidance

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## After infancy - months 2-6 +/-

- neuromuscular development
  - cephalocaudal, midline to periphery; myelination; 'top half' of body
- teething
- solid foods
- immunizations
- increased social interests
- safety issues

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## 6 months - 12 +/- months

- neuromuscular development continues...
  - myelination continues to lower part of body - sitting, creeping, crawling, standing, cruising, walking
  - eye-hand coordination becomes more precise
- development of 3 dimensional vision
  - watch out for anything on the floor....
- increasing vocalization
  - language acquisition
- may exhibit 'stranger anxiety'
  - prefers primary caretakers

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## Stimulating development

- Gradual replacement of reflexive behavior with voluntary
- providing an environment which allows infant opportunity to 'learn' new skills
  - capitalize on behaviors that evolve together
  - encourage vocalization
  - appropriate toys



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## danger signs in caretaker/parent

- ignores baby
- can't talk about feelings or concerns
- little effort to learn how to care for baby
- reluctant to hold/comfort/talk to baby
- refers to baby as 'it' or does not give name
- no support system
- refuses or won't accept help
- misinterprets or exaggerates information about baby

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## Raising SuperChild

- belief that 'better than anyone else' is best
- earlier is better
- time should be programmed and organized from the very beginning - idleness is bad
- more is better
- **NOT!!!**
- Competitiveness, materialism and brutality lead to burnt out adolescents...

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The Abercrombies



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The Abercrombies...?



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The Abercrombies...?



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## Toddlerhood

- Are you ready???



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## Toddlers...

- somewhere after infancy and before preschool
- first experience with autonomy, 'me'
  - attachment and separation
- slowing of rapid neuromuscular growth; increase in refinement and further development
- language- begins 'meaningful social control,' expresses wishes
- intense interest in world around him/herself
  - but absolutely no judgment...

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## Risks

- parents/caretaker will not understand normal behavior
  - increased physicality, temper tantrums, decreased appetite, definitive likes and dislikes, dawdling, ritualistic, 'me do it'
- safety needs- very prone to accidents
  - not only falls/auto accidents but also poisoning
- 'forced' cognitive development
  - can create an environment where children can learn but can't 'make' them learn

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## Needs

- opportunity for safe exploration of environment
  - doesn't understand cause and effect - yet - 'does' to learn
- free play options
  - will play 'next to' but not necessarily 'with' other kids
  - play is the work of little children
- regular routine
  - provides a sense of structure, appeals to ritualism
- 'loving firmness'
  - somebody better be in charge here or it's too scary

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## anticipatory guidance

- look and listen : tune into child's cues
- have realistic expectations for behavior
- provide a safe environment where the child can explore, talk, learn, play
- handle temper tantrums with compassion
- food doesn't have to be an issue- s/he won't starve
- punishment vs. discipline
- this too will pass...

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## Special issues for toddlers

- toilet training
  - can't do physically until can walk well
  - act of 'supreme love'
- sexuality
  - exploration does not mean perversion
  - identifying differences does not mean understanding
- body image
  - an important part of self esteem
  - easy to foster 'shame and doubt'

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## Danger signs

- passive, apathetic
- overly aggressive and/or impulsive
- sneaky
- hoarding
- super messy or super neat
- calls self 'bad'

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## Preschoolers...



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## Preschoolers are

- 'more' than toddlers
  - coordinated, verbal, participatory
- roughly 3-5 years old
  - 'preddlers'
- look like 'little adults' but aren't
  - proportion changes, about 1/2 adult height
- can't distinguish fact from fantasy accurately

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## Needs

- 'healthful' daily routine
- opportunity to continue to master and develop neuromuscular skills
- be a participating member of a family
- communicate effectively
- initiative tempered with conscience
- begin to understand ethical, spiritual and philosophical concepts and ideas

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## Risks

- siblings
  - regression
- change in family structure
  - divorce, moves
- abuse
  - physical and especially sexual
- negative self image
  - emerging conscience extremely 'strict' - self blame
- illness
  - increased group contacts

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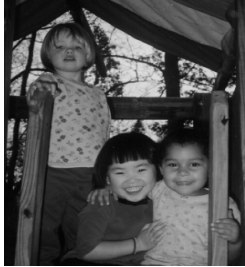
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### Special issues for preschoolers

- language
  - very verbal but ‘logic’ isn’t really : don’t laugh
- sexuality
  - intensely interested in; more than ‘haves’ and ‘have nots’- answer what’s asked
- differing sources of authority
  - home vs. day care/nursery school
- play
  - acts out how s/he feels

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### Danger signs

- excessive regression
- changes in eating and elimination patterns
- excessive fears
- temper tantrums, irritability
- lack of interest in play, peers
- inability to separate from primary caretaker
- ‘defeated,’ guilty about self

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## Anticipatory guidance

- Listen!
- realistic expectations of behavior
- recognize the importance of play and what it reveals about how child thinks
- encourage initiative- praise for successful attempts
- emerging sexuality is positive
- teach safe behaviors

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## The Donovans



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## The Donovans



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## The Donovans...?



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## Take home message

- ALL children need to be loved and nurtured
- successful nurturing comes from having experienced it personally
- successful nurturing comes from understanding specific developmental characteristics, especially in early childhood
- simple interventions make a big difference in a crisis situation

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