WHITEPAPER

AN UNHEALTHY DOSE OF STRESS

The impact of Adverse Childhood Experiences and toxic stress on childhood health and development
The Center for Youth Wellness (CYW) is a health organization imbedded within a primary care pediatric home serving children and families in the Bayview Hunters Point neighborhood in San Francisco. We were created to respond to a new medical understanding of how early adversity harms the developing brains and bodies of children. We prevent toxic stress by raising national awareness among those who have the power to make a difference – from parents to pediatricians to policymakers. We screen every young person we see for Adverse Childhood Experiences (ACEs), which we know can lead to toxic stress and poor health outcomes in life. We heal children's brain and bodies by piloting the best treatment for toxic stress and sharing our findings nationally.
INTRODUCTION

In communities across California, chronic adversity stands in the way of the health and success of many children. Now more than ever, we are beginning to understand the impact of these early childhood experiences on the developing brain and body of a child. Born into communities and families struggling with generations of unaddressed trauma, poverty, and community violence, children’s bodies adapt and develop in direct relation to their environments. Adverse Childhood Experiences, or ACEs, are traumatic experiences over which a child has no control — in fact a child can enter the world with multiple ACEs — but experiences that can have lifelong implications for her health and future success. While ACEs have been linked to poor health outcomes in adulthood, we are now beginning to understand the mechanism leading to disease and early death — toxic stress. Left unaddressed, toxic stress affects the fundamental biological functioning of the body and, in many children, the healthy development of their brain architecture.

While there is still much to be learned, the science is clear: Toxic stress caused by ACEs can profoundly alter the otherwise healthy development of a child. As Dr. Richard W. Blaauw, former president of the American Academy of Pediatrics, noted: “Children’s exposure to Adverse Childhood Experiences is the greatest unaddressed public health threat of our time.”

This is a public health crisis with clear implications beyond health: from education to public safety to our economy. While this white paper is intended to be a resource, it is also a call to action. We, as a state, must do more to promote the health and well-being of children by recognizing, preventing, and healing toxic stress in children exposed to ACEs.

SASHA’S STORY

Sasha is an 11-year old girl who has grown up in the Bayview neighborhood in San Francisco — one of the city’s poorest neighborhoods with high levels of community violence. Already in her young life, she has witnessed three murders. Her father went to prison last year for physically abusing Sasha since she was a little girl. Whenever her father drank too much, he would hit and verbally abuse Sasha and her mother.

Sasha and her parents used to live in an apartment in the Bayview. However, soon after her father went to jail, Sasha’s babysitter said that she could no longer watch Sasha in the evenings when her mother needed to work. Unable to leave Sasha alone, her mother soon lost her job and the family was forced to move out of their apartment. Sasha and her mother were homeless for several months until they were able to move into subsidized housing.

Sasha is ashamed that she is now living in subsidized housing and the family’s difficult situation has created animosity between Sasha and her mother. Her mother is depressed, but, without health insurance, she cannot afford to get treatment. Most recently, Sasha has been getting into trouble at school — she was recently suspended for fighting. She is struggling academically and her teacher wants to refer her to special education.
WHAT ARE ACES?

ACEs, or Adverse Childhood Experiences, are traumatic experiences that can have a profound effect on a child’s developing brain and body with lasting impacts on a person’s health throughout her lifespan. There are ten recognized ACES, which fall into three types — abuse, neglect, and household dysfunction.

The three types of ACES include:

<table>
<thead>
<tr>
<th>ABUSE</th>
<th>NEGLECT</th>
<th>HOUSEHOLD DYSFUNCTION</th>
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<tbody>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Mental Illness</td>
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<td>Emotional</td>
<td>Emotional</td>
<td>Incarcerated Relative</td>
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<td>Sexual</td>
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<td>Mother treated violently</td>
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<td>Substance Abuse</td>
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<td>Divorce</td>
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FIGURE 1: Types of Adverse Childhood Experiences
Image courtesy of the Robert Wood Johnson Foundation

Additionally, research is currently underway to determine if other traumatic events, such as exposure to community violence, homelessness, bullying in school, or involvement in foster care, may also be ACE indicators.

THE BEGINNING OF CHANGE: THE ADVERSE CHILDHOOD EXPERIENCES STUDY

First published in 1998, the Adverse Childhood Experiences Study (ACE Study) was a simple but profound study that has revolutionized how we understand the relationship between childhood and long-term health as adults. Led by researchers Dr. Vincent Felitti and Dr. Robert Anda, the ACE Study surveyed approximately 17,000 adults, between 1995 and 1997, who were patients of Kaiser Permanente in San Diego. Participants were asked to complete a questionnaire reporting traumatic experiences during childhood, and the responses were analyzed jointly with the participants’ medical histories. Notably, the vast majority of the participants were white (74.8%) and had attained a college-level education or higher (75.2%).

The results of the ACE Study were astonishing. Almost two-thirds (63.9%) of participants reported having one or more adverse childhood experience. One in eight participants (12.5%) reported having four or more ACES. The most commonly reported ACES were physical abuse (28.3%), substance abuse by a household member (26.9%), and parental separation or divorce (23.3%).

Even more alarming, researchers found strong correlations between ACES and poor health outcomes among participants. Researchers found increased risk for disease and negative health behaviors.

WHAT ACES DOES SASHA HAVE?

ACES
- Physical abuse
- Verbal abuse
- Witness to domestic violence
- Parental incarceration
- Parental alcoholism
- Maternal depression
- Total ACES: 6

Other possible ACES
- Exposure to community violence
- Homelessness

A PERSON WITH 4 OR MORE ACES IS:
- 2.2 as likely to have ischemic heart disease
- 2.4 times as likely to have a stroke
- 1.9 times as likely to have cancer
- 1.6 times as likely to have diabetes
Moreover, researchers saw strong dose-response relationships between the number of ACEs and the risk of disease. Spanning virtually every cross-analysis, as the number of ACEs increased, the risk of the negative health outcomes increased as well.\textsuperscript{8}

**A PERSON WITH 4 OR MORE ACEs IS:**
- 12.2 times as likely to attempt suicide
- 10.3 times as likely to use injection drugs
- 7.4 times as likely to be an alcoholic

The ACE Study raised significant questions about the relationship between childhood and health in adulthood. For example, with an ACE score of six, research tells us that Sasha is at more than double the risk for heart disease, more than three times the risk for lung cancer, more than three times likely to become pregnant as a teenager, and her life expectancy is twenty years shorter than if she had an ACE score of zero.\textsuperscript{9} The original ACEs pyramid\textsuperscript{10} (shown below) illustrated an early hypothesis of how ACEs impact adult health.

Notably, the original ACEs pyramid identified "scientific gaps" where scientists were unable to explain the mechanism underlying the outcomes evidenced by study participants.

Over the past fifteen years, the ACEs pyramid has been revised to reflect scientific breakthroughs in our understanding of early childhood brain and body development.\textsuperscript{11} While there is a relationship between ACEs and the adoption of risky behaviors, recent research has shown a strong relationship between cardiovascular disease and ACEs after correcting for all conventional risk factors, such as smoking, obesity, and high cholesterol, suggesting that there is a direct link between ACEs and the development of chronic disease.\textsuperscript{12}

**Figure 2: Original ACEs Pyramid**

**Figure 3: Revised ACEs Pyramid**

While much work still remains, we now know that ACEs can have a profound impact on the fundamental development of a child's brain and body — through a mechanism called "toxic stress."
WHAT IS TOXIC STRESS?

When we think about being stressed, we often think about having too much work to do or multiple responsibilities without enough time. For many children, stress comes from the big game, the important exam, or the first day of school. Stress caused by these types of events, known as positive stress, is a mild or moderate stress response and short-lived in duration, causing brief increases in heart rate or mild changes to the body's stress hormone levels. Positive stress is normal and, in fact, an important part of growing up -- helping us develop the capacity to handle stressful situations later on in life.

Positive stress is mild or moderate and brief stress response characterized by brief increases in heart rate and mild changes to the body’s hormone levels.

TOLERABLE STRESS IN SASHA’S LIFE:

Sasha was very close to her grandmother and was very sad and had difficulty concentrating when she passed away a few years ago. However, her mother helped Sasha through her grieving.

Toxic stress is the “extreme, frequent or extended activation of the body’s stress response without the buffering presence of a supportive adult.” Strong, frequent, and/or prolonged adversity, such as ACEs, without adequate support from an adult can cause a chronic and severe stress response in a child with serious implications on the child’s developing brain and body. Toxic stress is particularly harmful for children because of the changes and growth going on in the brain during childhood. Toxic stress has the potential to stunt healthy development.

TOXIC STRESS IN SASHA’S LIFE:

Sasha grew up with an abusive father who would regularly hit her and her mother, especially if he was drunk. Sasha was always scared to go home in case her father had been drinking that day.

While positive stress is normal and necessary for healthy child development, tolerable stress is a more severe stress response that has the potential to impact a child’s development over time but its negative effects are tempered by its limited duration which allows the child’s brain to recover in time. Tolerable stress, such as that caused by the death of a loved one, is made tolerable by its infrequency and the presence and guidance of a caring adult who can help the child through the difficult period. However, tolerable stress can become toxic stress and cause long-term harm to the child’s developing brain and body if there is no caring adult to help the child manage the stress.
IMPORTANCE OF EARLY CHILDHOOD IN HEALTHY BRAIN DEVELOPMENT

Our brains change and adapt over the course of our lives. However, there are critical periods where significant brain development occurs. These are known as "windows of opportunity." One of the most important "windows of opportunity" is in early childhood between the ages of zero and five. During this time, significant developments are occurring in a child's brain.

One of the most important developments occurring in a young child's brain centers around neuroplasticity. Neuroplasticity is the process by which our brains are shaped by our experiences. In children younger than five, there are two types of neuroplasticity underway - synaptic plasticity and cellular plasticity. Synaptic plasticity is the strength of connections between brain cells - think of the strength of your voice from a whisper to a shout. Cellular plasticity is the number of those brain cell connections - think of one person shouting versus an entire stadium shouting. The phrase "Use it or lose it" is one way to understand neuroplasticity - the more we use neuronal connections, the stronger they become and vice versa.

Neuroplasticity is the process by which the brain is shaped by experiences.

Cellular plasticity is the number of connections between brain cells.

Synaptic plasticity is the strength of the connections between brain cells.

While synaptic plasticity occurs throughout our life, cellular plasticity primarily occurs during the first five years of life. Thus, there is a unique "window of opportunity" from ages zero to five because both types of neuroplasticity - cellular and synaptic - are occurring simultaneously.
While our brains are shaped by experiences throughout our life, experiences in early childhood play a crucial role in preparing our brains for the future. Because of the brain’s unique plasticity in early childhood, positive and negative experiences can deeply impact brain development. Positive experiences can promote healthy brain development in a young child, while negative experiences may promote unhealthy brain development as the brain adapts to the negative experiences.

There is early evidence of the impact of ACEs on the developing brains and bodies of children. In 2011, CYW Founder and Chief Executive Officer Dr. Nadine Burke Harris and Stanford University professor Dr. Victor Carrion published a study looking at the correlation between the ACEs and health outcomes in an urban pediatric population – patients from the Bayview Child Health Center located in one of San Francisco’s poorest neighborhoods. In a group of patients where the median age was eight, Dr. Burke Harris and Dr. Carrion found that over two-thirds of the children had at least one ACE and 12 percent had four or more ACEs. Moreover, they found that children who had four or more ACEs were 32.6 times as likely to have learning or behavior problems compared with children who had no ACEs. They also found that children with 4 or more ACEs were twice as likely to be overweight or obese compared with children who had no ACEs. Thus, we can already see the early impacts of ACEs on the healthy development of children’s brains and bodies.

THE TOXICITY OF TOXIC STRESS

THIS IS YOUR BODY ON TOXIC STRESS

Most of us have heard of the “fight or flight response.” This is the body’s most basic reaction in response to stress. Toxic stress, or stress resulting from strong, frequent or chronic adversity, leads to the over activation of the body’s stress response.

Imagine that you’re walking through the woods and suddenly you come across an angry bear. Your natural instinct is to run away from the danger. Within your body, you release a series of hormones that govern your response to stress – it is this hormonal process that triggers the innate reaction to “fight or flight” when you are in danger.

![Diagram of the hypothalamic-pituitary-adrenal (HPA) axis](image)
When the body reacts to a threat or stressor – in this case, the angry bear in your path – the brain triggers a series of hormone releases that activate the production of adrenaline and cortisol. Adrenaline is a hormone that is central to the body's short-term response to stress – increasing the body's heart rate and causing pupil dilation so the body is better equipped to combat the threat. Cortisol is a critical hormone in the body's long-term response to stress – increasing blood pressure and blood sugar and regulating the body's metabolism and immune response.26

**THE HPA AXIS AKA THE BODY'S STRESS RESPONSE SYSTEM**

The body's stress response is regulated by the hypothalamic-pituitary-adrenal axis, or the HPA axis.28 When the body receives a threat or stressor, the brain releases chemical messengers to the hypothalamus, which releases hormones that trigger the pituitary gland.27 The pituitary gland then releases a different hormone that stimulates the adrenal gland to produce adrenaline and cortisol.28

Adrenaline is a hormone, central to the body's short-term stress response, whose effects include increased heart rate and pupil dilation helping to prepare the body for "fight or flight".

Cortisol is a hormone, central to the body's long-term stress response, whose effects include increased blood pressure and blood sugar and regulation of the body's metabolism and immune response.

However, too much or too little cortisol can be harmful for the body, so cortisol also acts as a regulator. Cortisol turns off the body's stress response system thus creating a negative feedback loop that allows the body to maintain homeostasis, or balance.29

Let's go back to the bear example. Now imagine that the angry bear is a regular occurrence on your walks home, but you never know if you're going to see him or not. So every day, your body is producing cortisol to make sure that you're ready to run away in case you see the angry bear. Your body's stress response system is chronically activated. Our bodies are not meant to be in a state of constant stress response. As characterized by the term "fight or flight," the body's stress response developed as a response to short, periodic threats. Over time, this strong, frequent or chronic stress can lead to the dysregulation of the body's stress response system, meaning that the system responds in an unhealthy way - sometimes producing too much cortisol and sometimes responding to small or inappropriate threats.30 This is your body on toxic stress:

The dysregulation of the body's stress response system can have serious consequences on a person's basic immune system. When the body produces too much cortisol, the body's immune response is suppressed, increasing the chance of infection and disease.31
IMPACT OF TOXIC STRESS ON THE DEVELOPING BRAIN

As noted above, early childhood, particularly ages zero to five, is an important "window of opportunity" for brain development. Toxic stress can have devastating effects on a child's brain development particularly during these early years of life. Toxic stress can result in changes to crucial parts of the brain including the hippocampus, prefrontal cortex, and the amygdala.

Figure 6: Crucial parts of the brain impacted by toxic stress

SASHA’S SYMPTOMS:

Sasha's mother has noticed that Sasha is easily irritated and the smallest thing can set off a tantrum.

The prefrontal cortex is responsible for decision-making, judgment, impulse control and attention. Toxic stress can result in difficulty focusing, poor memory, and critical thinking difficulty.

SASHA’S SYMPTOMS:

Sasha has a hard time focusing on assignments in class and struggles with reading and math. As a result, she often gets frustrated and acts out in class. Her teacher thinks that she may have attention deficit hyperactive disorder (ADHD) and has recommended Sasha for special education.

Toxic stress can also cause changes to the amygdala, which is responsible for processing emotional reactions such as anxiety and fear. These changes may manifest as increased anxiety or proneness to fear.

SASHA’S SYMPTOMS:

Sasha's mom has noticed that Sasha is jumpy and frequently looking around and wary of her surroundings. Sasha was recently suspended from school for fighting because she kicked another girl whom she thought was threatening her.

CHANGES IN BRAIN ARCHITECTURE DUE TO TOXIC STRESS INCLUDE:

- Loss of brain cells
- Damage to brain cell connections
- Enlargement or shrinking of certain parts of the brain
- Hyperactivity of certain parts of the brain

The hippocampus is responsible for learning, memory, and some types of stress response regulation. Changes to the hippocampus due to toxic stress can lead to impaired memory and mood control.

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Teaching Your Child to:
Identify and Express Emotions

Does This Sound Familiar?

Maggie is playing with her four-year-old son. He selects a truck puzzle and begins matching and placing the pieces in the holes. He has a difficult time turning a piece around so that it will match the hole and fit. Maggie tells him, "Let me help you turn it the right way." Her son pushes her hand away and says in an agitated voice, "Let me do it." He tries to fit the piece in again, but is unsuccessful. He screams and throws the piece across the room and then throws the puzzle at Maggie.

What would you do if this happened in your home? Would you throw in the towel and quit for the night, maybe try again tomorrow? OR would you turn it around and create a brand new lesson, about helping your child understand and talk about his emotions?
The Focus

Young children deal with many of the same emotions adults do. Children get angry, sad, frustrated, nervous, happy, or embarrassed, but they often do not have the words to talk about how they are feeling. Instead, they sometimes act out these emotions in very physical and inappropriate ways. For example, when Maggie’s son was frustrated, he threw the puzzle piece and the puzzle.

The Solution

Parents can help their children understand and express their emotions. The following strategies are some of the ways you can help your child express his feelings:

- Help your children understand their emotions by first giving the feelings names and then encouraging them to talk about how they are feeling. For example, you might say to your child, “Daddy left on a trip, you are sad. You said you want your Daddy.” By giving your child a label for her emotions, you enable your child to develop a vocabulary for talking about feelings.

- Give children lots of opportunities to identify feelings in themselves and others. For example, you might say to your child, “Riding your bike is so much fun, I see you smiling. Are you happy?” Or you might point out a situation and ask your child to reflect on what someone else may be feeling: “Joey bumped his head on the slide. How do you think Joey feels?”

- Teach your children the different ways they can respond to specific feelings, conflicts, or problems. Talk about your own feelings with your children. “Remember yesterday when the water in the bathtub would not go down the drain? Mommy got so mad and do you remember what my face looked like when I got mad? Can you make a mad face like Mommy’s?”

- Teach your child to identify and express their emotions in ways that your family and friends find acceptable. For example, you might tell your child “Sometimes Grandfather is angry when things don’t go well at work. What does he do? He sits on the porch until he figures out what he wants to say about it. You should sit and think when you get angry.”

The Steps

1. Explain the feeling by using words your child can easily understand. Try to use pictures, books, or videos to help get your point across. “Look at Little Red Riding Hood’s face; she is so scared when she sees the wolf in her Grandma’s bed!”

2. Teach your child the different ways we can deal with feelings. Let your child come up with ways she can deal with her feelings. Talk about positive and not so positive ways to express feelings. There are many strategies you can use to teach new ways to appropriately express feelings:

   - Use real-life examples or teach in the moment. For example, “You are having a difficult time putting your toys in the carport. You look frustrated. What can you do? I think you could ask for help or take a deep breath and try again. What do you want to do?”

   - Teach your child new ways to respond to feelings by discussing common situations that your child might remember or that happen frequently. For example, “Yesterday, you were angry because Joey would not let you play with his truck. You were so mad that you hit him. When you feel angry that Joey won’t let you have a turn, what should you do?”

   - You can use children’s books to talk about feelings. For example, ask your child when reading a book, “What is (character in book) feeling right now? How do you know? Have you ever felt that way? What do you do when you feel that way?”

   - Keep it simple, use visuals or pictures to help get your point across, and always try to relate your lesson back to something that happens in your child’s life.

   - Teach your child new strategies to use when feeling emotions that may be expressed inappropriately (e.g., anger, frustration, sadness). Strategies to share with your child might include taking a deep breath when frustrated or angry, getting an adult to help resolve a conflict, asking for a turn when others won’t share, asking for a hug when sad, and finding a quiet space to calm down when distressed.
3. Praise your child the first time he tries to talk about his feelings instead of just reacting. It is **REALLY** important to let your child know exactly what she did right and how proud you are of her for talking about feelings. It should always be OK to say what we are feeling. It’s how we choose to show our feelings and respond to them that requires special effort.

4. Support your child to talk about feelings and practice their new strategies for expressing emotions appropriately every chance you get. For example, you can talk about feelings when you are playing a game, when you are riding in the car, or when you are eating dinner. There will be all kinds of things that happen every day that will be great opportunities for you to talk about feelings. The more often your child practices, the faster your child will learn.

**WARNING** — Do not try and practice when your child is in the middle of a “meltdown.” Use quiet, calm times to teach and practice the new strategies. For example, if your child is having a “meltdown” because she does not want to wait for a cookie until after dinner, she will not be in the mood to practice expressing her frustration with words, rather than a tantrum. In this situation, you have to deal with her emotions (e.g., “I know you really want a cookie now, but that is not an option, we are going to eat dinner in 5 minutes. You may have a cookie after dinner.”). However, you can talk with your child about the incident after she is calm and discuss the best way for expressing those emotions (“When you are frustrated that you can’t have what you want, you can tell me, but you can’t hit me or shout at me. Earlier, you wanted a cookie before dinner and you hit me. The next time you feel frustrated, you can tell me and then take a deep breath and calm down if you feel angry.”)

**Practice Makes Perfect**

Here are some activities that you can do with your child to help him or her understand feelings.

Here are some activities you can do with your child to help him or her understand feelings.

**Play Make a Face** with your child. You start the game by saying, “I am going to make a face, guess what I am feeling by looking at my face.” Then, make a happy or sad face. When your child guesses the feeling word, respond by saying, “That’s right! Do you know what makes me feel that way?” Follow by describing something simple that makes you have that feeling (e.g., “Going to the park makes me happy.” “I feel sad when it rains and we can’t go to the park.”). Please note, this is not the time to discuss adult circumstances that are linked to your emotions (e.g., “When your Daddy doesn’t call me, I feel sad.”). Then say to your child, “Your turn, you make a face and I will guess what you are feeling.” Don’t be surprised if your child chooses the same emotion that you just displayed; it will take time before your child can be creative with this game. Once you guess, ask your child to name what makes him have that emotion. Keep taking turns until your child shows you that he is not interested in continuing the game.

**Share a Story** in a new way. Read a book to your child that shows characters who experience different emotions (e.g., sad, happy, scared, worried, confused, etc.). Stop on a page where the character is showing the expression. Ask your child “What do you think he is feeling?” “Why is he feeling that way?” or “Look at her face, how can you tell that she is ___?” Other questions could be “Have you ever felt ___? What make you feel that way?” or “What will happen next?” or “What should he do?” Do not pause too long on one page and only continue the discussion as long as your child shows an interest.

Make an emotion book with your child. An easy project to do with your child is to create a homemade book. All you need is paper, crayons or markers, and a stapler. You can make a book about one emotion and have your child fill the pages with things that make her feel that way. For example, a “Happy Book” may have pictures that you and your child draw of things that make her happy, pictures cut out of magazines that are glued on the pages, or photographs of friends and family members. Another approach is to have the book be about a variety of feeling words and do a page on each of several emotions (happy, mad, surprised, scared, irritated, proud, etc.). For children who have a lot to say about their feelings, you may want to have them tell you a sentence about what makes them
Expressing Feelings

Sometimes children express their emotions in ways that are problematic. Your child might cry when frustrated or throw toys when angry. Here are some different ways you can teach your child to act on feelings:

Ask for help
Solve problems with words
Say it, don’t do it (say “I am mad” instead of throwing toys)
Tell a grown-up
Take a deep breath
Describe what you are feeling
Think of a different way to do it
Relax and try again
Walk away
Ask for a hug

Putting it All Together

Understanding emotions is a critical part of children’s overall development. It is up to adults to teach children to understand and deal with their emotions in appropriate ways. They are experiencing so many new and exciting things for the first time. It can be overwhelming! We need to be sure we always validate our children’s emotions and don’t punish them for expressing their feelings. You might want to remind your child that, “It’s ok to tell me how you feel, but it’s not ok to hurt others or things when you feel (name feeling).” Teach them about their emotions, help them come up with new ways to deal with emotions, give them lots of time to practice their new strategies, and always remember to give lots of positive encouragement when they use the new strategy instead of reacting in the “old” way.

Teaching Feeling Words

We often only think of teaching common emotions like happy, sad, mad, etc. But there are many other feeling words that children should learn to express, such as the following:

<table>
<thead>
<tr>
<th>Brave</th>
<th>Cheerful</th>
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<tr>
<td>Confused</td>
<td>Bored</td>
</tr>
<tr>
<td>Curious</td>
<td>Surprised</td>
</tr>
<tr>
<td>Disappointed</td>
<td>Frustrated</td>
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<tr>
<td>Embarrassed</td>
<td>Silly</td>
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<tr>
<td>Excited</td>
<td>Uncomfortable</td>
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<tr>
<td>Fantastic</td>
<td>Worried</td>
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<tr>
<td>Friendly</td>
<td>Stubborn</td>
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<tr>
<td>Generous</td>
<td>Shy</td>
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<tr>
<td>Ignored</td>
<td>Satisfied</td>
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<td>Impatient</td>
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<td>Important</td>
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<td>Interested</td>
<td>Peaceful</td>
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<tr>
<td>Jealous</td>
<td>Overwhelmed</td>
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<tr>
<td>Lonely</td>
<td>Loving</td>
</tr>
<tr>
<td>Confused</td>
<td>Tense</td>
</tr>
<tr>
<td>Angry</td>
<td>Calm</td>
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The Center on the Social and Emotional Foundations for Early Learning
Building Positive Relationships with Young Children

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The fundamental importance of building positive relationships with children can be best illustrated by the following scenarios.

Helen and her 30-month-old daughter, Lucy, have a long-standing morning tradition of going to a neighborhood park and playing with other parents and children. They spend anywhere from 1 to 2 hours each day at the park. This day, however, Helen receives an emergency call and needs to return to their home immediately. She and Lucy have been at the park for about 10 minutes, and Lucy is playing “cooks” with her best friend Tito. Helen says to Lucy, “Honey, I’m sorry, but you and Mommy have to go home right now. Everything is O.K., but we have to go.” Lucy begins to whimper and says, “But, I was playing with Tito.” Helen reaches down and hugs Lucy, saying, “I know. Let’s call Tito’s mommy when we get home and invite him over to play later.” Lucy says, “O.K.” and she and her mom hurry home.

Eric has been a Head Start teacher for 10 years. In that time, he has built a reputation as the teacher for the tough kids. This year, Bill is assigned to Eric’s class because of Bill’s long history of hyperactivity, negativity, and aggression toward adults and peers. Two months into the year, the Center’s administrator sheepishly asks Eric how things are going with Bill. Eric replies, “Great, boy were folks wrong about Bill.” Somewhat flabbergasted, the administrator decides to see for himself. What he observes in less than 10 minutes is as follows. Eric says to everyone, “Look at Bill, he is sitting so quietly in circle; too cool Bill!” When Bill answers a question about the story, Eric says, “Bill, that’s right, you are really concentrating today.” When transition is about to occur, Eric says, “Bill, can you show everyone good walking feet to snack?” At snack, a peer asks Bill for juice, and he passes the container. Eric, being vigilant, says, “Bill, thanks for sharing so nicely.”

After completing a functional behavior assessment, Erin, an ECSE teacher, determines that Jessie’s long-standing tantrum behaviors in the class are designed to acquire adult attention. Erin institutes a plan to ignore Jessie’s tantrums and to spend as much time and attention when Jessie is not having a tantrum. After four days of increased tantrums, Jessie’s behavior has improved dramatically.

In each of the foregoing scenarios, adults were successful in achieving improved behavior change in contexts that many individuals might predict would lead to continuing, even escalating challenging behavior. However, in each case, children were obviously attuned to adults, focused on their communication, and prone to value and seek-out adult approval.

In each case, the adults had invested time and effort prior to the events in question, communicating their noncontingent affection and unquestioned valuing of these children. We submit that this prior history of positive relationship building is a prerequisite to effective intervention practices for challenging behavior and thus goal one for adults and caregivers wishing to prevent challenging behavior and enhance children’s sense of well-being and social competence. How does one go about the task of relationship building?

Building Positive Relationships

Building positive relationships with young children is an essential task and a foundational component of good teaching. All children grow and thrive in the context of close and dependable relationships that provide love and nurturance, security, and responsive interactions. A positive adult-child relationship built on trust, understanding, and caring will foster children’s cooperation and motivation and increase their positive outcomes at school (Webster-Stratton, 1999). In a review of empirically derived risk and protective factors associated with academic and behavioral problems at the beginning of school, Huffman et al. (2000) identified that having a positive preschool experience and a warm and open relationship with their teacher or child care provider are important protective factors for young children. These protective factors operate to produce direct, ameliorative effects for children in at-risk situations (Luthar, 1993). Next, we describe some of the key ingredients for relationship building.

First Things First

Utilizing a relationship-building model, proper sequencing of adult behavior is critical. Simply put, adults need to invest time and attention with children as a precedent to the optimum use of sound behavior change strategies. There are two reasons that this sequence is so important. First, it
should be noted that the protective factors promoted during relationship building can and do function to reduce many challenging behaviors. As such, taking the time to do relationship building may save time that would be spent implementing more elaborate and time-consuming assessment and intervention strategies. Second, as adults build positive relationships with children, their potential influence on children’s behavior grows exponentially. That is, children rue in on the presence of meaningful and caring adults, they attend differentially and selectively to what adults say and do, and they seek out ways to ensure even more positive attention from adults (Lally, Mangione, & Honig, 1988). It is this positive relationship foundation that allowed Helen with minimal effort to leave the park early with Lucy, for Eric to experience Bill in a much more positive way than prior teachers, and for Erin to alter Jessie’s tantrums in such short order.

**Getting to Know You**

In order for adults to build meaningful positive relationships with children, it is essential to gain a thorough understanding of children’s preferences, interests, background, and culture. For very young children and children with special needs, this information is most often accessed by observing what children do and by speaking directly to parents and other caregivers. With this information, adults can ensure that their play with children is fun, that the content of their conversations is relevant, and that they communicate respect for children’s origins. Whenever possible, this kind of information exchange should be as reciprocal as possible. That is, adults should be sharing their own interests, likes, backgrounds, and origins with children as well.

**It Takes a Lot of Love**

For many children, developing positive relationships with adults is a difficult task. Prior negative history and interfering behavior often conspire to make the task of relationship development long and arduous. On occasion then, adults should consider that they will need to devote extensive effort to relationship building. The easiest, most straightforward way to achieve a high level of intervention intensity in the relationship-building domain is to think about embedding opportunities throughout the day (see list below for specific suggestions). While there is no magic number that we know of, we have seen teachers who can easily provide several dozen positive, affirming statements to children each day. For children who have mostly heard criticism, it takes, we feel, a lot of messages to the contrary.

**Making Deposits**

A metaphor for building positive relationships that we find particularly helpful is that of a piggy bank. Whenever teachers and caregivers engage in strategies to build positive relationships, it is as if they are “making a deposit” in a child’s relationship piggy bank. Conversely, when adults make demands, nag, or criticize children, it is as if they are making a relationship withdrawal. For some children, because there has been no prior effort to make deposits in their relationship piggy bank, nagging, criticizing, and demands may be more akin to writing bad checks! It may be helpful to reflect on the interactions you have with an individual child and think to yourself, “Am I making a deposit or a withdrawal?” Or, “Have I made any deposits in Bill’s piggy bank today?” Figures 1 and 2 represent example deposits (Figure 1) in the relationship bank or withdrawals (Figure 2) from the bank.

![Figure 1. Making relationship deposits](image1)

Undoubtedly teachers and child care providers strive to build positive relationships with all of the children in their care. Typically, we have the best relationships with children who respond to us, seemingly like us, and go along with our plans. But as you know, it is more difficult to build positive relationships with some children than with others. We have all had experience with children who push our “hot buttons.” Maybe they demand more attention than others, are disruptive, unmotivated, oppositional, aggressive, or do not give us the positive feedback we get from others. When our hot buttons get pushed, we may feel frustrated and discouraged, or bad about ourselves as teachers, causing us to get angry, raise our voices, criticize, or actively avoid these children. Yet, the very children we find the most difficult to build relationships with are the ones who need positive relationships with adults the most. It is a natural reaction to feel emotional when a hot button is pushed. However, rather than feeling frustrated, angry, or guilty about it, it is more productive to think of the emotional response as a warning sign that you will have to work extra hard to proactively build a positive relationship with this child. If the adult is simply reacting to a hot...
button being pushed—he or she may consistently become frustrated and avoid the child. We recognize that building positive relationships is far from simple with some children. It takes a frequently renewed commitment and consistent effort. Because this is easier said than done, we have provided some practical strategies for building positive relationships with children throughout the preschool day.

**Practical Strategies for Building Positive Relationships**

- Distribute interest surveys that parents fill out about their child
- Greet every child at the door by name
- Follow a child’s lead during play
- Have a conversation over snack
- Conduct home visits
- Listen to a child’s ideas and stories and be an appreciative audience
- Send positive notes home
- Provide praise and encouragement
- Share information about yourself and find something in common with the child
- Ask children to bring in family photos and give them an opportunity to share it with you and their peers
- Post children’s work
- Have a “Star” of the week who brings in special things from home and gets to share them during circle time
- Acknowledge a child’s effort
- Give compliments liberally
- Call a child’s parents to say what a great day she or he has in front of the child
- Find out what a child’s favorite book is and read it to the whole class
- Have sharing days
- Make “all about me” books and share them at circle time
- Write all of the special things about a child on a T-shirt and let him or her wear it
- Play a game with a child
- Play outside with a child

- Ride the bus with a child
- Go to an extracurricular activity with the child
- Learn a child’s home language
- Give hugs, high fives, and thumbs up for accomplishing tasks
- Hold a child’s hand
- Call a child after a bad day and say “I’m sorry we had a bad day today—I know tomorrow is going to be better!”
- Tell a child how much he or she was missed when the child misses a day of school

Beyond the specific strategies enumerated above, we suggest that adults can speed the process of relationship building by:

- Carefully analyzing each compliance task (e.g., “time to go to paints”) and, where possible, shifting that compliance task to a choice for children (e.g., “Do you want to paint or do puzzles?”);
- Carefully considering if some forms of “challenging” behavior can be ignored (e.g., loud voice)—this is not planned ignoring for behavior designed to elicit attention but ignoring in the sense of making wise and limited choices about when to pick battles over behavior; and
- Self-monitoring one’s own deposits and withdrawal behaviors and setting behavioral goals accordingly. Some teachers have easily done this by using wrist golf counters to self-record or by moving a plastic chip from one pocket to the next. A strategically posted visual reminder can help teachers remember to make numerous relationship deposits.

**Conclusion**

Most of this article has focused on what children get out of positive relationships with adults. However, we contend that adults get something valuable out of the time and attention they expend to build these meaningful relationships too. First, as was mentioned earlier, the children we build relationships with will be easier to teach, more compliant, and less likely to engage in challenging behavior. Second, teachers will feel more positive about their skills, their effort—and we think may like their jobs even more. Third, adults will begin to see the “ripple effect” of relationship building. As children learn in the context of caring relationships with adults, they will become more skilled at building positive relationships with other children. Finally, providing a child with the opportunity to have a warm and responsive relationship with you means that you have the pleasure of getting to know the child as well.

**References**


