

WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY



Understanding Attachment

Resiliency, Simply Defined

Measles: More Than a Rash

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Apprenticeship for Child Development Specialist (ACDS)

ACDS was the first early childhood apprenticeship program in the country and is celebrating 30 years in 2019. ACDS received an official proclamation from Governor Jim Justice in recognition of National Apprenticeship Week, November 12-16, 2018. ACDS was recognized as the second largest apprenticeship program in WV. ACDS recognizes that the program's success is largely based on the commitment from many individuals across the state that work daily to implement the program, including instructors, mentors, local council representatives, committee members, journeypersons and apprentices. ACDS is selecting one person each month in 2019 to recognize for his or her support of the program. Everyone is encouraged to nominate individuals by using the official nominee form (www.wvacds.org). Each month the individual selected will be highlighted on the ACDS Facebook page, on the ACDS website, www.wvacds.org, and included in the quarterly newsletter. Please send in your nominations!



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First semester classes will be starting across the state this fall. For information on registering for classes please contact the ACDS office.

This program is being presented with financial assistance as a grant from the West Virginia Department of Health and Human Resources and is administered by West Virginia Early Childhood Training Connections and Resources, a program of River Valley Child Development Services.

NEAR@Home Toolkit Pilot Project in West Virginia

By Michele Baranaskas, LCSW, Coordinator, Partners in Community Outreach, a program of TEAM for WV Children

The West Virginia Home Visiting Adverse Childhood Experiences (ACEs) to Resilience Work Group of the WV ACEs Coalition (<https://www.wvaces.org/>) started meeting in 2016. Our goal became to provide home visitors with the resources and skills to comfortably and competently talk with families about ACEs and resilience.

In the work group's October 2016 meeting, Jackie Newson of the West Virginia Home Visitation Program at the Office of Maternal, Child and Family Health, Bureau for Public Health, WV Department of Health and Human Resources shared the NEAR@Home toolkit (<https://www.nearathome.org/>) with us. The toolkit was developed by federal Maternal Infant Early Childhood Home Visiting (MIECHV) Region X (Alaska, Idaho, Oregon & Washington) to assist home visitors with having respectful and effective conversations about ACEs and resilience with the families they serve. The NEAR@Home toolkit combines discoveries from the following disciplines: Neuroscience, Epigenetics, the Adverse Childhood Experiences Study, and Resilience Research. The toolkit emphasizes the critical importance of reflective supervision, safety, and the



relationship-centered nature of the work of home visiting.

We screened the documentary film *Resilience* (<https://kplrfilms.co/resilience/>) at a joint meeting of Partners in Community Outreach and West Virginia Home Visitation program on March 1, 2017. Nonie Roberts, Partners in Community Outreach Training Specialist, led a discussion following the screening. We asked each Home Visitation program to complete a readiness checklist that we adapted from one in the toolkit. Then we formed a pilot group of six programs, each consisting of a supervisor and one or two home

visitors with at least one year of experience, for a total of 15 staff.

Through the TEAM for West Virginia Children, we applied for and received grants from the Greater Kanawha Valley Foundation (www.tgkvf.org) and the Sisters of Saint Joseph Health and Wellness Foundation (www.ssjhwf.org). The Pilot Project started by bringing together the 15 supervisors and home visitors from Boone, Fayette, Lincoln, Mason, Ohio and Tucker counties in February 2018 to review the toolkit together to understand how to integrate it during home visits with the families they serve. This is called the Deep Dive Day. An

important part of effectively using the toolkit is for staff who use it to be aware of their own Adverse Childhood Experiences.

Home Visitors used different techniques so that a parent could determine her or his ACE score. Some programs laminated the ACE survey and used dry erase markers so a parent could answer the survey and then erase it after obtaining their score. Some programs used cards with each survey question on a card. A parent puts the cards face down into yes and no piles and then counts the yes pile to obtain their score. It is not important for the Home Visitor to know which questions of the ACE survey resulted in the total score, and the score is not recorded in the data system used by the Home Visitation Program. Home Visitors regularly assess families and make referrals for services to address Intimate Partner Violence, depression and other needs. Therefore, conversations around Adverse Childhood Experiences might happen without the Home Visitor specifically asking the questions on the ACE survey. If a parent initiates a conversation about their specific ACEs, that would be fine, but it is not required.

The Home Visitors talked with the families about generational transmission of ACEs, emphasizing that while a high ACE score raises the risk of future health problems, it does not necessarily predict future health problems for an individual. More importantly,

during the Pilot Project, the home visitors learned to identify resilience factors within their evidence-based home visiting model, as well as observe the resilience already exhibited by the family and shared this information with the families. A majority of the Pilot Project's focus was on resilience and hope.

Led by Nonie Roberts, conference calls and meetings occurred throughout the year with the 15 participants to discuss challenges and successes.

Denise Childers, Brenda McClung, Olivia Gregorich, Stephanie Barnett, and Sheila Lipscomb shared their experiences using the NEAR@Home toolkit with families.

In November, representatives from each Pilot Project program presented in a panel at a Partners in Community Outreach meeting. As a result, several of the Program Leaders in the audience expressed interest in using the NEAR@Home toolkit with families in their counties. Soon, an expansion of one or two more NEAR@Home cohorts using the lessons learned from the Pilot Group will be started. We developed a resource list for home visiting programs and the families they serve. Twenty-seven Deluxe Resilience Kits from Community Resilience Initiative (<https://criresilient.org>) were purchased for each Home Visiting Program from the grant funds.

Prior to the start of the Pilot Project,

Nonie created an ACEs to Resilience training with Laurie Thompsen, MSW, Health and Behavioral Health Coordinator at the West Virginia Coalition Against Domestic Violence. Concurrent with the Pilot Project, Nonie presented the training to Home Visitation Program Leaders and Right From the Start Regional Care Coordinators.

We surveyed the Home Visitors, Supervisors and the parents who participated in the Pilot Project. Overall, we found that discussing ACEs and resilience had no negative impact on the relationship of the parents and home visitors, and that the parents seemed to understand that Adverse Childhood Experiences can be transmitted to their children, but that they can break the cycle by being resilient and trusting others.

Shortly after the conclusion of the Pilot Project, five professionals working in the prenatal and early childhood home visiting field in West Virginia completed the Connections Matter (<http://www.connectionsmatter.org/>) Train the Presenter training in Charleston along with 50+ professionals from other sectors. With the resources of the NEAR@Home toolkit and the Connections Matter curriculum, we look forward to continuing to spread the news about ACEs and the hope of resilience among the families enrolled in Home Visitation and to those who provide services to families across West Virginia.

Do you know a child who is not *moving *hearing *seeing * learning or *talking like others their age?

By 3 months,

Does your baby...

- grasp rattle or finger?
- hold up his/her head well?
- make cooing sounds?
- smile when talked to?

By 6 months,

Does your baby...

- play with own hands/feet?
- roll over?
- turn his/her head towards sound?
- holds head up/looks around without support?

By 9 months,

Does your baby...

- sit alone or with minimal support?
- pick up small objects with thumb and fingers?
- move toy from hand to hand?

By 12 months,

Does your baby...

- wave goodbye?
- play with toys in different ways?
- feed self with finger foods?
- begin to pull up and stand?
- begin to take steps?

By 18 months,

Does your baby...

- cling to caretaker in new situations?
- try to talk and repeat words?
- walk without support?

By 24 months,

Does your baby...

- point to body parts?
- walk, run, climb without help?
- get along with other children?
- use 2 or 3 word sentences?

If you are concerned about your child's development, get help early.

Every child deserves a great start.

WV Birth to Three supports families to help their children grow and learn.

To learn more about the
WV Birth to Three services
in your area, please call:

1-866-321-4728

Or visit www.wvdhhr.org/birth23



WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.



Understanding Attachment and the Development of Beliefs

Adapted from presentation by Penny Davis, MA, based on training materials, Grossmont-Cuyamaca Community College District, Foster, Adoptive and Kinship Care Education Program "Attachment Parenting"



Beginning at birth, through the attachment relationship with a primary caregiver, infants start making decisions about who they are, what the world is like and what place they have in it, what caregivers are like, and what they need to do in order to thrive or survive. These decisions form a blueprint in their brain for how to navigate life, and become the lens through which they view the world. All future relationships are affected by this blueprint.

When children's physical and emotional needs are met consistently, it builds a strong and healthy attachment between children and their caregivers. The dance that occurs between a sensitive, responsive caregiver and a child who clearly signals his/her needs forms a blueprint in that child's brain based on trust and security. This child sees his/her world as predictable and consistent, trusts that his/her needs will be met and that caregivers understand how he/she feels. These internal beliefs provide the foundation for a successful future at school, at work and in forming healthy relationships.

Some things that can get in the way of building secure, healthy attachments include caregiver addictions or mental health issues, abuse and/or neglect, and caregivers who did not develop secure attachments themselves or are very young or developmentally incapable of providing consistent care. When infants' needs are met inconsistently or perhaps not at all, a blueprint is formed in their brain based on mistrust and insecurity. These children grow up viewing the world as unpre-

dictable and inconsistent, caregivers as disinterested and unsympathetic, and as a result they become incapable of trusting that their needs will be met. Lacking the strong, stable foundation of secure attachment, children cannot go on to build the skills they need in order to be successful in school and in forming and maintaining relationships.

The foundation built in the brain through the relationship with primary caregivers, beginning at birth, determines how successful individuals will be in reaching their intellectual potential. The four basic building blocks that form this foundation are:

1. causal thinking
2. basic trust
3. conscience development
4. the ability to delay gratification

Causal Thinking

Causal thinking is the ability to understand cause and effect. When children's needs are met consistently, they learn that expressing a need (A) leads to the need being met (B), which helps them feel better (C). When A leads to B leads to C over and over again, children decide that the world is consistent and predictable. Some things for which we depend on causal thinking include math, spelling, organizational skills, problem solving skills, and the ability to follow directions. When we reach school-age, without causal thinking, we may not understand that two plus two will always equal four, and

so we may answer that simple math problem differently each time we encounter it. If our brain has decided that the world is not predictable, why would math be? One of the most widely used discipline methods in our society is consequences. Without causal thinking, consequences make no sense, because we don't have the ability to think through "if I do __ (this) __, __ (that) __ will happen". Later on, when we decide to go to college, the entrance requirements may be so overwhelming that we might give up because we don't have the ability to problem solve the order in which things need to be done or to think through what comes next. Lack of a strong causal thinking building block creates difficulties in life.

Basic Trust

The basic trust building block is built through the belief that our needs will be met and consequently the ability to develop a relationship with our caregiver that is based on unconditional positive regard. When we have the knowledge that we will be loved no matter what, it helps us feel safe to express ourselves, explore, and make the mistakes in life that are necessary for learning. Without basic trust, all future relationships are more difficult.

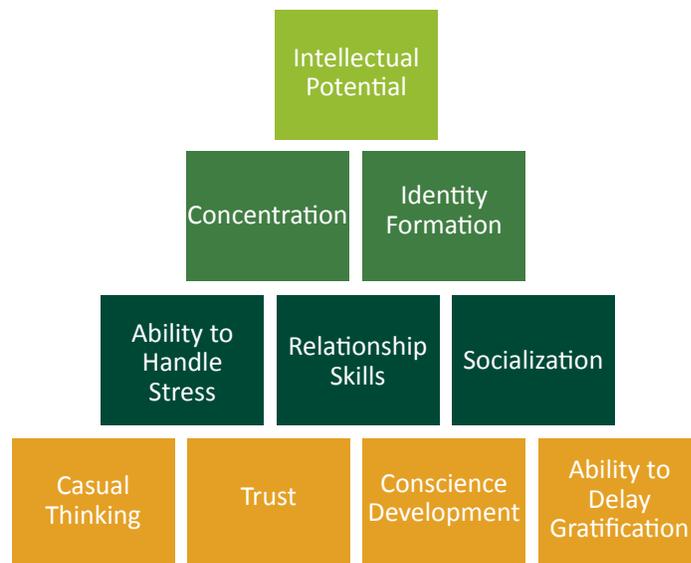
Conscience Development

Conscience development is built by developing a sense of empathy, or the ability to feel what others feel, to put oneself in another's shoes. When a caregiver is responsive to children's needs and sensitive to their feelings, they learn that others understand them, that their feelings are real and legitimate. The ability to empathize leads us to develop a sense of right and wrong. We are able to understand what it feels like for another person if we are not kind to them. Without this ability, it is difficult to understand why we should not hurt others.

Delayed Gratification

Delayed gratification is the ability to wait, to be patient. When children know their needs will be met and that caregivers understand how they feel, they are able to learn how to wait. Without a strong delayed gratification building block, we may just take what we want when we want it, because our brain has decided that if we don't, we may never get what we need.

Attachment Building Blocks



These four building blocks provide a firm foundation on which to build. Causal thinking allows for development of intellectual potential. Identity formation comes from basic trust. In order to build socialization and relationship skills, we need conscience development and delayed gratification. If the foundation is weak or non-existent, it is very difficult or impossible to move on to develop other skills.

As a result of the decisions our brains make in relationship to our early caregivers, we end up with an internalized belief system that looks like this:

I feel _____.
 Caregivers are _____.
 The world is _____.
 I am _____.

This becomes the lens through which we view the world.

The good news is that weak foundations can be strengthened or rebuilt for children through connection with kind, caring and compassionate adults. The younger we are the easier it is to rebuild our foundation. For ideas about what you can do to begin rebuilding the foundation for children, please see *Rebuilding the Foundation for Children with Insecure Attachments or Trauma* in the Attachment section.

Rebuilding the Foundation for Children with Insecure Attachments or Trauma

Adapted from “Building Resiliency: Working with Students Exposed to Trauma,” by Jody McVittie, M.D.

Causal Thinking

- “What” and “how” questions
- Limited Choices
- Focusing on solutions (Consequences don’t make sense without causal thinking)

Basic Trust

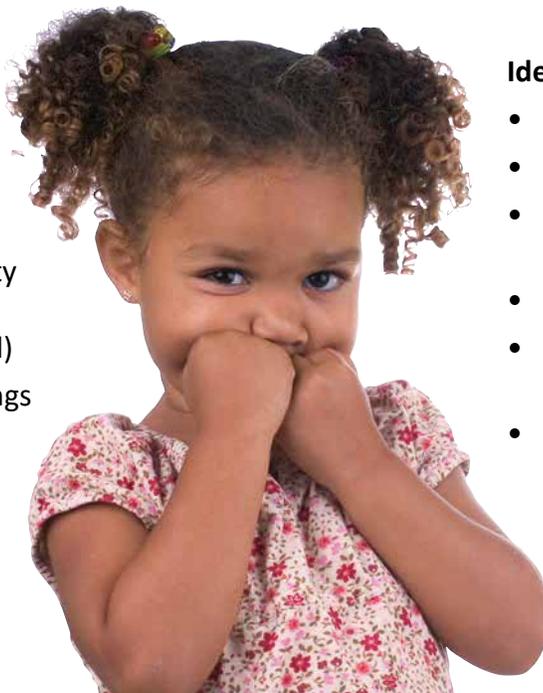
- Routines (including family meetings)
- Consistency and reliability in the relationship
- Relationships based on dignity and respect (firm and kind)
- Listening to their story

Conscience Development

- “What” and “how” questions
- Family meetings
- Gradual building of empathy (being listened to, feeling felt)
- Respecting differences

Ability to Delay Gratification

- Routines
- Consistency
- Relationships built on dignity and respect (firm and kind)
- Family meetings
- Mistakes are opportunities to learn



Ability to Handle Stress and Concentration

- De-escalation tools (modeled, taught, expected)
- Teaching children about their own brain (brain in the palm of the hand)
- Using “I” statements
- Learning language for emotions
- Space for “chilling out” (Positive time out or “chill down time”)
- Family meeting to be heard and validated, and to recognize that others have similar feelings
- Mistakes are opportunities to learn

Relationship Skills and Socialization

- Adult relationships based on dignity and respect (firm and kind)
- Family meetings
- Problem solving
- Opportunities for play and practice making mistakes
- Mistakes are opportunities to learn

Identity Formation and Intellectual Potential

- Household jobs and responsibility
- Being able to contribute in meaningful ways
- Using “I” statements and learning language for emotions
- Opportunities to practice during play
- Learning how to make amends and fix mistakes instead of “paying for them”
- “It seems like you feel _____ because _____.”

Resiliency, Simply Defined

Submitted by Nonie Roberts, Training Specialist, Partners in Community Outreach



Resiliency, simply defined, is what we use to move forward when we face adversity. Often, people think of resilience as something complicated or difficult. It's not. Resilience is not something we are born with, it's something we acquire through learning habits and skills. So people with little resilience can learn resilience. It's an ongoing process.

The National Council for Behavioral Health lists five essential elements for promoting resiliency. These elements are safety, calming, self-efficacy, hope, and connectedness. If you want to help someone build resilience these are the things you will want to work on.

When looking at safety we want to consider a person's living situation, including where that person lives as well as with whom that person associates. We want to consider with whom the person lives, works, goes to school, and is exposed to on a regular basis in other ways. Helping someone address anything that is dangerous or frightening in their life helps assure their safety.

Calming means to know how to settle yourself when you find yourself upset or under stress. Many people have specific things they do to calm themselves – take a few deep breaths, count to 10, say a prayer. Others calm themselves but aren't fully aware of what they have done to get there. And still others have no method for calming and end up responding to a stressful situation in an explosive or volatile way, which aggravates the situation. Helping someone think about what they do to calm themselves and teaching new or different ways of calming themselves allows a person to live on a more even keel. The more we practice methods of calming ourselves, the more tranquil we stay all the time, not just when we're experiencing stress. In fact, when we practice being calm we will reduce our experiences of stress.

Self-efficacy is our belief in our ability to succeed. Making choices and taking responsibility for those choices is important and empowering. When we recognize and *believe* that how we move through life is because of the choices we make, not magic or trickery falling from the sky or other people's deeds, we are able to take actions and see the differences those actions make in our lives. Helping people trace results back to choices and reviewing how those results affected them, helps people develop self-efficacy – their ability to make choices that lead to success.

Hope means to believe that a desire or expectation will be obtained or achieved. That can be a hard one! Sadly, because of life experiences, many people in our lives have lost hope. But hope can be restored! Working on calming and self-efficacy can help people create hope. When a person begins to feel calm more often than they feel stress, and begins to experience success, that person will begin to recognize empowerment and achievement, and that is when they can begin to develop hope again. Point out successes and achievements to people. Help them build their belief in themselves. That is a powerful gift!

Connectedness is when people have positive connections in their lives – people who show they care, clearly have an interest in their success, and work to encourage that success. We are not meant to be isolated beings. We require a connection to others to thrive. It's very difficult to navigate life alone. Children whose caretakers are unable to focus on them may not be able to thrive because of a lack of connectedness. Kids who haven't developed a strong bond with their parents struggle to succeed and may become involved in a negative activity just to have a place to belong.

People who have suffered abuse as children look for connection elsewhere

and often connect with another abuser because that's what they have grown up with; that's what they know. People need positive connections in their lives. That can be a teacher, a coach, a club leader, an employer, a best friend, a co-worker, or a neighbor. In fact this can be anyone who is truly looking out for a person's best interest. When we can help others find those people and make those connections, they can strengthen all of the other elements of resilience through the belief and encouragement they receive from those connections.

Some of the skills and habits of resilience are simple and pretty easy to share with others. Some are more difficult to share or develop. But as people begin to develop some of those habits and skills around safety, calming, self-efficacy, hope, and connections their resiliency increases and that allows them to move forward. As people experience successes they are ripe for learning more skills and habits of resiliency, and may be ready to tackle a more difficult one like hope or maybe safety. Resiliency is learned. You can learn it. And you can teach it. It's an ongoing process.

Pick any of the five essential elements and get started on yourself, your family, your friends and the children and families with whom you work.



Community and Family Services Division

Understanding Adverse Childhood Experiences (ACEs)

What are ACEs?

Adverse Childhood Experiences (ACEs) are serious childhood traumas that can result in toxic stress, causing harm to a child’s brain. This toxic stress may make it difficult to learn, to play in a healthy way with other children, and can result in long-term health problems.

THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) VIEWS ACEs AS ONE OF THE MAJOR HEALTH ISSUES IN THE 21ST CENTURY.

Low tolerance for stress, which can result in behaviors such as fighting, checking out or defiance

Increases difficulty in making friends and maintaining relationships

Increases stress hormones which affects the body’s ability to fight infection

May cause lasting health problems

Increases problems with learning and memory, which can be permanent

“I can’t hear you, I can’t respond to you, I am just trying to be safe!”

Reduces ability to respond, learn, figure things out, which can result in problems in school

Exposure to ACEs can increase the risk of:

- Adolescent pregnancy
- Alcohol and drug abuse
- Asthma
- Depression
- Heart disease
- Intimate partner violence
- Liver disease
- Sexually-transmitted disease
- Smoking
- Suicide

ACEs can include:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Mother treated violently
- Household substance use
- Household mental illness
- Parental separation or divorce
- Incarcerated household member
- Bullying (by another child or adult)
- Witnessing violence outside the home
- Witnessing a brother or sister being abused
- Racism, sexism or any other form of discrimination
- Experiencing homelessness
- Natural disasters and war

i SURVIVAL MODE RESPONSE

Increased heart rate, blood pressure, breathing and muscle tension. When a child is in survival mode, self-protection is their priority.

The good news is **RESILIENCE** can bring back health and hope!

What is Resilience?

Resilience is the ability to be healthy and hopeful despite experiencing stressful events. Research shows that when caregivers provide physically and emotionally safe environments for children and teach them how to be resilient, the negative effects of ACEs can be reduced.

Resilience Trumps ACEs!

Parents, teachers and caregivers can help children by:

- Gaining an understanding of ACEs
- Helping children identify feelings and manage emotions
- Creating safe physical and emotional environments at home, in school and in neighborhoods

What Does Resilience Look Like?

1. Having resilient caregivers

Caregivers who know how to solve problems, who have healthy relationships with other adults, and who build healthy relationships with the children in their care.

2. Building attachment and nurturing relationships

Adults who listen and respond patiently to a child in a supportive way, and pay attention to a child's physical and emotional needs.

3. Building social connections

Having family, friends and/or neighbors who support, help and listen to children.

4. Meeting basic needs

Providing children with safe housing, nutritious food, appropriate clothing, and access to health care and good education.

5. Learning about parenting and how children grow

Understanding how parents and caregivers can help children grow in a healthy way, and what to expect from children as they grow.

6. Building social and emotional skills

Helping children interact in a healthy way with others, manage their emotions and communicate their feelings and needs.



Resources:

1-2-3 Care Toolkit

srhd.org/1-2-3-care-toolkit

ACES 101

acestoohigh.com/aces-101

CDC Parent Information

cdc.gov/parents

CDC Kaiser Adverse Childhood Experiences Study

cdc.gov/violenceprevention/acestudy

Community Resilience Initiative

criresilient.org



ACEs Coalition of West Virginia

One Creative Place, Charleston, WV 25311

304-205-5685 • info@wvaces.org • www.wvaces.org



Concerned about your CHILD'S DEVELOPMENT?

Help Me Grow, a free developmental referral service, provides vital support for children from birth to age five including:

- Information and community resources to aid development
- Free developmental screening questionnaire
- Coordination with your child's doctor

Talk to a care coordinator and schedule a developmental screening for your child today.

Help Me Grow: 1-800-642-8522
www.dhhr.wv.gov/helpmegrow



Help Me Grow
West Virginia

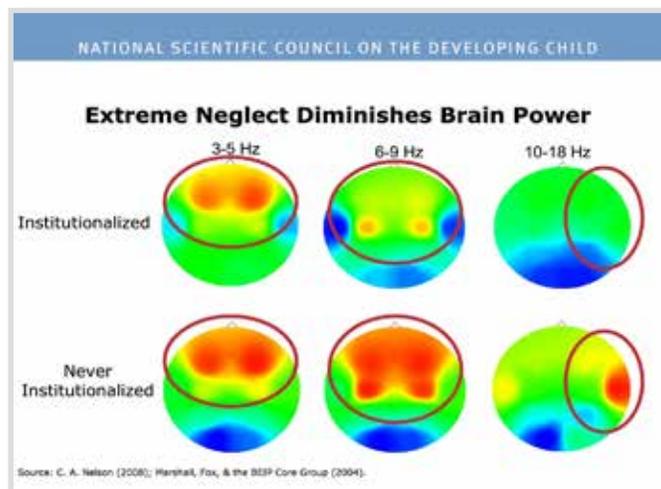
A series of brief summaries of the scientific presentations at the National Symposium on Early Childhood Science and Policy.

What happens in early childhood can matter for a lifetime. To successfully manage our society's future, we must recognize problems and address them before they get worse. In early childhood, research on the biology of stress shows how major adversity, such as extreme poverty, abuse, or neglect can weaken developing brain architecture and permanently set the body's stress response system on high alert. Science also shows that providing stable, responsive, nurturing relationships in the earliest years of life can prevent or even reverse the damaging effects of early life stress, with lifelong benefits for learning, behavior, and health.

1 Early experiences influence the developing brain. From the prenatal period through the first years of life, the brain undergoes its most rapid development, and early experiences determine whether its architecture is sturdy or fragile. During early sensitive periods of development, the brain's circuitry is most open to the influence of external experiences, for better or for worse. During these *sensitive periods*, healthy emotional and cognitive development is shaped by responsive, dependable interaction with adults, while chronic or extreme adversity can interrupt normal brain development. For example, children who were placed shortly after birth into orphanages with conditions of severe neglect show dramatically decreased brain activity compared to children who were never institutionalized.

2 Chronic stress can be toxic to developing brains. Learning how to cope with adversity is an important part of healthy child development. When we are threatened, our bodies activate a variety of physiological responses, including increases in heart rate, blood pressure, and stress hormones such as cortisol. When a young child is protected by supportive relationships

with adults, he learns to cope with everyday challenges and his stress response system returns to baseline. Scientists call this *positive stress*. *Tolerable stress* occurs when more serious difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury, are buffered by caring adults who help the child adapt, which mitigates the potentially damaging effects of



The brain's activity can be measured in electrical impulses—here, “hot” colors like red or orange indicate more activity, and each column shows a different kind of brain activity. Young children institutionalized in poor conditions show much less than the expected activity.

POLICY IMPLICATIONS

- The basic principles of neuroscience indicate that providing supportive and positive conditions for early childhood development is more effective and less costly than attempting to address the consequences of early adversity later. Policies and programs that identify and support children and families who are most at risk for experiencing toxic stress as early as possible will reduce or avoid the need for more costly and less effective remediation and support programs down the road.
- From pregnancy through early childhood, all of the environments in which children live and learn, and the quality of their relationships with adults and caregivers, have a significant impact on their cognitive, emotional, and social development. A wide range of policies, including those directed toward early care and education, child protective services, adult mental health, family economic supports, and many other areas, can promote the safe, supportive environments and stable, caring relationships that children need.

abnormal levels of stress hormones. When strong, frequent, or prolonged adverse experiences such as extreme poverty or repeated abuse are experienced without adult support, stress becomes *toxic*, as excessive cortisol disrupts developing brain circuits.

3 Significant early adversity can lead to lifelong problems. Toxic stress experienced early in life and common precipitants of toxic stress—such as poverty, abuse or neglect, parental substance abuse or mental illness, and exposure to violence—can have a cumulative toll on an individual’s physical

and mental health. The more adverse experiences in childhood, the greater the likelihood of developmental delays and other problems. Adults with more adverse experiences in early childhood are also more likely to have health problems, including alcoholism, depression, heart disease, and diabetes.

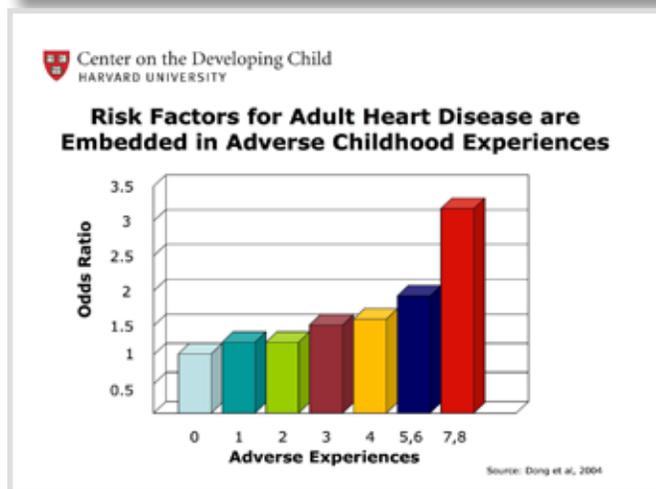
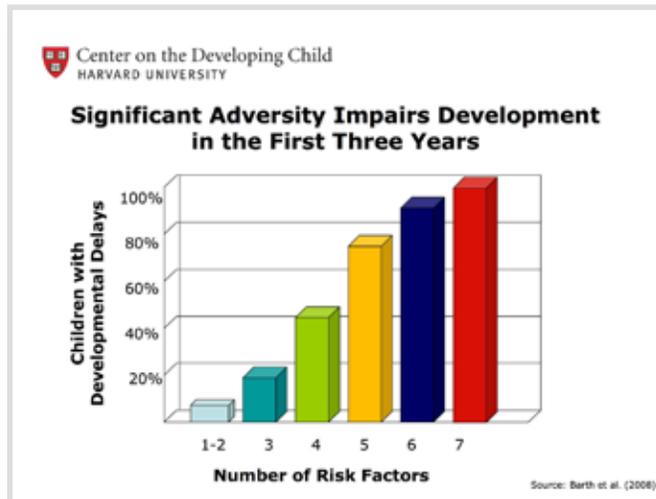
4 Early intervention can prevent the consequences of early adversity. Research shows that later interventions are likely to be less successful—and in some cases are ineffective. For example, when the same children who experienced extreme ne-

glect were placed in responsive foster care families before age two, their IQs increased more substantially and their brain activity and attachment relationships were more likely to become normal than if they were placed after the age of two. While there is no “magic age” for intervention, it is clear that, in most cases, intervening as early as possible is significantly more effective than waiting.

5 Stable, caring relationships are essential for healthy development. Children develop in an environment of relationships that begin in the home and include extended family members, early care and education providers, and members of the community. Studies show that toddlers who have secure, trusting relationships with parents or non-parent caregivers experience minimal stress hormone activation when frightened by a strange event, and those who have insecure relationships experience a significant activation of the stress response system. Numerous scientific studies support these conclusions: providing supportive, responsive relationships as early in life as possible can prevent or reverse the damaging effects of toxic stress.

For more information, see “The Science of Early Childhood Development” and the Working Paper series from the National Scientific Council on the Developing Child.

www.developingchild.harvard.edu/library/



As the number of adverse early childhood experiences mounts, so does the risk of developmental delays (top). Similarly, adult reports of cumulative, adverse experiences in early childhood correlate to a range of lifelong problems in physical and mental health—in this case, heart disease (bottom).



THE INBRIEF SERIES:

INBRIEF: The Science of Early Childhood Development

INBRIEF: The Impact of Early Adversity on Children’s Development

INBRIEF: Early Childhood Program Effectiveness

INBRIEF: The Foundations of Lifelong Health

Measles: More Than a Rash

Submitted by Glenna Bailey, RN, MSN, Child Care Nurse Health Consultant



Measles are something that many people have not thought about for years. A childhood illness that was common before 1963 was declared in 2000 by the Centers for Disease Control to be eliminated in the United States. Now our news is filled with reports of measles outbreaks in many parts of the country. So what are measles and why is it a big deal?

Measles were first identified in the 9th century by a Persian doctor. In 1912, it

became a nationally reportable disease in the United States. Before the measles vaccine became available in 1963, most children got measles. The CDC reports that there were 3-4 million cases reported each year with an estimated 400 to 500 deaths. After the vaccine was introduced, cases in the United States fell by 80 percent.

Measles is a highly contagious virus that lives in the nasal and throat mucus of an infected person. Measles is spread by re-

spiratory transmission. This usually happens by breathing in contaminated air from coughing and sneezing. The measles virus can live for up to two hours in an area where an infected person has coughed or sneezed. People are contagious from around four days before and four days after the rash appears. The CDC estimates that up to 90 percent of people not immune can become infected if they are close to someone with measles.

The first signs that someone has measles may look like a cold or flu. The first symptoms of fever, cough, runny nose and red, watery eyes usually appear from seven to fourteen days after the person has become infected. Three to four days after the initial symptoms the infected person may have small white spots called Koplik spots appear inside the mouth. Three to five days after symptoms start the distinctive rash breaks out. The flat, red spots that usually appear first on the face usually spread to cover much of the body. After the rash appears, temperatures may spike quite high.

Because the cause of measles is a virus there is no specific medical treatment. The virus usually disappears after about two weeks. Medications to lower high fevers may be needed. Remember that children should not be given aspirin or any products that contain aspirin. Acetaminophen and ibuprofen should be given to combat high fevers. Always follow the advice of health care providers in treating a child with measles.

The complications of measles can be mild or very serious. One of the most common complications is ear infections that could lead to permanent hearing loss. More serious complications may include pneumonia and encephalitis (swelling of the brain).

Contracting measles can be prevented if a person is fully vaccinated. The American Academy of Pediatrics recommends that children receive the first vaccine at 12-15 months of age and a second dose at 4-6 years old. The measles vaccine is usually combined with vaccines for mumps and rubella (MMR vaccine). There is also a combination vaccine that

includes chickenpox (MMRV vaccine). Measles vaccines have been proven to be safe and effective. West Virginia requires all children to be fully vaccinated in order to attend school or childcare. The only exemption allows for medical reasons as identified by a licensed physician.

It's important that parents stay informed about vaccines and updated recommendations to help keep children healthy. Here is a list of sources that were used to provide information for this article and can be a valuable resource for parents and anyone caring for children.

Resources:

Centers for Disease Control <https://www.cdc.gov/measles/index.html>

American Academy of Pediatrics <https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/How-to-Protect-Your-Children-During-A-Measles-Outbreak.aspx>

WV Office of Epidemiology and Prevention Services <https://oeps.wv.gov/immunizations/Pages/default.aspx>

Q. I am an adult now, but only got one dose of measles vaccine as a child. Do I need a second dose?

A. If you were born after 1957 you need at least one dose of measles vaccine unless a laboratory confirmed that you had past measles infection or are immune to measles.

Certain adults may need 2 doses. Adults who are going to be in a setting that poses a high risk for measles transmission should make sure they have had two doses separated by at least 28 days. These adults include:

- students at post-high school
- education institutions
- healthcare personnel
- international travelers
- people who public health authorities determine are at increased risk for getting measles during a measles outbreak.

If you're not sure whether you are up to date on measles vaccine, talk with your doctor.

-Information provided by the Centers for Disease Control and Prevention (www.cdc.gov)

Self-Care?! I Don't Have Time for That!

Submitted by Michelle Tveten Rollyson, Associate Editor

How many times have you caught yourself saying “I don't have time for that” to an activity or hobby that you would really enjoy doing?

Taking care of yourself while working with young children and families is very important. While our work with children and families can be very rewarding, sometimes it can leave us feeling drained and exhausted. Frequently, we take on the challenges and stresses that our families are dealing with, often without even realizing it. You may notice at the end of the day that you are still thinking about a particular child or family, wondering what additional support or resources you can share with them.

Research shows that self-care can be particularly hard for women (and mothers). Our role is to take care of everyone else, placing the needs of others above our own. Taking a few minutes alone to read a book or watch a favorite television show can leave us with feelings of guilt. However, taking care of others above ourselves for a long period of time can be depleting. When we feel our best physically and emotionally, we are better able to respond to stressors.

Self-care is important because:

- It affects your physical health
- It affects your emotional health
- It helps you to better care for children and families

Experiencing burnout becomes a big risk when only nurturing others. Research indicates that those who don't practice self-care can experience higher levels of unhappiness and resentment, and lower levels of self-confidence.

Self-care doesn't have to be expensive, simply taking a few minutes out of each day for yourself will lead to improved physical and emotional well-being.

Resource: The Importance of Self-Care for Stress and Health Management, Elizabeth Scott, MS, [www. https://www.verywellmind.com/importance-of-self-care-for-health-stress-management-3144704](https://www.verywellmind.com/importance-of-self-care-for-health-stress-management-3144704), Retrieved 5-28-19

Here are some examples of self-care that range from no cost to low cost. This list was shared by Alisha Gary of the West Virginia Home Visitation Program.

- ❖ Schedule “me time” on your calendar (make it intentional)
- ❖ BE SELFISH - do something just because it makes you happy
- ❖ Start the day listening to music that inspires and motivates you
- ❖ Take a short walk and get some fresh air
- ❖ Keep a grateful journal: “Today I’m grateful for _____”
- ❖ Do a self check-in a few times a day (process thoughts and feelings)
- ❖ Watch your favorite movie
- ❖ Do something that you used to do (hobby) that you don’t do anymore
- ❖ Listen to your favorite music from your childhood
- ❖ Sing! Good at it or not (shower/car concerts are the best)
- ❖ Ask for help when you need it
- ❖ Color/ Scrapbooking/Making cards/Crafting
- ❖ Pay attention to things that you normally do on auto pilot
- ❖ Give yourself 5 minutes of play (goof off)
- ❖ Laugh
- ❖ Dance to a song that makes you feel good
- ❖ Read for pleasure (non-work related)
- ❖ Just be still
- ❖ Focus on one activity rather than multi-tasking
- ❖ UNPLUG for 1 hour and just be in the moment
- ❖ Family game/movie night (just about spending time enjoying each other)
- ❖ Date night with your significant other; if single take yourself out
- ❖ Take a nap
- ❖ Take a long hot shower/bath
- ❖ Guided meditation
- ❖ Do something new that you’ve always wanted to try
- ❖ Yoga or other kinds of exercise
- ❖ Cooking/baking
- ❖ Knitting/crocheting
- ❖ Gardening
- ❖ Chocolate!
- ❖ Mani/Pedi/Massage
- ❖ Staycation

WIC Nutrition Important Resource for Foster Parents

Information provided by WIC

Parenting and caring for a child in foster care is always a challenge. Foster parents have a unique opportunity to help their foster child develop the skills necessary to lead a healthy life. Good nutrition is essential to good health.

What is WIC?

WIC is a free and friendly health program that provides food and nutrition information to keep pregnant and new moms, as well as children up to age five, healthy.

WIC offers:

- Nutrition counseling
- Immunization and health screenings
- Referrals to doctors, dentists, and programs like Head Start, Birth to Three, Right From the Start, and child care resources.

All foster children under age 5, or foster children who are expectant or new moms, are automatically eligible for WIC.

Why is WIC important?

Since eating habits are established very early in life, it is important to teach good nutrition as early as possible. WIC can help foster children learn about nutrition and how to eat right from birth to age five. Plus, like good communication and problem solving skills, healthy eating is an important skill that helps children grow and prevents them from developing health problems later in life.

Research shows WIC children have better outcomes in the future than eligible children not participating in WIC:

- Kids enrolled in WIC have better vocabularies when they reach four and five years of age.
- WIC has a major impact on reducing anemia and obesity.
- WIC participation leads to high rates of immunization.
- WIC significantly improves diets and intake of important vitamins and nutrients like iron, vitamin C, protein, niacin, and vitamin B6.

For more information, contact your local WIC office or check out dbhr.wv.gov/wic

September 5, 6, and 7, 2019

Waterfront Place Hotel, Morgantown



**Great Beginnings
Infant/Toddler
Conference**

Parent Blocks

NEWSLETTER



"Providing resources to parents throughout West Virginia"

Volume 16, Issue 1, Summer 2019

Supporting children through adverse experiences

Social emotional development plays an important role in every child's life. Each child is born ready to form a strong bond with a primary caregiver, usually a parent. For babies, this is a critical element to survival. Most people realize

that a baby depends on an adult to help facilitate every basic physical need—eating, sleeping, and staying clean and dry. Babies also depend on their primary caregiver for their emotional needs. By consistently

responding to your baby's cry with a warm, soothing hug, and attention to the child's need, he or she will learn to trust and regulate emotions, which over time will lead to school readiness, positive social behavior, and lifelong nurturing relationships.

Unlike the bone structure of a baby, the brain is not fully developed before birth. Further development of the brain occurs as a result of the stimulation and environmental input received after birth (Lessen-Firestone, J.). By learning to read your child's cues, meeting your child's emotional needs, and providing opportunities for your child to safely explore and learn about the world around him, you are promoting healthy social and emotional development.

Another term for social emotional

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development is infant mental health. These terms are synonymous. Infant mental health is recognized as the ability of a child, from birth to three, to “experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn” (ZERO TO THREE Policy Center, 2004). These nurturing and supportive relationships have far-reaching effects on infants and children. This is true for both children with disabilities and those who are typically developing (Dunlap, G. and Powell, D., 2010). Research provides tangible evidence that children who experience early healthy attachments will demonstrate resilience in handling challenging situations, sensitivity to others, self-direction, and problem solving skills (Parlakian, P. and Seibel, N.L, 2002).

Resiliency is the ability to withstand challenges and overcome stress. Parents can help to build their child’s resilience through building nurturing relationships with their child, teaching self-care, and maintaining stable environments.

Fun Summer Snack

Children are more likely to eat what they help prepare so having children assist you in the kitchen is a great idea. It’s also a time that you can spend together with your child. When the temperature heats up, try this refreshing snack idea.



Crunchy Frozen Bananas

Fun snacks can be healthy snacks. These healthy bananas on a stick are a fun way to get fruit, dairy, and whole grain!

- 4 firm ripe bananas
 - 8 wooden sticks with rounded ends
 - 1 to 2 containers (6 ounces each) thick and creamy lowfat yogurt (any flavor)
 - 3 cups Cheerios cereal
1. Cover cookie sheet with waxed paper.
 2. Peel bananas; cut bananas crosswise in half. Insert wooden stick into cut end of each banana.
 3. Roll in yogurt, then in cereal. Place on cookie sheet.
 4. Freeze about 1 hour or until firm. Wrap each banana in plastic wrap or aluminum foil. Store in freezer.

Makes 8 servings.

Recipe and information from Bell Institute of Health
and Nutrition, General Mills, 2006

Parenting to prevent and heal ACEs

(Adverse Childhood Experiences)



Donna Jackson Nakazawa, *Childhood Disrupted: How Your Biography Becomes Your Biology & How You Can Heal*

“The main point is this: No matter how old you are – or how old your child may be, there are scientifically supported and relatively simple steps that you can take to reboot the brain, create new pathways that promote healing, and come back to who it is you were meant to be.”

NURTURE & PROTECT KIDS AS MUCH AS POSSIBLE



Be a source of safety and support.

MAKE EYE CONTACT

Look at kids (babies, too). It says, “I see you. I value you. You matter. You’re not alone.”

SAY, “SORRY”

We all lose our patience and make mistakes. Acknowledge it, apologize, and repair relationships. It’s up to us to show kids we’re responsible for our moods and mistakes.



GIVE 20-SECOND HUGS

There’s a reason we hug when things are hard. Safe touch is healing. Longer hugs are most helpful.



SLOW DOWN OR STOP

Rest. Take breaks. Take a walk or a few moments to reset or relax.

HUNT FOR THE GOOD



When there’s pain or trauma, we look for danger. We can practice looking for joy and good stuff, too.

BE THERE FOR KIDS

It’s hard to see our kids in pain. We can feel helpless. Simply being present with our kids is doing something. It shows them we are in their corner.

HELP KIDS TO EXPRESS MAD, SAD & HARD FEELINGS

Hard stuff happens. But helping kids find ways to share, talk, and process helps. Our kids learn from us.



KEEP LEARNING

Understand how ACEs impact you and your parenting.

More tips & resources for parents on back.

Support for parents with ACEs

“The best thing we can do for the children we care for is to manage our own stuff. Adults who’ve resolved their own trauma help kids feel safe.” –Donna Jackson Nakazawa



“Learning about ACEs is a start but sometimes we need more. Many people with ACEs have never had their pain validated. Understanding that there exists a biological connection between what they experienced in childhood, and the physical and mental health issues they face now, can help set them on a healing path, where they begin to find new ways to take care of themselves, and begin new healing modalities.”

–Donna Jackson Nakazawa