Online Training Module Script:
The Impact of the Opioid Crisis on Young Children

As the training module begins, a picture of each slide will be displayed on the left followed by any additional commentary notes not provided on the slide. Links will be provided in the respected slides for each slide containing a video. The link will take you to a YouTube site in which the option for subtitles/closed captioning can be selected by clicking the [CC] button located in the bottom right hand corner of the video.

No narration

No narration

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We would like to thank the team members from The Ohio State Nisonger Center and Cincinnati Children’s Hospital Medical Center and those who contributed to this training.
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Additional Commentary: Thank you for your interest in this module. Be sure to look at our guided notes and helpful resources that you may use.

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Additional Commentary: Click on the section buttons below to begin.

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Opioids can be obtained by a prescription by the doctor or they can be obtained illegally.

The Centers for Disease Control and Prevention, or the CDC, looks at four categories of opioids: natural opioids like morphine and codeine, semi-synthetic opioids like oxycodone and hydrocodone, synthetic opioids like methadone, or the highly potent drug fentanyl, and heroin, which is an illegally made opioid synthesized from morphine.
This graph shows the number of overdose deaths in the United States from 2000 to 2016. As you can see, the rate of deaths has sharply increased in the last 4 years.

Ohio is one of the states that has been particularly impacted by the opioid crisis.
The use of opioids has a long and intricate history in our country. This timeline is a summary of events described in the book *Dreamland* by Sam Quinones. It illustrates the cause and progression of the opioid crisis in the United States and its complex and long history, dating back to the 1800’s. Feel free to click the buttons below for more information on the timeline.

As you can imagine the impact of the opioid crisis is extensive, encompassing several areas. Take a look at some examples and think of how the opioid crisis has impacted you.

Children have been critically impacted and we see this impact in the home, school, and childcare settings.
Opioids work by binding to opioid receptor sites in the body to reduce pain messages to the brain and decrease the feelings of pain. It also triggers the same process that gives people pleasure. Opioids are highly addictive so prolonged opioid use or misuse and diversion can lead to addiction.

Many times family members of those addicted ask questions like: "Why can’t they just stop?", "Can’t they see what this is doing to our family and to our finances?" Those suffering from addiction wonder: "How did I not see this coming?" This line of thinking creates a barrier between us and those struggling with addiction of our own personal beliefs and expectations. This actually keeps us from helping addicts. We need to understand the addict is always doing the best they can.
This part of the presentation is adapted with permission from a lecture called “Understanding Addiction: Squirrel Logic” given by Dr. Brad Lander, Clinical Director and Psychologist at The Ohio State University Wexner Medical Center Addiction Medicine Department. He gave this lecture at the 2014 Ohio Judicial Symposium on opiate addiction. The framework I will share with you today is elaborated in much more detail in his lecture. To learn how to help people suffering from addiction, we have to start by understanding addiction itself which leads us first to behavior. Why do we do what we do?

What is behavior? There are our thoughts, the logic to take two different ideas and create a new idea, judgement, the process that determines right or wrong, good or bad, appropriate versus inappropriate, prediction, if I do this, that is probably going to happen, decision making, calculation. There are also emotions, your senses and movement, and memory involved in your behavior. All of which comes from the brain, therefore all behavior comes from the brain.

Question for you: Are there any moving parts of your brain? Are there any workers in the brain pulling levers and pushing buttons? No, to understand the mechanics of human behavior, we need to look at it as an amazing balance of chemistry occurring in our brain. Chemicals like dopamine and serotonin create reactions in the brain that produce feelings of pleasure, pain, fear, excitement, anger, etc. that occur the exact same way as putting two chemicals together and the result is a big boom. Every time you put those two together, BOOM. You can’t change that from happening no matter how hard you try. Chemistry follows the law of physics and math which means no matter how bad I want it, I can’t change 1 + 1 to equal anything else but 2. This means all
behavior follows the laws of math. We are what our brain chemistry says we are.

As we’ve discussed, the chemistry of our brain controls our behavior. In the next slides, we will discuss how drugs play a role in altering our brain chemistry and impairing the user.

Even though our brain is protected very well by a blood brain barrier, there are still some chemicals, like alcohol, cocaine, and opioids that can cross this protection, getting into the brain and actually changing the brain chemistry. With opioids, they change the brain chemistry to help with pain. But opioids can also boost good feelings of pleasure. These effects are only temporary however, leading people to take more and more opioids to either decrease the pain or to get those good feelings back. This leads to abuse. Abusing these opioids can actually impair our thinking and affect our behavior, leading to irresistible cravings and later addiction. Let’s take a look at how this works by looking at the brain and this pleasure and reward pathway.

The reward pathway in the brain of humans and animals is stimulated in an area called the nucleus accumbens. This part of the brain stimulates the pleasure principle or the reward of “It feels good when I do this. It must be good for me. It must be repeated.” Things important for survival like eating, drinking and sex, trigger this reward. As you can imagine so do dopamine searching chemicals like alcohol, THC, meth, benzos, opiates, and cocaine. Abusing these drugs can lead the brain to adapt to think these things are just as important for survival as food water and sex.
In humans, the reward pathway is under some control by an area in the brain called the prefrontal cortex. It gives us some control so that we have a way to say “No or not yet to our needs.” But if this pathway is stimulated enough, it can actually overpower the brain to make us satisfy this need. This need can be for food, water, or sex, things needed for our survival. Have you ever put off eating so long that eventually you are so hungry you do whatever it takes to find something, anything to eat? Your reward pathway overpowered your prefrontal cortex to satisfy your need for food.

Likewise for opioid use this reward pathway is stimulated more and more until it eventually overpowers the prefrontal area. The brain then adapts and this behavior of opioid use becomes just as important as food, water, and sex even though it started out as something you were taking for pain or to give you feelings of pleasure.

Now it feels like something you cannot live without and you need more and more just to satisfy this need. This is the path towards addiction and this is why it is very hard to just stop.
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Case Study - Meet Jo

Throughout this training course, we will discuss a case study of a young woman named Jo who suffers from opioid addiction.

At the end of each section there will be an update on the case and an opportunity to answer questions and apply the strategies we discuss.

Case Study - Meet Jo

Jo grew up in a single parent household in a working-class family. She attended a small high school in a small town in Ohio. While attending high school, she worked at a local grocery store on afternoons and weekends.

Case Study - Meet Jo

After graduating high school, Jo began working full-time at the local grocery store. She was working on earning a scholarship so she had been selected "employee of the month" several months in a row when the unexpected happened.

Case Study - Jo’s Story

On her way home from work, she was in a car accident that landed her in the hospital with multiple leg fractures. She had multiple surgeries and was in significant pain.

Doctors on her care team prescribed pain medication, including opioids while in the hospital. She was discharged with a prescription of oxycodone.

Case Study - Jo’s Story

Jo continued to have a considerable amount of leg and lower back pain. She could not complete her normal, daily work due to her pain.

Fearful that she would lose her job if she could not work, she received extra doses of oxycodone from her doctor, taking some before arriving to work and then again at lunch to manage her pain at the end of her shift.

Case Study - Jo’s Story

She did not realize the dangers and addictive nature of oxycodone. Before, Jo was needing higher and higher doses to manage her pain. She was taking 1 times the prescribed dose and quickly ran out of her prescribed medication.

By age 19, Jo was addicted to opioids.
Children exposed to the opiate epidemic face a number of adverse childhood experiences or ACEs.
ACEs have potentially negative long term effects on health and well-being in adulthood. Some ACEs are traumatic events. These are the types of ACEs we are going to focus on in our training.

For more information on ACEs specifically, click on the Substance Abuse and Mental Health Services Administration link or the Centers for Disease Control and Prevention link.

So what does this mean for you? It means that you and I and everyone who works with children should learn about traumatic stress so that we can all be trauma informed providers. Think about the children that you work with. I’m sure that you can think of a child who was difficult for one reason or another. It can be hard to remember there is always a reason for the difficult behavior whether it’s a relationship, a situation, or traumatic stress. We can all play an important role of seeing a challenging child and taking a step back to recognize the child isn’t being difficult to be difficult. There is probably something behind that behavior. I like the phrase, “If the child can do well, they will”, because it reminds us that no one chooses to perform poorly. Being trauma informed means recognizing that exposure to traumatic events negatively impacts development and committing to reduce that negative impact of
Exposure to parental substance use is a traumatic event. Additionally children whose parents abuse substances are often placed in situations that result in additional traumatic events.

Traumatic events can include, emotional and physical neglect, community violence, sexual abuse, physical abuse, automobile accidents, domestic violence, impaired caregiver, meaning that the child’s parent is not able to provide them care because they are on a substance that is altering their abilities, traumatic grief, so in the case of a caregiver who has passed away due to substance use, verbal or emotional abuse, and disruptions in attachment, meaning that a child’s been placed in foster care or kids are being separated from their parents due to a parent being in rehabilitation or going to jail.

Every single infant, child, everyone responds to traumatic events in one of three ways. This is an ADAPTIVE response. You’re just trying to survive.

The problem is that your brain and body responds this way automatically to trauma reminders. Sometimes those trauma reminders are false alarms.
You’re either go to freeze, flee, or fight.

Let’s walk through how trauma reminders work. I want you to close your eyes and think about your favorite holiday. Think about where you are, who you’re with, what it smells like, what it feels like, what you hear.

Now open your eyes. Could you remember where you were? Who you were with? Certain smells that reminded you of your favorite holiday? How you feel when you think about your favorite holiday?

Reminders of traumatic events work the same way as reminders of positive events. So trauma reminders can come up in any one of these senses.

If you are concerned about a child in your setting just remember as a childcare provider or an early intervention provider you are a mandated reporter.

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If your agency does not already have a plan or policy in place, it is time. A child may be at risk due to a caregiver's opioid abuse. NOW is the time to create a plan or policy.

Narrator reads directly from slide

True/False

Traumatic stress negatively impacts development:

- True
- All true

Narrator reads directly from slide

Case Study - Question 1

Jo grew up in a single parent household. Her mother worked several jobs. She did her best, but Jo was occasionally left alone as a child. Jo's mother had a long-term boyfriend who would become physically violent when Jo was home. Jo witnessed this violence frequently. Jo's biological father was incarcerated and out of her life.

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How many Adverse Childhood Experiences (ACEs) does Jo have?

- None
- One
- Four
- Five

Narrator reads directly from slide

SECTION 4: IMPACT OF OPIOID EXPOSURE CONCEPTION TO AGE 3

No narration
Some studies suggest that babies exposed to opioids during pregnancy have higher rates of birth defects and complications including risk for congenital heart defects, risk for neural tube defects, lower birth weight and small head circumference, pregnancy complications, and preterm labor, and neonatal abstinence syndrome.

For more insights on pregnancy and addiction watch this video by Dr. Prasad.

Link to the video below:
How to Help Addicted Mothers - YouTube
The annual number of newborn hospitalizations related to opioids and hallucinogens increased 816% between 2006 and 2015.

An opioid and hallucinogen combined has surpassed cocaine as the common drug exposure in 2009 and remain the leading drug exposure in 2015.

Between 2006 and 2015 in Ohio, 11,283 hospitalizations resulted from neonatal abstinence syndrome or NAS in inpatient hospital settings.
The most common conditions associated with NAS were respiratory complications, low birth weight, and feeding difficulties, as well as seizures.

For more insights on the signs and symptoms of neonatal abstinence syndrome watch this video by Dr. Halpern.
Link to the video below:
Signs and Symptoms of NAS - YouTube

For more information about the short and long term effects of neonatal abstinence syndrome watch this video by Dr. Halpern.
Link to the video below:
Short and Long Term Effects of NAS - YouTube

The few studies available comparing children exposed to opioids during pregnancy to those not exposed suggest that the children that were exposed to opioids may score lower on assessments in motor skills, cognition, social, and language development.

For more information about caregiver training after hospital discharge, watch this video by Stacy Lee and Kristin Kerwin.
Link to the video below:
Caregiver Training After Hospital Discharge - YouTube

For more information about the heavy crying period during neonatal abstinence syndrome, watch this video by Stacy Lee and Kristin Kerwin.
Link to the video below:
The Heavy Crying Period - YouTube
Here we outline some tips for caring for children who may experience neonatal abstinence syndrome. You can use these tips in your centers and also talk with parents and other caregivers about these strategies to make sure everyone is being consistent. For children who are often crying or fussy try to avoid loud noises, including loud voices. Also, try to keep the lights dim. While we want to encourage talking and singing with all babies, it is important not to talk directly into the baby’s face. Caregiver’s are encouraged to hold the baby close, wrapped tightly in a light blanket. Offering a light pat on the baby’s bottom or belly can help soothe them.

Babies who experience NAS may seem like they do not want to be swaddled in a blanket because they often jerk their arms out, however it is important to keep them swaddled just like any other baby. Be sure to be mindful of Ohio’s law on using sleep sacks in childcare centers. In terms of sleep, we want to make sure that all caregivers are using back to sleep and we want to discourage sleeping with the baby.

Sleep for babies should follow the ABC’s which is Alone, Back, Crib. Ohio’s Department of Health has more on safe sleep practices at this website: http://www.odh.ohio.gov/safesleep/

Here are some more tips for caring for infants. Use of diaper creams and frequent diaper changes can help reduce problems that come from diarrhea.
To help with feeding, try to offer smaller but more frequent feedings. After feeding, putting the infant in a sitting position can be helpful for burping to reduce spit up.

Parents who are addicted to opiates face a number of challenges to provide a consistent parent and safe environment for their children. Parents try to shield their children from their substance use, which is great on one level but also leads to emotional and physical neglect. Consistent non responsiveness and neglect negatively impacts the development of a secure attachment. Another factor to keep in mind is that many parents who are addicted have their own history of traumatic event exposure which can lead them to having trouble being empathic toward their children and have a hard time seeing the world through their child’s eyes.

If you guessed 28%, you are correct. 28% of all children taken into protective custody had parents who were using opioids at the time of removal. 70% of children in custody under the age of one have at least one opioid involved parent. It’s also important to note that when children are placed in the foster care system a lot of times they move to different homes and can experience difficulties in attaching with the amount of caregivers they may come in contact with.
Case Study - Jo’s Story (continued)

Due to Jo’s substance abuse, it became more difficult to continue working, and she ultimately lost her job. She lived at the homes of various friends and family members.

At age 24, Jo became pregnant.

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Case Study - Jo’s Story (continued)

Jo struggled with her addiction at the start of her pregnancy, but was able to enter into a medication-assisted treatment (MAT) that she continued throughout her pregnancy. She continued her prenatal care visits with her doctor.

At 40 weeks, Jo went into labor and delivered a 5 pound baby boy. Jo named her baby Jeremy.

Narrator reads directly from slide

Case Study - Question 2

Jo’s baby Jeremy is seen in the newborn nursery. He is diagnosed with Neonatal Abstinence Syndrome (NAS).

Narrator reads directly from slide

Which of these is NOT seen in Neonatal Abstinence Syndrome?

- Fever
- Large birth weight
- Poor Feeding
- Fussiness

Narrator reads directly from slide

Case Study - Question 3

Jo was in a recovery program for the first year of her baby’s life. However, at her child’s first year appointment with the pediatrician, the doctor raised concerns for delays in Jeremy’s development.

Jo was overwhelmed with grief and feelings of responsibility for her baby’s delays. She began to use heroin again.

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Addressing traumatic stress response in young children who are in your centers or under your care can be thought about in three ways: Interventions to impact attachment, Interventions for regulation, and Interventions for competency. 

Traumatic events can impact all of these areas of development. We will review how to work with young children who will have problems with each of these areas in the next few slides.

Additional Comments: Take a moment to jot down why this matters.
Working with children who have experienced traumatic events can be stressful when you are a provider or classroom teacher. Let’s talk about a strategy that you can use to help manage your stress and keep your calm when working with children who are challenging. I’d like you to take out a piece of paper and a pen. The strategy is called RACE or Reflect, Anticipate, Change, and Evaluate. To help you learn how to use this strategy we can walk through an example. I’d like you to think of a child that is challenging for you. The first thing to do is to reflect on this child. So you are thinking about what the child does to push your buttons, are there certain emotions that this child has that are more difficult for you to cope with or respond too, do you have a strong reaction when the child behaves a certain way or says certain things? The next is to anticipate, with anticipate you are thinking about the environment that the child is in, so if you work in the classroom you are thinking about the classroom itself. When is that child behaving the way they that are behaving? When are those challenging behaviors coming up? Go ahead and write those things down. The next thing I’d like you to anticipate is to think about yourself. Are there areas of insecurities for you that are coming up when managing that child’s behaviors or emotions? Are their times that that child’s behaviors are somehow associated with a crisis or significant event for you? We all have our stresses whether it’s financial or job stress, family illness, or your own history of trauma and trauma reminders that can be challenging to manage when working
with children. And sometimes children, some
children will push those buttons more than other
children will. So when we are thinking about
anticipating, we are thinking about the classroom
environment so trying to figure out when that
child is behaving the way that their behaving. But
it’s also about anticipating for your own self, “I’m
going to have a strong reaction when this child
does this to me or does this in this classroom. It
reminds me of what happened when I was 10 and
now I’m remembering that.” So whatever it is, you
want to write down what you anticipate will
happen for yourself and in the classroom setting.
The next is to change, so, in order to make
significant changes, you have to shift how you
think about the child. Whether you are lacking
onto empathy or viewing the child through a
different lens that can help you not take that
behavior personally. You want to change the way
that you approach the child or that situation. So
when you wrote down your anticipations, if every
time that you transition to a new task in the
classroom and the child that you are thinking
about always has a meltdown, then you’ll want to
change your approach to that situation. So maybe
it’s giving a warning ahead of time that you’re
about to change or maybe it’s an internal shift. I
notice that whenever we have a transition, I’m
expecting little Johnny to get upset and so I
notice that I get really tense and when I get tense
and uncomfortable I notice that that makes little
Johnny upset. And so now I’m going to try to
relax whenever there is a transition so that I’m not
making little Johnny upset. The last thing is to
evaluate how that change worked. Did you
staying calm in the moment help little Johnny not
react the same way or have better behavior in that
moment. Write down your evaluations. Did it
work? As in did the change work? If not, what
things need to be fixed for next time? And what
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<td><strong>did you learn in this process? Using this strategy can help you in the moment in the classroom.</strong> A child care provider who is practicing the reflect strategy within the RACE skill. Link to the video below: <a href="https://www.youtube.com/watch?v=demo_video_id">Demonstration of RACE - YouTube</a></td>
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<td><img src="image4.png" alt="Image" /></td>
<td><strong>Narrator reads directly from slide</strong> Now let's watch a video of Leatha Clark who is a Clinical Research Scientist and Physical Therapist at Ohio Musckuloskeletal and Neurological Institute. She works in the Neonatal Abstinence Syndrome clinic at Ohio University in Athens. She is going to tell us a little bit about the physical deficits that can come up in children with Neonatal Abstinence Syndrome. Link to the video below: <a href="https://www.youtube.com/watch?v=nas_video_id">Physical Deficits in NAS - YouTube</a></td>
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In the case of modeling, you are the feelings detective. Label what you think the child’s emotion is. Label what you think your emotional response is. Sometimes you do not get it right but children are better at telling you no than coming up with their own wants and needs on the spot when they are having a strong negative emotion. So when you don’t get it right, try not to take it personally and try again.
Why do children who have experienced traumatic events and are dealing with traumatic stress need to feel safe? It’s because that’s the first thing that, safety is the foundation of everything for young children, especially. It’s true for even adults as well. If you’re not feeling safe, it’s hard for you to learn to grow and to advance yourself. How do you create safety within the classroom or within your work you do with young children? There’s a few strategies I’d like to introduce. One strategy that you could use in your classroom is to alert children to upcoming activities or new environments. So, whenever you are making a transition, it’s always nice to give kids a minute or two minute warning. Some kids longer so it may be a matter of figuring out or playing with the timing, to figure out how long is an optimal amount of time to let a kid know that you are about to change activities or centers or even rooms. So, transitioning from outside, to inside, and vice versa. Another strategy is to offer perceived control. So, what does this mean? You’re offering kids a choice. It’s not like they get to choose everything so, it’s a forced choice. For example, you could say, “Would you like to hold my left hand or my right hand?” They still have to hold your hand but they get a choice in which hand they hold. And for kids, it allows them to feel like they are in control even though you are controlling them in a sense. Another example would be, “Would you like to clean up the blocks now or after your snack?” They still have to clean up the blocks but now they get a choice about when they do it. A third thing to practice would be to speak simply and avoid catastrophizing. So, the calmer that you can be and the less scary you can be, the easier it is for kids to feel safe. So for example, if you are concerned a child might climb up too high on a jungle gym and they might fall off and get hurt, you can say “I’m worried. Please
don’t climb up so high. I’m worried that you will fall and get hurt.” Instead of saying, “Don’t climb up so high. You might fall off and then if you fall off and get hurt you might have to go to the emergency room and they might have to amputate your leg.” Okay, obviously that is an exaggeration and that is really scary for kids. So remember to just speak simply and avoid catastrophizing. The last skill that you can use is to be consistent with your rules and expectations with all of your students, every day. Now this gets challenging when you are working in a classroom and there are multiple classroom teachers that come in and out. So, what I would emphasize with this one is that you should be communicating with all of your teachers about what your rules are, what your expectations are, and everyone should come to an agreement on what the classroom rules are and what your expectations are for each of the children. This way the children can get a consistent message across providers and teachers and this will increase their sense of safety.

Narrator reads directly from slide

**Impact on Self-Esteem**

- Children who have been exposed to traumatic stress here:
  - Increased feelings of shame and guilt
  - Decreased sense of self
  - Increased disturbances of body image
  - Negative expectations for the future
  - Decreased self-esteem

Additional Comments: Let’s take a minute to reflect on why this matters.

Narrator reads directly from slide
We know that traumatic experiences impact self-esteem in a number of important ways. Often kids blame themselves or feel like they are bad. This can lead children to have self-concepts that are state dependent so, they see themselves as scared, angry or invisible for example.

Finally, traumatized children often do not have secure attachments with which to explore their world safely. As such, these children will not explore or be curious in the service of safety and instead rely on rigid control and repetition. In this way children become limited to what is immediate rather than what could be.

Think of children who lack imaginative play. A lack of imagination during play is a direct consequence of lack of exploration. Self-esteem development can be taught through helping kids explore who they are, what they are good at, and what they want to be when they grow up.

There are a number of ways to help young children explore who they are and these are just some examples for you that you can use in your classroom. You can have your children create “All About Me” books, introduce new ways to express themselves, like dance, arts and crafts, or physical activities like, running, skipping, and hopping. To help young children learn what they are good at, praise them when they do something successfully. To help young children explore who they want to be when they grow up, you can encourage them to play dress up or help them connect what they are good at with different occupations. For example, if you notice a child really likes to paint, you could say, “It seems like you would be a really good artist when you grow up.” The goal is to link current skills with future outcomes and remember that young children need sooner time points.
Narrator reads directly from slide

Additional Comments: Let's take a moment and reflect on why this matters.

Let's check your knowledge.
Narrator reads directly from slide

Additional Comments: Examples include: having a difficult time staying in circle time, or sitting through lunch, or using their art supplies correctly during art activities.

Narrator reads directly from slide

Additional Comments: Meaning that sometimes they are verbally or physically aggressive towards themselves or other children or staff members. Let’s take a minute and reflect on why this matters.

Now let’s watch a video of Jenny, who is a classroom teacher in a preschool. She worked with a toddler who had experienced physical abuse and environmental neglect due to parental substance abuse.

Links to the videos below:
- Transitioning into the Classroom - YouTube
- Challenging Behavior and Implications - YouTube
- Social Delays and Challenges - YouTube
- Lessons Learned - YouTube
- Caregiver Classroom Communication Considerations - YouTube
- Cultural Considerations - YouTube
Here are a few tips to use when you have a child who is having some difficult challenges participating in the classroom and you are wondering on how to meet their needs. The first tip is to identify the challenge. It could be the classroom environment itself or it could be a situation that makes the child behave in a challenging to manage way.

Some kids can be appropriate with adults and not kids and other times certain peers set them off while other peers don’t. So, you want to pay careful attention to those things.

Narrator reads directly from slide
Additional Comments: Once you’ve observed the difficult situation before enduring, the last tip I would give is to adapt the routine activity or environment to help the child become successful. Adaptations include providing additional support, so whether that’s an aide who is helping this child during challenging times. If you know that certain peers have conflicts every time they are next to each other, you can sit them on opposite sides rather than allowing them to sit next to each other.

Tools you can use to help manage behavior problems without providing a direction consequence or punishing a child for their behavior problem is to use redirection.

Narrator reads directly from slide
Additional Comments: For example, if little Suzie has a hard time transitioning between activities and you know that she loves stickers, you could give Suzie a sticker when she starts transitioning appropriately. Now she might not make it all the way through the transition without crying, so you
will want to give her a sticker when you see that she has started to put away a toy. Giving her the sticker after she started crying and refusing to finish cleaning up would only reinforce her crying.

The classroom environment can be particularly challenging to think through, so let’s do this together and some examples. We know that the classroom directly effects how the children participate during the day, we also know that making small changes can improve student success.

Let’s take a look at this classroom example. There are many helpful things in this classroom. The use of simple visuals and decorations and toys are put in bins. One potential problem is blocks are disorganized and thrown on the shelf. A strategy to help with this would be to put the blocks in a large bin. Another helpful thing is that the bins are clearly labeled with pictures.

Let’s look at another classroom example. This classroom feels a bit more overwhelming. Let’s talk about why. First, there is virtually no undecorated wall space and there are many busy decorations that change frequently.
Narrator reads directly from slide

Case Study - Question 4

Jeremy's mom continued to struggle with heroin abuse and addiction. At age 2, Jeremy was placed into foster care after experiencing physical abuse from an adult male who was a friend of his mother.

Jeremy was moved to four different homes before he entered preschool at the age of three.

Narrator reads directly from slide

Case Study - Question 5

Jeremy was sitting in his preschool classroom. Jeremy's teacher has organized a craft for students to complete at the table. Students are asked to color and cut circles to make flowers. Jeremy struggled to keep his scissors on the table and began stopping and cutting the circles into pieces.

Narrator reads directly from slide

After dropping his scissors for the third time, Jeremy ran away from the table, refusing to complete the art project.

Which of the following could be a reason Jeremy left the table?

- The activity is too hard for Jeremy and he no longer has the skills to do it for help or cope with frustration.
- Jeremy cannot complete flowers
- Jeremy has a behavior problem and needs help

Narrator reads directly from slide

One way to address Jeremy's frustration with the task would be to help him understand his emotions and provide him with examples of appropriate responses. One way to do this would be to say:

Jeremy, I see you are frustrated with the project. We can ask me when you need help by saying, 'I need help.'

Jeremy, why are you out of your seat? We are cutting right now.

Jeremy, go back to the table.
Looking for developmental milestones is easy and can be a lot of fun. Keeping track of milestones each child in your classroom has reached and the ones he or she is still working on is really important. The child’s caregivers likely see you as a trusted provider because they allow you to care for their child. You are in a perfect position to have conversations about what is going well for the child’s development as well as any concerns you may have which are both very important to the child’s overall well-being. This image is an example of a milestone photo for a child who is
four months old. The child should be able to smile spontaneously.

To help you track milestones for the child in your classrooms, CDC which stands for, Centers for Disease Control and Prevention, through its learn the signs, act early program, has free, easy to use milestone trackers and other helpful information about early development. Next I’ll show you what some of these materials look like and give you ideas for how to use them. The first resource is an app for your iPhone or tablet. This app is available on Google Play store or Apple App store for free. You can download it, put in a child’s age, answer some brief questions about what you have seen the child do, and the app keeps track of the child’s milestones for you. You can learn more by going to the website listed at the bottom of the photo which is [cdc.gov/MilestoneTracker](https://www.cdc.gov/MilestoneTracker).

This resource is called the Milestone Moments booklet. This resource includes all of the CDC checklist from two months of age to five years, activities for how you can help the child learn and grow, and provides space so you to write down important observations or questions to ask the child’s caregivers. The caregivers can also use these materials to talk about any concerns or questions with the child’s doctor at checkups. All this in one colorful booklet, small enough to keep in the child’s backpack or cubby at school.

Acting early means checking on the child’s development a little further to see if the child is on track or if additional help may be needed. All children are a bit different but most children follow a common path. You spend a great deal of time with children in your classrooms or centers so you know them best. Use learn the signs, act early materials as a guide if you have concerns. Here are some helpful tips: first talk to the child’s main caregivers, ask them about what they see at
home and compare them to what you see at your center. If you feel nervous or have concerns about a conversation with the child’s caregivers there’s also a training that can help. It’s called ‘Watch Me! Celebrating Milestones and Sharing Concerns’ and you can find the link provided on this slide. This training is an hour and module four walks you through having a conversation about development with a parent or caregiver. It will also be helpful to talk with your centers director or supervisor if you have questions about having these conversations with primary caregivers.

Children should be given their best chance for developmental success. There are services called Early Invention or Home Visiting in Ohio that can help families support their child’s development. In Ohio, a child can be evaluated to receive services by contacting this number 1-800-755-GROW or that number is 1-800-755-4769 or by visiting www.ohioearlyintervention.org/referral website. Anyone can make this referral on the behalf of a child, it does not have to be a doctor. Specialists are also available at your local children’s hospital or in your community. Look for someone who specializes in child development or developmental delays or disabilities. You can also email your questions to actearlyOhio@cchmc.org

Multiple Choice

- A. To find out if another adult is on board
- B. To find out if a child might have a developmental delay
- C. Both

No narration
Case Study - Question 9
Jeremy's preschool teacher noticed that Jeremy is not participating like his same-aged peers. His teacher is concerned about his motor skills. On the playground, Jeremy falls down frequently and he cannot jump with both feet. Jeremy's teacher thinks he may need a professional to help but is not sure what to do.

What are appropriate next steps for Jeremy's teacher?
- Talk to Jeremy's primary caregiver to discuss the specific concerns and Jeremy's strengths.
- Talk to the Center Director to see what policies or plans are in place to help children like Jeremy.
- Encourage Jeremy's primary caregivers to talk to his pediatrician about developmental concerns.
- All of the above. These are all great next steps to help Jeremy.

Case Study - Conclusion
Jeremy is now 7 years old and is in the first grade. He lives with his foster family and continues to have some visits with mom, who is in a treatment program. Jeremy receives support from a school counselor, occupational therapist, and speech therapist. Jeremy's transition from preschool to his new school went well because his early childhood educators took the time and care to work with him and nurture his development.

Jeremy still has some rough days at school but his educators and the health care providers he works with use a trauma-informed approach.
The work of the preschool teachers and the school's social workers helped set up Jeremy for developmental gains and success in school!

SECTION 7: REFERENCES & RESOURCES

No narration

References

No narration
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<th>Description</th>
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<td>Resources available</td>
<td>We have provided you with a number of ready-made tools and resources you can use at your center. You can download these for free on the OCCRRRA website.</td>
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<tr>
<td>You did it!</td>
<td>Thank you for completing this training module. For any questions, please contact <a href="mailto:actearlyOhio@cchmc.org">actearlyOhio@cchmc.org</a></td>
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