



Parenting

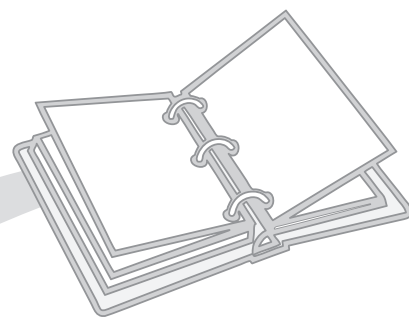
A Guide to Parenting Skills for Life

Curriculum Teacher Guide



Parenting A Guide to Parenting Skills for Life

Curriculum Teacher Guide



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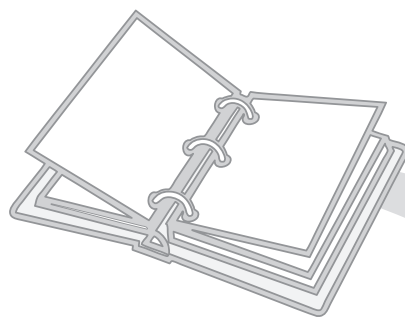
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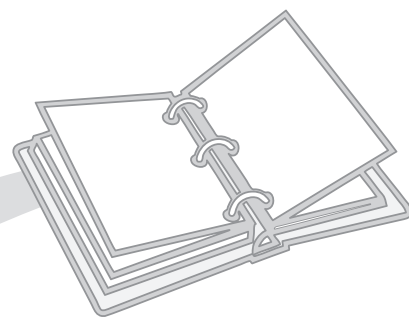
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Amy Jo Lundell, Coordinator and faculty member for the Family and Consumer Sciences Master of Education/Initial Licensure Program at the University of Minnesota.

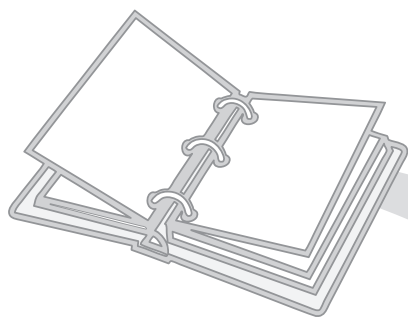
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Introduction

Parenting: A Guide to Parenting for Life is designed to help students understand the complex nature of child development and the important role that parents play in the healthy development of their child. Students learn about the stages of development throughout the lifespan, the styles of parenting and their impact on a child, how to improve language development, the costs involved in raising a child, and other topics related to parenting infants and toddlers. Students are introduced to the RealCare® Baby and participate in an extended care simulation experience. The simulation is intended to help students achieve a better understanding of the time and effort involved in caring for a young infant.

Ideally the course should be used in conjunction with the *Basic Infant Care* curriculum, located on this CD. However, if you are presented with time constraints in covering all the lessons in these two curricula, feel free to look through the *Basic Infant Care* curriculum topics and choose any lessons that fit well with this course and the time you have available.

This course may be the only time your students have formal instruction about parenting. If you can add personal experiences and information, you make it a richer and more interesting learning experience for your students. Through this course and the simulation experience with the RealCare® Baby your students should have a better understanding of the important and intensive role of parenting.

Lesson Structure

Each lesson begins with an overview, lesson objectives, and a *Lesson at a Glance* table, which lists the lesson activities, materials required, suggested preparation steps, and approximate class time. The U.S. National Standards for Family and Consumer Sciences supported are located at the beginning of each lesson.

Lesson Sections

The overview is followed by the actual lesson, which contains some of the sections described below. Most lessons are designed to be completed within 45 minutes.

FOCUS

Every lesson begins with a FOCUS activity intended to

capture students' attention. This may be in the form of a small or large class discussion, game, review of previous lesson information, or demonstration. During this activity, students are introduced to the topic of the lesson.

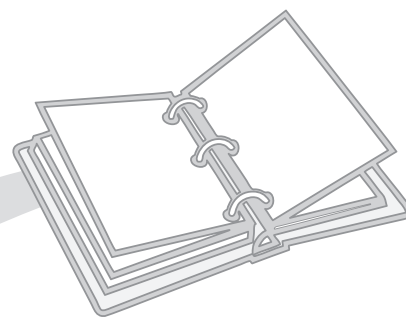
LEARN

The LEARN activity in each lesson varies in its presentation mode. It may be a PowerPoint® presentation, group activity, or demonstration.

REVIEW

The majority of lessons end with a REVIEW activity intended to briefly review the lesson's key messages or main points.

Note: All worksheets, handouts, and the pretest and posttest are located in the Student Materials folder. Please refer to that folder to access the materials for printing/copying.



Course Schedule

The *Parenting: A Guide to Parenting for Life* curriculum is composed of the following lessons. Approximate lesson times are included.

Lesson	Title	Approximate Time
1	Introduction to Parenting	45 minutes
2	Care and Needs of an Infant –Introducing Baby	45 minutes
3	Safety, Health, and Care – part 1	45 minutes
4	Safety, Health, and Care – part 2	45 minutes
5	Attachment/Autonomy: Trust and Brain Development	45 minutes
6	Nurturing	45 minutes
7	Education and Literacy development	45 minutes
8	Recreation and Play	45 minutes
9	Parenting Styles	45 minutes
10	The Simulation Experience	45 minutes
11	Financial Support	45 minutes
12	Child Care/Day Care Options and Community Resources	45 minutes
	Course Summary and Posttest	30-45 minutes

Lesson One

Introduction to Parenting



Lesson Overview

This lesson introduces students to the complex role of becoming a parent. Students work in groups to begin thinking about the many aspects involved in the role of parenting. The pretest will give the teacher an understanding of students' prior knowledge on the subject of parenting, and will provide students the opportunity to consider what background knowledge they currently possess.

Lesson Objectives

After completing this lesson, students should be able to:

- Identify the six stages and ages of childhood and begin to think about their ideas on the topic of parenting.

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• Pretest	Print/photocopy pretest for each student	15 minutes
LEARN	• Slide 2 - <i>Parenting Questions</i> – or use handout	Print/photocopy the <i>Parenting Questions</i> list: One copy per group of 5 students, or use slide 2	25 minutes
REVIEW	• <i>Course Schedule</i> – slide 3 or handout	Print/photocopy <i>Course Schedule</i> for each student or use slide 3 and have students record pertinent information in planners	10 minutes

Note: All student materials (worksheets, handouts, pretest/posttest) are located in the Student Materials folder.

National FACS Education Standards Supported: 15.1, 15.4

FOCUS: Pretest/posttest

15 minutes

Purpose:

Participants take a pretest about parenting and child development to help you and students gauge their pre-learning knowledge about the subject.

Materials:

- Pretest (labeled *Parenting Test*)

Facilitation Steps:

1. Give each student a copy of the pretest.
2. After 10 minutes have students correct their own test as you read the answers. This helps them identify the areas they don't understand.

Parenting Pre/Posttest

Name: _____

Class Period: _____

1. What are the six stages of childhood?
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
2. Which of the following is the safest position to lay an infant to sleep?
 - a. Left side
 - b. Right side
 - c. Tummy
 - d. Back
3. Name two benefits for children when parents possess the nurturing skills set.
 1. _____
 2. _____
4. Explain the attachment theory, including the key ingredients for a child to attach to his/her parents.

5. True/False: Most learning occurs after the age of 5 when children start kindergarten. _____
6. Name the five things parents can do to significantly improve language development.
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
7. Which of the following is not a characteristic of a “good” children’s book:
 - a. Rhythmic appeal
 - b. Repetition
 - c. Short words
 - d. Colorful pictures
8. Which of the following infant equipment/supplies can be considered optional?
 - a. Clothing
 - b. Car seat
 - c. Changing table
 - d. Crib
9. Until what age does the American Academy of Pediatrics recommend NO television? _____
10. What three clues should a parent look for to know that a baby is done with the current play activity?

11. List two benefits of unstructured play:
 1. _____
 2. _____
12. Which of the following is **not** a factor in the loss of unstructured play?
 - a. Hurried lifestyle
 - b. Too many toys
 - c. Increased participation in school readiness activities
 - d. Changes in family structure

Parenting Pre/Posttest (cont.)



13. Match each of the following parenting styles with its characteristics by placing the letter of the associated characteristic in the space next to the parenting style.

Parenting Style	Characteristic
_____ Permissive	a. Clearly states rules and discourages independence
_____ Authoritarian	b. Disciplinary methods used by this parent are supportive
_____ Authoritative	c. Often neglectful because of drug use or immaturity
_____ Uninvolved	d. More responsive than demanding

14. Match Erikson's stages of development to the correct age by placing the letter of the age in the space next to its associated stage.

Stage	Age
_____ Fidelity: Identity vs. Role Confusion	a. Infants, 0 to 1 year
_____ Will: Autonomy vs. Shame & Doubt	b. Toddlers, 2 to 3 years
_____ Wisdom: Ego Integrity vs. Despair	c. Preschool, 4 to 6 years
_____ Purpose: Initiative vs. Guilt	d. Childhood, 7 to 12 years
_____ Love: Intimacy vs. Isolation	e. Adolescents, 13 to 19 years
_____ Care: Generativity vs. Stagnation	f. Young Adults, 20 to 34 years
_____ Competence: Industry vs. Inferiority	g. Middle Adulthood, 35 to 65 years
_____ Hope: Trust vs. Mistrust	h. Seniors, 65 years onwards

15. What are three characteristics of quality childcare?

1. _____
2. _____
3. _____

16. Name two benefits of a child having a stay-at-home parent up until age 3.

1. _____
2. _____

17. Directions: For the following scenario, write both a logical and natural consequence.

A brother and sister won't stop fighting with each other over a toy.

Natural Consequence:

Logical Consequence:

18. What are three consequences (short-or long-term) for a child if a parent fails to set limits and say "No?"

1. _____
2. _____
3. _____



Parenting Pre/Posttest Answer Key

Name: _____

Class Period: _____

1. What are the six stages of childhood?
 1. **Infant (birth to 1 year)**
 2. **Toddler (1 – 3)**
 3. **Pre-schooler (4-5)**
 4. **Child (6-9)**
 5. **Adolescent (10-12)**
 6. **Teenager (13-19)**
2. Which of the following is the safest position to lay an infant to sleep?
 - a. Left side
 - b. Right side
 - c. Tummy
 - d. **Back**
3. Name two benefits for children when parents possess the nurturing skills set. **(Any of the following)**
 - **The best chance of healthy development**
 - **Better academic grades**
 - **Healthier behaviors**
 - **More positive peer interactions**
 - **An increased ability to cope with stress**
4. Explain the attachment theory, including the key ingredients for a child to attach to his/her parents.
Attachment theory is the bond that children have with their parents as a result of needs being responded to in a timely and sensitive matter.
Key Ingredients: Affirmation and Affection
5. True/False: Most learning occurs after the age of 5 when children start kindergarten. **False**
6. Name the five things parents can do to significantly improve language development.
 1. **Echoing**
 2. **Recasting**
 3. **Restating**
 4. **Labeling**
 5. **Reading**
7. Which of the following is not a characteristic of a “good” children’s book:
 - a. Rhythmic appeal
 - b. Repetition
 - c. **Short words**
 - d. Colorful pictures
8. Which of the following infant equipment/supplies can be considered optional?
 - a. Clothing
 - b. Car seat
 - c. **Changing table**
 - d. Crib
9. Until what age does the American Academy of Pediatrics recommend NO television? **Age 2**
10. What three clues should a parent look for to know that a baby is done with the current play activity?
bored over-stimulated restless
11. List two benefits of unstructured play:
 - **Executive function is used**
 - **Practicing of private speech-self regulation development****Others: Provides an opportunity for children to use creativity and develop their imagination, physical, cognitive, and emotional skills; opportunity for parents to be fully engaged with child--learn about child’s emotions/temperament.**
12. Which of the following is **not** a factor in the loss of unstructured play?
 - a. Hurried lifestyle
 - b. **Too many toys**
 - c. Increased participation in school readiness activities
 - d. Changes in family structure

Parenting Pre/Posttest Answer Key (cont.)



13. Match each of the following parenting styles with its characteristics by placing the letter of the associated characteristic in the space next to the parenting style.

Parenting Style	Characteristic
<u> d </u> Permissive	a. Clearly states rules and discourages independence
<u> a </u> Authoritarian	b. Disciplinary methods used by this parent are supportive
<u> b </u> Authoritative	c. Often neglectful because of drug use or immaturity
<u> c </u> Uninvolved	d. More responsive than demanding

14. Match Erikson's stages of development to the correct age by placing the letter of the age in the space next to its associated stage.

Stage	Age
<u> e </u> Fidelity: Identity vs. Role Confusion	a. Infants, 0 to 1 year
<u> b </u> Will: Autonomy vs. Shame & Doubt	b. Toddlers, 2 to 3 years
<u> h </u> Wisdom: Ego Integrity vs. Despair	c. Preschool, 4 to 6 years
<u> c </u> Purpose: Initiative vs. Guilt	d. Childhood, 7 to 12 years
<u> f </u> Love: Intimacy vs. Isolation	e. Adolescents, 13 to 19 years
<u> g </u> Care: Generativity vs. Stagnation	f. Young Adults, 20 to 34 years
<u> d </u> Competence: Industry vs. Inferiority	g. Middle Adulthood, 35 to 65 years
<u> a </u> Hope: Trust vs. Mistrust	h. Seniors, 65 years onwards

15. What are three characteristics of quality childcare?

Possible answers:

- **Ongoing caregiver training**
- **3-1 child-caregiver infant ratio**
- **Positive discipline techniques are used**
- **Safe environment (baby/child-proofed)**
- **Adults read to the child at least twice a day**

16. Name two benefits of a child having a stay-at-home parent up until age 3. **Possible answers:**

- **Security and comfort**
- **Fewer sick days for kids**
- **Flexible schedule**
- **Stronger ability to trust primary caregiver (mom or dad)**

17. Directions: For the following scenario, write both a logical and natural consequence.

A brother and sister won't stop fighting with each other over a toy. (Answers may vary but should be realistic for natural and logical consequences.)

Example answer:

Natural Consequence: **Someone gets hurt**

Logical Consequence: **The toy is taken away from both of them**

18. What are three consequences (short-or long-term) for a child if a parent fails to set limits and say "No?"

Possible answers:

- **Poverty**
- **Obesity**
- **Lower education**
- **Violence**
- **Increased stress**

1

LEARN: Parenting Attitudes

20 minutes

Purpose:

In this activity, students share their thoughts about parenting by answering questions in a small group.

Materials:

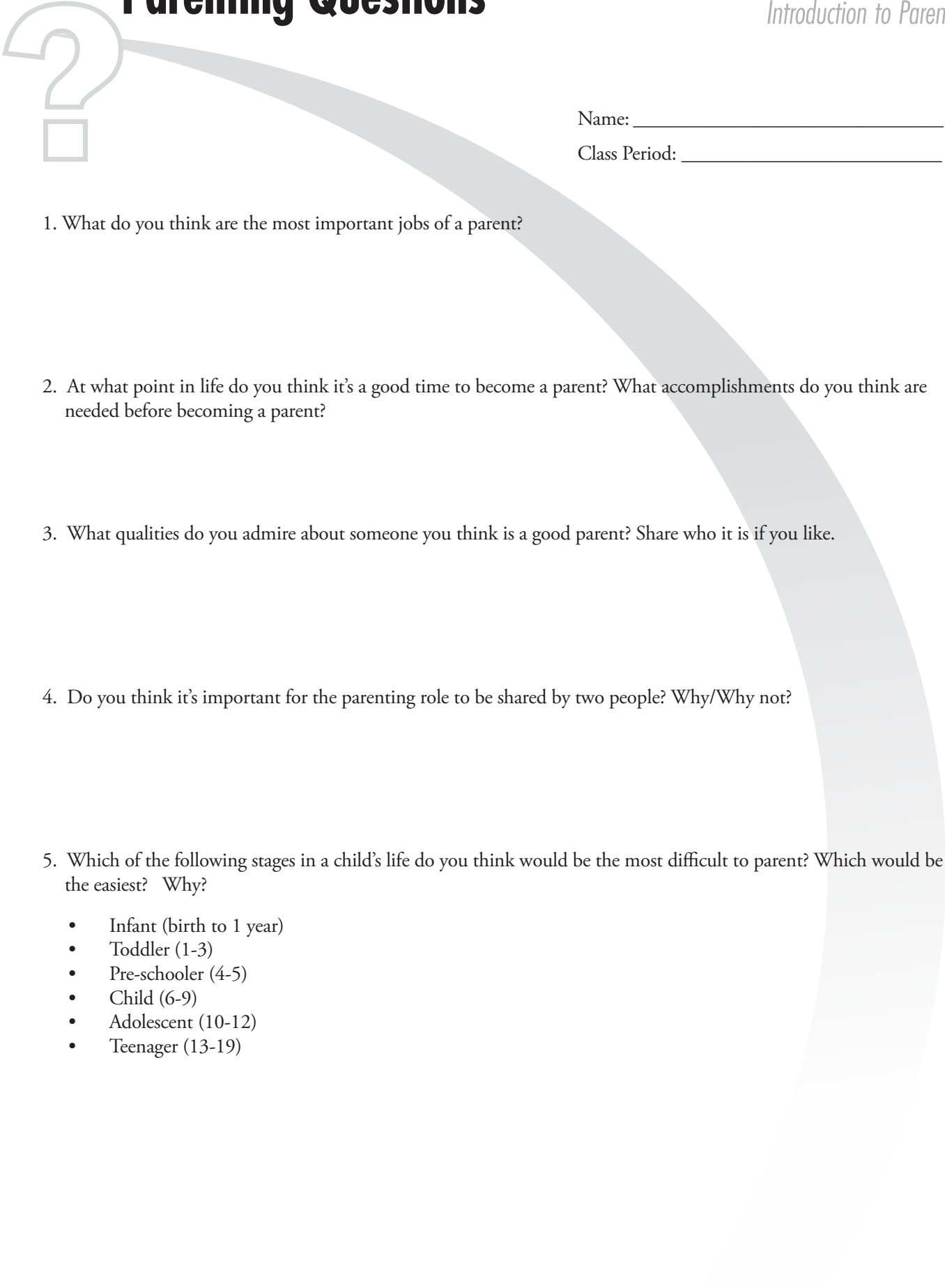
- *Parenting Questions* – slide 2 , or handout located in Student Materials folder

Facilitation Steps:

1. Divide class into groups of five and hand out the list of questions, one list per group, or display the list – slide 2.
2. Assign a number to each student in each group and have them think about their question for a moment and jot down their thoughts.
3. Have students take turns within their group and tell what their question is and their answer to it.
4. Reconvene as a large group and ask for volunteers with different questions to share their thoughts.

Parenting—Lesson One
Introduction to Parenting

Parenting Questions



Name: _____

Class Period: _____

1. What do you think are the most important jobs of a parent?

2. At what point in life do you think it's a good time to become a parent? What accomplishments do you think are needed before becoming a parent?

3. What qualities do you admire about someone you think is a good parent? Share who it is if you like.

4. Do you think it's important for the parenting role to be shared by two people? Why/Why not?

5. Which of the following stages in a child's life do you think would be the most difficult to parent? Which would be the easiest? Why?
 - Infant (birth to 1 year)
 - Toddler (1-3)
 - Pre-schooler (4-5)
 - Child (6-9)
 - Adolescent (10-12)
 - Teenager (13-19)

Parenting—Lesson One
Introduction to Parenting

1

REVIEW: Course Schedule

10 minutes

Purpose:

This activity introduces students to the topics to be covered in the course.

Materials:

- *Course Schedule* - slide 3, or handout

Facilitation Steps:

1. Hand out the *Course Schedule* to each student or display the slide and have students jot down pertinent information.
2. Introduce the course topics / schedule and discuss.

Parenting—Lesson One
Introduction to Parenting



Course Schedule

The *Parenting: A Guide to Parenting for Life* curriculum is composed of the following lessons. Approximate lesson times are included.

Lesson	Title	Approximate Time
1	Introduction to Parenting	45 minutes
2	Care and Needs of an Infant –Introducing Baby	45 minutes
3	Safety, Health, and Care – part 1	45 minutes
4	Safety, Health, and Care – part 2	45 minutes
5	Attachment/Autonomy: Trust and Brain Development	45 minutes
6	Nurturing	45 minutes
7	Education and Literacy development	45 minutes
8	Recreation and Play	45 minutes
9	Parenting Styles	45 minutes
10	The Simulation Experience	45 minutes
11	Financial Support	45 minutes
12	Child Care/Day Care Options and Community Resources	45 minutes
	Course Summary and Posttest	30-45 minutes

Parenting—Lesson One
Introduction to Parenting

Lesson Two

Care and Needs of an Infant – Introducing Baby



Please refer to Unit 2, Lesson 1: Introducing Baby, from *Basic Infant Care*. Use materials and facilitation steps from that lesson for this one. Adapt as needed for your students.

Parenting—Lesson Two

Care and Needs of an Infant —Introducing Baby

Lessons Three and Four

Safety, Health, and Care

— parts 1 and 2
(2 class periods)



Please refer to lessons 3.4 and 3.5: Safety, First Aid and Infant Health, Parts 1 and 2 in the *Basic Infant Care* curriculum.

Purpose:

These lessons introduce students to the many safety and health issues associated with caring for an infant and has students learn about, and then peer teach about, these safety and health issues.

Materials:

- Refer to the materials listed in the above lessons
- *SIDS Facts* handout

Facilitation Steps:

1. Follow the facilitation steps shown in the lessons referenced above. In addition, incorporate the following steps into your lessons:
2. Lead a class discussion by asking students what the acronym SIDS stands for. *Answer: Sudden Infant Death Syndrome*
3. Give each student a copy of the *SIDS Facts* handout and briefly discuss.

4. Include the following information about vaccines in one of your lessons. You may want to copy this onto a transparency or slide to show the class and discuss as a group.

Note: The *Basic Infant Care* curriculum contains a wealth of information on care skills, and covers practice of care skills with the RealCare Baby in the classroom. If time allows, consider including some or most of these lessons in your *Parenting* course.

Parenting—Lessons Three and Four

Safety, Health, and Care — parts 1 and 2

FIGURE 1: Recommended immunization schedule for persons aged 0 through 6 years—United States, 2012 (for those who fall behind or start late, see the catch-up schedule [Figure 3])

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	
Hepatitis B ¹		Hep B	HepB			HepB		HepB						Range of recommended ages for all children
Rotavirus ²				RV	RV	RV ²								
Diphtheria, tetanus, pertussis ³				DTaP	DTaP	DTaP	see footnote ⁹	DTaP					DTaP	
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴		Hib						Range of recommended ages for certain high-risk groups
Pneumococcal ⁵				PCV	PCV	PCV		PCV				PPSV		
Inactivated poliovirus ⁶				IPV	IPV			IPV					IPV	
Influenza ⁷								Influenza (Yearly)						
Measles, mumps, rubella ⁸								MMR	see footnote ⁹				MMR	Range of recommended ages for all children and certain high-risk groups
Varicella ⁹								Varicella	see footnote ⁹				Varicella	
Hepatitis A ¹⁰								Dose 1 ¹⁰				HepA Series		
Meningococcal ¹¹								MCV4 — see footnote ¹¹						

This schedule includes recommendations in effect as of December 23, 2011. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967).

- Hepatitis B (HepB) vaccine.** (Minimum age: birth)
At birth:
 - Administer monovalent HepB vaccine to all newborns before hospital discharge.
 - For infants born to hepatitis B surface antigen (HBsAg)–positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after receiving the last dose of the series.
 - If mother’s HBsAg status is unknown, within 12 hours of birth administer HepB vaccine for infants weighing ≥2,000 grams, and HepB vaccine plus HBIG for infants weighing <2,000 grams. Determine mother’s HBsAg status as soon as possible and, if she is HBsAg–positive, administer HBIG for infants weighing ≥2,000 grams (no later than age 1 week).**Doses after the birth dose:**
 - The second dose should be administered at age 1 to 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
 - Administration of a total of 4 doses of HepB vaccine is permissible when a combination vaccine containing HepB is administered after the birth dose.
 - Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine starting as soon as feasible (Figure 3).
 - The minimum interval between dose 1 and dose 2 is 4 weeks, and between dose 2 and 3 is 8 weeks. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks and at least 16 weeks after the first dose.
- Rotavirus (RV) vaccines.** (Minimum age: 6 weeks for both RV-1 [Rotarix] and RV-5 [Rota Teq])
 - The maximum age for the first dose in the series is 14 weeks, 6 days; and 8 months, 0 days for the final dose in the series. Vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
 - If RV-1 (Rotarix) is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.** (Minimum age: 6 weeks)
 - The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Haemophilus influenzae* type b (Hib) conjugate vaccine.** (Minimum age: 6 weeks)
 - If PRP-OMP (PedvaxHIB or Comvax [HepB–Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
 - Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years.
- Pneumococcal vaccines.** (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])
 - Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
 - For children who have received an age-appropriate series of 7-valent PCV (PCV7), a single supplemental dose of 13-valent PCV (PCV13) is recommended for:
 - All children aged 14 through 59 months
 - Children aged 60 through 71 months with underlying medical conditions.
 - Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. See *MMWR* 2010;59(No. RR-11), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf>.
- Inactivated poliovirus vaccine (IPV).** (Minimum age: 6 weeks)
 - If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years.
 - The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.
- Influenza vaccines.** (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])
 - For most healthy children aged 2 years and older, either LAIV or TIV may be used. However, LAIV should not be administered to some children, including 1) children with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) children who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see *MMWR* 2010;59(No. RR-8), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>.
 - For children aged 6 months through 8 years:
 - For the 2011–12 season, administer 2 doses (separated by at least 4 weeks) to those who did not receive at least 1 dose of the 2010–11 vaccine. Those who received at least 1 dose of the 2010–11 vaccine require 1 dose for the 2011–12 season.
 - For the 2012–13 season, follow dosing guidelines in the 2012 ACIP influenza vaccine recommendations.
- Measles, mumps, and rubella (MMR) vaccine.** (Minimum age: 12 months)
 - The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
 - Administer MMR vaccine to infants aged 6 through 11 months who are traveling internationally. These children should be revaccinated with 2 doses of MMR vaccine, the first at ages 12 through 15 months and at least 4 weeks after the previous dose, and the second at ages 4 through 6 years.
- Varicella (VAR) vaccine.** (Minimum age: 12 months)
 - The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
 - For children aged 12 months through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- Hepatitis A (HepA) vaccine.** (Minimum age: 12 months)
 - Administer the second (final) dose 6 to 18 months after the first.
 - Unvaccinated children 24 months and older at high risk should be vaccinated. See *MMWR* 2006;55(No. RR-7), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5507.pdf>.
 - A 2-dose HepA vaccine series is recommended for anyone aged 24 months and older, previously unvaccinated, for whom immunity against hepatitis A virus infection is desired.
- Meningococcal conjugate vaccines, quadrivalent (MCV4).** (Minimum age: 9 months for Menactra [MCV4-D], 2 years for Menveo [MCV4-CRM])
 - For children aged 9 through 23 months 1) with persistent complement component deficiency; 2) who are residents of or travelers to countries with hyperendemic or epidemic disease; or 3) who are present during outbreaks caused by a vaccine serogroup, administer 2 primary doses of MCV4-D, ideally at ages 9 months and 12 months or at least 8 weeks apart.
 - For children aged 24 months and older with 1) persistent complement component deficiency who have not been previously vaccinated; or 2) anatomic/functional asplenia, administer 2 primary doses of either MCV4 at least 8 weeks apart.
 - For children with anatomic/functional asplenia, if MCV4-D (Menactra) is used, administer at a minimum age of 2 years and at least 4 weeks after completion of all PCV doses.
 - See *MMWR* 2011;60:72–6, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6003.pdf>, and Vaccines for Children Program resolution No. 6/11-1, available at <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/06-11mening-mcv.pdf>, and *MMWR* 2011;60:1391–2, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf>, for further guidance, including revaccination guidelines.

Parenting—Lessons Three and Four

Safety, Health, and Care — parts 1 and 2



SIDS Facts

What we know about SIDS:

It occurs in all kinds of families.

It occurs in seemingly healthy infants.

It has nothing to do with race or economic status.

It occurs most often in fall and winter months.

Most deaths happen before six months of age, and especially between one and four months of age.

It is the leading cause of death in infants between one month and one year of age.

It often happens quickly during sleep, and the infant shows no signs of suffering.

It occurs most often among boys, premature and low-birth weight infants, twins, and triplets.

It is determined as the cause of death only after all other causes have been eliminated through an autopsy, a thorough investigation of the death scene, and a review of the family history.

No one knows its cause.

Safe sleep top 10:

Always place the infant on his or her back to sleep, for naps and at night; it is the safest.

Always place the infant on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place the infant to sleep on pillows, quilts, sheepskins, or other soft surfaces.

Always keep soft objects, toys, and loose bedding out of the infant's sleep area. Do not use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in the infant's sleep area, and keep any other items away from the infant's face.

Never allow smoking around the infant.

Keep the infant's sleep area close to, but separate from, where you and others sleep. The infant should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the infant into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside co-sleeper (infant bed that attaches to an adult bed) when finished.

Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the infant to take it. (If you are breastfeeding, wait until the infant is one month old or is used to breastfeeding before using a pacifier.)

Do not let the infant overheat during sleep. Dress the infant in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.

Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.

Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions, talk to your health care provider.

To reduce the chance that flat spots will develop on the infant's head from too much time on his or her back, provide "tummy time" when the infant is awake and someone is watching; change the direction that the infant lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

Parenting—Lessons Three and Four

Safety, Health, and Care — parts 1 and 2

Lesson 4.1

Safe and Comfortable Temperatures and Clothing for Infants



Note

This lesson was developed in conjunction with the added features of temperature sensing and clothing detection on the RealCare® Baby. Each article of clothing that comes with Baby contains a magnetic disk that Baby tracks when it is on. Baby is able to track several layers of clothing. For example, Baby can have on an infant body suit, a clothing set (top and bottom or sleeper), and outerwear. This tracking option helps determine whether Baby was dressed appropriately for cold weather conditions. It also helps determine whether Baby was changed for bedtime, or at any other time during the day, which would be typical when caring for an infant. The temperature sensing device within Baby indicates whether Baby was subjected to extreme temperatures (hot or cold) over an extended period of time. All of this data is shown on the Simulation Report, discussed in this lesson.

Lesson Overview

In this lesson participants learn about hypothermia and hyperthermia, and safety precautions related to exposing infants to extreme temperatures. They learn about the dangers of leaving an infant in a car, and an infant's ability to adapt to environmental conditions. Safe and appropriate clothing for infants based on environmental conditions is also discussed. Finally, participants learn about how the RealCare® Baby tracks extreme temperature conditions and clothing changes during the simulation experience.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify good and poor temperature conditions for an infant
- Describe the physiological effects of hypothermia
- Describe the physiological effects of hyperthermia
- Identify safety precautions regarding infants and environmental conditions
- Describe the heating dynamics of a car
- Understand the potential legal issues related to leaving an infant alone in a car
- Identify appropriate infant clothing for environmental conditions, safety and comfort
- Describe the impact that clothing and changing an infant have on the physical, intellectual, emotional and social aspects of infant development

Parenting—Lesson 4.1

Safe and Comfortable Temperatures and Clothing for Infants

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: Hypothermia and Hyperthermia	- Slide Presentation: <i>Safe and Comfortable Temperatures and Clothing for Infants</i>— Slides 1-11 <i>Comfy, Cozy, Cool and Collected</i> Worksheet	- Prepare slide presentation for viewing - Print/copy <i>Comfy, Cozy, Cool and Collected</i> Worksheet (2 sided)	10 minutes
LEARN: Danger in the Unattended Car	- Slides 12-19 <i>Never Leave Your Child Alone in the Car!</i> Fact Sheet	Print/copy <i>Never Leave Your Child Alone in the Car!</i> Fact Sheet	10 minutes
LEARN: Comfy Cozy, Cool and Collected	- Slides 20-24 <i>Comfy, Cozy, Cool and Collected</i> Worksheet, and answer key	Print/copy <i>Comfy, Cozy, Cool and Collected</i> Worksheet (2 sided)	10 minutes
LEARN: RealCare® Baby and Temperature Sensing/ Clothing Detection	- Slides 25-26 <i>Simulation Report – Baby Temperature and Clothing</i> handout <i>Dressing an Infant and PIES</i> worksheet and answer key	- Print/copy the <i>Simulation Report – Baby Temperature and Clothing</i> handout - Print/copy <i>Dressing an Infant and PIES</i> worksheet	10 minutes
REVIEW: Scenarios	- Slide 27 <i>Clothing Selection Scenarios</i> worksheet and answer key	Print/copy <i>Clothing Selection Scenarios</i> worksheet	10 minutes

National FACS Education Standards Supported: Reasoning for Action – 4; 4.2, 4.4; 12.1-3; 15.2

National Health Education Standards Supported: 1.12.2-3, 7, 9; 2.12.6; 5.12.1; 7.12.1-3; 8.12.3-4

FOCUS: Hypothermia and Hyperthermia**10 minutes****Purpose:**

Students learn about how an infant's body reacts to temperature fluctuations, its ability to heat up/cool down on its own, and the extreme physical reactions of hypothermia and hyperthermia.

Materials:

- Slide presentation – slides 1 – 11
- *Comfy, Cozy, Cool and Collected* worksheet (2 sided)

Facilitation Steps:

1. Hand out the *Comfy, Cozy, Cool and Collected* worksheet to each student. Have students turn over their worksheet and fill in answers as you conduct a class discussion and present the following slides.
2. Show slides 1-11 and use the following content to present the information. Have participants fill in the back of their worksheet with the appropriate information as it is presented. Answer questions as needed.

Slide 2: What is hypothermia? [From WHO (World Health Organization) and WebMD]

- Hypothermia occurs when the body gets cold and loses heat faster than the body can make it. “Hypothermia occurs when the newborn's temperature drops below 36.5C (97.7F): 36-36.5C (96.8-97.7F) is mild hypothermia (cold stress); 32-36C (89.6-96.8F) is moderate hypothermia; less than 32C (89.6F) is severe.”¹

Slide 3: What can happen from hypothermia?

- Hypothermia is an emergency condition and can quickly lead to unconsciousness and death if heat loss continues.

Slide 4: What are some symptoms of hypothermia?

- It is very important to know the symptoms of hypothermia and get treatment quickly. Often a hiker or skier's body temperature will quickly drop before others notice that something is wrong. If someone begins to shiver violently, stumble, or can't respond to questions, it may be hypothermia and you need to warm him or her quickly. An infant will not have the same symptoms as an adult. Because they are nonverbal, it is important for the parent/caregiver to be observant of an infant's symptoms.

- In infants the symptoms are: bright red, cold skin and listlessness

Slide 5: Why are infants at greater risk?

From: World Health Organization. (1997). Thermal protection of the newborn: A practical guide. Geneva, Switzerland: World Health Organization.

- “Due to certain characteristics such as a large body surface area in relation to weight, a large head in proportion to the body, and little subcutaneous fat, newborns – especially low birth weight babies – are at increased risk of heat loss. When heat loss exceeds the infant's ability to produce heat, its body temperature drops below the normal range and it becomes hypothermic.”¹
- “The newborn infant regulates body temperature much less efficiently than does an adult and loses heat more easily.”¹
- It is difficult for babies to produce heat by shivering.
- “Hypothermia of the newborn occurs throughout the world and in all climates and is more common than believed. This condition is harmful to newborn babies, increasing the risk of illness and death.”¹
- Babies cannot regulate their body temperature as well as adults.

Hypothermia not necessarily related to the outdoors

Hypothermia isn't always the result of exposure to extremely cold outdoor temperatures. An older person may develop mild hypothermia after prolonged exposure to indoor temperatures that would be tolerable to a younger or healthier adult — for example, temperatures in a poorly heated home or in an air-conditioned home.

Infants less than one year old should never sleep in a cold room because infants lose body heat more easily than adults; and unlike adults, infants can't make enough body heat by shivering.

Slide 6: Precautions

- Keep rooms at comfortably warm temperature in winter months.
- Keep infant in warm clothes during winter.
- Dress infant appropriately if you must go outside – avoid being outside in extreme cold or heat.
- Never leave an infant in an unattended vehicle.

Slide 7: What is hyperthermia?

- Hyperthermia occurs when a person's body temperature produces or absorbs more heat than it can dissipate. Body temperature rises and remains above the normal; 98.6°F.
- When an infant is in an environment that is too hot the infant's temperature can rise above 37.5°C (99.5°F) and develop hyperthermia. Hyperthermia can occur just as easily as hypothermia, and is equally dangerous.

Slide 8: What can happen from hyperthermia?

- If an infant's temperature is not brought back to normal, hyperthermia may progress to heat exhaustion, a more serious condition in which the infant's temperature can climb to 103°F, requiring immediate medical attention.
- If untreated, heat exhaustion can progress to heat stroke, a much more serious condition in which the body temperature rises to over 103° F. The result: convulsions, coma, and often death. A child is said to have heatstroke if his body temperature rises above 103° degrees. When an infant has an illness related fever of 104-105°, organ damage does not usually occur; however when an infant has similar body temperatures with hyperthermia, it is much more serious and can lead to injury to various body organs, including the brain. A temperature of 107° is fatal.

Slide 9: What are some symptoms of infant hyperthermia?

Because many infants can't tell their parents or caregivers that they're thirsty, they can become dangerously

dehydrated in hot weather, which also can lead to hyperthermia. Be alert to the following warning signs of dehydration in babies:

- Dry mouth or tongue
- Few tears when crying
- Few wet diapers (less than 6 a day)
- Dark yellow or smelly urine
- Sunken "soft spots," eyes, or cheeks
- Mottled, grayish, skin that's cool to the touch
- High fever
- Listlessness

Slide 10: Why are infants at greater risk?

- Infants aren't able to tell their caregiver that they're hot or thirsty.
- Infants' temperature-regulating systems aren't fully developed; they have fewer sweat glands than adults, so they sweat less. As a result, they're not as efficient as adults in keeping cool. In addition, their bodies can warm at a rate 3 to 5 times faster than an adult's; therefore, they are very susceptible to hyperthermia.

Some of the most common causes of hyperthermia are wrapping the infant in too many layers of clothes, especially in hot, humid climates; leaving an infant in direct sunlight or in a parked car in hot weather; putting a newborn infant too close to a heater; leaving the infant under a radiant warmer or in an incubator that is not functioning properly and/or checked regularly, or is exposed to the sun's rays. ¹

Slide 11: Precautions

- Keep rooms at a comfortably cool temperature during the summer.
- Dress infants in cool clothing in hot summer months. Use wide-brimmed hats in light colors if you take the infant outside.
- Use infant-safe labeled sunscreen/sunblock on infants over six months if outside. Avoid outdoors in extreme heat.
- Keep the infant hydrated during heat waves.
- Never leave infant in an unattended car.

LEARN: Danger in the Unattended Car**10 minutes**

Information for this activity is used with permission from: McLaren, C., Null, J., & Quinn, J. (2005, July). Heat stress from enclosed vehicles: Moderate ambient temperatures cause significant temperature rise in enclosed vehicles. *PEDIATRICS*, 116(1), e109-e112.

Purpose:

Participants learn about the incidents of child deaths due to the infant being left unattended in a hot car. Vehicle heating dynamics and information from a vehicle heat study are covered.

Materials:

- Slide presentation – slides 12 – 19
- *Never Leave Your Child Alone in the Car!* Fact Sheet

Facilitation Steps:

1. Ask the class to list some potential dangers of leaving an infant in a car – and write them on the board as dangers are shared. Possible answers: *Hypothermia* (infant becomes too cold), *hyperthermia* (infant becomes too hot), carjacking, injury if infant can get out of car seat.
2. Ask students why they think a parent would leave an infant in the car. Possible answers: Too much work getting them in and out of the car seat, just going in to pay for gas or get something really fast, tired and doesn't want to deal with the infant – just leave him/her in the car while they run an errand, infant fell asleep and parent doesn't want to wake them, so easier to leave them in the car, forgot they were back there, etc.
3. Show slides 12-19 and use the following information as you present:

Slides 12-14: Danger in the Unattended Vehicle and Hyperthermia Stats by Year and State.

- In the three-year period of 1990-1992, before airbags became popular, there were only 11 known deaths of children from hyperthermia.
- In the period from 1998-2010, when almost all young children are now placed in back seats instead of front seats, there have been roughly 500 known fatalities from hyperthermia...a ten-fold increase from the rate of the early 1990s. [Important note:

This in no way implies that it is advocated that children be placed in the front seat or that airbags be disabled.]

Slide 15: Why the Increase? The incidence of vehicle-related hyperthermia has increased dramatically with the advent of airbags. Since children no longer sit in the front seat, they are sometimes forgotten when out of sight in the rear seat. During the 12-year period from 1998-2009, there were 443 child vehicular hyperthermia deaths. More than half (51%) of these tragic deaths were because the child was “forgotten” by the caregiver. On average there were 37 deaths each year during this time interval; however there were only 3-4 year known deaths per year in the early 1990's prior to airbags becoming popular.

Slide 16: Hyperthermia Circumstances

- An examination of media reports about the 494 child vehicular hyperthermia deaths for a thirteen year period (1998 through 2010) shows the following circumstances:
 - i. 51% - child “forgotten” by caregiver (253 Children)
 - ii. 30% - child playing in unattended vehicle (150)
 - iii. 17% - child intentionally left in vehicle by adult (86)
 - iv. 1% - circumstances unknown (5)

“Children that have died from vehicular hyperthermia in the United States (1998-2007) have ranged in age from 7 weeks to 13 years. The average age is approximately 24 months.” (33% less than 1 year old)

Slide 17: Legal Implications. Although all states have laws against endangering the welfare of a child, only 15 states presently have laws prohibiting leaving a child unattended in a car. However, it can be considered abuse or neglect, resulting in criminal charges.

Slide 18: Vehicle Heating Dynamics. Click the arrow at the bottom of the slide or double click on the picture to have the simulation work. Use the following information to explain the slide:

VEHICLE HEATING DYNAMICS

[From ggwether.com – Department of Geosciences - San Francisco State University]

- The atmosphere and the windows of a car are relatively “transparent” to the sun’s shortwave radiation (yellow) and are warmed little. However this shortwave energy does heat objects that it strikes. For example, a dark dashboard or seat can easily reach temperatures in the range of 180 to over 200°F.
- These objects (e.g., dashboard, steering wheel, and infant seat) heat the adjacent air by conduction and convection and also give off long-wave radiation (red) which is very efficient at warming the air trapped inside a vehicle.

VEHICLE HEAT STUDY

- Study of temperature rise in enclosed cars on 16 dates between May 16 and Aug. 8, 2002.
- Ambient temperatures were between 72 and 96°F
- Dark blue mid-size sedan with medium grey interior
- Also tested with windows “cracked”
- As the simulation progresses, note the quick rise in temperature with every passing 10 minute interval

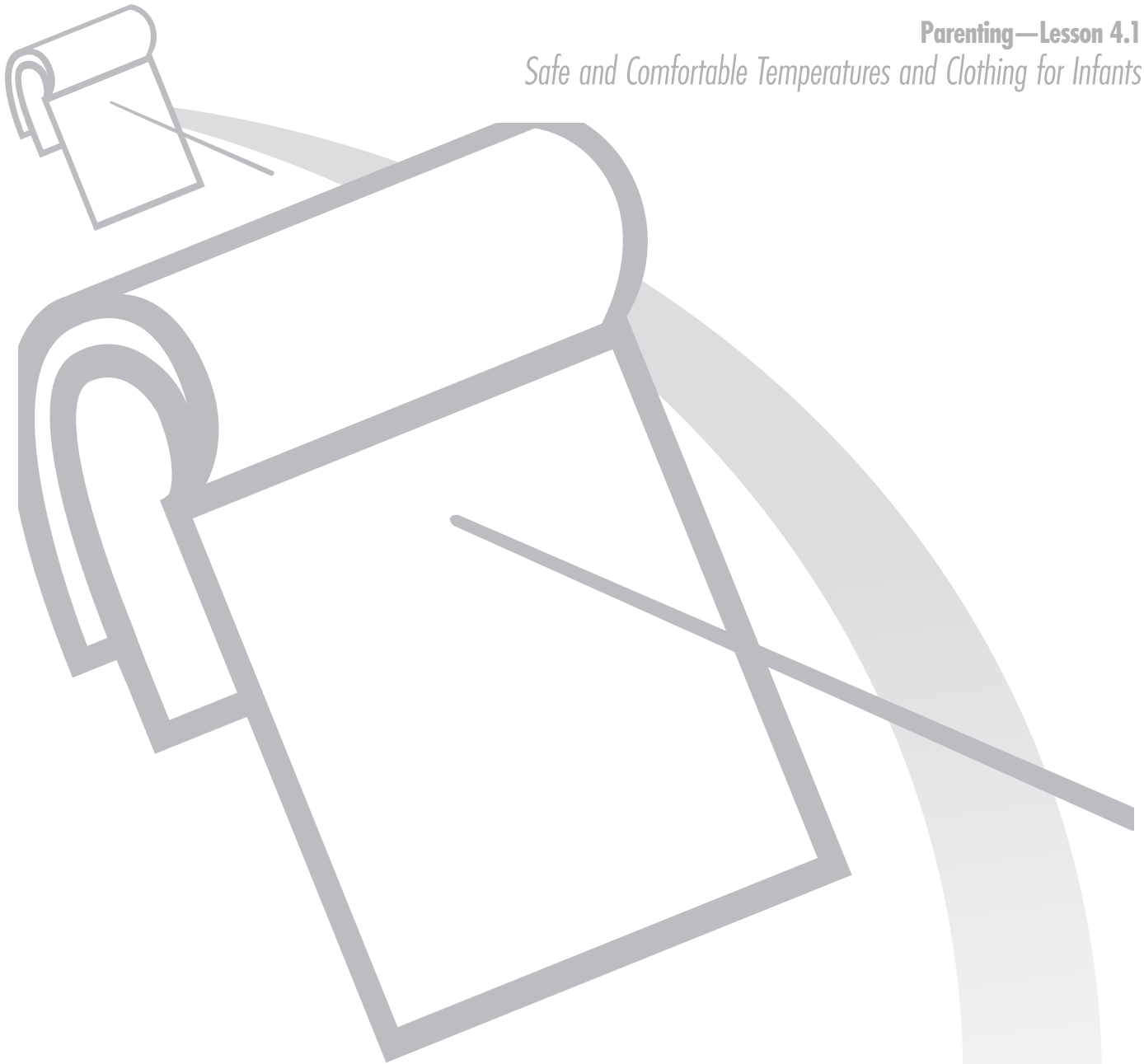
STUDY CONCLUSIONS

- Average elapsed time and temperature rise:

- 10 minutes ~ 19°F
- 20 minutes ~ 29°F
- 30 minutes ~ 34°F
- 60 minutes ~ 43°F
- 1 to 2 hours ~ 45-50°F
- “Cracking” the windows had little effect
- Vehicle interior color probably biggest factor
- “Even at relatively cool ambient temperatures, the temperature rise in vehicles is significant on clear, sunny days and puts infants at risk for hyperthermia. Vehicles heat up rapidly, with the majority of the temperature rise occurring within the first 15 to 30 minutes. Leaving the windows opened slightly does not significantly slow the heating process or decrease the maximum temperature attained. Increased public awareness and parental education of heat rise in motor vehicles may reduce the incidence of hyperthermia death and improve child passenger safety.”
- Parents and other caregivers need to be educated that a vehicle is not a babysitter or play area ... but it can easily become tragedy. Increased public awareness and parental education of heat rise in motor vehicles may reduce the incidence of hyperthermia death and improve child passenger safety.

Slide 19: Prevention. NEVER leave an infant/child in a car – even for a minute! Place your purse/ briefcase/ jacket in the backseat with the infant. Place a teddy bear in the front seat in a visible location to remind you that the infant is in the back seat.

4. Hand out the *Never Leave Your Child Alone in the Car!* Fact Sheet.



Parenting—Lesson 4.1

Safe and Comfortable Temperatures and Clothing for Infants

LEARN: Comfy, Cozy, Cool and Collected

10 minutes

Purpose:

Participants consider and discuss comfortable environmental temperature ranges for themselves and for an infant, and learn about safe, appropriate, and comfortable infant clothing choices in light of environmental temperatures.

Materials:

- Slide presentation – slides 20 – 24
- *Comfy, Cozy, Cool and Collected* worksheet

Facilitation Steps:

1. Think/Pair Share Activity. Refer students to the *Comfy, Cozy, Cool and Collected* worksheet and have them work through questions 1-5 on the front of the sheet. Give them 2- 3 minutes to complete the questions.
2. Have students get with a partner to compare answers. Point out that part of being a caregiver is empathy and nurturing. The caregiver should always be thinking about the comfort of the infant. Even if the cold or hot temperature feels good to you, how might the infant in your care feel? Is the temperature at a comfortable level for an infant?
3. Have students turn over their worksheet and fill in answers as you conduct a class discussion and present the following slides. Show slides 20-24 and use the following content to present the information. Have participants fill in the back of their worksheet with the appropriate information as it is presented. Answer questions as needed.

Slide 20: Good environmental temperatures. Keep your home at a temperature of between 68 -72°F during winter months when you have the heat on. In the summer, this would be a bit cold when you would have the air conditioner on. A temperature of 75 - 80° would be more sensible in the summer and more environmentally friendly.

Dress your infant in one extra layer than you are wearing, and then check to ensure that he/she is not getting overheated. Don't over-bundle.

The American Academy of Pediatrics recommends

that 'the infant should be lightly clothed for sleep, and the bedroom temperature should be kept comfortable for a lightly clothed adult. Over-bundling should be avoided, and the infant should not feel hot to the touch.'¹

- a) Conduct a short class discussion on clothing. Ask participants the following questions: Think about what you are currently wearing for clothing.
- b) What are some reasons for your choices? (Warmth, dress code, style, comfort, status, etc.)
- c) What are the very basic reasons for wearing clothing? (Protection, health, comfort.)
- d) You have choices about what you wear, and probably don't consider why you wear what you do. As a caregiver, you will need to decide how to dress your infant. Why might this be a difficult task for a caregiver? (Babies can't tell you if they are hot or cold or if something is too tight.)
- e) What do you think are requirements for dressing an infant? What are the real clothing needs of babies? Clothing selection is as important for babies as it is for older children and adults. Parents need to make appropriate choices for their infants.
- f) Why do you think safety/protection is as important as comfort? What are some examples?

Slide 21: Clothing factors to consider

- Security and protection— Infants in the US need to be covered with some form of clothing. They may like being naked for a short period of time, but they need to be clothed for the most part – clothing is a

source of security for them.

- Comfort is most important for infants. Infant clothing is designed to appeal to the parents and those purchasing clothing for infants. It doesn't matter to the infant as long as the clothing is comfortable.
- Allow for growth but don't buy clothing several sizes too large.
- Soft and lightweight fabrics are best for moderate temperatures.
- Knit fabric construction keeps its shape and is easy to care for.
- All cotton and cotton blends allow "breathability." (This means that the fabric allows for evaporation of body sweat for cooling the infant naturally in higher temperatures.)

Slide 22: Other clothing factors to consider

- Check overall clothing features for ease of changing and safety.
- Check care labels for washing instructions. Infant clothing should be machine washable in hot water to eliminate bacteria and germs.
- Check labels for flammability. Labels should indicate that the clothing is "flame resistant."
- Consider clothing colors. Dark colors absorb heat and keep infant warmer. Light colors reflect heat to keep infant cooler.

Slide 23: Safety and clothing

- Too many clothes or layers can cause overheating. If infant gets overheated from too much or the wrong weight clothing for the environment, infants can develop heat rash.
- If clothing is too loose, infant can get wrapped up in it and suffocate. Loose clothing is more likely to catch on fire.
- Clothing should fit more snug rather than tight.
- Infants' clothing should never have drawstrings.

Slide 24: Clothing selection

- Infants cannot tell the difference between newly purchased and hand-me-down clothing.
- Because infants grow quickly, fewer clothes are needed when they are younger. This will also save money.
- Good clothing design is usually simple and functional. Avoid scratchy lace or zippers at the neckline.
- In summer, infants need lightweight clothing and full coverage for sun protection. Any exposed areas need sunscreen. However, infants under six months should not use sunscreen; instead ensure that they are covered with shade or light clothing. Use wide brimmed hats for sun protection.



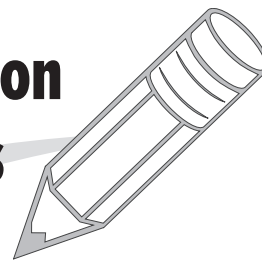
Comfy, Cozy, Cool and Collected

Name: _____

Date: _____

1. What is a comfortable temperature for you? _____
2. List 2 ways your body reacts when it's cold?
 - _____
 - _____
3. How long does it take you to recognize that you're too hot or too cold? _____
4. List 3 things you can do for yourself when you feel cold?
 - _____
 - _____
 - _____
5. List 2 ways your body reacts when it's hot?
 - _____
 - _____
6. List 3 things you do for yourself when you feel hot?
 - _____
 - _____
 - _____

Presentation Notes



1. Hypothermia: _____
2. Symptoms of hypothermia in infants: _____
3. Infants are at greater risk because:
 - _____
 - _____
 - _____
4. Precautions:
 - _____
 - _____
 - _____
 - _____
5. Hyperthermia: _____
6. Symptoms of hyperthermia in infants: _____

7. Infants are at greater risk because:
 - _____
 - _____
 - _____
8. Precautions:
 - _____
 - _____
 - _____
 - _____
 - _____
9. Best home temperature – winter _____
10. Best home temperature – summer _____
11. Three issues to consider when selecting infant clothing are:
 - _____
 - _____
 - _____



Comfy, Cozy, Cool and Collected - Answer Key

Parenting—Lesson 4.1
Safe and Comfortable Temperatures and Clothing for Infants

1. What is a comfortable temperature for you? Answers will vary but should be in range of 68-80
2. List 2 ways your body reacts when it's cold?
 - Answers will vary but may include: shiver, goose bumps, crabbiness, etc.
 - _____
3. How long does it take you to recognize that you're too hot or too cold? Usually immediately or within a few minutes
4. List 3 things you can do for yourself when you feel cold?
 - Answers will vary but may include: Get under warm blanket, make hot
 - drink, turn up heat, put on warmer clothes, jump around to get blood flowing, etc.
 - _____
5. List 2 ways your body reacts when it's hot?
 - Answers will vary but may include: perspire, get flushed, get tired, crabbiness, etc.
 - _____
6. List 3 things you do for yourself when you feel hot?
 - Answers will vary but may include: Put on cooler clothes, get a
 - cold drink, turn up air conditioning/fan, put cool washcloth on face, etc.
 - _____

Presentation Notes - Answer Key



1. Hypothermia: Occurs when the body gets cold and loses heat faster than the body can make it.
2. Symptoms of hypothermia in infants: Bright red, cold skin, very low energy.
3. Infants are at greater risk because:
 - They have a larger body surface area to mass ratio than adults, allowing greater heat loss.
 - They regulate body temperature much less efficiently.
 - It's difficult for them to produce heat by shivering.
4. Precautions:
 - Keep rooms at comfortably warm temperature in winter months.
 - Keep infant in warm clothes during winter.
 - Dress infant appropriately if you must go outside – avoid being outside in extreme cold or heat.
 - Never leave an infant in an unattended vehicle.
5. Hyperthermia: Occurs when a person's body temperature produces or absorbs more heat than it can dissipate. Body temperature rises and remains above the normal; 98.6°F.
6. Symptoms of hyperthermia in infants: Dry mouth or tongue; few tears when crying; few wet diapers; dark, smelly urine; sunken "soft spots" eyes or cheeks; mottled, graying skin – cool to touch; high fever; listlessness.
7. Infants are at greater risk because:
 - Unable to tell someone they're hot/cold, thirsty.
 - Temperature-regulating systems aren't fully developed.
 - Fewer sweat glands than adults, so not as efficient as adults in keeping cool.
8. Precautions:
 - Keep rooms at a comfortably cool temperature during the summer.
 - Dress infants in cool clothing in hot summer months. Use wide-brimmed hats in light colors if you take infant outside.
 - Use infant-safe sunscreen/sunblock on infants over 6 months if outside. Avoid outdoors in extreme heat.
 - Keep the infant hydrated – breast milk, formula, juice, water.
 - Never leave infant in an unattended car.
9. Best home temperature – winter 68-72° F
10. Best home temperature – summer 75-78° F
11. Three issues to consider when selecting infant clothing are: Answers will vary but should include any 3 of the following: Good clothing design is usually simple and functional. Avoid scratchy lace or zippers at the neckline. In summer, infants need lightweight clothing and full coverage for sun protection. If infant is over 6 months, any exposed skin needs infant-safe sunscreen. Use wide brimmed hats for sun protection. Too many clothes or layers can cause overheating. If infant gets overheated from too much or the wrong weight clothing for the environment, infants can develop heat rash. If clothing is too loose, infant can get wrapped up in it and suffocate. Loose clothing is more likely to catch on fire. Clothing should fit more snug rather than tight. Infants' clothing should never have drawstrings.

LEARN: The RealCare® Baby and Temperature Sensing/Clothing Detection

10 minutes

Purpose:

Participants learn about the temperature sensing and clothing detection ability of the RealCare® Baby, and view the related report data.

Materials:

- Slide presentation – slides 25 – 26
- *Simulation Report – Baby Temperature and Clothing* handout
- *Dressing an Infant and PIES* worksheet

Facilitation Steps:

1. Explain that the Baby will track any extreme temperature conditions if Baby is in that condition for an extended period of time.
2. Hand out the *RealCare Simulation Report* handout to each participant. Explain the graph as it relates to the information in the chart below it. Note the normal environmental temperature range and the extreme conditions – both high and low. Explain that the Baby will begin tracking when it is exposed to conditions outside the “normal” range. This pattern will climb (or decrease), indicating that it has been exposed to extreme temperatures for a lengthy period of time. **(See detailed notes regarding temperature sensing/clothing detection and reading the Simulation Report at the end of this lesson.)** Note that a real infant would have effects from the extreme condition exposure in a much shorter timeframe than the RealCare® Baby.
3. Explain the clothing change chart on the bottom of the report. Point out the following:
 - The Baby should be changed at least twice per day: once at night into a sleeper, and again in the morning for daytime wear. Note that a real infant would likely be changed at least one other time during the day as infants typically spit up, have diaper “blow-outs”, etc. that require changing into a clean outfit.
 - In addition, if the weather outside is cold, the Baby should have on an outfit as well as a bunting or something warm over the clothing if it is taken outside, such as being transported into a car.
4. Hand out the *Dressing an Infant and PIES* worksheet and have participants work in pairs to complete it. Alternatively, have participants fill out the worksheet individually as you present the information.
5. **Slides 25-26: Dressing an Infant and PIES.** Appropriate dressing can meet the physical, intellectual, emotional and social development of the infant in the following ways:
 - Baby can track several layers of clothing, so it could also have on an infant body suit, an outfit, and a bunting—all being tracked by Baby.
 - If the weather is very warm, you may want to suggest that Baby have on just an infant body suit or a light-weight outfit.
 - Remind participants to be careful with Baby’s head during changing of clothing. It will register head support issue or, if dropped, rough handling.
 - Of course, all of this is in addition to the diapers, which must be on Baby at all times.

Physical Development

- Appropriate clothing selection helps the child stay healthy, safe, and comfortable--reducing physical distress and promoting security.
- Movements during the dressing process helps infants exercise, later allowing them to cooperate with the change of clothing.
- Gentle touching during changing provides physical stimulation.
- Changing dirty diapers prevents diaper rash.

Intellectual Development

- Talking to the infant during the changing process enhances language development.
- Put a sleeper on the infant for bedtime – to begin a bedtime routine. Even if the infant won't sleep through the night, it starts to establish the process and attire as a routine. Conversely by changing in the morning, you're giving the infant cues to wire his brain: "this is what we do to get ready for the day," beyond the issue of keeping the infant clean.
- Positive parenting and bonding help with brain development.

Emotional Development

- There is a calming emotional aspect to having your wet or dirty clothes changed. An infant learns, "when my clothes are wet, they get changed."
- Bonding during clothing change makes the infant feel safe and secure, helping emotional development.
- Proper care helps the infant experience the process of being safe by meeting its needs.

Social Development

- Talking and or singing during the process can help the infant's brain development and strengthen bonding between parent and child.
- Changing sets up regular routines for social interaction between infant and parent.
- Positive physical and verbal communication help parent/child socialization.
- Infant may learn cooperation through parenting modeling.
- An attachment is formed between the parent and child as the infant anticipates a parent's response.

Important Information Regarding the RealCare® Baby Temperature Sensing and Clothing Detection Features

Charging the Babies: The internal temperature of the Babies rises with the charging (which takes about 5 hours to complete), and takes approximately 10 hours to go back to room temperature once it's charged. If you do not charge the Babies 24 hours in advance, be aware that the Simulation Report will show a spike in the temperature at the beginning of the simulation experience.

Clothing Detection:

Diaper and clothing changes are shown by time in the graph below. Different colors in the diaper row relate to the different diaper patch colors. The clothing detection works on multiple layers of clothing, so if the Baby is wearing an infant body suit, outfit, and outerwear, it will be shown on the graph. This sample report on the next page shows that on day one of the simulation that Baby had an infant body suit and sleeper from about 7:30 p.m. to about 9 a.m. the following morning, and then was changed into an outfit. Car seat time is discussed in the Flat Head Syndrome lesson.

RealCare® Baby Simulation Report

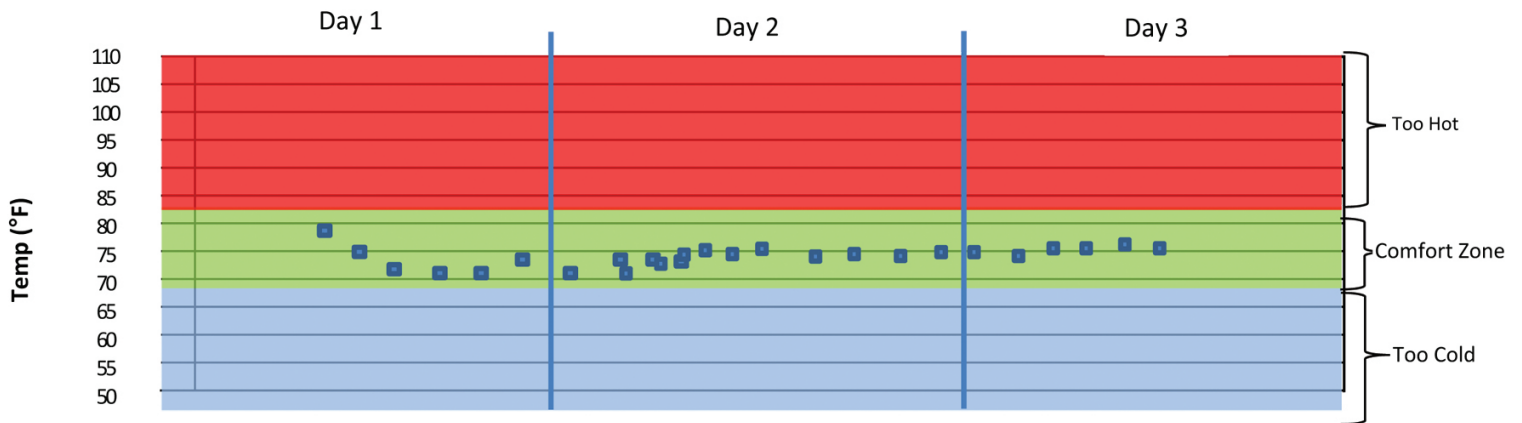


Baby Temperature and Clothing

NOTE: Actual report images may vary.

Baby detects temperature, clothing, and length of time in car seat/carrier to address flathead syndrome. Missing clothing only appears if Baby detects no clothing during a significant period of time.

Look for spikes in temperature on the graph below to determine mishandling. Baby's temperature should fall inside the comfort range (in green – mid section of report). If Baby's temperature falls above or below the comfort range, Baby has been exposed to extreme temperatures for an extended period of time.



	3a	6a	9a	12a	3p	6p	9p	12a	3a	6a	9a	12p	3p	6p	9p	12a	3a	6a	9a	12p	3p	6p	9P
Diapers																							
Outfit top																							
Outfit bottom																							
Infant body suit																							
Sleepwear																							
Outerwear																							

Car seat/ carrier																							
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

	Day 1	Day 2	Day 3
High temp	80°	76°	78°
Low temp	70°	74°	74°
Time out of safe temp range	0	0	0
Max time between change of clothes	15 hours	12 hours	3 hours
Time in car seat/carrier	6 hours	5 hours	4 hours

Parenting—Lesson 4.1

Safe and Comfortable Temperatures and Clothing for Infants



Date: _____

Physical	Intellectual	Emotional	Social

Parenting—Lesson 4.1

Safe and Comfortable Temperatures and Clothing for Infants



Dressing an Infant and PIES - Answer Key

Directions: Work with a partner to fill out the following chart. How can the PIES (physical, intellectual, emotional, and social) needs of infants be met through the process of dressing and changing their clothing? Be specific.

Answers may vary.

Physical	Intellectual	Emotional	Social
• The act of gently touching baby during the clothing changes provides physical stimulation for better physical development. • Changing dirty diapers prevents diaper rash; infant gets a clean bottom for better health. • Physical distress can be reduced to promote comfort and security. • With proper clothing for the environment, infant will be physically more comfortable; this can also prevent illness.	• When basic physical needs (safety, health and comfort) are met, intellectual development is promoted. • Talking with infant during the changing process helps with language development. • When changing infant from nighttime wear to daytime clothing and then repeating the process from day to night wear, routines are established for the infant. • The infant is learning to know a ritual – indicating a change. • Positive parenting and bonding skills help the infant's brain development. • A parent can use this time to label body parts—eyes, nose, toes, etc. which creates a repeated brain connection for the infant.	• When parents bond through the clothing change process, the infant feels safe and secure which helps its emotional development. • Gentle touching, singing and talking with infant during changing helps set a good emotional tone for positive parent-child interaction. • A good touch creates a sense of security for an infant and signals their needs are being met. • Infant smells better - which may actually have an impact on how a parent or caregiver may feel emotionally about the infant.	• Changing infant's clothing sets up regular routines for social interaction between parent and child. • Any positive communication through touching or verbalizing helps the parent-child socialization. • Infants might even learn cooperation and patience through parental modeling. • An infant's brain is stimulated by the facial response of a parent or caregiver – it promotes attachment which increases an infant's response to social interaction, and it promotes a back and forth relationship.

Parenting—Lesson 4.1

Safe and Comfortable Temperatures and Clothing for Infants

4

REVIEW: SCENARIOS

10 minutes

Purpose:

As a review exercise, participants apply their learning in this lesson to scenarios where they determine the potential danger and anticipate vehicle heat levels. They also complete a group exercise using scenarios to determine the best clothing type for the given situation.

Materials:

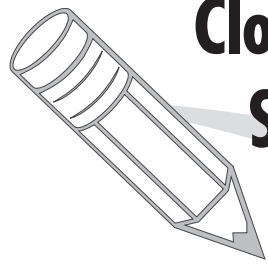
- Slide presentation – slide 27
- *Clothing Selection Scenarios* worksheet

Facilitation Steps:

1. As a review activity, display slide 27: Scenarios, and have students work in small groups of 2-3 to discuss their answers to the following questions you pose for each scenario:
 - a) Scenario 1: What condition is the infant at risk for? ***Hypothermia***
 - b) Scenario 2: What condition is this child at risk for? ***Hyperthermia***
 - c) Scenario 3: What is the major reason for children being left in a car – resulting in death? ***Forgotten by caregiver***
 - d) Vehicle Heating Dynamics Review: (***NOTE:*** Click on the picture to start the simulation. Stop the simulation at 6 seconds.) Approximately how long will it take for this car to heat up to 99°? ***10 minutes. To 109° 20 minutes***
2. Hand out the *Clothing Selection Scenarios* worksheet and have participants get into pairs to work together. Assign 2 scenarios per pair and give them 5 minutes to read their scenarios and determine the best clothing choices. Explain that they should be thorough, considering hats, shoes, etc.
3. Ask for pairs to share their answers and go around the room asking for different scenario answers. Have them explain their choices. Discuss as a group, explaining the rationale for the correct clothing choices.

Parenting—Lesson 4.1

Safe and Comfortable Temperatures and Clothing for Infants



Clothing Selection Scenarios

Name: _____

Date: _____

Scenario 1:

Maria is deciding how to dress her 3 month old son, Carlos. The weather is cool, about 60 degrees and rainy. She plans to go to the grocery store. What items of clothing do you suggest and why?

Scenario 2:

Charles is planning to take his 4 month old daughter, Jessica, for a stroller ride to the park. It's a sunny day with temperatures in the high 70's. What items of clothing do you suggest?

Scenario 3:

Karen and Jeremy are new parents of a three week old baby. Kaya was born in February and they are taking her to visit Jeremy's parents. The weather has been in the 30's and not much sun. The air is damp as if it was going to snow. What type of clothing do you suggest?

Scenario 4:

Renee is sitting for her friend's son, Justin. It's a hot summer day in the 80's. Because it is so hot and sunny, Renee decided to stay indoors. There is no air conditioning where her friend lives. What items of clothing do you suggest?

Scenario 5:

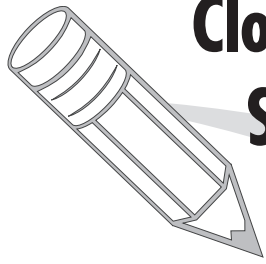
Keisha and Jerome are parents of a 2 month old baby boy, Alex. It's a lovely fall day with temperatures in the low 70's. The sun has been overshadowed by clouds with little chance of rain. They decide to go for a walk with Alex in a front carrier. What type of clothing do you suggest?

Scenario 6:

Carla and Jeff have just adopted a three month old baby, Nadia. They keep the temperature in their home around 70 degrees in the winter. They are putting Nadia down for her nap. What type of clothing do you suggest?

Parenting—Lesson 4.1

Safe and Comfortable Temperatures and Clothing for Infants



Clothing Selection

Scenarios - Answer Key

Scenario 1:

Maria is deciding how to dress her 3 month old son, Carlos. The weather is cool, about 60 degrees and rainy. She plans to go to the grocery store. What items of clothing do you suggest and why?

Possible Answers: *T-shirt with a sweatshirt jacket and pants, infant socks or booties, a medium weight jacket as well. Reasons Why: Infants may be dressed similar to that of an adult, with perhaps an added jacket. It's not likely that the infant will get overheated on a day like this; no need for sun protection.*

Scenario 2:

Charles is planning to take his 4 month old daughter, Jessica, for a stroller ride to the park. It's a sunny day with temperatures in the high 70's. What items of clothing do you suggest?

Possible Answers: *T-shirt with a light weight jacket, sun hat, light weight shorts or pants, light weight socks. Reasons Why: All skin needs to be covered or protected by a cover.*

Scenario 3:

Karen and Jeremy are new parents of a three week old baby. Kaya was born in February and they are taking her to visit Jeremy's parents. The weather has been in the 30's and not much sun. The air is damp as if it was going to snow. What type of clothing do you suggest?

Possible Answers: *A one piece fleece sleeper with a t-shirt or infant body suit underneath; a bunting with covers for the hands and a hood, a cap.*

Reasons Why: *The newborn needs to be protected and kept warm from the lower temperatures, damp air and the possibility of snow while traveling results in the need for warmer clothing. Also available are car seat covers/buntings that zip over the seat and infant, allowing the infant to wear normal clothes and possibly a hat under the car seat bunting.*

Scenario 4:

Renee is sitting for her friend's son, Justin. It's a hot summer day in the 80's. Because it is so hot and sunny, Renee decided to stay indoors. There is no air conditioning where her friend lives. What items of clothing do you suggest?

Possible Answers: *An infant body suit, simple t-shirt or just a diaper.*

Reasons Why: *Infants can overheat quite easily and as long as they seem comfortable, the less clothing and the simpler the clothing the better.*

Scenario 5:

Keisha and Jerome are parents of a 2 month old baby boy, Alex. It's a lovely fall day with temperatures in the low 70's. The sun has been overshadowed by clouds with little chance of rain. They decide to go for a walk with Alex in a front carrier. What type of clothing do you suggest?

Possible Answers: *A medium weight sleeper or infant body suit with longer sleeves, a medium weight two piece outfit with a light to medium weight jacket, socks or booties, hat; or a lightweight outfit and the light/medium weight blanket that parent drapes over the outside of the carrier, and a hat if needed.*

Reasons Why: *Infants need protection in the cool fall air; the sun isn't quite as intense so protection from the sun might be minimal, a 2 month is still adjusting to temperature changes, and therefore needs light to medium weight clothing for this type of weather. Comfort is a factor with the front carrier as well.*

Parenting—Lesson 4.1

Safe and Comfortable Temperatures and Clothing for Infants

Scenario 6:

Carla and Jeff have just adopted a three month old baby, Nadia. They keep the temperature in their home around 70 degrees in the winter. They are putting Nadia down for her nap. What type of clothing do you suggest?

Possible Answers: *A soft, comfortable sleeper with feet, a two piece pajama set with sock or booties.*

Reasons Why: *Three month olds may move around and could get cold with kicking off a blanket. The new parents should check and see if the infant seems too hot or too cold. Note: avoid excessive blankets to prevent SIDs or suffocation. Each group could be given a set of cards with the clothing matches plus a few “decoys” to select from.*

References:

¹ World Health Organization. (1997). *Thermal protection of the newborn: A practical guide*. Geneva, Switzerland: World Health Organization.

Additional Information:

Centers for Disease Control and Prevention. (2006, August 15). *Extreme heat: A prevention guide to promote your personal health and safety*. Retrieved from http://www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp

“Infants and children up to four years of age are sensitive to the effects of high temperatures and rely on others to regulate their environments and provide adequate liquids.”

KidsHealth. (2005, September). *Sudden Infant Death Syndrome (SIDS)*. Retrieved from <http://www.kidshhealth.org/parent/general/sleep/sids.html>

“SIDS is the leading cause of death among infants who are 1 month to 1 year old, and claims the lives of about 2,500 infants each year in the United States. It remains unpredictable despite years of research. Overheating from excessive sleepwear and bedding” is one potential risk factor.

Infant Baby Maternity.com. (n.d.). *Infant Crying*. Retrieved from <http://www.infantbabymaternity.com>

“Infants like to be warm. Being too cold or hot could be a reason an infant is crying. Check to see if he is too hot. If the infant’s skin is very red, or if he is sweating, he may need to have his clothing or blanket adjusted to cool him off. Temperature is an important thing to check to make the infant comfortable.”

McLaren, C., Null, J., & Quinn, J. (2005, July). *Heat stress from enclosed vehicles: Moderate ambient temperatures cause significant temperature rise in enclosed vehicles*. *PEDIATRICS*, 116(1), e109-e112. Retrieved from <http://ggweather.com/heat/> Department of Geosciences, San Francisco State University

Parenting—Lesson 4.1

Safe and Comfortable Temperatures and Clothing for Infants

Flat Head Syndrome (Positional Plagiocephaly)



Note

This lesson was developed in conjunction with the added feature of tracking the length of time in a non-prone position (car seat/carrier) on the RealCare® Baby. This tracking feature exists in the car seat/carrier sold by Realityworks. Car seat/carrier detection kits are also available. If you do not have either the Realityworks car seat/carrier for use with your RealCare® Baby or the detection kit, no data on this issue will be tracked by the RealCare® Baby.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define positional plagiocephaly
- Describe the causes of positional plagiocephaly
- Identify steps to prevent positional plagiocephaly

Lesson Overview

In this lesson participants learn about *positional plagiocephaly*, or *flat head syndrome*, a condition that can develop when an infant spends too much time on its back.

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS: The Need to Reposition	NA	NA	3 minutes
LEARN: Positional Plagiocephaly	• Slide presentation: <i>Positional Plagiocephaly</i>	• Prepare slide presentation for viewing	10 minutes
SUMMARY: Simulation Report	• Handout: <i>Simulation Report- Baby Temperature and Clothing</i> • Review questions • <i>SIDS Facts</i> handout	• Print/copy the <i>Simulation Report- Baby Temperature and Clothing</i> • Print/copy the <i>SIDS Facts</i> handout for distribution	10 minutes

National FACS Education Standards Supported: Reasoning for Action – 4; 4.2, 4.4; 12.1-3; 15.2

National Health Education Standards Supported: 1.12.2-3, 7, 9; 2.12.6; 5.12.1; 7.12.1-3; 8.12.3-4

Parenting—Lesson 4.2
Flat Head Syndrome (Positional Plagiocephaly)

4

FOCUS: The Need to Reposition

3 minutes

Purpose:

This activity introduces the condition of *positional plagiocephaly* (flat head syndrome).

Materials:

NA

Facilitation Steps:

1. Ask participants to think about how they sleep – do they lie still on their back all night? Do they turn, move, and sleep on their side sometimes? Do they sleep on their stomach sometimes? Ask them to think about how difficult it would be if they had to lay in the same position for hours at a time.
2. Write the following term on the board: ***positional plagiocephaly***. Explain that this is also known as flat head syndrome. Ask if anyone has a guess as to what this condition is. Explain that they will learn about this condition today, its causes, and means of prevention.

LEARN: Positional Plagiocephaly

10 minutes

Purpose:

Participants learn about positional plagiocephaly, its causes, and means of prevention.

Materials:

- Slide presentation: *Positional Plagiocephaly*

Facilitation Steps:

1. Show slide presentation, *Positional Plagiocephaly*, and use the following information as you present:

Slide 2: Positional plagiocephaly. We know that “cephaly” in this word refers to the head, so we can conclude that this has something to do with the head. *Positional plagiocephaly* (which means “oblique head” in Greek), also known as *flat head syndrome*, is a condition most commonly found in infants. It is characterized by a flat spot on the back or one side of the head caused by remaining in one position for too long.

Slide 3: Recognizing flat head syndrome. Point out the flat surface on the infant’s head.

Slide 4: What causes flat head syndrome? Everyone’s skull is a bit asymmetrical. Many vaginally delivered infants are born with an oddly shaped head caused by the pressure of passing through the birth canal. Infant’s skulls are soft and made up of movable plates (which are necessary for an infant to make it through the birth canal). In between these plates are spaces, which allow the skull to expand so that the brain can grow. If the infant’s head always rests on the same spot, the skull plates move in a way that leaves a flat spot, according to the National Institutes of Health.

Infants spend a great deal of their time on their back. The longer they do that during the first 2 to 4 months of life, the more likely they are to develop a flattening of the head, depending on how the infant sleeps. This generally doesn’t cause developmental delays; it is typically cosmetic, and can usually be corrected. Infants that have unusually large heads, or who are born prematurely and have weaker than normal muscle tone are typically the more likely candidates for this condi-

tion.

Slide 5: Torticollis. Another cause of flat head syndrome is *torticollis*. Torticollis occurs when a tight or shortened muscle on one side of the neck causes the head to tilt to the other side, resulting in the infant favoring one side over the other to rest his head.

Slide 6: Back to sleep. Since 1992, when the American Academy of Pediatrics began recommending that infants sleep on their backs, the number of deaths due to Sudden Infant Death Syndrome or SIDS (the number one cause of death among infants younger than 1 year of age) has been cut in half, according to the CDC.

However, as the number of SIDS deaths has gone down, pediatricians have seen a dramatic increase in infants having flat head syndrome. About 13% of healthy infants have some form of positional plagiocephaly. This is a good trade-off for the reduction in SIDS.

Therefore, even though having your infant sleep on its back can lead to a flattened head, you should **not** stop placing your infant on its back to sleep, according to the American Association of Pediatrics and the National Institute of Health.

Slide 7: Prevention. Some ways to help prevent flat head syndrome are:

- Alternate turning the infant’s head to the left and right when you put him down to sleep.
- Put the infant to sleep at alternate ends of the crib.
- Change the position of the crib in the room or alternate the position of decorations

(mobiles, pictures, etc.) as infants tend to turn their head to look toward the center of the room, the doorway, a window, or interesting objects.

- Limit time in infant seats/car seats and swings. (Although these things don't place as much pressure on an infant's head as lying down, enough pressure is produced to create small deformities.)
- Cuddle, holding the infant upright or over your shoulder often during the day.
- Provide supervised tummy time [next slide].

Slide 8: Tummy time. (NOTE: Click on the picture to begin the film clip) Place the infant on his stomach for supervised play. Tummy time relieves pressure on the infant's skull and helps him to build muscles in his neck and upper body. Note that the infant in this scene does not like tummy time – this is typical as the infant is working to be able to look up. Tummy time should be limited to a few minutes at a time, but several times per day. The infant should not be left unsupervised in this position.

Ask participants why this would be the case. Answer: because their neck and upper body muscles are not developed, they are not able to keep their head up. This could reduce their ability to keep the nose and mouth unobstructed – the same reason it is not recommended to put an infant to bed on his/her stomach.

2. Explain that newborn infants sleep an average of 16-20 hours per day (not all at once), and since we know that they should sleep on their backs to possibly help reduce the possibility of Sudden Infant Death Syndrome (SIDS), the majority of an infant's day is spent on his back. Infants aren't able to turn themselves over until about 5-6 months of age. This occurs as they develop stronger neck and arm muscles. In the meantime, they are at the mercy of their caregiver to move them and get them off of their back for periods of time.

3. **Ask the following:**

- What are some typical times a caregiver would move an infant off his/her back?

Answers: When burping, holding (in football/side hold position), carrying, feeding (infant's head is

not on flat mattress surface during this time), or after changing their diaper.

Note that there is another time you can intentionally move an infant off his back, and help the infant develop the skills needed to turn over, crawl, and build the neck and arm muscles needed for these activities. **Ask if anyone can remember what this is called:** *tummy time*. Tummy time is placing an infant on her tummy while being supervised by an adult. A good time to have the infant do a few minutes of tummy time is after changing the infant's diaper, because it's done several times a day and the parent/caregiver is holding/repositioning the infant. It's easier to remember to do the tummy time when you have a regular routine with which you can combine it.

References:

- CNN Health: <http://www.flatheadsyrndrome.info/>
- http://www.babycenter.com/0_plagiocephaly-flat-head-syndrome_1187981.bc

SUMMARY: RealCare Baby Report

10 minutes

Purpose:

This activity discusses how the RealCare Baby tracks the amount of time in a non-prone position (car seat/carrier) and how the data is displayed on the Simulation Report. Review questions help participants remember what they learned.

Materials:

- *Simulation Report – Baby Temperature and Clothing* handout
- Review questions (below)
- *SIDS Facts* handout

Facilitation Steps:

1. Hand out the *Simulation Report – Baby Temperature and Clothing* handout to each participant. Point out the area on the report that shows length of time the RealCare Baby spent in the car seat/carrier. Note that if Baby has spent most of its time in the carrier, this is an indication that a real infant would likely need more attention and more time off its back, being held, rocked, tummy time, etc. **(See sample Simulation Report and explanation at end of this lesson.)**
2. As a review conduct a class discussion by asking the following questions:
 - What is the more common term for positional plagiocephaly? **Flat head syndrome**
 - What does SIDS stand for? **Sudden Infant Death Syndrome**
 - What is the name of the campaign to reduce SIDS? **Back to Sleep**
 - Why has there been an increase in flat head syndrome in recent years? **Because infants are spending more time on their backs to avoid SIDS**
 - What are some other possible causes of flat head syndrome? **Preemie – (possible weaker neck muscles), torticollis**
 - What is torticollis? **Occurs when a tight or shortened muscle on one side of the neck causes the head to tilt to the other side**
 - What are some recommended ways to help prevent flat head syndrome? **tummy time, cuddle, lay infant on different end of crib for sleep, turn infant's head to other side for sleep, place interesting objects in different locations in infant's room, move crib to different location in room.**
3. Hand out the *SIDS Facts* handout. (Note: This Fact Sheet is also located in the *Basic Infant Care curriculum*, Lesson 2.6: Schedule and Tracking.

Parenting—Lesson 4.2

Flat Head Syndrome (Positional Plagiocephaly)

RealCare® Baby Simulation Report

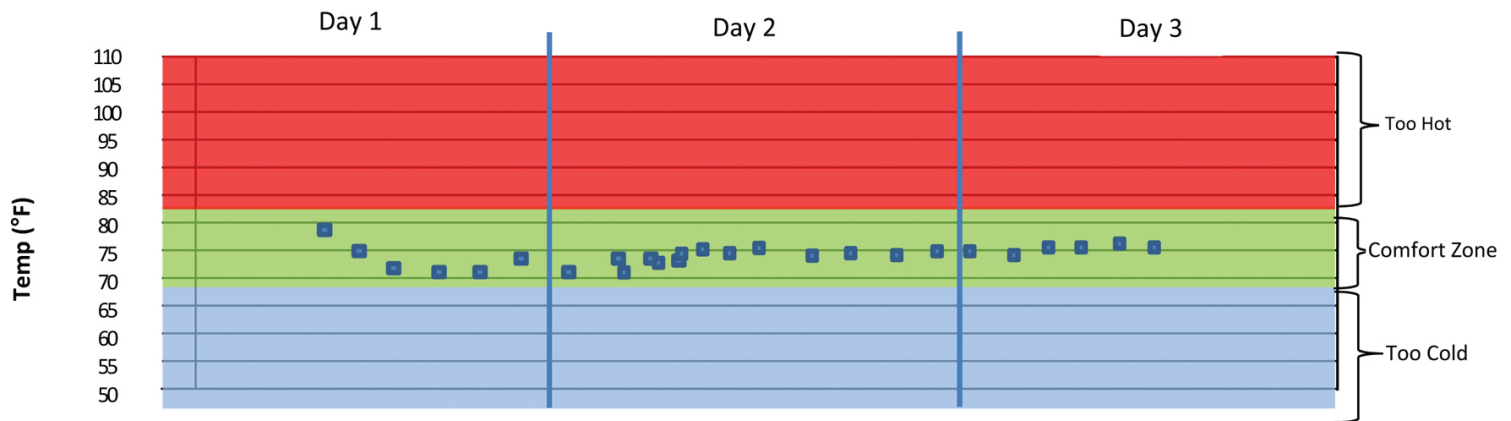


Baby Temperature and Clothing

NOTE: Actual report images may vary.

Baby detects temperature, clothing, and length of time in car seat/carrier to address flathead syndrome. Missing clothing only appears if Baby detects no clothing during a significant period of time.

Look for spikes in temperature on the graph below to determine mishandling. Baby's temperature should fall inside the comfort range (in green – mid section of report). If Baby's temperature falls above or below the comfort range, Baby has been exposed to extreme temperatures for an extended period of time.



	3a	6a	9a	12a	3p	6p	9p	12a	3a	6a	9a	12p	3p	6p	9p	12a	3a	6a	9a	12p	3p	6p	9P
Diapers																							
Outfit top																							
Outfit bottom																							
Infant body suit																							
Sleepwear																							
Outerwear																							

	3a	6a	9a	12a	3p	6p	9p	12a	3a	6a	9a	12p	3p	6p	9p	12a	3a	6a	9a	12p	3p	6p	9P
Car seat/carrier																							

	Day 1	Day 2	Day 3
High temp	80°	76°	78°
Low temp	70°	74°	74°
Time out of safe temp range	0	0	0
Max time between change of clothes	15 hours	12 hours	3 hours
Time in car seat/carrier	6 hours	5 hours	4 hours

Parenting—Lesson 4.2

Flat Head Syndrome (Positional Plagiocephaly)



SIDS Facts

What we know about SIDS:

1. It occurs in all kinds of families.
2. It occurs in seemingly healthy infants.
3. It has nothing to do with race or economic status.
4. It occurs most often in fall and winter months.
5. Most deaths happen before six months of age, and especially between one and four months of age.
6. It is the leading cause of death in infants between one month and one year of age.
7. It often happens quickly during sleep, and the infant shows no signs of suffering.
8. It occurs most often among boys, premature and low-birth weight infants, twins, and triplets.
9. It is determined as the cause of death only after all other causes have been eliminated through an autopsy, a thorough investigation of the death scene, and a review of the family history.
10. No one knows its cause.

Safe sleep top 10:

1. Always place the infant on his or her back to sleep, for naps and at night; it is the safest.
2. Always place the infant on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place the infant to sleep on pillows, quilts, sheepskins, or other soft surfaces.
3. Always keep soft objects, toys, and loose bedding out of the infant's sleep area. Do not use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in the infant's sleep area, and keep any other items away from the infant's face.
4. Never allow smoking around the infant.
5. Keep the infant's sleep area close to, but separate from, where you and others sleep. The infant should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the infant into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside co-sleeper (infant bed that attaches to an adult bed) when finished.
6. Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the infant to take it. (If you are breastfeeding, wait until the infant is one month old or is used to breastfeeding before using a pacifier.)
7. Do not let the infant overheat during sleep. Dress the infant in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.
8. Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.
9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions, talk to your health care provider.
10. To reduce the chance that flat spots will develop on the infant's head from too much time on his or her back, provide "tummy time" when the infant is awake and someone is watching; change the direction that the infant lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

Parenting—Lesson 4.2

Flat Head Syndrome (Positional Plagiocephaly)

Lesson Five

Attachment/Autonomy: Trust and Brain Development



Lesson Overview

In this lesson students learn about Erikson's stages of psychosocial development. They work in small groups and learn about two stages, and then peer teach their jigsaw group and learn from the other group members about the other stages.

Lesson Objectives

After completing this lesson, students should be able to:

- Identify Erikson's stages of psychosocial development
- Describe the characteristics of each of Erikson's stages and how parents can help their children in the early stages.

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• Students' own paper to write on • Slide 4: <i>Erikson's Stages of Psychosocial Development</i>	Use slide 4: <i>Erikson's Stages of Psychosocial Development</i>	15 minutes
LEARN	• <i>Erikson's Stages of Psychosocial Development</i> handout	Print/photocopy <i>Erikson's Stages</i> handout and cut the 8 stages into four, so that groups of 4 students will get 2 of the stages to work with.	25 minutes
REVIEW	• Slide 5: <i>Erikson's Stages of Psychosocial Development – Characteristics</i> • <i>Nurturing and Attachment</i> article as homework reading assignment– for discussion next day	Use slide 5: <i>Erikson's Stages of Psychosocial Development – Characteristics</i> Print/photocopy the <i>Nurturing and Attachment</i> article for each student	10 minutes

Note: All student materials (worksheets, handouts, pretest/posttest) are located in the Student Materials folder.

National FACS Education Standards Supported: 12.1-12.3, 15.2

FOCUS: Class Discussion

10 minutes

Purpose:

Students are introduced to Erikson's theory of human psychosocial development.

Materials:

- Students' own paper to jot down life events
- Slide 4: *Erikson's Stages of Psychosocial Development*

Facilitation Steps:

1. Have students write down what they think are a person's most important life events – in order.
2. Ask for volunteers to share their lists. Jot these on the board as list items are shared.
3. Introduce Erik Erikson who developed a theory of the stages of human psychosocial development. According to Erikson's theory, people go through a "crisis" in each of these stages.
4. Display slide 4: *Erikson's Stages of Psychosocial Development* and discuss how the list of items from students fit into the various stages.



Erikson's Stages of Psychosocial Development

Psychoanalyst Erik Erikson describes the physical, emotional and psychological stages of development and relates specific issues, or developmental work or *tasks*, to each stage. For example, if an infant's physical and emotional needs are met sufficiently, the infant completes his/her task -- developing the ability to trust others. However, a person who is stymied in an attempt at task mastery may go on to the next stage but carries with him or her the remnants of the unfinished task. For instance, if a toddler is not allowed to learn by doing, the toddler develops a sense of doubt in his or her abilities, which may complicate later attempts at independence. Similarly, a preschooler who is made to feel that the activities he or she initiates are bad may develop a sense of guilt that inhibits the person later in life.

Infant

Trust vs Mistrust

Needs maximum comfort with minimal uncertainty to trust himself/herself, others, and the environment

Toddler

Autonomy vs Shame and Doubt

Works to master physical environment while maintaining self-esteem

Preschooler

Initiative vs Guilt

Begins to initiate, not imitate, activities; develops conscience and sexual identity

School-Age Child

Industry vs Inferiority

Tries to develop a sense of self-worth by refining skills

Adolescent

Identity vs Role Confusion

Tries integrating many roles (child, sibling, student, athlete, worker) into a self-image under role model and peer pressure

Young Adult

Intimacy vs Isolation

Learns to make personal commitment to another as spouse, parent or partner

Middle-Age Adult

Generativity vs Stagnation

Seeks satisfaction through productivity in career, family, and civic interests

Older Adult

Integrity vs Despair

Reviews life accomplishments, deals with loss and preparation for death

Parenting—Lesson Five

Attachment/Autonomy: Trust and Brain Development

5

LEARN: Jigsaw with Erikson's Stages

30 minutes

Purpose:

Students learn the eight stages of psychosocial development according to Erik Erikson.

Materials:

- *Erikson's Stages of Psychosocial Development* handout (cut up to hand out to groups)

Facilitation Steps:

1. This is a jigsaw activity. Divide class into small groups of 4 students. Assign a number 1-4 to each group member.
2. Give each group member 2 stages of development so that all the 1's get the same two stages, all the 2's get the same two stages, etc.
3. Have students meet with peers from other groups that are assigned the same number, so that all students 1's meet in a group, all the 2's meet, and so on.
4. Each group is to read through their stages, discuss them, and write down what caregivers can do to promote a positive outcome for each stage. Some questions you could have them answer (Write the questions on the board):
 - What do infants need from parents in this stage of development in order to be secure?
 - What are some things parents should not do at this stage with their children?
 - What are the consequences if the child does not receive what is needed from parents?
 - For those stages that address older adults, students should identify things an individual can do at this stage to have a positive outcome.
5. Provide students with 5 minutes to talk with their same-question group. Each student should jot down the group's ideas to report back to their original group.
6. Have students return to original group and share responses.

Notes: The Erikson's Stages handout in the Student Materials folder references these notes.

1. Gross, F. L. (1987). *Introducing Erik Erikson: An invitation to his thinking*. Lanham, MD: University Press of America. p. 39.
2. Wright, J. Eugene (1982). *Erikson: Identity & Religion*. New York: The Seabury Press, p. 73.
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9. *The Theoretical Basis for the Life Model-Research And Resources On Human Development*, <http://www.lifemodel.org/download/Model%20Building%20Appendix.pdf>, retrieved 2009-08-11
10. *PSY 345 Lecture Notes - Ego Psychologists, Erik Erikson*, http://www.psychology.sunysb.edu/ewaters/345/2007_erikson/2006_erikson.pdf, retrieved 2009-08-11
11. Stevens, Richard. (1983). *Erik Erikson, An Introduction*. New York: St. Martin's Press. p. 48.

12. Erikson, E. H. (1950). *Childhood and society*. New York: Norton (1950); Triad/Paladin (1977), p. 242.
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Erikson's Stages of Psychosocial Development

Parenting—Lesson Five
Attachment/Autonomy: Trust and Brain Development

Source: Wikipedia 7/2010

Hope: Trust vs. Mistrust (Infants, 0 to 1 year)

- Psychosocial Crisis: Trust vs. Mistrust
- Virtue: Hope

The first stage of Erik Erikson's theory centers around the infant's basic needs being met by the parents. The infant depends on the parents, especially the mother, for food, sustenance, and comfort. The child's relative understanding of world and society come from the parents and their interaction with the child. If the parents expose the child to warmth, regularity, and dependable affection, the infant's view of the world will be one of trust. Should the parents fail to provide a secure environment and to meet the child's basic need, a sense of mistrust will result. According to Erikson, the major developmental task in infancy is to learn whether or not other people, especially primary caregivers, regularly satisfy basic needs. If caregivers are consistent sources of food, comfort, and affection, an infant learns trust- that others are dependable and reliable. If they are neglectful, or perhaps even abusive, the infant instead learns mistrust- that the world is in an undependable, unpredictable, and possibly dangerous place.

Will: Autonomy vs. Shame & Doubt (Toddlers, 2 to 3 years)

- Psychosocial Crisis: Autonomy vs. Shame & Doubt
- Main Question: "Can I do things myself or must I always rely on others?"
- Virtue: Will

As the child gains control over eliminative functions and motor abilities, they begin to explore their surroundings. The parents still provide a strong base of security from which the child can venture out to assert their will. The parents' patience and encouragement helps foster autonomy in the child. Highly restrictive parents, however, are more likely to instill the child with a sense of doubt and reluctance to attempt new challenges.

As they gain increased muscular coordination and mobility, toddlers become capable of satisfying some of their own needs. They begin to feed themselves, wash and dress themselves, and use the bathroom. If caregivers encourage self-sufficient behavior, toddlers develop a sense of autonomy--a sense of being able to handle many problems on their own. But if caregivers demand too much too soon, refuse to let children perform tasks of which they are capable, or ridicule early attempts at self-sufficiency, children may instead develop shame and doubt about their ability to handle problems.

Parenting—Lesson Five

Attachment/Autonomy: Trust and Brain Development



Erikson's Stages of Psychosocial Development (cont.)

Source: Wikipedia 7/2010

Purpose: Initiative vs. Guilt (Preschool, 4 to 6 years)

- Psychosocial Crisis: Initiative vs. Guilt
- Main Question: "Am I good or am I bad?"
- Virtue: Purpose
- Related Elements in Society: ideal prototypes/roles

Initiative adds to autonomy the quality of undertaking, planning and attacking a task for the sake of being active and on the move. The child is learning to master the world around him, learning basic skills and principles of physics. Things fall down, not up. Round things roll. He learns how to zip and tie, count and speak with ease. At this stage, the child wants to begin and complete his own actions for a purpose. Guilt is a confusing new emotion. He may feel guilty over things that logically should not cause guilt. He may feel guilt when his initiative does not produce desired results.

The development of courage and independence are what set preschoolers, ages three to six years of age, apart from other age groups. Young children in this category face the challenge of initiative versus guilt. As described in Bee and Boyd (2004), the child during this stage faces the complexities of planning and developing a sense of judgment. During this stage, the child learns to take initiative and prepare for leadership and goal achievement roles. Activities sought out by a child in this stage may include risk-taking behaviors, such as crossing a street alone or riding a bike without a helmet; both these examples involve self-limits. Within instances requiring initiative, the child may also develop negative behaviors. These behaviors are a result of the child developing a sense of frustration for not being able to achieve a goal as planned and may engage in behaviors that seem aggressive, ruthless, and overly assertive to parents. Aggressive behaviors, such as throwing objects, hitting, or yelling, are examples of observable behaviors during this stage.

Preschoolers are increasingly able to accomplish tasks on their own, and with this growing independence comes many choices about activities to be pursued. Sometimes children take on projects they can readily accomplish, but at other times they undertake projects that are beyond their capabilities or that interfere with other people's plans and activities. If parents and preschool teachers encourage and support children's efforts, while also helping them make realistic and appropriate choices, children develop initiative- independence in planning and undertaking activities. But if, instead, adults discourage the pursuit of independent activities or dismiss them as silly and bothersome, children develop guilt about their needs and desires.

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Erikson's Stages of Psychosocial Development (cont.)

Source: Wikipedia 7/2010

Competence: Industry vs. Inferiority (Childhood, 7 to 12 years)

- Psychosocial Crisis: Industry vs. Inferiority
- Main Question: "Am I successful or worthless?"
- Virtue: Competence
- Related Elements in Society: division of labor

The aim to bring a productive situation to completion gradually supersedes the whims and wishes of play. The fundamentals of technology are developed. To lose the hope of such "industrious" association may pull the child back to the more isolated, less conscious familial rivalry of the oedipal time.

"Children at this age are becoming more aware of themselves as individuals." They work hard at "being responsible, being good and doing it right." They are now more reasonable to share and cooperate. Allen and Marotz (2003) also list some perceptual cognitive developmental traits specific for this age group: Children understand the concepts of space and time, in more logical, practical ways, beginning to grasp, gain better understanding of cause and effect and understand calendar time. At this stage, children are eager to learn and accomplish more complex skills: reading, writing, telling time. They also get to form moral values, recognize cultural and individual differences and are able to manage most of their personal needs and grooming with minimal assistance (Allen and Marotz, 2003). At this stage, children might express their independence by being disobedient, using back talk and being rebellious.

Erikson viewed the elementary school years as critical for the development of self-confidence. Ideally, elementary school provides many opportunities for children to achieve the recognition of teachers, parents and peers by producing things- drawing pictures, solving addition problems, writing sentences, and so on. If children are encouraged to make and do things and are then praised for their accomplishments, they begin to demonstrate industry by being diligent, persevering at tasks until completed, and putting work before pleasure. If children are instead ridiculed or punished for their efforts or if they find they are incapable of meeting their teachers' and parents' expectations, they develop feelings of inferiority about their capabilities.

Parenting—Lesson Five

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Erikson's Stages of Psychosocial Development (cont.)

Source: Wikipedia 7/2010

Fidelity: Identity vs. Role Confusion (Adolescents, 13 to 19 years)

- Psychosocial Crisis: Identity vs. Role Confusion
- Main Question: "Who am I and where am I going?"
- Ego quality: Fidelity
- Related Elements in Society: ideology

The adolescent is newly concerned with how they appear to others. Superego identity is the accrued confidence that the outer sameness and continuity prepared in the future are matched by the sameness and continuity of one's meaning for oneself, as evidenced in the promise of a career. The ability to settle on a school or occupational identity is pleasant. In later stages of Adolescence, the child develops a sense of sexual identity.

As they make the transition from childhood to adulthood, adolescents ponder the roles they will play in the adult world. Initially, they are apt to experience some role confusion- mixed ideas and feelings about the specific ways in which they will fit into society- and may experiment with a variety of behaviors and activities (e.g. tinkering with cars, baby-sitting for neighbors, affiliating with certain political or religious groups). Eventually, Erikson proposed, most adolescents achieve a sense of identity regarding who they are and where their lives are headed.

Erikson is credited with coining the term "Identity Crisis"^[1] Each stage that came before and that follows has its own 'crisis', but even more so now, for this marks the transition from childhood to adulthood. This passage is necessary because "Throughout infancy and childhood, a person forms many identifications. But the need for identity in youth is not met by these."^[2] This turning point in human development seems to be the reconciliation between 'the person one has come to be' and 'the person society expects one to become'. This emerging sense of self will be established by 'forging' past experiences with anticipations of the future. In relation to the eight life stages as a whole, the fifth stage corresponds to the crossroads:

What is unique about the stage of Identity is that it is a special sort of synthesis of earlier stages and a special sort of anticipation of later ones. Youth has a certain unique quality in a person's life; it is a bridge between childhood and adulthood. Youth is a time of radical change—the great body changes accompanying puberty, the ability of the mind to search one's own intentions and the intentions of others, the suddenly sharpened awareness of the roles society has offered for later life.^[3]

Adolescents "are confronted by the need to re-establish [boundaries] for themselves and to do this in the face of an often potentially hostile world."^[4] This is often challenging since commitments are being asked for before particular identity roles have formed. At this point, one is in a state of 'identity confusion', but society normally makes allowances for youth to "find themselves," and this state is called 'the moratorium':

The problem of adolescence is one of role confusion—a reluctance to commit which may haunt a person into his mature years. Given the right conditions—and Erikson believes these are essentially having enough space and time, a psychological moratorium, when a person can freely experiment and explore—what may emerge is a firm sense of identity, an emotional and deep awareness of who he or she is.^[5]

As in other stages, bio-psycho-social forces are at work. No matter how one has been raised, one's personal ideologies are now chosen for oneself. Oftentimes, this leads to conflict with adults over religious and political orientations. Another area where teenagers are deciding for themselves is their career choice, and oftentimes parents want to have a decisive say in that role. If society is too insistent, the teenager will acquiesce to external wishes, effectively forcing him or her to 'foreclose' on experimentation and, therefore, true self-discovery. Once someone settles on a worldview and vocation, will he or she be able to integrate this aspect of self-definition into a diverse society? According to Erikson, when an adolescent has balanced both perspectives of "What have I got?" and "What am I going to do with it?" he or she has established their identity.^[6] - - - - -

Dependent on this stage is the ego quality of fidelity—*the ability to sustain loyalties freely pledged in spite of the inevitable contradictions and confusions of value systems.*^[7]

Given that the next stage (Intimacy) is often characterized by marriage, many are tempted to cap off the fifth stage at 20 years of age. However, these age ranges are actually quite fluid, especially for the achievement of identity, since it may take many years to become grounded, to identify the object of one's fidelity, to feel that one has "come of age." In the biographies *Young Man Luther* and *Gandhi's Truth*, Erikson determined that their crises ended at ages 25 and 30, respectively:

Erikson does note that the time of Identity crisis for persons of genius is frequently prolonged. He further notes that in our industrial society, identity formation tends to be long, because it takes us so long to gain the skills needed for adulthood's tasks in our technological world. So... we do not have an exact time span in which to find ourselves. It doesn't happen automatically at eighteen or at twenty-one. A *very* approximate rule of thumb for our society would put the end somewhere in one's twenties.^[8]



Erikson's Stages of Psychosocial Development

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Source: Wikipedia 7/2010

Love: Intimacy vs. Isolation (Young Adults, 20 to 34 years)

- Main Question: "Am I loved and wanted?" or "Shall I share my life with someone or live alone?"
- Ego quality: Love
- Related Elements in Society: patterns of cooperation (often marriage)

Body and ego must be masters of organ modes and of the other nuclear conflicts in order to face the fear of ego loss in situations that call for self-abandonment. Avoiding these experiences leads to openness and self-absorption.

The Intimacy vs. Isolation conflict is emphasized around the ages of 20 to 34. At the start of this stage, identity vs. role confusion is coming to an end, and it still lingers at the foundation of the stage (Erikson, 1950). Young adults are still eager to blend their identities with friends. They want to fit in. Erikson believes we are sometimes isolated due to intimacy. We are afraid of rejections such as being turned down or our partners breaking up with us. We are familiar with pain, and to some of us, rejection is painful; our egos cannot bear the pain. Erikson also argues that "Intimacy has a counterpart: Distantiation: the readiness to isolate and if necessary, to destroy those forces and people whose essence seems dangerous to our own, and whose territory seems to encroach on the extent of one's intimate relations" (1950).^{[9][10]}

Once people have established their identities, they are ready to make long-term commitments to others. They become capable of forming intimate, reciprocal relationships (e.g. through close friendships or marriage) and willingly make the sacrifices and compromises that such relationships require. If people cannot form these intimate relationships--(perhaps because of their own needs)--a sense of isolation may result.

Care: Generativity vs. Stagnation (Middle Adulthood, 35 to 65 years)

- Psychosocial Crisis: Generativity vs. Stagnation
- Main Question: "Will I produce something of real value?"
- Virtue: Care
- Related Elements in Society: parenting, educating, or other productive social involvement

Generativity is the concern of establishing and guiding the next generation. Socially-valued work and disciplines are expressions of generativity. Simply having or wanting children does not in and of itself achieve generativity.

During middle age the primary developmental task is one of contributing to society and helping to guide future generations. When a person makes a contribution during this period, perhaps by raising a family or working toward the betterment of society, a sense of generativity- a sense of productivity and accomplishment- results. In contrast, a person who is self-centered and unable or unwilling to help society move forward develops a feeling of stagnation- a dissatisfaction with the relative lack of productivity.

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Erikson's Stages of Psychosocial Development

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Source: Wikipedia 7/2010

Central Tasks of Middle Adulthood

- Express love through more than sexual contacts.
- Maintain healthy life patterns.
- Develop a sense of unity with mate.
- Help growing and grown children to be responsible adults.
- Relinquish central role in lives of grown children.
- Accept children's mates and friends.
- Create a comfortable home.
- Be proud of accomplishments of self and mate/spouse.
- Reverse roles with aging parents.
- Achieve mature, civic and social responsibility.
- Adjust to physical changes of middle age.
- Use leisure time creatively.
- Love for others

Wisdom: Ego Integrity vs. Despair (Seniors, 65 years onwards)

- Psychosocial Crisis: Ego Integrity vs. Despair
- Main Question: "Have I lived a full life?"
- Virtue: Wisdom

As we grow older and become senior citizens we tend to slow down our productivity and explore life as a retired person. It is during this time that we contemplate our accomplishments and are able to develop integrity if we see ourselves as leading a successful life. If we see our life as unproductive, or feel that we did not accomplish our life goals, we become dissatisfied with life and develop despair, often leading to depression and hopelessness.

The final developmental task is retrospection: people look back on their lives and accomplishments. They develop feelings of contentment and integrity if they believe that they have led a happy, productive life. They may instead develop a sense of despair if they look back on a life of disappointments and unachieved goals.

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Erikson's Stages of Psychosocial Development

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Source: Wikipedia 7/2010

Notes

1. Gross, F. L. (1987). *Introducing Erik Erikson: An invitation to his thinking*. Lanham, MD: University Press of America. p. 39.
2. Wright, J. Eugene (1982). *Erikson: Identity & Religion*. New York; The Seabury Press, p. 73.
3. Gross, F. L. (1987). *Introducing Erik Erikson: An invitation to his thinking*. Lanham, MD: University Press of America. p. 47.
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- Stevens, Richard. *Erik Erikson: An Introduction*. New York: St. Martin's, 1983.

Parenting—Lesson Five

Attachment/Autonomy: Trust and Brain Development

5

REVIEW

5 minutes

Purpose:

A class discussion provides a summary of the learning and application of information by understanding the rationale behind it.

Materials:

- Slides 5-6: *Erikson's Stages of Psychosocial Development - Characteristics*
- *Nurturing and Attachment* article – handout as home work reading assignment for next lesson.

Facilitation Steps:

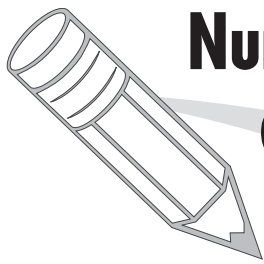
1. Display slides 5-6, and summarize the ideas behind *Erikson's Stages of Psychosocial Development - Characteristics* by asking the class higher level questions. For example: *Trust vs Mistrust*. Needs maximum comfort with minimal uncertainty to trust himself/herself, others, and the environment.

For example ask: Why do infants need to develop a sense of trust? *Answer*: It helps to develop a secure base of trust allowing children to explore the larger world and other relationships.

2. Hand out the *Nurturing and Attachment* article as a reading assignment/homework to be discussed in the next day's Focus activity.

Parenting—Lesson Five

Attachment/Autonomy: Trust and Brain Development



Nurturing and Attachment

Name: _____

Class Period: _____

Courtney Braatz, M. Ed Family Education

Affirmation and affection are the key ingredients needed for an infant to attach to his/her parents. When parents and child have warm feelings toward each other children develop an important trust that their most basic needs will be met, along with a sense of love, acceptance, positive guidance, and protection.

The theory of the attachment-exploration balance describes the need for the child to be able to explore while in close proximity to the mother. Long-term effects of attachment studies report that insecure attachment by age one can still be observed at age 15. The longevity of secure attachment is proof that it is an issue that must be addressed by a parent. The mother-infant dyad suggests that a balance must occur within the relationship. The mother must respond to the infant's needs in a timely and sensitive matter, but not with an over involved frequency.

In the long-term studies of secure attachment, infants who experienced more than 20 hours of non-maternal care per week were more likely to have insecure attachment. A variety of explanations were made as to why this may be so. Explanations include the quality of child care, the level of sensitivity a mother expresses to her child's needs when she is home, and other stressors.

Research shows that when parents notice and affirm ordinary behavior as well as accomplishments; express warmth through touch, voice and non-verbal endearments (smiling, expressions, etc.); and acknowledge and attend to the full range of children's feelings the benefits are as follows:

- the best chance of healthy development
- better academic grades
- healthier behaviors
- more positive peer interactions
- an increased ability to cope with stress

Additional Resources:

~ Nurturing Natures: Attachment and Children's Emotional, Sociocultural and Brain Development

By: Graham Music

~ Nurturing Touch Principles: <http://www.attachmentparenting.org/principles/touch.php>

Parenting—Lesson Five

Attachment/Autonomy: Trust and Brain Development



Lesson Overview

In this lesson, students will have the opportunity to learn and practice nurturing parenting skills, such as recognize and affirm ordinary behavior and effort as well as accomplishments through a role play activity.

Lesson Objectives

After completing this lesson, students should be able to:

- Identify the characteristics and skills of nurturing parents
- Identify the benefit for children of having responsive and affirming parents

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• <i>Nurturing and Attachment</i> article	Have available – students should have read this the previous evening.	10 minutes
LEARN	• Role Play Scenarios • <i>Nurturing Parent Skills</i> - slide 7	Copy Role Play Scenario Card and cut into four, so each group has 1 card. Use <i>Nurturing Parent Skills</i> - slide 7	20 minutes
REVIEW	• <i>Nurturing Parent Skills</i> - slide 7 • <i>Nurturing Parent Skills Answers</i> – slide 8	Use slides 7 and 8: <i>Nurturing Parent Skills</i> and <i>Nurturing Parent Skills - Answers</i>	15 minutes

Note: All student materials (worksheets, handouts, pretest/posttest) are located in the Student Materials folder.

National FACS Education Standards Supported: 15.1, 15.2

FOCUS: Nurturing Discussion

10 minutes

Purpose:

Students are introduced to the key skills for nurturing infants to help in healthy child development.

Materials:

- *Nurturing and Attachment* article - reading assignment from previous day.

Facilitation Steps:

1. Ask students what they think nurturing means to them. Answers will vary among students.
2. Reflect on the qualities of nurturing and bring in the information from the *Nurturing and Attachment* article.
3. Discuss the issue raised in the article that infants who experienced more than 20 hours of non-maternal care per week were more likely to have insecure attachment. Ask what students think about that issue. Note: The issue of child care will be discussed/debated during the last lesson of the curriculum, but this can get them started in thinking about it.
4. Ask whether there are things a parent can do to compensate for the need for child care – in providing their child with the nurturing he/she needs. Reinforce the fact in the article that research indicates that there is a higher rate of insecure attachment among children who spend more than 20 hours per week in childcare settings before the age of three; however insecure attachment can also be found in children of parents who, although are at home with their children, do not provide a nurturing, responsive environment. This article is not saying that childcare is inherently bad, but that children need nurturing and responsive care.

Instructor Background Information

- **Affirmation** and **affection** are the key ingredients needed for an infant to attach to his/her parents. When parents and child have warm feelings toward each other, children develop an important trust that their most basic needs will be met along with a sense of love, acceptance, positive guidance, and protection.
- Research shows that when parents notice and affirm ordinary behavior as well as accomplishments; express warmth through touch, voice and non-verbal endearments (smiling, expressions, etc.); and acknowledge and attend to the full range of the child's feelings, the benefits are as follows:
 - the best chance of healthy development
 - better academic grades
 - healthier behaviors
 - more positive peer interactions
 - an increased ability to cope with stress

6

LEARN: Role Play Nurturing

20 minutes

Purpose:

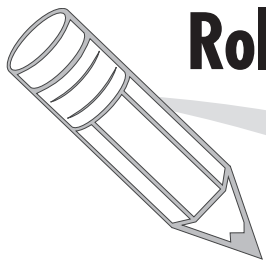
Students role play scenarios where they practice an appropriate nurturing response. Observing students take notes for each role play in preparation for a class discussion in the Review activity.

Materials:

- Role Play Scenarios (located in Student Materials folder) – cut up into 4 separate pieces of paper
- Slide 7: *Nurturing Parent Skills*

Facilitation Steps:

1. Role Play: Break class into four groups. Hand a different scenario to each group. Each group chooses 2 people to do the role play in front of class. They have 5 minutes to plan.
2. Have each pair get up and perform their role play for the entire class. Tell them to set up the scene by explaining what their role play is about (they can simply read the scenario).
3. As representatives from each group do the role play, have the rest of class observe and jot down what they think the “parent” did right and/or what they did wrong or neglected to do.



Role Play Scenarios

Parenting—Lesson Six
Nurturing

SCENARIO 1

Your one-month-old son, Bradon, wakes up crying in the middle of the night.

SCENARIO 2

Your 2-year old son, Owen, loves puffcorn. He has had enough treats for one day and it's almost supper time. He is standing in the kitchen, pointing at the cupboard and saying that he wants puffcorn. When you tell him "no," he starts to cry and hits your leg.

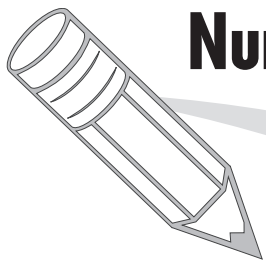
SCENARIO 3

Your 2nd grade daughter, Kelly, and her friend came home from school and are having a snack in the kitchen. They are giggling and talking about another girl in their class, making fun of her.

SCENARIO 4

You are at the park with your 4-year-old daughter, Bridget. One of the other children at the park has just come up to her and told her she can't go down the slide or play on the swings. They don't like her. Bridget is crying.

Parenting—Lesson Six
Nurturing



Nurturing Parent Skills

Parenting—Lesson Six
Nurturing

Model and teach empathy and kindness

Foster your child's self- respect and respect for others

Express affection and warmth to your child through touch, voice and nonverbal endearments

Acknowledge and attend to the full range of your child's feelings

Parenting—Lesson Six
Nurturing

REVIEW: Analyzing the Role Plays

15 minutes

Purpose:

Students use the *Nurturing Parent Skills* slides to analyze how the role play parents did in responding to their child.

Materials:

- Slide 7: *Nurturing Parent Skills*
- Slide 8: *Nurturing Parent Skills Answers*

Facilitation Steps:

1. Display the *Nurturing Parent Skills* slide 7 and use it to analyze each role play as a group.
2. Read through each skill on the chart and determine as a group which scenario called for this type of response/skill. Ask whether the “parent” provided the response that the child needed.
3. Display the *Nurturing Parent Skills Answers* - slide 8.

Answer Key:

Model and teach empathy and kindness SCENARIO 3	Foster your child’s self- respect and respect for others SCENARIO 4
Express affection and warmth to your child through touch, voice and nonverbal endearments SCENARIO 1	Acknowledge and attend to the full range of your child’s feelings SCENARIO 2

Parenting—Lesson Six
Nurturing

Lesson Seven

Education and Literacy Development



Lesson Overview

In this lesson, students learn the role of the parent in early education and literacy development through two hands-on activities. In the first activity students learn about the qualities of good children's books, and then evaluate books based on the information. In the second activity, students have a practice conversation with a baby, learning how to narrate daily activities and provide language even before a baby is able to respond.

Lesson Objectives

After completing this lesson, students should be able to:

- Name the five things a parent can do to improve language development
- Know the qualities of a good book for babies
- Have a conversation with an infant using the critical elements of talking to a baby

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• <i>5 Things Parents Can do to Significantly Improve Language Development</i> – slides 9-12	Use slides 9-12: <i>5 Things Parents Can do to Significantly Improve Language Development</i> , or print/photocopy for each student	10 minutes
LEARN	• Baby/Toddler books	Set up books around the room	25 minutes
REVIEW	• Real Care Baby-or other dolls for students to "talk" to	Gather RealCare Babies and other dolls for students to use – or have them bring in a doll of their own.	10 minutes

Note: All student materials (worksheets, handouts, pretest/posttest) are located in the Student Materials folder.

National FACS Education Standards Supported: 15.1-15.3, 12.2, 12.3

FOCUS: Improving Language Development

10 minutes

Purpose:

This activity provides students with techniques for enhancing language development in infants.

Materials:

- Slides 9-12: *5 Things a Parent Can do to Significantly Improve Language Development*

Facilitation Steps:

1. Display slides 9-12: *5 Things a Parent Can do to Significantly Improve Language Development*, and discuss.
2. Share instructor background information as an introduction to this discussion.

Instructor Background Information

- Education and early literacy development are one of the most important roles a parent has in the early childhood years. Parents should facilitate brain development by reading, singing, and talking to baby; as well as narrating daily activities.
- By 3 years of age – 80% of the brain is developed and by 5 years, 90%. The brain is like a filing cabinet and during the first 5 years the file folders are labeled and organized. As learning and experiences occur after age 5, the brain organizes most of the information into one of the already labeled existing folders. This does not mean that you don't learn new things throughout life, but much of what we learn we associate with prior knowledge in some way.

LEARN: Evaluating Children's Books**25 minutes****Purpose:**

This activity helps students apply the information learned in the Focus section in selecting age-appropriate books for infants.

Materials:

- Variety of children's books – good and poor examples of books for infants
- Students' own paper to take notes on as they review the books

Facilitation Steps:

1. Set out books around the room. Good books to use as examples:
 - *Brown Bear Brown Bear What Do You See?* by Eric Carle – and others by this author
 - *We're Going on a Bear Hunt* by Michael Rose and Helen Oxenbury
 - *Chicka Chicka Boom Boom*
 - Dr. Seuss books
 - Set out some poor examples (books with many words, short chapter books, books that are too big or small for a child to manipulate).
2. Have students circulate and jot down the names of good books. On the lower half of their paper they should list the books that are not suitable for infants. For each book they should explain what characteristics of the book make it suitable or not suitable for an infant.
3. Reconvene as a large group and ask for student views of each book – coming to consensus if possible on which are good and which are poor books for infants.

REVIEW: Conversation with a Baby

10 minutes

Purpose:

This activity helps students recognize the importance of communicating with an infant to help develop language skills.

Materials:

- RealCare Babies and/or other dolls

Facilitation Steps:

1. Share instructor background information with students.
2. Explain the activity:
3. Have students each carry a RealCare Baby or a doll.
4. Have students take baby on a walk around the room to practice this type of conversation. This will feel strange to students, but explain that it's also what a parent would do with a real infant that is not yet able to engage in conversation.
5. Regroup and have students share their thoughts about talking to a baby that cannot respond. Ask whether anyone has seen parents do this in stores, etc. Share any personal experiences with this.

Instructor Background Information

- Parents should use everyday situations to reinforce language. For example, name foods at the grocery store, narrate what you're doing as you do household tasks, tell baby what is going on around him/her, etc.
 - Give infants/toddlers think and respond time – pretending conversation, even though they can't talk – leaving silence where your baby will eventually fill in with conversation.
- * Recommended Reading: *Disrupting Class: How Disruptive Innovation will Change the Way the World Learns* by Clayton M. Christensen, Michael B. Horn, Curtis W. Johnson

Lesson Eight

Recreation (Play)



Lesson Overview

In this lesson, students learn the value of parents providing and participating in unstructured play with their young children. Students consider their own childhood in light of the subject of play.

Lesson Objectives

After completing this lesson, students should be able to:

- Distinguish between parent-directed play and child-directed play
- Understand the value of free play in early childhood

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• <i>Child Play</i> - slides 13-14	Use slides 13 and 14: <i>Child Play</i>	10 minutes
LEARN	• <i>The Importance of Play</i> article	Print/photocopy <i>The Importance of Play</i> article for each student	25 minutes
REVIEW	• Students' own paper to write on	NA	10 minutes

Note: All student materials (worksheets, handouts, pretest/posttest) are located in the Student Materials folder.

National FACS Education Standards Supported: 12.1-12.3, 15.1-15.2

FOCUS: Types of Play

10 minutes

Purpose:

Students differentiate between parent-directed and child-directed types of play.

Materials:

- Slides 13-14: *Child Play*

Facilitation Steps:

1. Display slide 13 and discuss.
2. Display slide 14 and go through the examples of parent-directed play vs. child-directed play as a group.
3. Have students work with a partner and think of an example or two from their own childhood.
4. Call several students to write examples in the blank boxes.

8

LEARN: The Importance of Play

25 minutes

Purpose:

Students learn about and reflect on the importance of play in a child's life.

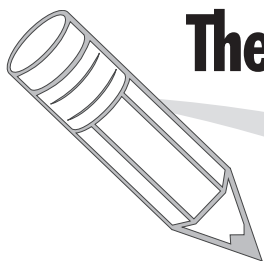
Materials:

- *The Importance of Play* article

Facilitation Steps:

1. Give each student a copy of article "The Importance of Play," located in the Student Materials folder.
2. Have students read and discuss the article with a partner.
3. Questions for discussion: (Write on board while students are reading or before the class)
 - Do you agree with the article about the importance of play?
 - Have you seen the trend of less unstructured play time for kids, if so where?
 - What impact do you think the loss of play has on a child? Will it impact our future society? How?

Parenting—Lesson Eight
Recreation (Play)



The Importance of Play

Name: _____

Class Period: _____

Courtney Braatz, M. Ed Family Education

The American Academy of Pediatrics has declared that play is necessary for healthy development because it contributes to the cognitive, physical, social, and emotional well-being of children. Unstructured play develops the important skill of executive function, which is a critical cognitive skill that has a number of elements, including the ability to self regulate, control emotions and behavior, resist impulses, and develop self control and discipline.

Play is important in allowing time to practice private speech – children talk to themselves about what they’re going to do and how they’re going to do it. This kind of self regulating language helps children control themselves and police what they’re doing. The more structured the play, the less private speech happens, and as a result, children are no longer directing themselves, but they’re being directed externally. In the long run children who engage more readily in complex play are more likely to take on responsibility, willing to work independently and even assist others without prompting.

Play also provides a great opportunity for parents to be fully engaged with their children. Despite the benefits resulting from play, time for free play has been dramatically reduced for many children. A variety of factors contribute to this new trend, including a hurried lifestyle, changes in family structure, and increased awareness of and interest in school readiness activities and classes.

Play provides an opportunity for children to use creativity and develop their imagination, as well as their physical, cognitive, and emotional skills. Play is important to healthy brain development. At a very early age children engage and interact in the world around them through play. Play allows children to create and explore by taking on pretend roles and exploring in a safe environment and in a world they can master. This exploration allows a child to experience competence that will be implemented in real life situations. Undirected play facilitates learning how to work in groups, to resolve conflicts, to share, to negotiate, and to learn self-advocacy skills. The area of the brain that is used for decision making is engaged when children are engaged in self-directed play. Children lose some of these benefits and learning opportunities when structured, adult-led activities dominate a child’s time in the early years.

Playtime is also an opportunity for parents to observe their children or join with them in child-driven play. A child feels valued when given the full attention of a parent during play and parents can view the world from their child’s perspective as the child creates an imaginary world and interactions. This is especially helpful for parents of more introverted children who may gain a better understanding of their child’s frustrations and emotions. Quite simply, play provides parents a wonderful opportunity to connect completely with their children.

Parenting—Lesson Eight
Recreation (Play)

REVIEW: Journal about Play Experiences**10 minutes****Purpose:**

Students reflect on their own childhood play activities and share ideas.

Materials:

- Students' own paper on which to journal.

Facilitation Steps:

1. Explain the activity: Have students journal about their childhood and what they liked to play, how they played, who or what they played with.
2. After 5 minutes ask for volunteers to share some ideas. Jot down any ideas on the board if it seems appropriate.

Parenting—Lesson Eight
Recreation (Play)

Lesson Nine

Parenting Styles



Lesson Overview

Through the completion of a self-quiz on parenting styles and personal philosophies, students will learn the four styles of parenting.

NOTE: This lesson contains quite a bit of information. You may want to consider breaking it into 2 lessons.

Lesson Objectives

After completing this lesson, students should be able to:

- Understand the four different styles of parenting
- Evaluate which parenting style is most effective in raising self-motivated, secure, happy children.
- Identify at least three consequences for children if parents do not set limits and say “NO”

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• <i>Parenting Styles Self Quiz</i> • <i>Parenting Styles Self Quiz: RESULTS</i> slides 15-18 • <i>Parenting Styles Axis Chart</i> - slide 19	Print/photocopy <i>Parenting Styles Self Quiz</i> for each student Use <i>Parenting Styles Self Quiz</i> results and the <i>Parenting Styles Axis Chart</i> (slides 15-19)	15 minutes
LEARN	• <i>Parenting Styles Outcomes</i> - worksheets • Scissors for each student or each pair of students • Glue or tape for each pair of students	Print/photocopy the <i>Parenting Styles Outcomes</i> worksheets (2 pages) – one copy for each pair of students. Access scissors and glue or tape for each student/pair of students to cut out the outcomes and paste/tape into the correct location on the chart	20 minutes
REVIEW	• <i>Natural vs. Logical Consequences</i> worksheet	Print/photocopy the <i>Natural vs. Logical Consequences</i> worksheet (2 pages) for each pair of students.	10 minutes

Note: All student materials (worksheets, handouts, pretest/posttest) are located in the Student Materials folder.

National FACS Education Standards Supported: 12.1-12.3, 15.1-15.4

FOCUS: Parenting Styles Self Quiz

15 minutes

Purpose:

Students answer parenting scenario questions and then identify the parenting styles associated with each response.

Materials:

- *Parenting Styles Self Quiz*
- Slides 15-18: *Parenting Styles Self Quiz: RESULTS*
- Slide 19: *Parenting Styles Axis Chart*

Facilitation Steps:

1. Hand out the *Parenting Styles Self Quiz* to each student and give them 5-10 minutes to complete it.
2. Display the *Parenting Styles Self Quiz: RESULTS* overhead have students identify which parenting style they are most closely associated with.
3. Conduct a brief class discussion about parenting styles



Parenting Styles Self-Quiz

Name: _____

Class Period: _____

1. Your mother-in-law feeds junk food and sweets to your child when you visit. You...
 - a. Let your child eat it.
 - b. Intervene and tell your mother-in-law “No way!”
 - c. Allow sweets for dessert only.
 - d. Ignore it. She should be able to do what she wants.
2. Your son wants to watch cartoons rated for 8-year-olds and older but he’s only 5. You...
 - a. Let him watch the shows.
 - b. Tell him no and change the channel.
 - c. Decide to preview the shows before he does and then see if they are suitable or not.
 - d. You might not even realize what shows he was watching to begin with.
3. Your daughter has emptied your button container, scattering buttons all over the place. You...
 - a. Help her clean up.
 - b. Get mad and tell her to clean up – NOW!
 - c. Tell her to clean up and nothing else is allowed until it gets done.
 - d. Let it be. She is entertained and out of your way.
4. Your son broke your favorite vase and is lying about it, telling you the neighbor’s boys did it. You...
 - a. Say it’s okay but are saddened by the loss of your vase.
 - b. Punish him for both lying and breaking the vase.
 - c. Reprimand him for lying. You tell him had he said the truth – about how the vase broke – no reprimands would have been necessary.
 - d. You don’t want to deal with it at this point. Maybe you’ll mention it later at a more appropriate time.
5. Your daughter wants to play with the twin girls across the street. They’re 14-years-old and your daughter is 9. You...
 - a. Let all the girls play together. She really enjoys them.
 - b. Forbid her from going over.
 - c. Talk to her and help her find alternate friends.
 - d. Let her play with whoever she wants to play with.
6. Your son has scratched another boy’s face. You...
 - a. Let it go – it was a children’s fight.
 - b. Get mad and scratch him to give him a sense of what the pain is like.
 - c. Discuss with him what happened and reprimand, to show disapproval.
 - d. Ignore it. They can figure it out on their own.
7. Your daughter forgot to do her homework...again. You...
 - a. Let it go this time. She must have been busy.
 - b. Punish her and give her extra work to do.
 - c. Help her establish a checklist and ways to remember so she won’t forget anymore.
 - d. Let the teacher deal with it.
8. Your son has written all over the table, chair, and floor using wax crayons. You...
 - a. Laugh and give him a stack of papers for next time.
 - b. Get upset, wash it off yourself, and get rid of all types of crayons.
 - c. Get him to wash it off and the next art session will be closely monitored.
 - d. Turn your back on it.
9. Your daughter has problems making friends at school. You...
 - a. Have a big party and shower the children with gifts and bribes.
 - b. Think that’s good; friends are problems altogether.
 - c. Have a discussion with her about what friendship is all about and enroll her in an activity where she’ll make some friends.
 - d. Leave her alone. She’ll figure it out someday.
10. Your daughter has a nightmare and instead of going to bed she climbs into bed with you. You...
 - a. Let her be. It’s nice that she loves you and both of you will sleep the rest of the night.
 - b. Yell at her to get back into her own bed.
 - c. Get up, comfort her, and tuck her in her own bed.
 - d. Roll over and go to sleep.

Parenting—Lesson Nine
Parenting Styles

LEARN: Parenting Styles Outcomes**20 minutes****Purpose:**

Students learn about the effect the four different parenting styles have on a child.

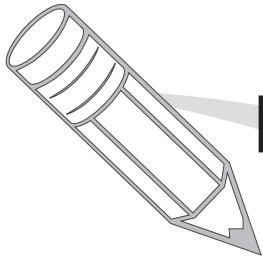
Materials:

- *Parenting Styles Outcomes* worksheets
- Scissors
- Glue or tape

Facilitation Steps:

1. Have students get into pairs.
2. Hand out the *Parenting Styles Outcomes* worksheets, scissors, and glue/tape to each pair.
3. Give pairs 15 minutes to complete the activity.
4. Display the chart on an overhead and go through each outcome, having students tell you which quadrant they go into. Discuss as a group and come to consensus on each.

Parenting—Lesson Nine
Parenting Styles



Parenting Styles Outcomes

Directions; The following are outcomes for children that tend to occur when parents use different parenting styles. With a partner, cut out the outcomes and paste them into the correct parenting style box on the Nurturing Parent Skills worksheet.

High self-esteem and confidence

Low self-esteem and confidence

High self-esteem and confidence

Low self-esteem and confidence

High levels of anxiety and depression

Low levels of anxiety and depression

High levels of anxiety and depression

Low levels of anxiety and depression

Generally high on social competence (empathy, emotional control, communication, conflict management)

High on social competence (empathy, emotional control, communication, conflict management)

A lot of problem behavior

Low on social competence (empathy, emotional control, communication, conflict management)

Low on social competence (empathy, emotional control, communication, conflict management)

High on respect and responsibility

Very low on respect and responsibility

Moderate on respect and responsibility

Low on respect and responsibility

Poor academic performance

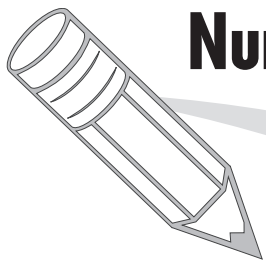
Average academic performance

Underachieve academically

Good academic performance

Little problem behavior

Little problem behavior (except in accepting authority)



Nurturing Parent Skills

Parenting—Lesson Nine
Parenting Styles

Name: _____

Class Period: _____

Positive
(Authoritative, Democratic)

Dominating
(Authoritarian)

Permissive
(Indulgent)

Unengaged
(Neglectful)

REVIEW: Natural vs. Logical Consequences**10 minutes****Purpose:**

Students learn about the differences between natural and logical consequences, and consider each of them for a variety of scenarios.

Materials:

- *Natural vs. Logical Consequences* worksheet OR display slide 20: *Natural vs. Logical Consequences* and have students refer to it as they work in pairs.

Facilitation Steps:

1. Have students get into pairs.
2. Hand out the *Natural vs. Logical Consequences* worksheet to each pair worksheet or display slide 20, and have students refer to it as they work in pairs).
3. Give students 5 minutes to complete the worksheet.
4. Reconvene as a large group and discuss students' answers.

Instructor Background Information

Limit setting is crucial for child development. Children are initially upset when parents cannot say yes to every request. However, setting limits allows a child to grow a sense of reserve which is necessary for safety, social acceptance, and healthy living. Human desire is for instant gratification, yet if we always gave into this desire we would have long-term dissatisfaction. A few results of living without ever saying “no” (to ourselves and others) are obesity, poverty, limited education, violence, increased stress and many more undesirable consequences. Parents that want only to please their children want to gain the love of the child by always saying “yes.” What these parents don’t realize is that they are hurting their child in the long run and the child will likely realize this as an adult, who will eventually have to learn to say “no” to themselves, and live with the consequences. This could cause a real relationship breakdown at a much later age. Parents need support for when they have to say “no” to a child, and they need to do it in a way that conveys the message that the child is still loved and respected.

Additional Resources:

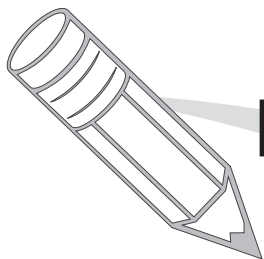
- Walsh, D. (2007) *No: why kids --of all ages-- need to hear it and ways parents can say it*. New York: Free Press

Homework Assignment:

Hand out the *Baby Cost* worksheet, one per student and explain the homework assignment. Verbally divide the class into 7 groups. Each group will be responsible for completing their portion of the worksheet, and bringing it in for lesson eleven to share their research results. Seven groups will cover the 7 different sections of the worksheet:

- Equipment
- Supplies
- Medical: Students may need to ask parents/guardians for assistance with this information
- Care Supplies
- Clothing Costs
- Feeding Costs
- Other (Daycare Costs)

Alternatively, have students independently research the costs of having a child – listing needs for infants the first year and beyond. Students are to bring in their information the next day.



Natural vs. Logical Consequences

Name: _____

Class Period: _____

Natural Consequences:

- Allows child to learn from natural order of the world
- Parent allows unpleasant, but natural, consequences to happen when child misbehaves
- Example:
 - A child refuses to eat dinner so child is hungry later.

Logical Consequences:

- Arranged by the parent
- Consequences fit the misbehavior, hopefully teaching responsibility for that particular action
- Example:
 - A brother and sister won't stop fighting over a toy so both children have a 15-minute "time out" and get their toy taken away for a period of time.

Situations:

1. Jenny leaves her scooter in the driveway.

Natural Consequence:

Logical Consequence:

2. Jake checks out a library book and loses it.

Natural Consequence:

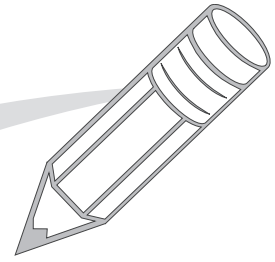
Logical Consequence:

3. Traci stays out past her agreed upon curfew.

Natural Consequence:

Logical Consequence:

Natural vs. Logical Consequences (cont.)



4. Sean throws his clothes on the floor, not in the hamper.

Natural Consequence:

Logical Consequence:

5. John forgets to feed his goldfish for 3 weeks.

Natural Consequence:

Logical Consequence:

6. Joni eats cookies right before lunch without permission.

Natural Consequence:

Logical Consequence:

7. Denise's teacher sends home a note because she isn't turning in schoolwork.

Natural Consequence:

Logical Consequence:

8. Shawna loans her sister's CD's to a friend without asking.

Natural Consequence:

Logical Consequence:

Lesson Ten

The Simulation Experience



Please refer to Unit 4, Lesson 1: Simulation Experience, from *Basic Infant Care*. Use materials and facilitation steps from that lesson for this. Adapt as needed for your students.

Note: The simulation experience should ideally be done over a weekend. This lesson should be occurring on a Friday if you have followed the timeframe and days allotted for the course, and if your students have this course every day. The curriculum is written with the assumption that all students have access to the RealCare® Baby for the same weekend. If that is not the case, adjust your teaching and discussion activities accordingly and in a way that works best with your schedule for the course.

Parenting—Lesson Ten
The Simulation Experience

Lesson Eleven

Financial Support



Please refer to lesson 4: Cost of Baby in the *Healthy Choices for High School Students* curriculum. Use materials and facilitation steps from that lesson for this. Adapt as needed for your students.

Purpose:

Students research and learn about the many costs of a baby over the first year.

Materials:

- Refer to the materials listed in the above lessons
- *Baby Cost* worksheet – located in the lesson reference above
- Additional/alternative resources:
http://www.arfamilies.org/news/money_and_marriage/issue10_children.htm
<http://www.babycenter.com/babyCostCalculator.htm>

Facilitation Steps:

1. Simulation follow up: Allow time to discuss the simulation experience. Students will want to share their experiences over the weekend. Explain that while this may have been a challenging experience, it was only about 60 hours of their time (2+ days since they received the Baby). Imagine having a baby day in and day out for weeks and months.
2. Financial Support lesson: Follow the steps outlined in the lesson referenced above.
3. As a follow up to the lesson from the *Healthy Choices* curriculum, discuss the fact that beyond the first year of raising an infant, there will be expenses for school and recreational activities, health insurance, continued doctor visits, post-high school education funds, and the general day-to-day costs of living.
4. The average cost to raise a child over a lifetime is: _____ (Come to a consensus as a large group on this number/range.) Discuss briefly.

Homework Assignment:

Have students research the benefits and challenges to having a parent stay at home or placing a child in child care. Have students include the costs, information about the structure – typically in each setting, and a list of the characteristics of quality child care. Child care options include:

- Child care centers
- Family child care (childcare in someone's home)
- In-home caregivers (nanny)
- Care provided by relatives, friends, neighbors
- Parent stays home

Lesson Twelve

Child Care/Day Care Options and Community Resources



Lesson Overview

In this lesson, the students learn about various options for childcare and discuss the benefits and challenges with each option.

Lesson Objectives

After completing this lesson, students should be able to:

- Participate in or analyze a debate on child care options

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• Homework reports from previous day	Class discussion	10 minutes
LEARN	• Students' own paper to write on • Watch or clock for timing debate teams • Slide 21: <i>Childcare Options – Debate Rules</i>	Arrange desks for 3 people per team debate Use slide 21: <i>Childcare Options – Debate Rules</i>	25 minutes
REVIEW	• <i>Resources</i> handout	Print/photocopy the <i>Resources</i> handout for each student	10 minutes

Note: All student materials (worksheets, handouts, pretest/posttest) are located in the Student Materials folder.

National FACS Education Standards Supported: 12.1-12.3, 15.1-15.4

FOCUS: Class Discussion

10 minutes

Purpose:

This activity is intended to get students thinking about the idea of a stay-at-home experience vs. a child care experience.

Materials:

- Homework from previous day: Research on types of child care, costs, structure, benefits and challenges with stay-at-home vs. child care.

Facilitation Steps:

1. Ask students how many of them had daycare as part of their growing up experience? How many had a stay at home parent?
2. Ask for a couple of volunteers (from both backgrounds) to describe what they liked or did not like about their experience.
3. Explain that in this lesson we'll be exploring the topic of stay-at-home vs. child care options for parents.
4. Ask students to volunteer information from the homework assignment and list answers on board: List the types, costs, typical structure, etc.
 - Child care centers
 - Family child care (childcare in someone's home)
 - In-home caregivers (nanny)
 - Care provided by relatives, friends, neighbors
 - Parent stays home

Instructor Background Information

- When parents stay home, they teach their child - even while the child watches the parent do chores. Narrating what you're doing increases language skills and involves the child in the task. For example, "Here's a blue shirt, mom/dad will fold the blue shirt. I have 2 brown socks I'm going to fold. Can you find the red socks?"
- It is important for parents to choose quality childcare and stay involved: Research shows that high-quality childcare and early education can boost children's learning and social skills when they begin school.

LEARN: Child Care vs. Stay-at-Home Care**30 minutes****Purpose:**

This activity has students use higher level thinking skills in participating in or evaluating a debate about a child care vs. stay-at-home care.

Materials:

- Slide 21: *Childcare Options Debate Rules*
- *Debate Rubric* handout for observing students to use in evaluating/deciding on a debate winner
- Paper for students to write out their debate statements.

Facilitation Steps:

1. Have desks arranged so two sets of three desks are facing each other – for each team of three students. Arrange remaining chairs for class to observe the debate.
2. Conduct a class debate: Ask for volunteers (3 for each side – one side will be “pro” day care and the other side will be “con” daycare). Explain that students do not necessarily need to agree with the side they are debating for. The remaining students watch and evaluate the debate, and decide on the winner.
3. Display slide 21: *Childcare Options Debate Rules* and go through the rules prior to starting the debate.
4. Hand out the *Classroom Debate Rubric* to the observing students to use in evaluating the teams as they observe.

Additional information on rules for debates can be found on the internet, such as the one below. This site also provides information on other styles of classroom debates.

http://www.educationworld.com/a_lesson/lesson/lesson304.shtml

Note: Your role is to facilitate the discussion and ensure that debating rules are followed, not to take sides in the debate. Explain to your students that there is no right or wrong answer to this issue – it is strictly a matter of opinion. However, one group will be more prepared and better able to articulate its view. That is the group that should be declared the winner of the

debate.

1. Prior to the debate, arrange desks to face each other for the debate.
2. Give the teams 5 minutes to write their position presentation. If there will be observers and just 6 debaters, hand out the debate rubric.
3. While a team is not required to use all of the time allocated, speakers must stop immediately when the allocated time runs out. Team members are prohibited from speaking to the audience or opposing team except at the times specifically allocated to them.
4. Debate format (located on slide 21):
 - 2 minute position presentation – Pro day care
 - 2 minute position presentation – Con day care
 - 2 minute work period for rebuttals
 - 2 minute rebuttal - Pro
 - 2 minute rebuttal - Con
 - 2 minute work period for responses
 - 2 minute response - Pro
 - 2 minute response - Con
 - 1 minute work period for summaries
 - 2 minute Position Summary - Pro or Con
 - 2 minute Position Summary - Pro or Con
 - 3 minute tallying of ballots/announcement of winner

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Classroom Debate Rubric

Name: _____

Class Period: _____

	Levels of Performance			
Criteria	1	2	3	4
1. Organization and Clarity: Viewpoints and responses are outlined both clearly and orderly.	Unclear in most parts	Clear in some parts but not over all	Most clear and orderly in all parts	Completely clear and orderly presentation
2. Use of Arguments: Reasons are given to support viewpoint.	Few or no relevant reasons given	Some relevant reasons given	Most reasons given: most relevant	Most relevant reasons given in support
3. Use of Examples and Facts: Examples and facts are given to support reasons.	Few or no relevant supporting examples/facts	Some relevant examples/facts given	Many examples/facts given: most relevant	Many relevant supporting examples and facts given
4. Use of Rebuttal: Arguments made by the other teams are responded to and dealt with effectively.	No effective counter-arguments made	Few effective counter-arguments made	Some effective counter-arguments made	Many effective counter-arguments made
5. Presentation Style: Tone of voice, use of gestures, and level of enthusiasm are convincing to audience.	Few style features were used; not convincingly	Few style features were used convincingly	All style features were used, most convincingly	All style features were used convincingly

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REVIEW: Parent/Child Schedule for a Day**10 minutes****Purpose:**

This activity gets students thinking about how they would spend an entire day with a child.

Materials:

- Students' own paper to write on
- *Resources* handout

Facilitation Steps:

1. Have students make a schedule for a day – how they would spend it with their infant (assume the infant is 10 months old), addressing such questions as:
 - Meal times – what to serve for meals
 - Activities – what to play, nap time, nap safety
 - Getting household chores done – what will child do while you do a chore, such as laundry?
2. Address the issue that this is just one day in their life as a parent. Parenting is time consuming, and the child is dependant on you every moment of every day.
3. Discuss community resources available to parents and show associated websites and publications. Hand out the *Resources* list to students (located in Student Materials folder).

Parenting—Lesson Twelve

Child Care/Day Care Options and Community Resources

Community Resources:

United Way Child Care Resource and Referral
<http://www.childcarehelpline.org/community-resources-for-parents.php>

Early Childhood Family Education – in various states

Local school district – programs for parents of infant through high school age children

Local health department

Web Sites:

Infant and Toddler Development

Zero to Three
zerotothree.org

Family Education
<http://www.familyeducation.com/home/>
babygooroo.com
www.babygooroo.com

Parents.com
www.parents.com

Love and Logic
www.loveandlogic.com

Child Development Institute
www.childdevelopmentinfo.com

Toys and Toy Safety

National Network for Child Care (NNCC)
www.nncc.org/curriculum/toys.html

StorkNet
www.storknet.com/cubbies/safety/ageappropriatetoys.htm

Publications:

Dobson, J. C. (2001) *Bringing up boys: practical advice and encouragement for those shaping the next generation of men*. Il: Tindale House Publishers

Hogg, T., & Blau, M. (2001) *The Baby Whisperer*, NY: Random House Publishing

Butler, S., & Kratz, D. (1999). *The field guide to parenting: A comprehensive handbook of great ideas, advice, and solutions for parenting children ages one to five*. Worcester, MA: Chandler House Press.

Dawson, C., & Clarke, J. I. (1998). *Growing up again: Parenting ourselves, parenting our children* (2nd ed.). Center City,

Hogg, T., & Blau, M. (2002). *Secrets of the baby whisperer for toddlers*. New York: The Random House Publishing Group.

Kurcinka, M. S. (1991). *Raising your spirited child: A guide for parents whose child is more intense, sensitive, perceptive, persistent, energetic*. New York: HarperCollins Publishers.

Kurcinka, M. S. (2000). *Kids, parents, and power struggles: Winning for a lifetime*. New York: HarperCollins Publishers.

Kurcinka, M.S. (2006). *Sleepless in America: Is your child misbehaving or missing sleep?* New York: HarperCollins Publishers.

Parenting—Lesson Twelve

Child Care/Day Care Options and Community Resources

Posttest and Course Summary

15 minutes

Purpose:

To summarize and have students reflect on the information provided in the course, conduct a class discussion on the decision to parent, including issues related to:

- Financial stability
- Relationship stability
- Personal desire and ability

Have students take time to determine or identify their parenting philosophy and long-term parenting goals to guide their child-rearing decisions.

Materials:

- *Parenting Test*

Facilitation Steps:

1. Print/photocopy the *Parenting Test* located in the Student Materials folder.
2. Hand out the *Parenting Test* and give students 10-15 minutes to complete it.
3. If time permits, take time to summarize the main learning points from the course and engage the class in a discussion on the decision to parent, including issues related to: financial stability, relationship stability, and personal desire and ability.

Parenting—Lesson Twelve

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Parenting Pre/Posttest

Name: _____

Class Period: _____

1. What are the six stages of childhood?
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
2. Which of the following is the safest position to lay an infant to sleep?
 - a. Left side
 - b. Right side
 - c. Tummy
 - d. Back
3. Name two benefits for children when parents possess the nurturing skills set.
 1. _____
 2. _____
4. Explain the attachment theory, including the key ingredients for a child to attach to his/her parents.

5. True/False: Most learning occurs after the age of 5 when children start kindergarten. _____
6. Name the five things parents can do to significantly improve language development.
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
7. Which of the following is not a characteristic of a “good” children’s book:
 - a. Rhythmic appeal
 - b. Repetition
 - c. Short words
 - d. Colorful pictures
8. Which of the following infant equipment/supplies can be considered optional?
 - a. Clothing
 - b. Car seat
 - c. Changing table
 - d. Crib
9. Until what age does the American Academy of Pediatrics recommend NO television? _____
10. What three clues should a parent look for to know that a baby is done with the current play activity?

11. List two benefits of unstructured play:
 1. _____
 2. _____
12. Which of the following is **not** a factor in the loss of unstructured play?
 - a. Hurried lifestyle
 - b. Too many toys
 - c. Increased participation in school readiness activities
 - d. Changes in family structure

Parenting Pre/Posttest (cont.)



13. Match each of the following parenting styles with its characteristics by placing the letter of the associated characteristic in the space next to the parenting style.

Parenting Style

Characteristic

_____ Permissive

a. Clearly states rules and discourages independence

_____ Authoritarian

b. Disciplinary methods used by this parent are supportive

_____ Authoritative

c. Often neglectful because of drug use or immaturity

_____ Uninvolved

d. More responsive than demanding

14. Match Erikson's stages of development to the correct age by placing the letter of the age in the space next to its associated stage.

Stage

Age

_____ Fidelity: Identity vs. Role Confusion

a. Infants, 0 to 1 year

_____ Will: Autonomy vs. Shame & Doubt

b. Toddlers, 2 to 3 years

_____ Wisdom: Ego Integrity vs. Despair

c. Preschool, 4 to 6 years

_____ Purpose: Initiative vs. Guilt

d. Childhood, 7 to 12 years

_____ Love: Intimacy vs. Isolation

e. Adolescents, 13 to 19 years

_____ Care: Generativity vs. Stagnation

f. Young Adults, 20 to 34 years

_____ Competence: Industry vs. Inferiority

g. Middle Adulthood, 35 to 65 years

_____ Hope: Trust vs. Mistrust

h. Seniors, 65 years onwards

15. What are three characteristics of quality childcare?

1. _____
2. _____
3. _____

16. Name two benefits of a child having a stay-at-home parent up until age 3.

1. _____
2. _____

17. Directions: For the following scenario, write both a logical and natural consequence.

A brother and sister won't stop fighting with each other over a toy.

Natural Consequence:

Logical Consequence:

18. What are three consequences (short-or long-term) for a child if a parent fails to set limits and say "No?"

1. _____
2. _____
3. _____