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connections

Alberta Home Visitation Network Association

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In this issue

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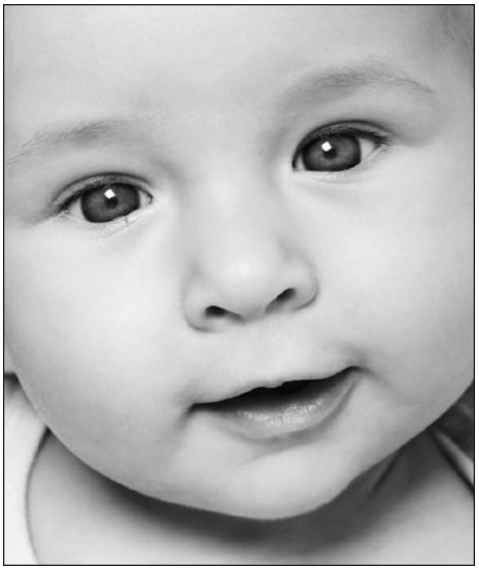
Infant Mental Health: What is it?

By June Pirie

As an infant mental health consultant in southern Alberta in 2000, I heard many service providers comment: "Infant mental health - what's that?" Since then, knowledge about infant mental health has grown: early brain development, the importance of early life experiences, the development of self-regulation and support for optimal parent-child relationships. However, it is still helpful to articulate a clear, concise statement about infant mental health to use as we enhance our existing programs and develop new ones.

"Infant mental health is the ability to develop physically, cognitively and socially in a manner which allows the infant to master the primary emotional tasks of early childhood without serious disruption caused by harmful life events.



Because infants grow in a context of nurturing environments, infant mental health involves the psychological balance of the infant-family system."[1]

The primary emotional tasks of children from birth to three are to

- develop the capacity to experience, regulate and express emotions in healthy ways
- form close and secure relationships
- explore the environment and learn[2]

There is no single factor that leads to improved or poor outcomes, but rather, multiple risk and protective factors that are interacting in a transactional model.[3] These fall under four main areas:

- Attachment
- Child characteristics
- Parent characteristics/parenting
- Environmental factors

Influencing change in any or all of these areas can impact the mental health outcomes for children.

Defining Attachment

Infant mental health cannot be discussed without an examination of the parent-child relationship and attachment theory. Attachment theory and associated empirical research supports many of the clinical practice models implemented today.

(continued on page 2)

An attachment definition was developed a number of years ago in the Calgary Health Region. "Attachment develops through the interaction between parent(s) or primary caregiver and child. It can be secure or insecure. When attachment forms well, infants and young children develop a sense of security in their parents' ability and willingness to protect them from harm and be responsive to their needs.

The child uses attachment behaviours to attain or maintain proximity to the parent in a bid for security, comfort and attention. Optimal attachment develops when parental responses are sensitive, timely and matched to the child's cues. While attachment is formed over time, the first year is a critical period of development. Initial attachment experiences form the template for all future relationships."[4]

Infant mental health practice draws on many disciplines and refers to a variety of services:

- **Promotion services:** educating to share infant mental health knowledge that will enhance best practice and to advocate for the needs of infants to not be forgotten
- **Preventative measures:** targeting specific populations, such as young mothers, parents with mental health concerns themselves, low income families, premature infants and/or infants with excessive irritability; often involves consultation with support service providers already working with the families
- **Direct intervention services:** addressing the identified social, emotional and behavioural challenges and difficulties in the caregiver/infant relationship

Early Intervention

Early intervention makes a difference in the long-term mental and physical health of individuals.[5] The key to parent-child therapy is to provide a corrective attachment experience for parents who may not have experienced this in their own childhood. Coaching parents to recognize the meaning in their child's behaviour and helping them reflect on what their child is thinking, feeling and needing are critical in affecting a change. There has been a shift in how we implement our direct infant mental health practice in these key areas[6]:

- working in the context of the parent-infant relationship pair rather than individually with only the parent or child
- working in the home or other natural environment for infants rather than in clinics
- doing more observing, listening and reflecting rather than telling
- observing and intervening in both risk and protective factors
- focusing on internal psychological processes in addition to the related external factors

Infant mental health is an ever-growing field of research and practice. It is exciting to be part of this advancement that is helping to keep the needs of infants in our hearts and minds. The long-term goal is improved mental health outcomes for everyone. ■

June Pirie, RN, MN, is a clinical nurse specialist in behavioural/developmental pediatrics, working in the Early Childhood Mental Health program (in home parent-child therapy) in Calgary.

[1] World Association of Infant Mental Health, *WAIMH Handbook of Infant Mental Health*, Volume 1, p.25.

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[3] Greenberg, M. (1999). Attachment and Psychopathology in Childhood. In J. Cassidy and P.R. Shaver (Eds.). ***Handbook of Attachment: Theory, Research, and Clinical Applications*** (469-496). New York: Guilford Press.

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[5] Michigan Association of Infant Mental Health; Infant Mental Health Promotion; Zero to Three; World Infant Mental Health Association.

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Infant Mental Health Resources

There is an abundance of information and credible resources accessible online.

Alberta Family Wellness - http://www.albertafamilywellness.org/resources/video/how-brains-are-built-core-story-brain-development.

Centre of Excellence for Early Childhood Development (CEECD), Montreal - www.excellence-earlychildhood.ca

Centre on the Developing Child Harvard University - http://developingchild.harvard.edu/resources/multimedia/videos/theory_of_change.

Children's Mental Health Learning Series sponsored by Alberta Human Services. Archived sessions - http://humanservices.alberta.ca/cmh

Circle of Security - www.circleofsecurity.net

Floor time (Stanley Greenspan) - www.stanleygreenspan.com

Hincks Dellcrest Centre, Toronto - www.hincksdellcrest.org

Infant Mental Health Project (IMP), Toronto - www.sickkids.ca/imp

Kelty Mental Health Resource Centre - http://keltymentalhealth.ca/mental-health/disorder/infant-mental-health

Michigan Association for Infant Mental Health - www.mi-aimh.org

Saskatchewan Prevention Institute-Connections for Life: Attachment Resource Kit - www.skprevention.ca

Talaris Institute: Resources for parents and professionals on infant development - www.talaris.org/parenting-counts

The Theraplay Institute - www.theraplay.org

Together we Raise Tomorrow: An Alberta Approach to Early Childhood Development (Note: Wiki is being developed) - www.earlychildhood.alberta.ca/Document/Together_We_Raise_Tomorrow

University of Calgary, Children's Mental Health Project, distance learning course. - www.ucalgary.ca/cmhp/undergrad_modules.

World Association for Infant Mental Health (WAIMH) is a non-profit organization for scientific and educational professionals - www.waimh.org.

Zero to Three - www.zerotothree.org.

Attachment Patterns of Care-Getting

By Mary Rella

The attachment relationship guides an infant through cognitive, emotional and social development, contributing to brain development. The brain is built over time, an additive process where thinking and emotional skills develop together. Interaction between the infant and the caregiver shapes brain circuitry, primarily through the "serve-and-return" interactions. (Serve and return is when the baby interacts through cooing, gestures and facial expressions, and the adult responds with the same kinds of gestures and vocalizing (see www.developingchild.harvard.edu). The caregiver understands and provides what the baby needs (contingent responsivity). The brain develops with repeated experiences and maps out expectations for the relationship.

How does this work?

A baby's attachment relationship is built through emotional and relational experiences with the caregiver who buffers sensory stimulation, negative affect and physiological states of sleep and hunger. This is accomplished through shared attention, two-way intentional communication and serve-and-return interactions. When neglected, this relationship fails (e.g. leaving the infant in isolation or being indifferent to an infant's cues for proximity). The caregiving relationship is influenced by the caregiver's understanding of the behaviours to attend and buffer the infant in distress.

Care-giving behaviours shape how the infant

- seeks proximity to the caregiver during distress (e.g. when the infant is sick, scared or hurt) and
- understands the caregiver's help in exploring the environment (i.e. when the infant is not in distress)

Caregiver behaviours that provide security to the infant in distress include being sensitive, responsive, available and reparative. Caregiver behaviours that produce confusion for the infant's security include being harsh, punitive, unavailable, frightening and frightened of the infant's need for rescue.

The attachment relationship is a pattern the infant and caregiver establish together. What the caregiver does to acknowledge, attend and relieve the distress of the infant influences how the infant learns to cue a need for comfort. Hence, attachment is always developed relationally and does not belong to the infant alone.

How does attachment develop?

Infants are biologically driven to cue the caregiver to attend to their needs for comfort when activated by pain, fear and illness. Infants also seek caregiver help to explore and learn from events in their environment. The attachment and exploratory systems operate inversely so the infant can maintain security with the caregiver.

In many cultures, the caregiver fills diverse roles with varying significance and priorities: teacher, companion, playmate and source of food. Attachment involves the caregiver's role as a protector and the child's confidence in the caregiver as a protector. Together these influence the quality of attachment.

In distress, the infant cues the need for proximity to the caregiver. Initially, the infant cries, then reaches, then crawls and eventually makes more sophisticated and personalized cues. The infant seeks the caregiver to relieve the distress.

In responding, the caregiver deactivates the proximity-seeking behaviour and reactivates the exploratory behaviour in the infant. How the caregiver greets and relieves the distress determines the quality of attachment.

When the infant sends a distress signal ("I need you"), the caregiver identifies the signal and responds ("I know you need me"). Once the caregiver modifies the distress, the infant can once again engage in learning about the environment with a secure state of mind. The caregiver's presence, attachment and ability to resonate with the infant's needs promote the feeling of trust and security in the relationship. The caregiver's actions and responses teach the infant how to participate in the care-getting relationship, resulting in relationship mapping.

The learned care-giving and care-getting patterns are classified as

- Secure: "I always know how to show I need you. You are consistent and predictable, and you know my needs. I can cue that I need you."
- Insecure Avoidant: "I don't know how to show I need you. You are dismissive of my needs for comfort, you reject my cries, and needing you makes me anxious. Therefore, I don't cue you."
- Insecure Resistant: "I need you always. You are not consistent and many times are preoccupied with your own needs. I can't risk being away from you, so I cue you often, even when I don't need you very much."
- Insecure Disorganized: "I'm scared to need you. You frighten me or look frightened of me. You are present, but not available to me. I don't know if cuing you will make me feel better or worse. Sometimes you cause my distress, so I haven't learned how to cue you at all."

The attachment relationship is an important process that develops between infant and caregiver. It offers significant contributions to the child's emotional and cognitive maturation and social development. ■

Mary Rella is the clinical manager at Yorktown Family Services and the Chair of the Education Committee for Infant Mental Health Promotion at Hospital for Sick Children.

Exploring Infant Mental Health: Influences of Relationships and Experiences

By Chaya Kulkarni

One of the greatest periods during which we can influence a child's development begins prenatally and continues throughout the first three years. It is vital that parents and practitioners, who work with expectant moms or families with young children, understand how their relationship with an infant can influence development during this period. While as a society we pay close attention to physical health and milestones for a newborn, strengthening our awareness and understanding of an infant's mental health will ultimately strengthen a child's overall development. Young children experience the world through the relationships surrounding them. The existence of one relationship that is responsive and consistent in a young child's life is critical as it can support the building of a secure attachment. This is often the relationship between a mother and her baby, which from the beginning will influence the architecture of a baby's brain.[1]

These experiences and other relationships will also influence a child's genetic expression. Over the past two decades, we have learned a great deal about

- how factors (relationships, experiences, nutrition and others) within an environment influence developmental trajectory
- how internal and external factors can support or impede healthy development
- what happens when certain factors, such as the secure attachment relationship, are absent

According to the National Scientific Council (2004), [2] "growth-promoting relationships" are characterized by

1. reliable relationships that are essential for healthy development – a secure attachment
2. the absence of toxins
3. adequate nutrition (the brain consumes the highest number of calories during this period of growth)

The absence of these factors will result in brain development that is less then optimal and characterized by faulty wiring within the brain.[3] Here is what we know about how relationships influence the development of an infant's mental health:

- **Relationships and the experiences they offer influence cognitive and social development.** Researchers have found a direct correlation between the existence of a secure relationship and a child's cognitive and social development. As a baby explores his/her world, healthy relationships will provide experiences that allow for the development of new abilities and confirmation of those that exist.[2]
- **Relationships with other children teach children how to interact with the world and those in it.** While the relationship between baby and a primary caregiver is essential, the other relationships also influence development. Children learn a great deal through their experiences with other children: how to share and deal with their own impulses.
- **Relationships characterized by warmth and nurturing interactions positively influence development.** When the relationships surrounding a child are characterized by warmth and support, researchers have found that capabilities such as social competences, thinking skills and reasoning skills are strengthened. The absence of such relationships will increase the likelihood of behaviour problems such as aggression.[2]
- **Relationships can positively and negatively affect how genes are expressed.** Studies on animals found the quality of the mother-child relationship will influence what is called "gene expression" in the brain.[4] Relationships can amplify or mute genes.
- **Relationships, experiences and the emotions they bring influence the architecture of the brain.** Leading researchers have unanimously concluded that "emotional development is actually built into the architecture of young children's brains in response to their individual personal experiences and the influences of the environments in which they live."[2]
- **Relationships can buffer the potential threats to a child's development.** Fox et al [5] identified three significant threats to a child's early development and ultimately the child's educational achievement. These threats include toxic stress, maltreatment and neglect. A secure attachment can buffer the threats of such factors on a child's development.

Tips for practitioners

Here are some tips that put into practice the research on infant mental health:

1. Believe in the power of you! You are a champion for every child you interact with daily.
2. Think about what you are doing, why you are doing it and what the outcome will be for the child. Does time out for toddlers really work given what we know now about brain development?
3. Provide programs that involve the primary caregiver and the child. These should be highly interactive encouraging both caregiver and child to interact with each other in a fun and developmentally appropriate way.
4. Provide access to early developmental screening. The earlier we screen and intervene, the more we positively change the developmental trajectory for a child.
5. Provide educational opportunities for parents about how their relationship directly impacts their baby, toddler or preschooler's development.
6. Create handouts that include information about child development.
7. Create handouts with activities that caregivers can use at home, clearly stating how the activity will support a child's development.
8. Provide opportunities for those who deliver the programs to attend professional development events to ensure they are always aware of new research and best practices emerging in the field.

9. **Create environments that are physically and emotionally safe** for those working in it, caregivers and children.
10. **Support the relationships among caregivers** so they can begin to develop their own networks and social supports.
11. **Inform moms about how their health and well-being will impact their baby** - pre- and post-natal. Use a variety of methods such as print materials and discussion groups. Here it's important to draw the link between mom's health and the impact it can have - positive and negative - on a baby's development in utero.
12. **Share information about other community-based services that provide supports and services** to the expectant mom's health and well-being (community health clinics, counseling services or libraries).
13. **Create opportunities for moms** to share their experiences. This should include both successes and challenges.
14. **Encourage caregivers to identify the things they do that contribute to the healthy development of their baby.**
15. When caregivers share concerns about their child's development, **provide the bridge to the appropriate agency or practitioner** who can help them address their concerns.
16. **Immediately, connect those experiencing high levels of stress, substance abuse, domestic violence or other elements that threaten their baby's development to appropriate services within the community.**

Dr. Chaya Kulkarni is the director, Infant Mental Health Promotion with the Hospital for Sick Children in Toronto, Ontario.

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Actions to Promote Baby's Mental Health

By Shannon Mitchell

Recently, there has been a strong focus on early childhood experiences, early childhood trauma, brain development and infant mental health, in training, newsletters and various other research publications. I have learned about stress, the chemical effects on the brain and how to minimize this, through positive and responsive interactions. I have heard terms like cortisol flooding, toxic stress, "the core story" of brain development, "serve-and-return" parenting, "circle of security" and self-regulation.

Some of the families easily process these messages about infant mental health. Others are challenged in understanding this information. Therefore, I start with a basic brain development story using the following analogy, extrapolated from a kokum in Saskatchewan:

> When your baby is born, her brain is like a forest that has everything she needs. There are trees, food, rivers, caves and grasslands. But there are not very many paths, so it is hard to get to everything. So, as parents, we need to help our child travel as many paths as we can, as often as we can. That way, she will be strong and able to use all of her brain well.

I provide examples such as talking to baby, showing her books and providing comfort. I also emphasize that what parents do most often is what matters most, and they do not have to be perfect. I stress that comforting baby is important, even if you do not calm baby.

Then, at a future visit, I address infant mental health directly. I ask if they remember about baby's brain and building pathways. Then I discuss how we want the "happy" part of baby's brain to be stronger than the "scared" part. To do this, we need to make the paths to the happy part of the brain strong by giving baby as many good experiences as possible. I use their own real-life examples to highlight the positive. Or, I will use an example for "scared" that I have observed in their caring for baby. For example, letting baby cry for a long time without trying to comfort will make the scared part stronger.

I use these conversations as a basis for future dialogue, highlighting specific actions that a parent is doing which may be making the "happy" or the "scared" part of the brain stronger. This addresses almost any topic from playing in a scary manner, to parental conflict, to the way a child is being disciplined and providing the specific kind of parental praise that results in increased positive behaviour. In this manner, I have been able to ensure these families have access to at least basic information about infant mental health.

Shannon Mitchell is a family enrichment worker with home visitation at the Millwoods Family Resource Centre in Edmonton.

Why Is Attachment Between a Parent and Child so Important?

By Wanda Polzin

While in the womb, the fetus begins the process of emotional attachment with its mother, the primary caregiver. Prior to birth, a child's brain "systems" and senses develop (e.g. can hear music, detect light). Studies show that newborns can determine their mother's scent and distinguish her voice from other female voices. A healthy, secure attachment expands a child's senses, thoughts and movements. The brain systems that allow us to form and maintain happy, healthy and empathic relationships with others develop during infancy and early childhood.

What happens when children have been abused or neglected when they are very young?

As humans, we have different coping strategies and levels of resilience. Two children growing up in the same environment may not necessarily be affected in the same way. Often, however, when a child experiences very negative experiences (abuse, lengthy separation from the primary caregivers, abandonment and/or neglect) early in their development, they learn a "fight or flight" response. Certain behaviours, which may at one time be necessary to survive, develop as a result. When children have repetitive experiences that tell them the world is unsafe, and they cannot rely on others for protection or safety, their brain development and overall behaviours begin to reflect this.

What is an attachment disorder?

Attachment disorders range from mild (quite easily addressed) to most severe (known as Reactive Attachment Disorder or "RAD"). RAD occurs when a child is unable to consistently "connect" in a meaningful way with a primary caregiver. A child with RAD likely has had difficulties building and maintaining healthy relationships and managing feelings and emotions with resulting problems at home, school and/or in the community.

What does RAD "look" like?

Individuals with RAD have different strengths and weaknesses. While children and teens with RAD have many strengths and are resilient in many ways, they often exhibit some common behavioural issues or concerns:

- often present as "younger" than their actual age
- cannot pay attention (e.g. are being hyper-vigilant to ensure safety)
- are extremely withdrawn and have a tendency to "push others away"
- have no stranger anxiety (will go with anyone, anywhere, anytime and/or will seek comfort from virtually anyone), or alternatively, have severe stranger anxiety
- have poor boundaries
- seem to have no conscience (i.e. do not congruently show remorse)
- have an aversion to touch and/or physical affection and may feel like a gentle hug "hurts" (maybe the result of a disorganized internal system)
- avoid eye contact
- do not reach out to be picked up as an infant; will cry inconsolably and/or reject the primary caregiver's attempts to calm or sooth

How can we help a child with a diagnosis of RAD?

A primary caregiver must be willing to work on rebuilding and mending the attachment process of a child or adolescent who struggles with RAD. Attachment repair can and does occur with lots of energy, love, patience and understanding of the issues. To a caregiver, teacher or home visitor, a child with RAD can present some very difficult, frustrating and even exhausting behaviours. Therefore, it is necessary to develop a clearer understanding of the behaviours that a child with RAD often presents, find support and ask for help. ■

Dr. Wanda Polzin, MA, RSW, EdD is the clinical practice lead, Trauma and Addictions with Child, Adolescent and Family Mental Health (CASA) in Edmonton.

The Importance of Early Childhood Development

By Dawna Freeman, reprinted with permission

Our brains are always developing, from the moment of conception and throughout adulthood, with some of the most important development from birth to about six years old. The basic architecture of the brain is like the construction of a home—building begins with laying the foundation, framing the rooms and wiring the electrical system in an orderly way. Our early experiences literally shape how our brains get built. A strong foundation in the early years increases the chances of a healthy life. A weak foundation increases the risk of problems later in life.

(continued on page 7)

We are born ready to learn about the world around us—how we do that depends on our environment and experiences early in life. Within the first six months of life, our language skills begin to develop, and we recognize the spoken word and people around us. By the time we're toddlers, we're using words and can walk.

Our higher thinking functions, such as reasoning and planning, develop next, and over the next few years, we begin making more complex connections between different parts of the brain. "Any experience a child has— whether he's exposed to violence or supportive care, or has enough to eat or has toys to play with—plays a role in determining the circuitry of his brain," says Dr. Deborah Dewey, a professor in the Departments of Pediatrics and Community Health Sciences at the University of Calgary.

Positive serve-and-return experiences, such as cuddling or reading to a baby, can stimulate the brains cells responsible for language, sensory, motor and social skills. The areas of the brain are intertwined, and development in one part of the brain cannot take place without affecting another.

"The brain isn't organized by a dictionary with words like social and cognitive located in different places," explains Dr. Bryan Kolb, a neuroscientist and professor in the Department of Neuroscience at the University of Lethbridge. "These areas overlap considerably, affecting a whole range of processes. By improving one, you improve the other."

"For optimal brain development in the early years," Dewey says, "a child needs nurturing and stable relationships, and that those relationships can be with a parent, grandparent, childcare provider or other caregiver." ■

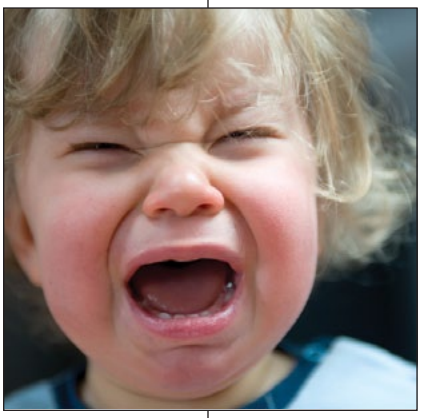
Dawna Freeman, Reprinted (September 2012) with permission from the Norlien Foundation and the Apple magazine.

For more information about how brains are built, please visit: www.albertafamilywellness.org. Watch and download "How Brains Are Built: The Core Story of Brain Development" at www.albertafamilywellness.org/resources/video/how-brains-are-built-core-story-brain-development.

Fussy Baby Network®: Home Visiting Program Model

By Sherryl Scott Heller and Linda Gilkerson

The Fussy Baby Network® (FBN), a national program headquartered at Erikson Institute in Chicago, Illinois, has developed a model to support families experiencing stress related to the birth of a new baby. Application of the FBN model has decreased symptoms of maternal depression and parenting stress and increased maternal self-efficacy.[1]



The hallmark of FBN is its approach to family engagement called the FAN with its visual similarity to a fan.[2] The FAN approach matches interventions to what the parent can best use in the moment to address concerns. Careful attunement and matching to the parents' experiences helps stressed parents feel understood and not alone, and fosters a sense of coherence. It is this attention to the parents' experiences and urgent concerns that allows flexibility in the model so that it can work successfully to support families from diverse cultures, socio-economic status and communities.

Core processes of FAN

Empathic Inquiry

Visits typically begin with the FBN specialist using the empathic inquiry where parents express intense feelings verbally or non-verbally. This provides a warm, non-judgmental environment where parents' feelings can be validated. When parents reach out to us, they are typically exhausted both psychologically and physically, their confidence is shaken and their relationship with their newborn is anxiety laden. The presence of an empathic, understanding and inquisitive individual instils confidence and decreases discomfort with parenting.

Mindful Self-regulation

The FBN specialist may also use mindful self-regulation during the visit to attend to their internal state, maintaining calmness and interest.

Collaborative Exploration

Collaborative exploration helps parents and the FBN specialist build a shared understanding of the baby. In this process, the FBN specialist highlights what the parents are doing (or perhaps have already done) to successfully support the baby around the area of concern.

Capacity Building

The "doing" occurs during capacity building. Parents are attuned to their infant, helping the infant to regulate and trying new strategies (or returning to prior ones). Here, the FBN specialist may provide information or suggest strategies. Capacity-building moments—angel moments—occur when the parents and infant are fully engaged and experiencing mutual pleasure.

Integration

Integration allows parents to reflect on the visit and articulate concepts that have been helpful to them. This reflective process occurs when parents have an insight or discovery about their newborn and/or themselves as a parent. ■

Sherryl Scott Heller has a PhD from Tulane University. Linda Gilkerson has a PhD from Erikson Institute.

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Coming up

The next issue of Connections will focus on Working with families experiencing trauma. If you would like to submit an article or resource for this topic, please contact the AHVNA office by May 23, 2014.

Hearing from you

Connections is published three times per year by the Alberta Home Visitation Network Association. We welcome comments, questions and feedback on this newsletter. Please direct any comments to Lavonne Roloff, AHVNA provincial director, by phone at 780.429.4787 or by email to info@ahvna.org.

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Do Preschool Aged Children Experience Stress?

By Midwest Family Connections

Preschool aged children experience stress! Stress is a normal, everyday occurrence. It's our body's response to feeling afraid, overworked, overstimulated, threatened or excited.

Too much stress makes it more difficult for children to get along with others and interferes with children's ability to focus and think. If they are afraid or anxious, children may spend so much energy worrying that they are unable to learn. Too much stress has a profound effect on children's physical, emotional and mental health. By helping children learn positive coping strategies to deal with stress, you can help build their resiliency and prevent stress from escalating to distress, anxiety and meltdowns.

Stress management for preschoolers

1. Don't wait for your child to be stressed to help them build their skills. When things are calm, encourage your child to describe his worries or fears. Listen carefully and try not to interrupt or finish his sentences. Take his worries or fears seriously, even if they seem silly.
2. Get them involved in activities they enjoy such as playing with favourite toys, reading a book, cuddling with a stuffed animal or stomping on a rug.
3. Encourage model relaxation and stress-reducing techniques such as deep breathing. Ask them to pretend they are blowing up a balloon inside their tummy (breathing in slowly through their nose) and then blow the air out through their mouth.
4. Make sure preschoolers have plenty of unstructured play time. Play really helps young children let go of some of their stress. For children three and under, water play can be particularly soothing.
5. Sleep! Children require 10 to 12 hours of sleep every night to feel their best. Establish a regular bedtime routine with quiet, calming activities such as music, reading or quiet play for half an hour before bedtime.
6. Limit TV, computer and video game time. Encourage your child to be active and be active with them – go for walks, go to the park or put on some music for a family dance party. Vigorous physical activity is another great stress reliever!

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