

Child Care Training and Resource Guide
Behavior Management 5
Behavior Assessment, Observation, and Documentation
Handouts

GUIDANCE STYLES

- 1) Explain that this activity focuses on identifying each participant's guidance style
- 2) In your own words, discuss the following three guidance styles based on the work of Jean Isley Clarke:

Authoritarian

- Child must do what adults want
- Child cannot express how she/he feels or thinks
- Rigid enforcement of rules
- Punishment is imposed by adults
- Rigid rituals
- Use of sarcasm, ridicule and embarrassment to manipulate and control behavior
- Threats and bribes used extensively
- Relies on heavy competition
- Learning takes place in an atmosphere of fear
- Children learn love is highly conditional
- Children learn what to think and are easily manipulated.

Permissive

- Child does whatever she/he wants to do
- Child follows his own moods and desires
- No recognizable structure, rules, or guidelines
- Punishment and rewards are arbitrary and inconsistent
- Mini-lectures and put downs are typical tools
- Second chances given often
- Threats and bribes are commonplace
- Learning takes place in an environment of chaos
- Emotions rule behavior of adults and children
- Children learn love is highly conditional
- Children are easily lead by peer influence

Respectful/Authoritative

- Child conforms to rules, but is allowed to make choices
- Children's and adults' opinions are respected
- Adult understands age-appropriate expectations
- The environment is flexible and conducive to creative, constructive and responsible activity
- Rules are simple and clearly stated
- Consequences are logical, realistic and palatable
- Discipline with authority gives life to learning
- Motivates children to be all they can be
- Lots of smiles, hugs, and humor
- Second opportunities are provided
- Learning takes place in atmosphere of acceptance and high expectation
- Children learn to accept their own feelings and control their own behavior

BOUNDARIES

“Boundaries:” What feelings/images come to mind?

Bradshaw: an internal strength by which I guard my inner space; a protection

- Invisible but real limits that define WHO I AM
- Lines that establish WHERE I END AND WHERE YOU BEGIN
- Our territory of body, mind, emotions, spirit, possessions, rights

Boundaries of Childhood:

- Nobody is born with boundaries; they are taught to us within circle of culture, society, gender, roles, age, religion, genes (personality): what was/is your families’ pattern for saying “no” or “yes”?
- Our original bond with primary caregivers influence how we bond later
- Healthy sense of childhood self may have been undermined if boundary was invaded, violated, neglected, vague, inappropriate
- Weak boundaries: we get lost in another Holes or Gaps in our borders: vulnerable to invasion
- Walls too thick or rigid: prevent others from getting close

Increase Self-Awareness:

- Observe and name own feelings, own body signals
- Pay attention to my victim or controller roles
- Notice when your opinion differs
- Practice saying opinion out loud to TV show, radio, movie
- Practice stating feeling, opinion to trusted other
- Pay attention to how I meet own physical, emotional needs

Signs of Unhealthy Boundaries:

- Telling all especially to strangers or at the first meeting with another
- Becoming emotionally attached immediately or with any one who reaches out
- Putting another’s values or rights before my own
- Not noticing or not defending when own boundaries have been invaded
- Allowing other to direct or define my life; attempting to control another
- Falling apart so another will take care of me
- Abuse, distraction through food, substance, sex, physical, or emotion abuse
- Rescue another with no regard for own safety
- Pretend my opinion, interest match another for sake of approval feel another’s pain before I feel my own
- Change my own plans at the whim of another

Appendix I
HEALTH HISTORY

Developed by **Cindy Lynn, R.N., B.S.N., Private Infant Nurse Consultant**

Date: _____

Child's Name _____ **Birthdate:** _____

Sex _____ Parents _____

Address _____

Home Phone _____ (M) Work Phone _____ (F) Work Phone _____

Physician _____ Address _____ Phone _____

Date Last Physical Exam _____ Child's Present Weight _____ Child's Present Height _____

Allergies (Need Physician's Note) _____

Do you have any concerns about weight gain or development? Yes No

BIRTH HISTORY

Prematurity _____ Birth Weight _____ Birth Length _____

APGARS _____ **Was baby hospitalized after birth?** Yes No

Any complications during pregnancy, labor or delivery? Yes No

Any birth defects? Yes No _____

Is your child seeing any medical specialist for follow-up of any problems? Yes No

List physician's name, specialty, problem and plan of treatment on the back.
(Examples include: Cardiologist, Urologist, Dermatologist, Ophthalmologist, ENT, Orthopedic Surgeon, Neurologist, Gastroenterologist)

Has your child ever been hospitalized? Yes No

Has your child ever had surgery? (If so, please give reason, length of stay and age) Yes No

What medications has your child been on? _____

Any side effects seen with any medications or food (such as diarrhea, breathing problems or skin rashes)? _____

Is your child seeing a speech therapist, physical therapist or nutritionist? Yes No

Is your child on WIC? Yes No

Do you have a Public Health Nurse? Yes No

Name of your child's dentist _____

Has your child had any injuries with fractures or loss of consciousness? Yes No

Are there any family members with chronic or acute illness? Yes No

(If so, please describe) _____

Could you use any help finding a physician or funding for health care? Yes No

HISTORY OF CHRONIC ILLNESS/DISEASES/CONCERNS

(Please check where appropriate and include Age of Onset)

Please list treatment and detailed information below.

- | | | | |
|------------------|----------------------------------|-------------------------------|-------|
| Allergies | _____ Asthma | _____ Blocked Tear Duct | _____ |
| Bronchitis | _____ Colic | _____ Bone Abnormalities | _____ |
| Diabetes | _____ Eczema | _____ Diaper Rash | _____ |
| Hepatitis | _____ Pneumonia | _____ Chicken Pox | _____ |
| Constipation | _____ Diarrhea | _____ Ear Infections | _____ |
| Giardiasis | _____ Meningitis | _____ Frequent Colds | _____ |
| Oral Herpes | _____ Scarlet Fever | _____ Frequent Fevers | _____ |
| German Measles | _____ Skin Rashes | _____ Heart Disease | _____ |
| Strep Throat | _____ Roseola | _____ Muscle Weakness | _____ |
| Epilepsy | _____ Seizures | _____ Thrush | _____ |
| Sinus Infections | _____ Tuberculosis | _____ Hand, Foot and Mouth | _____ |
| Yeast Infection | _____ Measles | _____ Urinary Tract Infection | _____ |
| Mumps | _____ Pertussis (Whooping Cough) | | |

Polio Vision Impairment (glasses?) _____

COMMENTS: (Please include treatment any pertinent information about items checked above.)

PERSON COMPLETING FORM _____ DATE _____

Child Care Behavior Handbook

17. Is there a behavioral concern which is more extreme, more frequent or not typical (explain)

18. What measures are you using to help with this? _____

19. Are you receiving professional help in dealing with behavioral problems? Yes No

NAME _____ PHONE _____

REASON _____

CONSENT _____

Appendix II
BEHAVIOR PROFILE

Developed by Beth Brenner, RN, BSN, PHN

Describe an average day for your child: a. Waking time: _____
b. Nap time: _____
c. Meal time: _____
d. Bedtime: _____

2. List play activities your child enjoys:

3. How would you describe your child: (circle)

quiet active irritable happy

4. Describe your child's sleeping patterns: (circle)

sleeps through the night awakens occasionally awakens frequently

5. How do you handle your child's behavior? (discipline) _____

6. Does your child adapt easily to changes in routine (such as loud noises, heat, cold etc.) ?

Yes No _____

7. How does your child react to extremes in the environment (such as loud noises, heat, cold etc.)?

8. Does your child have favorite toys? What are they? _____

9. Does your child mind being alone? (i.e., when you are in the other room?) Please explain:

10. Within the past six months has your child frequently: (circle)

- a. Inappropriately wet him/her self during the day
- b. Inappropriately had a bowel movement in his/her pants
- c. Had frequent nightmares
- d. Had trouble sleeping
- e. Been overly clingy to parent
- f. Been upset easily
- g. Appeared high strung or nervous
- h. Been breaking things on purpose
- i. Been fighting
- j. Been taking things that don't belong to him/her
- k. Been more active than other children
- l. Had problems getting along with other children
- m. Is there anything about your child's behavior or things which may be affecting his/her behavior that you wish us to know about? Please explain:

11. How long does your child usually stay engrossed in activities? _____

12. How does your child react to strangers? _____

13. How does your Child relate to other children? _____

14. How does your child relate to family members? _____

15. What activities does your child like to do in the home? _____

16. Please circle any the behaviors which your child exhibits:

- | | | | |
|-----------------|-------------|-----------|--------------|
| temper tantrums | nailbiting | nightmare | thumbsucking |
| breath holding | not minding | jealousy | |

PROBLEM SOLVING GUIDE

Most of us have many things we have to decide on each day. Sometimes these things get so overwhelming it is hard to know where to start. One way to get started is to try and sort out the various steps to make it easier to decide what to do.

PROBLEM SOLVING STEPS

1. Identify one problem that bothers you. Try to put it in a single sentence or a few words.
2. Decide who owns the problem. If you are anxious and upset about it. You may own it. Another question to ask yourself is, *Do I have the power to solve the problem?*
3. Think about all the possible solutions: try brainstorming and consider all options even though they may seem "far out" or difficult to do.
4. Select one solution that you think might work for you.
5. Do it. If it doesn't work. Go back to your list and try another idea.

EXAMPLE:

Problem

My problem is I have no way to get my baby to the doctor.

Who Owns the Problem

Me

Possible Solutions

- * *I could take a bus but I don't know the schedule since I am new to this area.*
- * *I could ask a friend with a car to drive me but all my friends work or live across town*
- * *I could take a taxi but I don't have the money*
- * *I could ask a neighbor who has children and might understand my problem.*

A Solution I Will Try

- * *Ask my neighbor with a car.*

What Worked

The neighbor drove me. She was very nice and offered to help anytime.

Problem Solving Worksheet (Example)

Define the problem (What is the problem?) Lack of sleep

Changes or goals desired (what changes do you want or, what are your goals?) _____

To get more sleep; longer stretches

Identify solutions (What solutions do you see for this problem?) _____

1) I could leave Alan overnight at my friend Lisa's or someone else for several days; 2) I could fly to Seattle

Advantages and Disadvantages of solution (Tell me all the advantages and disadvantages you see for each of the solutions above.) 1) Disadvantages: I would worry about my baby and wouldn't sleep anyway 2) there is so much to pack bottles, formula, diapers, etc.

Advantages 1) I would have peace and quiet for a day and I would feel a lot better; 2) but it is not realistic

Decide on a Solution (Which solution looks best to try?) _____

The best would be for Alan to go for Lisa's overnight; I will call her now

Implement (What Can be done, by when?) On Sunday I will take Alan to Lisa's for the night

Evaluate (Were your goals met or changes made?) It went great: I got a lot of rest and feel better.

Determine Further action (What can you do to prevent the problem from reoccurring?) Do it again!!!

Signature of (Client) J.S. / J.S. Date 7/6/90 / 7/13/90

Signature of (Nurse) M.N. / M.N. Date 7/6/90 / 7/13/90

Problem Solving Worksheet (Example)

Define the problem (What is the problem?) _____

Changes or goals desired (what changes do you want or, what are your goals?) _____

Identify solutions (What solutions do you see for this problem?) _____

Advantages and Disadvantages of solution (Tell me all the advantages and disadvantages you see for each of the solutions above.) _____

Decide on a Solution (Which solution looks best to try?) _____

Implement (What Can be done, by when?) _____

Evaluate (Were your goals met or changes made?) _____

Determine Further action (What can you do to prevent the problem from reoccurring?) _____

Signature of (Client) _____ Date _____

Signature of (Nurse) _____ Date _____

Spokane County Health District
1101 W. College Avenue * Spokane , Washington 99201-2095

Name _____

Date _____

Problem Solving Guide

The Problem is	Who owns the problem	Possible Solutions	A solutions I will try	What worked

TOWARD A BETTER UNDERSTANDING OF CHILDREN'S BEHAVIOR

I. First Possible Cause:

The Developmental Stage

Why is this Happening?	How Can I tell?	What Should I do?
Possible Cause	Clues	Actions
<p>1. Maturation – The Behavior is due to the child's developmental stage</p>	<ol style="list-style-type: none"> 1. I have read about it in books. 2. I have seen children at the same stage behave this way. 3. I remember doing it myself when I was a child. 4. It is a necessary part of human development. <hr/> <p style="text-align: center;">Always reflect on:</p> <ul style="list-style-type: none"> • Sense of child's expectations • Sense of relationship with child • Child's sense of self 	<ol style="list-style-type: none"> 1. Relax – All children do it. It will end/evolve. 2. Tolerate – It is developmentally significant. It is developmentally useful. 3. Channel – allow the behavior in certain places at certain times this is not distractions or substitution. 4. Stop – Stop behavior when it is disruptive or a danger to others or self but remember behavior will return.

TOWARD A BETTER UNDERSTANDING OF CHILDREN'S BEHAVIOR

II. Second Possible Cause:

Individual Differences

Why is this Happening? Possible Cause	How Can I tell? Clues	What Should I do? Actions
<ol style="list-style-type: none"> 1. Not all children of a certain age act in exactly the same ways. 2. Temperamental qualities account for differences in behavior. 3. Children are individuals. 4. All children experience the world differently according to their temperament. 	<ol style="list-style-type: none"> 1. Not due solely to developmental stage. 2. Information about the child's temperamental qualities from birth. 3. Have read about it – research on temperament. 4. . <hr/> <p style="text-align: center;">Always reflect on:</p> <ul style="list-style-type: none"> • Sense of child's expectations • Sense of relationship with child • Child's sense of self 	<ol style="list-style-type: none"> 1. Observe and identify temperamental style. 2. Adapt your expectations and interactions. 3. When possible, offer options in your program that allow for and appreciate children's different ways of expressing themselves and responding to the world. 4. Conversations with parents.

TOWARD A BETTER UNDERSTANDING OF CHILDREN'S BEHAVIOR

III. Third Possible Cause:

THE ENVIRONMENT

Why is this Happening? Possible Cause	How Can I tell? Clues	What Should I do? Actions
<ol style="list-style-type: none"> 1. The specific environment: The child care setting 2. The general environment: The home setting Family situation Lifestyle/ Culture 	<ol style="list-style-type: none"> 1. Behavior is not due to a developmental stage or individual differences 2. In the child care setting: The group is responding to a specific condition – several children exhibiting similar behavior 3. Responses to conflict between different parts of child's world – when home and child care have different expectations and roles. <hr/> <p style="text-align: center;">Always reflect on:</p> <ul style="list-style-type: none"> • Sense of child's expectations • Sense of relationship with child • Child's sense of self 	<ol style="list-style-type: none"> 1. If you decide the behavior is in response to the child care setting: Do something – For example Change the length of circle time – make sure children are getting enough /protection /attention/ stimulation/order and calm 2. If due to conflict between home and child care get more information about other environment/cultures from parents/professionals. 3. Don't focus on individual child – child is not in control of conflict. 4. When Possible change or adapt our expectations to reduce conflict.

TOWARD A BETTER UNDERSTANDING OF CHILDREN'S BEHAVIOR

IV. Fourth Possible Cause:

THE CHILD DOES NOT KNOW BUT IT READY TO LEARN

Why is this Happening?	How Can I tell?	What Should I do?
<p>Possible Cause</p> <p>1. The child does not know something but is ready to learn.</p>	<p style="text-align: center;">Clues</p> <ol style="list-style-type: none"> 1. Behavior is not due to developmental stage individual differences or environment. 2. The child is <u>young</u>. 3. The child is in a <u>new/unfamiliar situation</u>. 4. The child is facing a <u>new tasks</u> or problem. <hr/> <p style="text-align: center;">Always reflect on:</p> <ul style="list-style-type: none"> • Sense of child's expectations • Sense of relationship with child • Child's sense of self 	<p style="text-align: center;">Actions</p> <ol style="list-style-type: none"> 1. Teach. 2. Talk – <u>explain over</u> and over. 3. Give reason. 4. Give <u>encouragement</u> for small successes. 5. Be <u>patient</u> with failures. 6. Always <u>offer help</u>.

**POSSIBLE CAUSE
Assessment Form**

Date: _____
Child Care Provider: _____
Child's Name: _____
Child's DOB _____

NEED/DESIRE	IF UNMET, WHAT MIGHT THE CHILD EXPECT?	HOW MIGHT THE NEED BE EXPRESSED?

Developed by Kadja Johnston

Signed:

Child Care Nurse Consultant

Tape Review Work Sheet

What is the child DOING (Describe what you see.)	What is the child Needing (Support My Exploration, Watch Over Me, Enjoy with Me, Help Me, Comfort Me, Protect Me, Organize My Feelings)	What is the child FEELING (Mad, Sad, Glad, Afraid Shame)	What is the child CUEING/MISCUEING (Support My Exploration, Watch Over Me, Enjoy with Me, Help Me, Comfort Me, Protect Me, Organize My Feelings)
1.			
2.			
3.			
4.			
5,			
6.			
7.			
8.			
9.			
10.			

Appendix III

BEHAVIOR/DISCIPLINE POLICIES

This appendix contains two sample behavior/discipline policies.

*Contributed by Olympic Development Center
Auburn, Washington*

We strive to make your child's first school experience a positive, successful one so that he/she will be excited about and enjoy learning and feel good about himself.

CONFERENCES

Your child's teacher and the Director are always available to answer your questions and discuss your concerns about your child.

DISCIPLINE POLICY

Here at Olympic, we define discipline as guiding a child in developing inner control and assuming responsibility for his own behavior. We also want the child to have experiences which will aid in developing a positive self-image.

We try to foresee and prevent problems by structuring the environment and setting a few basic limits. These are mainly for reasons of safety and respect for oneself, for others and for property. These limits are explained or shown to a child at the outset in terms that he or she can understand. At all times these limits are consistently maintained. Teachers redirect inappropriate behavior and state directions or corrections in a positive manner. Occasionally a child must be removed from the group until he or she is ready to return to the situation. A child is given a choice only if there really is a choice. When at all possible, and if it is not dangerous, a child is encouraged to work out his or her own problem and experience the natural consequences.

DAY CARE RULES-DISCIPLINE POLICY (SCHOOL AGE SITES)

We define discipline as guiding a child in developing inner control and assuming re- sponsibility for his or her own behavior. We also want the child to have experiences which will aid in developing a positive self-image.

Specifically, we will expect:

1. Children will treat others with respect and courtesy (adults and peers).
2. Children will treat school/child care materials and property with respect.
3. Children will keep their hands and feet to themselves.
4. Inappropriate language, jokes and gestures are not permitted.
5. Children must check in with the child care staff upon arrival and before leaving the child care area.
6. For everyone's safety, children will follow the child care staff's directions immediately.

If a child chooses to break a rule:

- 1st time --verbal reminder
- 2nd time --time out
- 3rd time --discussion with parent
- 4th time --child dropped from day care program

In order for everyone to have a safe, pleasant child care experience, all children will be expected to follow the rules listed above.

Please discuss these with your child before he/she begins child care. Our staff will also discuss these expectations with every new child.

Sample Discipline Policy From

"An Adult Sized Guide to Child Sized Environments:
Family Child Care Licensing Guidebook"
Washington State DSHS 5/91 DSHS 2-808

THE CENTER'S DISCIPLINE POLICY

The purpose of discipline is to help children learn basic human values, problem solving skills and to take responsibility for their own choices. Telling parents you will not spank their child is the easy part. Staff need clear guidelines on the center's discipline policy and training in positive discipline techniques. Orient the staff thoroughly. Give new staff members a chance to see how more experienced providers talk to the children and handle problems.

BEHAVIOR MANAGEMENT POLICY

- This child care center uses indirect guidance techniques:
- We give previous warnings: "You have 5 more minutes to play before it's time to clean up."
- We give choices: in the quiet corner.
- "You may paint with the other children or you may read a book"
- We have a regular routine: "We always wash our hands before lunch. After lunch is story time."
- We avoid nagging: We tell the child what we expect just once, follow it by asking the child if he/she remembers what we asked, and then offer to help the child do what was asked.
- We are consistent: we do things the same way each day so the children know what to expect and learn to trust and feel safe in their environment.

We also use direct guidance techniques:

- We use the affirmative: "We use walking feet indoors" rather than "Don't run!" or " Use your words to tell us you're angry" rather than "Don't hit!"
- We get the child's attention by crouching down to his/her level, making eye contact, speaking quietly and asking the child to repeat the directions.
- We try very hard to be fair. We examine our expectations to make sure they are age-appropriate and we don't make rules just because an activity is too noisy or messy.
- We avoid arguments by following through with solutions that address the problem, but also offer the child a way to exit gracefully from the problem: "You can choose a quiet place to calm down or I can choose one for you."

If a child is unable to demonstrate self-controlling behavior, a brief time-out results for the child to regain control. Time-out occurs only when other measures fail, and is used as an opportunity for the child to re-group, not as a punishment.

By law, and program philosophy and policy, the following forms of discipline are forbidden: hitting, spanking, shaking, scolding, shaming, isolating, labeling (bad, naughty, etc.) or any other negative reaction to the child's behavior. All forms of corporal (physical) punishment are strictly forbidden.

Some negative behavior is best ignored since its goal is often to get attention. This technique is effective for some of the disruptive things children do and it minimizes activity by other children.

If a child is unable to gain control and requires more individual attention than can be given within child to staff rations, we may need to contact a parent. A child requiring one-to-one attention may have to leave the center temporarily for safety's sake. Repeated uncontrollable behavior can lead to discontinuation of child care services.

PLAN FOR CHILD OF CONCERN

Practice Changes	
Resources	
Training	
Staffing	
Materials	
Physical Environment	

Appendix VI

PROBLEM SOLVING PROCESS GUIDE

Define the Behavior (Problem) -Have the child (or children) tell you what he (they) think the problem is or you may explain to him/her (them) what you (the adult) feels is the problem. (Who owns the problem, the adult or the child?)

Gather Information -When, where I and why does this behavior occur? (Track over at least three days or ask the child (children) when he/she thinks it happens. See the next page.

Create Ideas -Come up with several ideas of ways for solving the problem. This can be a fun game with workable, reasonable solutions, but should be done with the child if he/she is old enough.

Pick Ideas To Try -Pick one or two ideas to try that you and the child (children) agree upon.

Communicate The Plan -Make sure everyone involved understands what the plan is to be and who is responsible for doing (or not doing) what things.

Try It - Give it an amount of time with a clear beginning and ending date

Evaluation- Decide between you and everyone involved if the plan worked.

Appendix VII

COMMUNICATING WITH PARENTS

WHEN YOU HAVE A CONCERN ABOUT THEIR CHILD

At Registration/Admission

Obtain from the Parents

1. General health and developmental history.
2. Behavioral history
3. If child has any health or behavior concerns obtain a signed parental consent for release of information from professionals who are treating the child (e.g. allergist, physical therapist, counselor, etc.)

Share with Parents

1. Center/School behavior/discipline policy.
2. Mutual expectations if concern occur.
3. Outline steps for conferences or exchanging of information
4. Establish goal of parent-teacher partnership.

Contact Parents Early if Behavioral Concern Develops.

The contact should not alarm or threaten parents but as a step in keeping a "Team Member" informed.

Document Specific Incidents) (See 5-D Plan)

1. Be descriptive not judgmental, e.g., Kelly kicked 3 children, unprovoked and pulled another child's hair 3 times in 45 minutes.
2. Share concerns with peers, other teachers, director. Brainstorm ideas or have another person observe.

If the Behavior of Concern continues:

1. Schedule parent conference.
2. Arrange for outside professional to observe and evaluate child in school setting if parents consent.

continued.

Parent Conference:

1. Include director, teachers, both parents or adults in parental/caregiver position to child (grandparents, guardian, etc.), outside professional used (Public Health Nurse, Trainer, Physician, etc.).
2. Plan setting; informal, relaxed, quiet and private.
3. Sensitivity to parents --possible feelings of fear, denial, anger, hostility.
4. Share common parent-teacher goals of helping child to develop his/her potential and to have a positive experience.
5. Share positive qualities and strengths of child.
6. Share changes Center/School made in classroom; behavior strategies used.
7. Elicit parents feedback; concerns; history; cultural and family values; how they manage child at home; recent stresses.
8. Share results of testing/observations/evaluations if any.
9. Discuss ideas for helping child. A collaborative approach works best. Each person at the conference is an expert on some facet of the child's daily living.
10. Decide on a few concrete steps. For example:
 - Need for further evaluation who, where, when.
 - Provide resources.
 - Plan changes for classroom, home and how teacher and parents can support each other and be consistent.
 - Put plan in writing and duplicate for parents and staff (critical step!).
 - Plan dates for follow up meeting to monitor progress.
 - Obtain signed consent for sharing information with referral resources.
 - Support parents and reinforce their strengths.

Continue to document/observe child and incorporate plans.

FOLLOW-UP MEETING

If no positive results or parents have not contacted resources:

Decide your next step based on your Behavior Policy, especially if health and safety of other children and staff are an issue.

Appendix VIII

CHILD CONFERENCE SUMMARY

Child's Name:

Conference Date:

Conference Attendees:

Health and Behavioral Concerns:

Plan of Action already taken (counseling, testing, etc.):

Home:

Child Care:

Results:

Conference Recommendations'

Home:

Child Care:

Outside Referrals:

Name:

Phone:

Printed Information Given:

Follow-up (Telephone/meeting/in writing. Always document follow-up and attach to this form.

Date:

Method:

Share copy of this completed form with all attendees.

Seattle-King County Department of Public Health /139

Blame myself for another's thoughtlessness, Irresponsibility

- Concealing my true feelings
- Ignoring physical needs: eating, sleeping, exercise, leisure
- Too invasive OR too distant

Tips on Setting Boundaries:

(What would I/other be doing if healthy boundary set? How would I/other know?)

- Realization that the actions/reactions of others are not caused by me
- Identifying and accepting my own comfortlevel. . .listening to my body
- When I identify my need to set a limit, do it clearly, calmly, using few words; avoid becoming defensive
- I can't set a limit AND take care of another's feelings at the same time
- Anger, rage, complaining, whining, feeling victimized or suffocated are clues that limits need to be set
- Plan on being tested when boundaries are set; be ready to enforce it
- A healthy support system can provide feedback
- The fun side of boundary-setting lets us explore what feels right
- Each of us has our own inner guide as to what's best and when to act
- "I" am willing to...", "I'm not willing to...", "I need ...", "I want time to think..."
- Whose Problem Is It? Hand the problem back to the owner; acknowledge it then give the person the freedom to solve their own problem
- Set limits as to what I have the time, energy and ability to do
- Go slowly; start small

Boundaries Are Strengthening When:

- I act on feelings when I need to
- I can say "NO" without experiencing a tidal wave of guilt
- I no longer blame myself for what might go wrong in a relationship
- I no longer feel responsible for making another happy
- I don't take things so personally; another's input is precisely that: another's
- I can state my preference and still maintain a friendship
- I realize I am not responsible for another's actions
- I am comfortable in giving as well as receiving
- I am selective with whom I trust; I feel I deserve respect, acceptance, support
- My limits are distinct enough to preserve my own values yet flexible to be open to new ideas
- I realize I teach others how to treat me
- I can give without giving myself away
- When I do say "no", it is MY decision rather than blaming another
- Then I don't try to change another's response, opinion, feelings