

PEARSON NEW INTERNATIONAL EDITION

**Child, Family, and Community:
Family-Centered Early Care and Education
Janet Gonzalez-Mena
Sixth Edition**



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Working with Families of School-Age Children

not used to it, but she makes a conscious effort. When a squabble breaks out, she leaves the room and starts washing dishes. Sometimes the squabble follows her, but she makes a point of ignoring the angry voices.

Ana doesn't feel entirely comfortable about this approach. It seems dishonest and unnatural to her. Children ought to be good without her making this special effort. After all, cooperative behavior is what's expected. It shouldn't get special notice. It should be the norm. When she was growing up, her mother didn't have to put up with this kind of annoyance. All she had to do was look at her children and the squabbles stopped. She wishes that would work for her, but it doesn't. She begins to notice, however, that the squabbles aren't true disagreements, anyway, but are bids for her attention. She continues to use the approach of paying attention to the positive behavior and ignoring the rest.

It works! Of course, the children still have their disagreements, but not so constantly anymore. Furthermore, Ana has gotten to know the children better and has even grown closer to them since she's not so annoyed at the continual bickering. Ana has learned about the power of attention.

WHAT ARE AFFIRMATIONS?

Ana also learned about affirmations from Irene. *Affirmations* give messages that validate the person as an individual who has needs and rights. Affirmations are positive messages about expectations. They encourage children to be who they are. They can come in the form of being interested in individuals and expressing appreciation to each one.

Ana knew something about affirmations, though she didn't call them that. Being interested and expressing appreciation was something she did naturally, something she learned from her own parents. She wasn't sure about using affirmations on purpose to help the children feel good about themselves so they wouldn't have such a need to squabble with each other. Ana especially had trouble with the idea that with affirmations she was validating the children as *individuals*. Of course, she recognized that each was a separate person, but what she wanted to emphasize in her family child care home was their *connections* rather than their separateness. She wanted them to focus less on themselves and more on others.

Ana brought up her concern to Irene one evening when the children had gone home. "I don't want them to think about their own needs" was how Ana put it. "That makes them selfish. They should put other people first."

"But until your own needs are met, how can you think of other people?" asked Irene. "Think of this example," she went on. "When you fly, the flight attendant instructs you that in case of a loss of cabin pressure, you must put your own oxygen mask on before you help other people."

"I think that's an extreme example," Ana responded.

"Maybe, but I think it applies. And it points out that your own needs are important *in order for you to help other people*. Isn't that what your goal is—that your children not be selfish?"

"I see what you mean," said Ana.

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The two didn't resolve this issue because Irene tended to *always focus on individuals* when she thought about young children and families, and Ana tended to *avoid focusing on the individual*. Irene seemed to emphasize separateness. Ana liked to emphasize relatedness and embeddedness. But they understood that they disagreed on this issue and were friendly about it.

Affirmations can also be used to let children (or adults) know how they *can be* while accepting how they *are* at the present moment. Irene, who understood how this principle worked, used it in the classroom where she was a teacher's aide. One example: she avoided labeling any child as "shy." When one parent talked to her about her son's shyness, Irene shared what she had observed and made it clear that she saw the boy as cautious and careful, putting a little different light on the behavior. Irene used affirmations with this boy, letting him know that he was fine the way he was. If he was slower to accept a new person or situation than other children were, she let him know that was all right, too. She affirmed his need to feel safe. She also affirmed the individuality of his pace. It usually took him awhile to warm up and she didn't hurry him. On the other hand, Irene encouraged him to take a few risks, recognizing his potential as a person who could eventually come out of his protective shell and become more able to explore freely. All this was discussed with the teacher and the parents. Everyone agreed with Irene's approaches.

When thinking about strokes and affirmations, it is important to look at both in a cultural context. This chapter, because it is in line with my own cultural background and also my training to be a teacher, focuses on independence and individuality to some extent. It's what I know best. The idea is to help children feel good about themselves. In some cultures the focus is on downplaying individuality, keeping the child firmly embedded in the group (Howes, 2010; Rothstein-Fisch & Trumbull, 2008; Rothstein-Fisch, Trumbull, & Garcia, 2009). Along with this focus may come teaching humility instead of pride and putting others before self. As you saw with Ana, strokes and affirmations seemed strange and in opposition to the goals of her family growing up and her situation as a family child care provider.

Also, in some families direct communication is not valued. Subjects may be talked around instead of directly addressed. Indirect communication, in the form of behavior (including body language), is more valued than what is put into words. In fact, in these families, the kinds of statements used in this chapter to illustrate strokes and affirmations may be regarded as uncomfortable or manipulative. When parents want their children to do something, they just tell them to do it, and the children have respect for their parents, so they do it. Those parents don't need to make their children feel good about themselves. The children feel good just being part of the family and fulfilling their role as son or daughter.

These are two very different approaches to child rearing that seem to be oppositional in some ways. The fact that they are different doesn't mean that one way is right and the other is wrong. It means that there are differences, and differences must be acknowledged, accepted, and honored. When people who have diverse perspectives come together, they have opportunities to learn from each other. That is a strong message in this book. We share what we know and believe in with others and

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remain open to what others have to share with us. So with all that in mind, let's look further at strokes and other forms of positive adult attention.

Children's Response to Positive Adult Attention

Does giving positive adult attention always work? No. There's nothing that *always* works all the time, in every situation, with every child. How children respond to positive affirmations and strokes depends on their previous experience, which relates to their opinions of themselves and their reality about how the world is. Some children feel validated by affirmations; others don't. Some children accept the positive strokes they are given; others ignore or reject them.

Why would that be? These patterns have their roots in early experience. Imagine a baby who is ignored most of the time. He knows at some deep level that he needs attention and, because he is an infant, the strokes he needs are physical as well as social. He needs physical care given in a way that tells him he is cared about. Strokes in one sense of the word relate to physical touch and in another sense mean caring personal attention. The baby needs strokes or he'll die. Because he is an infant, he can't get attention except by crying, and even then his cries are often ignored. He does get fed and changed often enough to keep him alive, but he doesn't receive his full quota of warm caring strokes—either physically or in the form of adults paying attention to him. So when he gets old enough to create a ruckus, he does that. He soon learns that some behaviors bring adults to him. If the behavior is unacceptable enough, they even lavish attention on him—not affection, but attention. It's not positive attention that he receives. He is yelled at, scolded, even punished. But because he is so desperate for strokes—so needing attention of any kind—he accepts these negative responses. He comes to expect them, and when he's old enough to think about such things, he even may regard negative strokes as his due—somehow convincing himself, consciously or unconsciously, that he deserves them.

That attitude, that concept of reality, is what makes it so hard to get through to a child who is used to getting negative strokes. Positive strokes are ignored. Affirmations go in one ear and out the other. They don't relate to the child's reality.

Imagine a child, Michael, who comes from that type of situation early in life and is finally removed from the home, passed through several foster homes, and finally adopted at age 4. He now arrives in kindergarten at the age of 5. The teacher, aide, and parent volunteers are kind and loving to him, but he doesn't accept that kind of attention. They tell him what a good job he is doing on his art project; he throws it to the ground and stomps on it. He refuses to accept positive strokes. He seems to *need* the negative ones. And he is an expert at getting them. He hurts other children. He destroys their things and laughs about it. He constantly butts heads with the adults. He acts like a general all-round menace.

It is tempting to label this child based on his behavior. He has a knack for making adults very angry. The teacher and aide begin to resent all the time they spend trying to manage his behavior. He spends a lot of time in the principal's office. No one feels like giving him positive strokes anymore. "That just doesn't work," they all agree.

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The parents feel equally helpless in the face of Michael's negative behavior. They know what is going on at school; it's much like what goes on at home. They are taking a parenting class and getting some counseling, but they haven't yet been successful at making a difference in Michael's behavior. They remember the first conversation they had with Michael's teacher about his challenging behavior. See Strategy Box 6.1 for the process the teacher used to communicate with the parents about concerns about Michael.

Michael might sound like a child with a disability or mental health issues. Perhaps he is, but nobody yet is willing to take the step forward to get a diagnosis. They may feel helpless, but at the same time they are still hopeful that they can work together to help him improve his feelings about himself and the behavior that goes with them.

There is another child in the class who has been identified as a child with special needs; she has a whole team of professionals, along with the teacher and her



Strategy Box 6.1

Working with Michael's Family to Explore Ways to Support His Development and Learning

- ♦ After making some careful observations of specific incidents involving Michael, the teacher recorded what she saw objectively so she could be clear and nonjudgmental about Michael's behavior before meeting with the parents.
- ♦ She met with the family in a place where they could have privacy and not be overheard or interrupted. She invited any family members the parents thought they should bring along. They came by themselves.
- ♦ She let them know that the purpose of the meeting was to find ways to better support their child's development.
- ♦ The discussion started with the teacher asking how they, his parents, saw Michael. They shared their views and then the teacher shared her observations. When they compared notes they found there was consistency—what the parents saw at home related to what was happening at school—and they felt they were all on the same page. One difference, however, was notable. The teacher saw Michael with other children and noted that he was something of a bully. The parents didn't see him around other children.
- ♦ The teacher shared her perceptions of Michael's strengths and asked his parents to do the same.
- ♦ The teacher shared her concerns, using examples from her observations, and the parents shared theirs. They spent the rest of the meeting brainstorming approaches to take with Michael.

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parents, who have worked together to create a plan for her education. The plan is called an IEP—an Individualized Education Plan—and was the result of a series of discussions among the team until they came to an agreement about what was needed for this particular child.

An IEP might be in Michael's future but is not part of the discussion at this time. For now, Michael's parents and his teacher are working together to figure out what to do about Michael, but in a less formal system than if he enters the special education system.

Michael is a tough nut to crack, but his behavior makes sense when you understand his history. He is getting his strokes in the only way he knows how. His reality is that he is "bad," and therefore he believes deep down that he deserves the negative attention he gets. The positive strokes he gets from the school and at home are brushed off. They are not part of his reality. They don't belong to him.

The adults in his life frustrate him because he can't get the same intense reaction to his behavior that he used to get from his birth mother and from the people she lived with before he was removed from the home. The teachers don't show their anger as passionately as the people he lived with in his first years. They don't hurt him the way he was used to being hurt. He doesn't understand the reality of the environments he is in now.

What should be done about Michael? The abuse and neglect that still have such a hold on him lie back in his past. Now it is up to the people in his life to help Michael control his unacceptable behavior, learn some prosocial behaviors, and come to feel better about himself.

Here's what they finally come up with as a group—teacher, family, and principal. In spite of the failure of their past efforts, they all continue to focus on the positive aspects of Michael's personality. They search for tiny bits of acceptable behavior. Sometimes they joke that they need a microscope to do this searching, but they discover that when they look hard enough they can find positive behaviors—brief though they may be. Every scrap of positive behavior from Michael brings immediate adult attention—hugs, smiles, words.

They also begin to see Michael in a new light. Instead of a difficult child, they see the behavior for what it is, patterns that he has learned in response to his early environment. The patterns are working against him now, rather than for him, but they can be understood as adaptive behaviors. They discuss how he could be if he overcame his behavior issues and learned to feel good about himself. Once they even took some time at one of their meetings to visualize this new Michael. They closed their eyes and "saw" the potential that lies beneath the difficult behavior.

When the teacher and aide are with Michael, they manage his behavior without rejecting him. It isn't easy. In fact, they really need an extra staff person to do this job properly, but they are able to use the daily parent volunteer to help out so they can do whatever is necessary to focus more fully on Michael.

Little by little they are managing to disconfirm Michael's perception of himself as a "bad person." They're changing his attitude by changing his behavior. They take a prevention approach—physically stopping him before he performs a malicious act.

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When they first started this approach, they called in an extra aide so they had plenty of people in the classroom, thus releasing the regular aide to “track” Michael—to keep a constant eye on him. That meant that even when the aide went on a break, someone else was assigned to take over, so that Michael was never unobserved during any part of the first few days of the new approach. He was “tracked” during recess as well as in the classroom. His behavior began to improve—so much so that they were able to reduce the “tracking” to difficult parts of the day. This way they could dispense with the extra aide. The principal agreed to come in sometimes when they needed augmented staffing. Eventually they needed to track Michael only during transition periods, such as arrival and departure times as well as before and after recess, which were always bad times for Michael.

Of course, prevention doesn’t always work. Sometimes the adults slip and accidentally let Michael do something unacceptable. The other day, for example, while the teacher was tying another child’s shoelace, Michael grabbed a shovel from a boy who was digging in the sandbox. When the child protested and tried to get the shovel back, Michael kicked him, and he was continuing to kick when the teacher grabbed him.

The teacher’s response was to separate Michael from the other children. He took him inside. The teacher stayed with him—not to scold him and tell him how badly he’d behaved (Michael already knew that) but to let him know that someone will provide the control that he still lacks and that he is supported and cared about.

The idea is to not allow Michael to make others reject him, which is what used to happen regularly. He still hasn’t made friends among the children, but he’s beginning to form an attachment to the regular aide—and that’s helping to build trust and to give him a sense of the pleasures of closeness with another person. The Michael who’s been locked away inside is starting to emerge.

With Michael, remediation must be done. He must be “reprogrammed.” Children usually don’t need to be reprogrammed when the adults in their lives pay attention from the beginning to what messages they’re giving and strive to emphasize positive ones. Messages, of course, don’t come just from words. They come from actions as well—even little actions such as facial expressions, gestures, and body language.

Not all children who come from an unfortunate background like Michael’s have his same needs. Take Jay, for example, another 5-year-old in the same kindergarten.

Jay is what’s called a “resilient child.” Jay is like the children Werner (1984, 1995, 2000) described, those who tend to have the ability from infancy on to elicit positive responses from people; who have established a close bond with at least one caregiver during the first year of life; who have a perspective that allows them to use their experiences constructively; who take an active approach toward solving problems; and who have a view of life as meaningful.

Jay was shuffled from relative to relative after his mother left him in the arms of his grandmother the day he was born. His grandmother was able to keep him until he was 15 months old, but then she had a stroke and Jay went to live with his aunt. He’s only seen his mother twice in his young life, once last Christmas when she came to visit and once when he was 2½; and he went to visit her—in prison.