

# Healthy Minds:

## Nurturing Your Child's Development from **12 to 18 Months**

What do we really know about how a young child develops? What can parents do to best support their child's healthy development and growing brain? Some of the answers are in this series of *Healthy Minds* handouts. Each handout is based on findings from a report\* from the National Academy of Sciences that examined the research on child and brain development to establish what is known about the early years. The information we offer is age-specific, summarizes key findings from the report and suggests how you might be able to use these key findings to nurture your own child's healthy development.

These handouts are brought to you by ZERO TO THREE, the nation's leading resource on the first 3 years of life, and the American Academy of Pediatrics, dedicated to the health of all children.



### ► **Key findings** from the report include:

- Your relationship with your child is the foundation of his or her healthy development.
- Your child's development depends on both the traits he or she was born with (nature), and what he or she experiences (nurture).
- All areas of development (social/emotional/intellectual/language/motor) are linked. Each depends on, and influences, the others.
- What children experience, including how their parents respond to them, shapes their development as they adapt to the world.

### **How it looks in everyday family life:**

Sixteen-month-old Carlos wants juice and his mom doesn't know it. He is sitting in his high chair banging his cup and pushing the cartons of milk away when his mom, Marta, tries to pour some for him. They both are very frustrated. Marta takes Carlos out of the high chair and announces lunch is over. Carlos marches to the refrigerator and starts banging on the door. Marta is about to tell him to stop banging, but instead asks, "Do you want to open the refrigerator?" Carlos smiles and shakes his head "Yes!" Marta opens the door and Carlos points to the drinks on the shelf. Marta then points to each carton and asks, "Is this what you want?" Carlos shakes his head no until he gets to the juice. Then he jumps around and says, "juju!!" Marta pours him juice as he happily plops himself on her lap.

This shows how all areas of Carlos's development are linked, and how his mother's response encourages his healthy development. Carlos has learned to count on his mom as someone who helps him as he struggles to communicate what he wants. This signals strong **social and emotional development**. He uses his **intellectual** ability to make a plan to get what he wants, and uses his **motor and language skills** to carry out the plan as he walks to the refrigerator and bangs, points and uses sounds to get his message across.

Despite her frustration, Marta takes the time to watch and listen to Carlos. This encourages Carlos to feel like a good communicator and reinforces his sense of self-esteem by letting him know that he is worth listening and paying attention to.

Relationships are the foundation of a child's healthy development.

# Charting Your Child's Healthy Development: **12 to 18 months**

The following chart describes many of the things your toddler is learning between 12 and 18 months and what you can do to support your child in all areas of his development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what his strengths are and where he needs more support, is essential for promoting his healthy development. If you have questions regarding your child's development, ask your pediatrician.

What's going on:	What you can do:	Questions to ask yourself:
<p>Toddlers are great communicators. They are learning new words every day, and use them, along with their gestures, to let you know what they are thinking and feeling. For example, they take your hand, walk you to the shelf and point to what they want and say, "Book."</p> <p>Toddlers understand a lot more than they can say. By 12 months they will probably follow a 1-step instruction such as "Go get your shoes." By 18 months they will likely follow 2- and even 3-step directions.</p>	<ul style="list-style-type: none"> <li>● Encourage your child to use his words, sounds and gestures to communicate, even if you think you know what he wants.</li> <li>● Play games that include instructions and see how many he can follow.</li> <li>● Read with your toddler. It helps him learn new words and concepts. It also helps him develop a love of books and reading.</li> </ul>	<ul style="list-style-type: none"> <li>● How does your child communicate what he wants; what he's thinking and feeling?</li> <li>● How does your child like to read with you? What are his favorite books?</li> </ul>
<p>Toddlers are beginning to do pretend play, a major developmental milestone. They continue to imitate what they see around them, for example, using a child-size broom to sweep the floor. But now, they are beginning to understand symbols and ideas—not just concrete things they can see and feel. For example, they begin to use objects in new and creative ways. A spoon can become an airplane or a toothbrush. Pretend play helps develop important intellectual skills and creativity.</p>	<ul style="list-style-type: none"> <li>● Offer toys that represent objects in your toddler's world, such as a play kitchen with plastic food, a mini-grocery cart or a toy telephone. Join in his play; help him develop his own stories by letting him be the director.</li> <li>● Give your child different objects and watch the many ways he uses them.</li> </ul>	<ul style="list-style-type: none"> <li>● What kind of play does your child enjoy most? How do you see him pretending?</li> <li>● What kind of play do you most/least enjoy with your toddler? Why?</li> </ul>
<p>During this stage of development, toddlers motor skills are taking off. They begin to walk and run, which opens up a whole new world of exploration for them, and a whole new world of watchfulness for you. As you try to keep your toddler safe, remember that while they understand "Stop!" or "Don't Touch," they don't have the impulse control yet to stop themselves the next time the temptation appears. Since they are better at doing things rather than stopping what they are doing, "Walk slowly" works better than "Don't run."</p>	<ul style="list-style-type: none"> <li>● Create lots of low, safe places in your home where your child can crawl under furniture, cruise around a coffee table or stand on his own. Help a child who's walked up the stairs to get down safely.</li> <li>● Think of ways to divert your child away from a forbidden object so you don't have to say "no" all day long. If he's fixated on the TV remote, maybe a toy with buttons and twisty knobs could be a substitute.</li> </ul>	<ul style="list-style-type: none"> <li>● How does your child use his motor skills? Is he a very active child who uses his whole body, or does he prefer to explore with his fingers and hands?</li> <li>● How is your child's need for physical activity the same or different from yours? How does this affect you and your relationship with your child?</li> </ul>

*\*The report, From Neurons to Neighborhoods: The Science of Early Childhood Development, was a 2½-year effort by a group of 17 leading professionals with backgrounds in neuroscience, psychology, child development, economics, education, pediatrics, psychiatry and public policy. They reviewed what was known about the nature of early child development and the influence of early experiences on children's health and well-being. The study was sponsored by a number of federal agencies and private foundations.*

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For more information go to:  
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[www.aap.org](http://www.aap.org)

3.2 12-18 Months

# CHICKENPOX VACCINE

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).

### 1 Why get vaccinated?

Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults.

- It causes a rash, itching, fever, and tiredness.
- It can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- The chickenpox virus can be spread from person to person through the air, or by contact with fluid from chickenpox blisters.
- A person who has had chickenpox can get a painful rash called shingles years later.
- Before the vaccine, about 11,000 people were hospitalized for chickenpox each year in the United States.
- Before the vaccine, about 100 people died each year as a result of chickenpox in the United States.

Chickenpox vaccine can prevent chickenpox.

Most people who get chickenpox vaccine will not get chickenpox. But if someone who has been vaccinated does get chickenpox, it is usually very mild. They will have fewer blisters, are less likely to have a fever, and will recover faster.

### 2 Who should get chickenpox vaccine and when?

#### Routine

Children who have never had chickenpox should get 2 doses of chickenpox vaccine at these ages:

1st Dose: 12-15 months of age

2nd Dose: 4-6 years of age (may be given earlier, if at least 3 months after the 1st dose)

People 13 years of age and older (who have never had chickenpox or received chickenpox vaccine) should get two doses at least 28 days apart.

#### Catch-Up

Anyone who is not fully vaccinated, and never had chickenpox, should receive one or two doses of chickenpox vaccine. The timing of these doses depends on the person's age. Ask your provider.

Chickenpox vaccine may be given at the same time as other vaccines.

Note: A "combination" vaccine called **MMRV**, which contains both chickenpox and MMR vaccines, may be given instead of the two individual vaccines to people 12 years of age and younger.

### 3 Some people should not get chickenpox vaccine or should wait

- People should not get chickenpox vaccine if they have ever had a life-threatening allergic reaction to a previous dose of chickenpox vaccine or to gelatin or the antibiotic neomycin.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting chickenpox vaccine.
- Pregnant women should wait to get chickenpox vaccine until after they have given birth. Women should not get pregnant for 1 month after getting chickenpox vaccine.
- Some people should check with their doctor about whether they should get chickenpox vaccine, including anyone who:
  - Has HIV/AIDS or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer
  - Has any kind of cancer
  - Is getting cancer treatment with radiation or drugs
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get chickenpox vaccine.

Ask your provider for more information.

## What are the risks from chickenpox vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of chickenpox vaccine causing serious harm, or death, is extremely small.

Getting chickenpox vaccine is much safer than getting chickenpox disease. Most people who get chickenpox vaccine do not have any problems with it. Reactions are usually more likely after the first dose than after the second.

### Mild Problems

- Soreness or swelling where the shot was given (about 1 out of 5 children and up to 1 out of 3 adolescents and adults)
- Fever (1 person out of 10, or less)
- Mild rash, up to a month after vaccination (1 person out of 25). It is possible for these people to infect other members of their household, but this is extremely rare.

### Moderate Problems

- Seizure (jerking or staring) caused by fever (very rare).

### Severe Problems

- Pneumonia (very rare)

Other serious problems, including severe brain reactions and low blood count, have been reported after chickenpox vaccination. These happen so rarely experts cannot tell whether they are caused by the vaccine or not. If they are, it is extremely rare.

Note: The first dose of **MMRV** vaccine has been associated with rash and higher rates of fever than MMR and varicella vaccines given separately. Rash has been reported in about 1 person in 20 and fever in about 1 person in 5. Seizures caused by a fever are also reported more often after MMRV. These usually occur 5-12 days after the first dose.

## What if there is a moderate or severe reaction?

### What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious

allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

## The National Vaccine Injury Compensation Program

A federal program has been created to help people who may have been harmed by a vaccine.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit CDC website at: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR DISEASE CONTROL AND PREVENTION**



Vaccine Information Statement (Interim)  
Varicella Vaccine (3/13/08) 42 U.S.C. §300aa-26

# Discipline and Your Child



As a parent, it is your job to teach your child the difference between acceptable and unacceptable behavior. But getting your child to behave the way you want is not as hard as you think. This brochure will help you learn effective ways to discipline your child.

Because learning takes time, especially for a young child, you may find that it takes several weeks of working on a behavior before you see a change. Try not to get frustrated when you do not see the results of your efforts right away.

## Discipline vs punishment

Many parents think discipline and punishment are the same thing. However, they are really quite different. Discipline is a whole system of teaching based on a good relationship, praise, and instruction for the child on how to control his behavior. Punishment is negative; an unpleasant consequence for doing or not doing something. Punishment should be only a very small part of discipline.

Effective discipline should take place all the time, not just when children misbehave. Children are more likely to change their behavior when they feel encouraged and valued, not shamed and humiliated. When children feel good about themselves and cherish their relationship with their parents, they are more likely to listen and learn.

## Encourage good behavior from infancy

You can begin laying the groundwork for good behavior from the time your child is born. When you respond to your infant's cries, you are teaching her that you are there, you can be counted on when she needs you, and that she can trust you. When your child is about 2 months of age, start to modify your responses and encourage your baby to establish good sleeping patterns by letting her fall asleep on her own. By keeping a reasonably steady schedule, you can guide her toward eating, sleeping, and playing at times that are appropriate for your family. This lays the groundwork for acceptable behavior later on.

Once your baby starts to crawl (between 6 and 9 months of age) and as she learns to walk (between 9 and 16 months of age), safety is the most critical discipline issue. The best thing you can do for your child at this age is to give her the freedom to explore certain things and make other things off-limits. For example, put childproof locks on some cabinets, such as those that contain heavy dishes or pots, or poisonous substances like cleaning products. Leave other cabinets open. Fill the open cabinets with plastic containers or soft materials that your child can play with. This feeds your baby's need to explore and practice, but in safe ways that are acceptable to you.

You will need to provide extra supervision during this period. If your child moves toward a dangerous object, such as a hot stove, simply pick her up, firmly say, "no, hot" and offer her a toy to play with instead. She may laugh at first as she tries to understand you but, after a few weeks, she will learn.

Discipline issues become more complex at about 18 months of age. At this time, a child wants to know how much power she has and will test the limit of that power over and over again. It is important for parents to decide—together—what those limits will be and stick to them. Parents need to be very

clear about what is acceptable behavior. This will reduce the child's confusion and her need to test. Setting consistent guidelines for children when they are young also will help establish important rules for the future.

If you and your partner disagree, discuss it with each other when you are not with your child. Do not interfere with each other when your child is present. This upsets the child or teaches her to set the adults up against each other which can cause more problems.

## Tips to avoid trouble

One of the keys to effective discipline is avoiding power struggles. This can be a challenge with young children. It is best to address only those issues that truly are important to you. The following tips may help:

- **Offer choices whenever possible.** By giving acceptable choices, you can set limits and still allow your child some independence. For example, try saying, "Would you like to wear the red shirt or the blue one?"
- **Make a game out of good behavior.** Your child is more likely to do what you want if you make it fun. For example, you might say, "Let's have a race and see who can put his coat on first."
- **Plan ahead.** If you know that certain circumstances always cause trouble, such as a trip to the store, discuss with your child ahead of time what behavior is acceptable and what the consequences will be if he does not obey. Try to plan the shopping trip for a time when your child is well rested and well fed, and take along a book or small toy to amuse him if he gets bored.
- **Praise good behavior.** Whenever your child remembers to follow the rules, offer encouragement and praise about how well he did. You do not need any elaborate system of rewards. You can simply say, "Thank you for coming right away," and hug your child. Praise for acceptable behavior should be frequent, especially for young children.

## Strategies that work

Of course you cannot avoid trouble all of the time. Sooner or later your child will test you. It is your child's way of finding out whether you can be trusted and really will do what you say you will do if she does not listen to you.

When your child does not listen, try the following techniques. Not only will they encourage your child to cooperate now, but they will teach her how to behave in the future as well.

**Natural consequences.** When a child sees the natural consequences of her actions, she experiences the direct results of her choices. (But be sure the consequences do not place her in any danger.) For example, if your child drops her cookies on purpose, she will not have cookies to eat. If she throws and breaks her toy, she will not be able to play with it. It will not be long before your child learns not to drop her cookies and to play carefully with her toys.

When you use this method, resist the urge to lecture your child or to rescue her (by getting more cookies, for example). Your child will learn best when she learns for herself and will not blame you for the consequences she receives.



**Logical consequences.** Natural consequences work best, but they are not always appropriate. For example, if your child does not pick up her toys, they may be in the way. But chances are she will not care as much as you do. For older children, you will need to step in and create a consequence that is closely connected to her actions. You might tell her that if she does not pick up her toys, then you will put them away where she will not be allowed to play with them again for a whole day. Children less than 6 years of age need adult help picking up yet can be asked to assist with the task. If your child refuses your request for help, take her by the hand as you silently finish the job. This insistence that your child participate, along with your silence, becomes a clear consequence for your child.

When you use this method, it is important that you mean what you say and that you are prepared to follow through *immediately*. Let your child know that you are serious. You do not have to yell and scream to do this. You can say it in a calm, matter-of-fact way.

**Withholding privileges.** In the heat of the moment, you will not always be able to think of a logical consequence. That is when you may want to tell your child that, if she does not cooperate, she will have to give something up she likes. The following are a few things to keep in mind when you use this technique:

- Never take away something your child truly needs, such as a meal.
- Choose something that your child values that is related to the misbehavior.
- For children younger than 6 or 7 years of age, withholding privileges works best if done immediately following the problem behavior. For instance, if your young child misbehaves in the morning and you withhold television viewing for that evening, your child probably will not connect the behavior with the consequence.
- Be sure you can follow through on your promise.

**Time-out.** Time-out should be your last resort and you should use it only when other responses do not work. Time-outs work well when the behavior you are trying to punish is clearly defined and you know when it occurred. Time-outs also can be helpful if you need a break to stay calm. You can use a time-out with a child as young as 1 year old. Follow these steps to make a time-out work:

1. Choose a time-out spot. This should be a boring place with no distractions, such as a chair. Remember the main goal is to separate the child from the activity and people connected with the misbehavior. It should allow the child to pause and cool off. (Keep in mind that bathrooms can be dangerous and bedrooms may become playgrounds.) Decide which 2 or 3 behaviors will be punished with time-out and explain this to your child.
2. When your child does something she knows will result in a time-out, you may warn her once (unless it is aggression). If it happens again, send her to the time-out spot *immediately*. Tell her what she did wrong in as few words as possible. A rule of thumb is 1 minute of time out for every year of your child's age. (For example, a 4-year-old would get a 4-minute time-out.) But even 15 seconds will work. If your child will not go to the spot on her own, pick her up and carry her there. If she will not stay, stand behind her and hold her gently but firmly by the shoulders or restrain her in your lap and say, "I am holding you here because you have to have a time-out." Do not discuss it any further. It should only take a couple of weeks before she learns to cooperate and will choose to sit quietly rather than be held down for time-out.
3. Once your child is capable of sitting quietly, set a timer so that she will know when the time-out is over. If fussing starts again, restart the timer. Wait until your child stops protesting before you set the timer.

4. When the time is up, help your child return to a positive activity. Your child has "served her time." Do not lecture or ask for apologies. If you need to discuss her behavior, wait until later to do so.

## Tips to make discipline more effective

You will have days when it seems impossible to get your child to behave. But there are ways to ease frustration and avoid unnecessary conflict with your child.

- Be aware of your child's abilities and limitations. Children develop at different rates and have different strengths and weaknesses. When your child misbehaves, it may be that he simply cannot do what you are asking of him or he does not understand what you are asking.
- **Think before you speak.** Once you make a rule or promise, you will need to stick to it. Be sure you are being realistic. Think if it is really necessary before saying "no."
- **Remember that children do what "works."** If your child throws a temper tantrum in the grocery store and you bribe him to stop by giving him candy, he will probably throw another tantrum the next time you go. Make an effort to avoid reinforcing the wrong kinds of behavior, even with just your attention.
- **Work toward consistency.** No one is consistent all of the time. But try to make sure that your goals, rules, and approaches to discipline stay the same from day to day. Children find frequent changes confusing and often resort to testing limits just to find out what the limits are.
- **Pay attention to your child's feelings.** If you can figure out why your child is misbehaving, you are one step closer to solving the problem. It is kinder and helps with cooperation when you let your child know that you understand. For example, "I know you are feeling sad that your friend is leaving, but you still have to pick up your toys." Watch for patterns that tell you misbehavior has a special meaning, such as your child is feeling jealous. Talk to your child about this rather than just giving consequences.
- **Learn to see mistakes—including your own—as opportunities to learn.** If you do not handle a situation well the first time, don't despair. Think about what you could have done differently, and try to do it the next time. If you feel you have made a real mistake in the heat of the moment, wait to cool down, apologize to your child, and explain how you will handle the situation in the future. Be sure to keep your promise. This gives your child a good model of how to recover from mistakes.

## Set an example

*Telling* your child how to behave is an important part of discipline, but *showing* her how to behave is even more significant. Children learn a lot about temper and self-control from watching their parents and other adults interact. If they see adults relating in a positive way toward one another, they will learn that this is how others should be treated. This is how children learn to act respectfully.

Even though your children's behavior and values seem to be on the right track, your children will still challenge you because it is in their nature and is a part of growing up. Children are constantly learning what their limits are, and they need their parents to help them understand those limits. By doing so, parents can help their children feel capable and loved, learn right from wrong, develop good behavior, have a positive approach toward life, and become productive, good citizens.

## Why spanking is not the best choice

The American Academy of Pediatrics recommends that if punishment is needed, alternatives to spanking should be used.

Although most Americans were spanked as children, we now know that it has several important side effects.

- It may seem to work at the moment, but it is no more effective in changing behavior than a time-out.
- Spanking increases children's aggression and anger instead of teaching responsibility.
- Parents may intend to stay calm but often do not, and regret their actions later.
- Because most parents do not want to spank, they are less likely to be consistent.
- Spanking makes other consequences less effective, such as those used at child care or school. Gradually, even spanking loses its impact.
- Spanking can lead to physical struggles and even escalate to the point of harming the child.
- Children who continue to be spanked are more likely to be depressed, use alcohol, have more anger, hit their own children, approve of and hit their spouses, and engage in crime and violence as adults.
- These results make sense since spanking teaches the child that causing others pain is justified to control them—even with those they love.

If you are having trouble disciplining your child or need more information on alternatives to spanking, talk to your pediatrician.

## From your doctor





# Temper Tantrums:

## A NORMAL PART OF GROWING UP



Strong emotions are hard for a young child to hold inside. When children feel frustrated, angry, or disappointed, they often express themselves by crying, screaming, or stomping up and down. As a parent, you may feel angry, helpless, or embarrassed. Temper tantrums are a normal part of your child's development as he learns self-control. In fact, almost all children have tantrums between the ages of 1 and 3. You've heard them called "the terrible twos." The good news is that by age 4, temper tantrums usually stop.

### Why do children have tantrums?

Your young child is busy learning many things about her world. She is eager to take control. She wants to be independent and may try to do more than her skills will allow. She wants to make her own choices and often may not cope well with not getting her way. She is even less able to cope when she is tired, hungry, frustrated, or frightened. Controlling her temper may be one of the most difficult lessons to learn.

Temper tantrums are a way for your child to let off steam when she is upset. Following are some of the reasons your child may have a temper tantrum:

- Your child may not fully understand what you are saying or asking, and may get confused.
- Your child may become upset when others cannot understand what she is saying.
- Your child may not have the words to describe her feelings and needs. After 3 years of age, most children can express their feelings, so temper tantrums taper off. Children who are not able to express their feelings very well with words are more likely to continue to have tantrums.
- Your child has not yet learned to solve problems on her own and gets discouraged easily.
- Your child may have an illness or other physical problem that keeps her from expressing how she feels.
- Your child may be hungry, but may not recognize it.
- Your child may be tired or not getting enough sleep.
- Your child may be anxious or uncomfortable.
- Your child may be reacting to stress or changes at home.
- Your child may be jealous of a friend or sibling. Children often want what other children have or the attention they receive.
- Your child may not yet be able to do the things she can imagine, such as walking or running, climbing down stairs or from furniture, drawing things, or making toys work.

### How to help prevent temper tantrums

As a parent, you can sometimes tell when tantrums are coming. Your child may seem moody, cranky, or difficult. He may start to whine and whimper. It may seem as if nothing will make him happy. Finally, he may start to cry, kick, scream, fall to the ground, or hold his breath. Other times, a tantrum may come on suddenly for no obvious reason. You should not be surprised if your child has tantrums only in front of you. This is one way of testing your rules and

### A word about...safety

Many times, you will have to tell your child "no" to protect her from harm or injury. For example, the kitchen and bathroom can be hazardous places for your child. Your child will have trouble understanding why you will not let her play there. This is a common cause of a tantrum.

"Childproof" your home and make dangerous areas or objects off-limits.

Keep an eye on your child at all times. After telling your child "no," never leave her alone in a situation that could be hazardous. Take away dangerous objects from your child immediately and replace them with something safe. It is up to you to keep your child safe and teach her how to protect herself from getting hurt. Be consistent and clear about safety.

limits. Many children will not act out their feelings around others and are more cautious with strangers. Children feel safer showing their feelings to the people they trust.

You will not be able to prevent all tantrums, but the following suggestions may help reduce the chances of a tantrum:

- **Encourage your child to use words** to tell you how he is feeling, such as "I'm really mad." Try to understand how he is feeling and suggest words he can use to describe his feelings.
- **Set reasonable limits** and don't expect your child to be perfect. Give simple reasons for the rules you set, and don't change the rules.
- **Keep a daily routine** as much as possible, so your child knows what to expect.
- **Avoid situations that will frustrate your child**, such as playing with children or toys that are too advanced for your child's abilities.
- **Avoid long outings or visits** where your child has to sit still or cannot play for long periods of time. If you have to take a trip, bring along your child's favorite book or toy to entertain him.
- **Be prepared with healthy snacks when your child gets hungry.**
- **Make sure your child is well rested**, especially before a busy day or stressful activity.
- **Distract your child** from activities likely to lead to a tantrum. Suggest different activities. If possible, being silly, playful, or making a joke can help ease a tense situation. Sometimes, something as simple as changing locations can prevent a tantrum. For example, if you are indoors, try taking your child outside to distract his attention.
- **Be choosy about saying "no."** When you say no to every demand or request your child makes, it will frustrate him. Listen carefully to requests. When a request is not too unreasonable or inconvenient, consider saying yes. When your child's safety is involved, do not change your decision because of a tantrum.

- **Let your child choose whenever possible.** For example, if your child resists a bath, make it clear that he will be taking a bath, but offer a simple decision he can make on his own. Instead of saying, "Do you want to take a bath?" Try saying, "It's time for your bath. Would you like to walk upstairs or have me carry you?"
- **Set a good example.** Avoid arguing or yelling in front of your child.

## What to do when tantrums occur

When your child has a temper tantrum, follow the suggestions listed below:

1. Distract your child by calling his attention to something else, such as a new activity, book, or toy. Sometimes just touching or stroking a child will calm him. You may need to gently restrain or hold your child. Interrupt his behavior with a light comment like, "Did you see what the kitty is doing?" or "I think I heard the doorbell." Humor or something as simple as a funny face can also help.
2. Try to remain calm. If you shout or become angry, it is likely to make things worse. Remember, the more attention you give this behavior, the more likely it is to happen again.
3. Minor displays of anger such as crying, screaming, or kicking can usually be ignored. Stand nearby or hold your child without talking until he calms down. This shows your support. If you cannot stay calm, leave the room.
4. Some temper tantrums cannot be ignored. The following behaviors should not be ignored and are *not* acceptable:
  - Hitting or kicking parents or others
  - Throwing things in a dangerous way
  - Prolonged screaming or yelling

Use a cooling-off period or a "time-out" to remove your child from the source of his anger. Take your child away from the situation and hold him or give him some time alone to calm down and regain control. For children old enough to understand, a good rule of thumb for a time-out is 1 minute of time for every year of your child's age. (For example, a 4 year old would get a 4-minute time-out.) But even 15 seconds will work. If you cannot stay calm, leave the room. Wait a minute or two, or until his crying stops, before returning. Then help him get interested in something else. If your child is old enough, talk about what happened and discuss other ways to deal with it next time.

For more information, ask your pediatrician about the American Academy of Pediatrics brochure *Discipline and Your Child*.

You should never punish your child for temper tantrums. He may start to keep his anger or frustration inside, which can be unhealthy. Your response to tantrums should be calm and understanding. As your child grows, he will learn to deal with his strong emotions. Remember, it is normal for children to test their parents' rules and limits.

## Do not give in by offering rewards

Do not reward your child for stopping a tantrum. Rewards may teach your child that a temper tantrum will help her get her way. When tantrums do not accomplish anything for your child, they are less likely to continue.

You may also feel guilty about saying "no" to your child at times. Be consistent and avoid sending mixed signals. When parents don't clearly enforce certain rules, it is harder for children to understand which rules are firm and which ones are not. Be sure you are having some fun each day with your child. Think carefully about the rules you set and don't set too many. Discuss with those who care for your child which rules are really needed and be firm about them. Respond the same way every time your child breaks the rules.

## When temper tantrums are serious

Your child should have fewer temper tantrums by the middle of his fourth year. Between tantrums, his behavior should seem normal and healthy. Like every child, yours will grow and learn at his own pace. It may take time for him to learn how to control his temper. When the outbursts are severe or happen too often, they may be an early sign of emotional problems. Talk to your pediatrician if your child causes harm to himself or others during tantrums, holds his breath and faints, or if the tantrums get worse after age 4. Your pediatrician will make sure there are no serious physical or psychological problems causing the tantrums. He or she can also give you advice to help you deal with these outbursts.

It is important to realize that temper tantrums are a normal part of growing up. Tantrums are not easy to deal with, and they can be a little scary for you and your child. Using a loving and understanding approach will help your child through this part of his development.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

## From your doctor

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 55,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

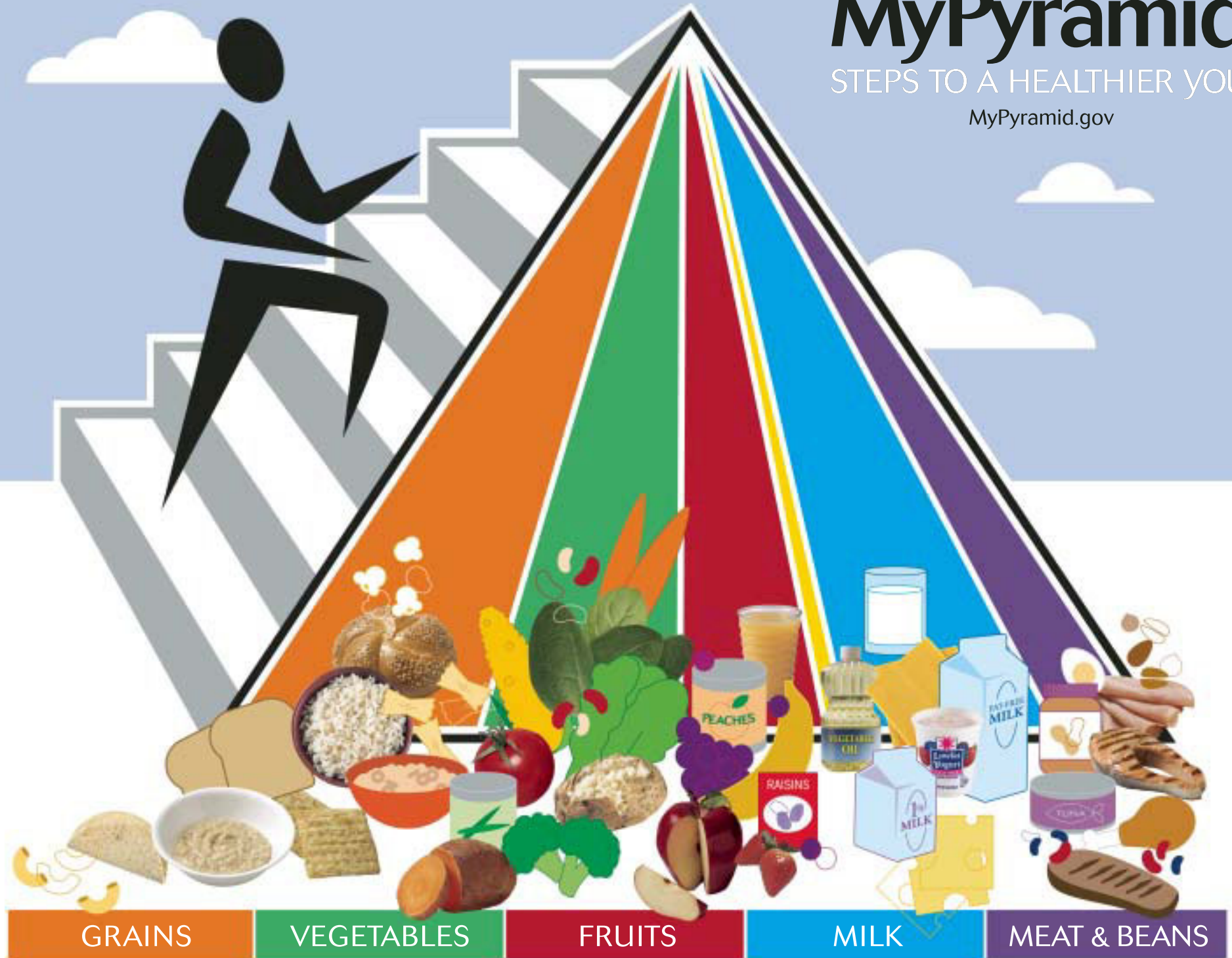
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Web site — <http://www.aap.org>

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# MyPyramid

STEPS TO A HEALTHIER YOU

[MyPyramid.gov](http://MyPyramid.gov)





## GRAINS

Make half your grains whole

Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day

1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or 1/2 cup of cooked rice, cereal, or pasta

## VEGETABLES

Vary your veggies

Eat more dark-green veggies like broccoli, spinach, and other dark leafy greens

Eat more orange vegetables like carrots and sweetpotatoes

Eat more dry beans and peas like pinto beans, kidney beans, and lentils

## FRUITS

Focus on fruits

Eat a variety of fruit

Choose fresh, frozen, canned, or dried fruit

Go easy on fruit juices

## MILK

Get your calcium-rich foods

Go low-fat or fat-free when you choose milk, yogurt, and other milk products

If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages

## MEAT & BEANS

Go lean with protein

Choose low-fat or lean meats and poultry

Bake it, broil it, or grill it

Vary your protein routine — choose more fish, beans, peas, nuts, and seeds

For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to [MyPyramid.gov](http://MyPyramid.gov).

Eat 6 oz. every day

Eat 2 1/2 cups every day

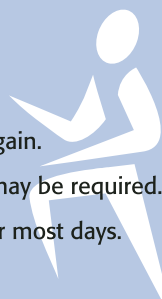
Eat 2 cups every day

Get 3 cups every day;  
for kids aged 2 to 8, it's 2

Eat 5 1/2 oz. every day

### Find your balance between food and physical activity

- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.



### Know the limits on fats, sugars, and salt (sodium)

- Make most of your fat sources from fish, nuts, and vegetable oils.
- Limit solid fats like butter, margarine, shortening, and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, *trans* fats, and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.



U.S. Department of Agriculture  
Center for Nutrition Policy and Promotion  
April 2005  
CNPP-15



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## **LETTING GO IS HARD TO DO**

### **Dealing With Separation Anxieties in Young Children**

Separation anxiety is the distress that young children often experience when they are separated from a familiar caregiver or loved one. This often intense distress is a normal process of development for children ages 8 months to about 30 months. For children who are going off to daycare or school for the first time, this can be an extremely difficult transition. Although stressful for the child, parent, and new caregiver, this is a signal that the child is going through a healthy attachment process.

#### **What can parents do?**

- Practice separating from your child for short periods of time, so that your child can get used to being away from you. Begin to introduce your child to new people, events and experiences gradually.
- To help ease separation anxieties, it is important to sit down and talk with your child in an effort to prepare them for what they can expect in school.
- Parents need to make every effort to reassure their children that this is a good thing. Respect and acknowledge their fears and distress about separating from you.
- Parents need to make every effort to visit the new school, so that the child can become familiar with his or her new school environment. This will also allow the child an opportunity to have a personal contact with the teacher before the first day of school.
- Parents need to make every effort to show a positive attitude toward going to school and learning new things. First impressions and experiences are important to children and help determine how their brains will be wired.

#### **What should parents not do?**

- This time should not be a time for parents to pass on their apprehensions or insecurities about their children leaving home. It should be a time that is used to create excitement about getting older and going off to school.
- Do not sneak away while the child is not looking, this will further compound their fears that you have disappeared. Remember that some children do not yet have object permanence and do not realize that you exist even when you are out of sight.
- Do not linger too long. Give your child a kiss, reassure him or her that you will be back, say good-bye, and then leave.

#### **What can teachers do?**

- Teachers should make the child feel comfortable by introducing himself or herself to the child in the presence of the parent. Invite the child to come and play, sit, or eat a snack.
- Allow the child to have a stuffed animal, toy, pictures, or something that will remind them of home and be a source of comfort.
- Develop a routine or transition activity that will aid both the child and parent in separating from each other. Redirecting the child to an activity is often very helpful.
- Provide a supportive, nurturing environment that will help the child to feel loved and cared for. This is important for brain development and to ensure healthy self-esteem.
- Assure parents their child will be well taken care of, and that they can call or stop by to see how their child is doing. Ensure that parents are careful not to be seen by their children, to avoid causing further distress.

#### **What should teachers not do?**

- Never scold or criticize a child for crying, feeling sad, or anxious. This is a normal process of development.
- Do not ignore the child's distress, hoping it would just go away. Respect how the child feels.
- Do not tell the child that their parents will be "right back." Although the child does not have a good concept of time, they will come to distrust what you say when their parents do not come "right back."

Going away to school is a major milestone for children, and is the beginning of new relationships that will form outside the home. Children will learn how to communicate and how to get along with other people outside of their families. Helping children to embrace this new experience will be a combined effort between the parents and the teachers.

# **READY, SET, READ**

## **The Importance of Reading to Young Children**

“As parents, the most important thing we can do is read to our children early and often. Reading is the path to success in school and life. When children learn to love books, they learn to love learning.”

**-Laura Bush-**

Learning how to read begins in infancy when we talk, read, and listen to our babies. Through this process, infants and children learn what words have meanings and are important. Taking time out to engage in these learning activities with your child will definitely shape the future of your child's success. It is important to remember that not all children will learn at the same pace, and to follow their lead.

Reading a book more than once to a child will help them remember the story, and allow them to actively participate in the story. Sometimes it is important to ask the child to tell you the story, or what they think the story is about. This will encourage active thinking. Learning to read will take time and lots of patience.

Here are some things to consider when reading with your child:

### **Babies (6 weeks to 1 year)**

- Find a comfortable place to read to your child, where he or she will be happy.
- Try to point out the pictures in a book, instead of reading all the words in a book.
- Help your baby to use his or her hands to touch the pictures named in a book. This will help to encourage joint attention and learning.
- Pay attention to how your child is responding, and recognize when the child is tired or becomes over stimulated.

### **Toddlers (1 to 3 years)**

- Find a book your child enjoys and encourage the child to actively participate in the story.
- Give the child time to process the story and to respond to questions asked.
- Relate the story back to experiences in the child's life or ask the child to recall similar experiences.
- Point out letters, colors, and shapes to the child while reading.

### **Preschoolers (3 and 4 years)**

- Continue with all activities recommended above.
- Find ways to help your child learn sounds and letters, and match correct letters to sounds.

### **Kindergarteners (5 years)**

- Continue with all activities recommended above.
- Help your child to begin recognizing printed words.
- Ask your child to retell stories they enjoy.

### **First Graders (6 years)**

- Continue with all activities recommended above.
- Give your child an opportunity to read by using words, picture clues and memory. Help the child to use any method that will make reading fun and enjoyable.





## **Ten Important Things to Know About Child Safety Seats**

- 1.** According to Texas law, every child under 4 years and less than 36" tall must be properly secured in a federally approved safety seat. Every child 4 through 16 years must be properly secured by a safety belt, regardless of whether the child is riding in the front or back seat. A child under 18 years cannot ride in the open bed of a pick-up truck or trailer. All front seat passengers, regardless of age, must be buckled up.
- 2.** Best practice is that children from newborn to 80 pounds, and possibly even up to 100 pounds, should ride in a safety seat.
- 3.** Safety belts in vehicles are made for adults. A child does not fit a safety belt until he or she weighs about 80 pounds and is 4'9" tall. The lap belt must stay low across the hips, touching the top of the thighs, not over the stomach. The shoulder belt should not cross the neck or face.
- 4.** Read and follow safety seat manufacturer's instructions and the vehicle owner's manual.
- 5.** Infants should stay rear-facing until at least 20 pounds and at least 1 year old. Some infant seats can hold babies up to 35 pounds. It is recommended that infants stay in rear-facing seats as long as possible.
- 6.** Rear-facing infant seats should never be placed in that front seats of vehicles equipped with air bags. Generally, the safest place for children to ride in a motor vehicle is the back seat.
- 7.** Safety seats should be tightly installed so that they do not move more than 1 inch in any direction at the seat belt path. Some vehicles require a locking clip to make the seat tight. Check the vehicle owner's manual instructions.
- 8.** Harness straps should be "snug as a hug." You should not be able to pinch any webbing.
- 9.** Harness retainer clips should be at armpit level.
- 10.** A safety seat should be replaced if it has been involved in a motor vehicle crash, is more than 5 years old, or it has been recalled and cannot be repaired.

- For more information, call  
Cook Children's Advocacy,  
817-885-4244.

Tarrant County  
**SAFE KIDS**

**CookChildren's**  
Medical Center

# TEXAS CHILD PASSENGER SAFETY LAW

Each year car crashes injure or kill more children than any disease. Child traffic fatalities could be prevented in 70% of the motor vehicle crashes if parents and care providers properly restrained children each time they get in the car. Our goal is to help educate people of the importance of proper and continuous use of occupant protection for all passengers in their vehicle.

## **Effective September 1, 2001, the Texas Occupant Protection Law:**

- Requires every child under age 4 and less than 36" tall must be properly secured in a federally approved safety seat. Every child age 4 through 16 years must be properly secured by a safety belt. This law applies whether or not the child is riding in the front or back seat of the vehicle.
- A child under age 18 cannot ride in the open bed of a pick-up truck or trailer.
- Requires all front seat occupants of passenger vehicles, regardless of age, to be buckled up.

### **BEST PRACTICE:**

- All children under 12 years should ride in the back seat.
- Children should ride rear-facing until they reach at least 20 pounds AND are at least one year old.
- Rear-facing child safety seats should NEVER be placed in the front seat of a vehicle equipped with air bags.
- Children who weigh 40 to 80 pounds should ride in a federally approved booster seat until they fit adult seat belt restraints.

Please call Tarrant County SAFE KIDS at 817-855-4244 with question.

For additional information, browse [www.carseat.org](http://www.carseat.org) and [www.cookchildrens.org](http://www.cookchildrens.org)

Please be safe, not sorry, Buckle up!

Tarrant County  
**SAFE KIDS**

AT

**CookChildren's**  
Medical Center



# Is Your Toddler Communicating With You?

.....  
Your baby is able to communicate with you long before he or she speaks a single word!  
.....

A baby's cry, smile, and responses to you help you to understand his or her needs. In this publication the American Academy of Pediatrics shares information about how children communicate and what to do when there are concerns about delays in development.

## Milestones During the First 2 Years

Children develop at different rates, but they usually are able to do certain things at certain ages. Here are general developmental milestones. Keep in mind that they are only guidelines. If you have any questions about your baby's development, ask your child's doctor—the sooner the better. Even when there are delays, early intervention can make a significant difference.

### By 1 Year Most Babies Will

- Look for and be able to find where a sound is coming from.
- Respond to their name most of the time when you call it.
- Wave goodbye.
- Look where you point when you say, "Look at the \_\_\_\_\_."
- Babble with intonation (voice rises and falls as if they are speaking in sentences).
- Take turns "talking" with you—listen and pay attention to you when you speak and then resume babbling when you stop.
- Say "da-da" to dad and "ma-ma" to mom.
- Say at least 1 word.
- Point to items they want that are out of reach or make sounds while pointing.

### Between 1 and 2 Years Most Toddlers Will

- Follow simple commands, first when the adult speaks and gestures, and then later with words alone.
- Get objects from another room when asked.
- Point to a few body parts when asked.
- Point to interesting objects or events to get you to look at them too.
- Bring things to you to show you.
- Point to objects so you will name them.
- Name a few common objects and pictures when asked.
- Enjoy pretending (for example, pretend cooking). They will use gestures and words with you or with a favorite stuffed animal or doll.
- Learn about 1 new word per week between 1½ and 2 years.

### By 2 Years of Age Most Toddlers Will

- Point to many body parts and common objects.
- Point to some pictures in books.
- Follow 1-step commands without a gesture like "Put your cup on the table."

- Be able to say about 50 to 100 words.
- Say several 2-word phrases like "Daddy go," "Doll mine," and "All gone."
- Perhaps say a few 3-word sentences like "I want juice" or "You go bye-bye."
- Be understood by others (or by adults) about half of the time.

## When Milestones Are Delayed

If your child's development seems delayed or shows any of the behaviors in the following list, tell your child's doctor. Sometimes language delays occur along with these behaviors. Also, tell your child's doctor if your baby stops talking or doing things that he or she used to do.

- Doesn't cuddle like other babies
- Doesn't return a happy smile back to you
- Doesn't seem to notice if you are in the room
- Doesn't seem to notice certain noises (for example, seems to hear a car horn or a cat's meow but not when you call his or her name)
- Acts as if he or she is in his or her own world
- Prefers to play alone; seems to "tune others out"
- Doesn't seem interested in or play with toys but likes to play with objects in the house
- Has intense interest in objects young children are not usually interested in (for example, would rather carry around a flashlight or ballpoint pen than a stuffed animal or favorite blanket)
- Can say the ABCs, numbers, or words to TV jingles but can't use words to ask for things he or she wants
- Doesn't seem to be afraid of anything
- Doesn't seem to feel pain in a typical fashion
- Uses words or phrases that are unusual for the situation or repeats scripts from TV

## Delays in Language

Delays in language are the most common types of developmental delay. One out of 5 children will learn to talk or use words later than other children their age. Some children will also show behavioral problems because they are frustrated when they can't express what they need or want.

Simple speech delays are sometimes temporary. They may resolve on their own or with a little extra help from family. It's important to encourage your child to "talk" to you with gestures or sounds and for you to spend lots of time playing with, reading to, and talking with your infant or toddler. In some cases, your child will need more help from a trained professional, a speech and language therapist, to learn to communicate.

Sometimes delays may be a warning sign of a more serious problem that could include hearing loss, developmental delay in other areas, or even autism spectrum disorder (ASD). Language delays in early childhood also could be a sign of a learning problem that may not be diagnosed

until the school years. It's important to have your child evaluated if you are concerned about your child's language development.

## What Your Child's Doctor Might Do

Sometimes more information is needed about your child before your child's doctor can address your concerns. The doctor may

- Ask you some questions or ask you to fill out a questionnaire.
- Interact with your child in various ways to learn more about his or her development.
- Order a hearing test and refer you to a speech and language therapist for testing. The therapist will evaluate your child's speech (*expressive language*) and ability to understand speech and gestures (*receptive language*).
- Refer your child for evaluation through an early intervention program.

## What to Expect After the Doctor's Visit

If your child's doctor tells you not to worry (that your child will "catch up in time") but you are still concerned, it's OK to get a second opinion. You can ask your child's doctor for a referral to a developmental specialist or a speech and language therapist. You may also contact an early intervention program for an evaluation if your child is younger than 3 years, or your local school district if he or she is 3 or older.

If what your child says (*expressive language*) is the only delay, you may be given suggestions to help your child at home. Formal speech therapy may also be recommended.

If both what your child understands (*receptive language*) and what he or she says are delayed and a hearing test is normal, your child will need further evaluation. This will determine whether the delays are caused by a true communication disorder, generalized developmental delays, ASD, or another developmental problem.

When ASD is the reason for language delays, your child will also have difficulty interacting with other people and may show some or all of the concerning behaviors listed previously. If there is concern your child might have ASD, your child will usually be referred to a specialist or a team of specialists for evaluation and treatment of ASD or a related disorder. The specialist(s) may then recommend speech therapy and may suggest other ways to improve social skills, behavior, and the desire to communicate.

## Programs That Help Children and Families

If your child has delays or suspected delays, your child's doctor will probably refer you to an early intervention program in your area. The staff there might do additional evaluations and reassure you that your child's development is normal or tell you that your child would benefit from some type of intervention. Your child does not need to have a diagnosis of a developmental problem to receive services through this program.

**If your child is younger than 3 years**, the referral may be to an early intervention program in your area. Early intervention programs are sometimes called "Part C" or "Birth to Three" programs. Early intervention is a federal- and state-funded program that helps children

and their families. You may also contact the early intervention program yourself (see Resources to find a contact in your state).

If your child qualifies for services, a team of specialists will work with you to develop an *Individual Family Service Plan (IFSP)*. This plan becomes a guide for the services your child will receive until 3 years of age. It may include parent training and support, direct therapy, and special equipment. Other services may be offered if they benefit your child and family. If your child needs help after 3 years of age, the early intervention staff will transition your child to services through your local school district.

**If your child is 3 years or older**, the referral may be to your local public school. You may also contact the local public school directly. If your child is eligible, the school district staff will, with your input, develop an *Individual Education Plan (IEP)*. This plan may provide some of the same services as the early intervention program but focus on school services for your child. The level of services also may be different. If your child continues to need special education and services, the IEP will be reviewed and revised from time to time.

## Resources

### American Academy of Pediatrics

[www.HealthyChildren.org](http://www.HealthyChildren.org)  
[www.AAP.org](http://www.AAP.org)

### Early Childhood Technical Assistance Center (ECTA Center)

<http://ectacenter.org>  
(to find an early intervention program in your state)

### Family Voices

[www.familyvoices.org](http://www.familyvoices.org)

### Learn the Signs. Act Early.

[www.cdc.gov/actearly](http://www.cdc.gov/actearly)

### National Center for Medical Home Implementation

<https://medicalhomeinfo.aap.org/tools-resources/Pages/For-Families.aspx>

## Remember

As a parent, follow your instincts. If you continue to have concerns about your child's development, ask for a reevaluation or referral for additional formal testing.

## From Your Doctor



The American Academy of Pediatrics (AAP) is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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American Academy of Pediatrics

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# Temper Tantrums

It's hard for young children to hold strong feelings inside. When they feel frustrated or angry, they often cry, scream, or stomp up and down. This is a temper tantrum.

Temper tantrums are a normal part of your children's development. They usually begin around 12 to 18 months of age, get worse between 2 and 3 years, and taper off after that, once children are able to use words to communicate their wants and needs.

Here is information from the American Academy of Pediatrics to help parents understand temper tantrums and how best to deal with them.

## Why Children Have Temper Tantrums

During the toddler years, there is a change in how children process information. They suddenly become more aware that their world can change. They realize they won't always get what they expect or want. Their young minds are easily overwhelmed, and they don't know how to cope with change or how to deal with not getting their way.

- A lot of things can trigger a tantrum. For example, children may have a temper tantrum because they
  - Do not understand what you are saying or asking
  - Are upset when others cannot understand them
  - Do not know how to tell you how they feel or what they need
  - Do not know how to solve problems on their own
- Have an illness or other problem that keeps them from expressing how they feel
- Are hungry
- Are tired
- Are anxious or uncomfortable
- Are reacting to stress or changes at home
- Are jealous, want what other children have, or want the attention others receive
- Are not be able to do as much as they think they can, such as walking, running, climbing, drawing, or making toys work

## How to Prevent Temper Tantrums

Temper tantrums are a normal part of growing up, but you may be able to prevent some from happening.

### What You Can Do

- Encourage your children to use words to tell you how they are feeling. Try to suggest words they can use to describe their feelings.
- Set reasonable limits, and don't expect your children to be perfect. Give simple reasons for the rules, and don't change them.
- Keep to a daily routine as much as possible so your children know what to expect.
- Distract your children. Try a new game, book, or toy. Sometimes a change in location can prevent a tantrum. For example, if you are indoors, go outside to look for birds in the sky.
- Avoid situations that frustrate your children, such as playing with toys that are too advanced.

- Avoid long outings during which your children have to sit still or cannot play. If you have to take a trip, bring along a favorite book or toy.
- Have healthy snacks ready for when your children get hungry.
- Make sure your children are well rested.
- Be choosy about saying no. When you say no to everything, it can frustrate your children. Consider saying yes sometimes. Of course, if your children's safety is at stake, don't say yes just to avoid a tantrum. Praise your children when they do something good that otherwise might have led to frustration.
- Give choices. For example, make it clear that while they have to take a bath, they can make some choices on their own. Try saying, "It's time for your bath. Would you like to walk upstairs or have me carry you?" Be sure the choices you offer are also acceptable to you.
- Set a good example. Avoid arguing or yelling in front of your children.

## How to Handle Tantrums

### What You Can Do

- **Let the tantrum end itself.** Once children begin a tantrum, only they can end it. Allow them the time and space to be left alone (in a safe place) to let the tantrum run its course. All tantrums end, almost always by a child's path to resolution. Trying to end one early usually delays the child's resolution.
- **Try to stay calm.** If you shout or get angry, it can make things worse. If you can't stay calm, leave the room. Wait a minute or two, or until the crying stops, before returning.
- **Offer a cooling-down time.** During a tantrum, it's helpful for parents to let children not only manage their tantrum but also know there is a safe place and safe time for them to do so. It can be called a cooling-down time and place or a time-out.
- **Ignore minor displays of anger, such as crying, screaming, or kicking.** Try touching or holding your children to calm them. Or, try standing nearby without talking until they calm down. If your children have tantrums in a public place, take them home or to the car.

Some behaviors are **not** OK and should not be ignored, such as

- Hitting or kicking people
- Throwing things that might hurt someone or break something
- Screaming or yelling for a long time

If these things happen, take your children away from the problem. Say firmly, "No hitting," or "No throwing," to make sure your children know these behaviors are not OK.

### What Not to Do

- **Never punish your children for temper tantrums.** They may start to keep their anger or frustration inside, which can be unhealthy. Keep in mind that as your children grow, they will learn to deal with their strong emotions.

- **Do not give in to your children just to stop a tantrum.** This teaches your children that temper tantrums get them what they want. Also, don't feel guilty about saying no to your children. Set the rules and stick with them. When parents change the rules, it is harder for children to understand which rules are firm and which ones are not. Discuss with those who care for your children which rules are really needed and how to be firm about them.

## When Temper Tantrums Are Serious

Your children should have fewer temper tantrums by 3½ years of age. Between tantrums, their behavior should seem normal and healthy. If the outbursts are severe or happen too often, they may be an early sign of emotional problems. Talk with your children's doctor if your children seem to have difficulty expressing themselves with words (compared with other children the same age), cause harm to themselves or others, or hold their breath and faint, or if tantrums get worse after 4 years of age. Your children's doctor will make sure no physical or emotional problems are causing the tantrums. He or she can also give you advice to help you deal with these outbursts.

It is important to realize that temper tantrums are a normal part of growing up. While tantrums are not always easy to deal with, a loving and understanding approach will help you and your children get through them.

## Breath-Holding Spells

Some children, when upset and crying very hard, hold their breath after taking a big breath. They can even hold their breath to the point of passing out. It is not done on purpose but may happen when children are upset, such as during a temper tantrum. While these episodes can be scary for parents, rest assured that they are usually harmless and your children will grow out of them. If you are concerned about your children's behavior, talk with your children's doctor.

## Keeping Your Children Safe

Many times you will have to tell your children no to protect them from harm or injury. For example, the kitchen and bathroom can be dangerous places for your children. They may not understand why you will not let them play there. This can cause a tantrum. However, it's more important to keep your children safe.

Childproof your home, and make dangerous areas or objects off-limits. Keep an eye on your children at all times. Never leave them alone in a situation that could be hazardous. Take away dangerous objects and replace them with something safe. It is up to you to keep your children safe.

## From Your Doctor



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## AGES 8-12 MONTHS

The following are guidelines for a 8 to 12 month child. A child's calorie needs vary depending on activity level and appetite. For more specific nutrition information, talk with your provider or IHA Nutrition Specialist.

A child's needs vary depending on their activity and their appetite. Children should be allowed to eat when they are hungry and stop when they are full. Vegetarian choices are also included.



### DAIRY

Amount per day:  
3-4 SERVINGS

One serving  
looks like:

6-8 oz breast milk  
(nursing or expressed  
breast milk in a bottle  
or sippy cup)

6-8 oz iron-fortified  
formula

4-8 Tbs full fat  
yogurt



### GRAINS

Amount per day:  
2 SERVINGS

One serving  
looks like:

4-8 Tbs baby  
cereal – rice, oats,  
barley or dry cereals  
mixed with formula

¼ cup whole grain  
pasta and rice, well  
cooked

½ slice dry toast

2 crackers



### PROTEIN/MEAT

Amount per day:  
2 SERVINGS  
(equivalent of 2 ounces)

One serving  
looks like:

3-4 Tbs strained  
jar meat or home  
prepared finely cut  
chicken, beef, pork,  
fish (no added salt)

1 scrambled egg

3-4 Tbs dried beans  
(cooked)

1-2 Tbs peanut  
butter (discuss with  
provider if family  
history of nut allergy)



### FRUIT

Amount per day:  
2 SERVINGS

One serving  
looks like:

3-4 Tbs strained  
jar food or peeled  
soft mashed or finely  
chopped fruit



### VEGETABLES

Amount per day:  
2-3 SERVINGS

One serving  
looks like:

3-4 Tbs strained  
jar food or mashed,  
soft vegetables



## TODDLERS 12-24 MONTHS

The following are guidelines for children between 12 and 24 months of age. A child's calorie needs vary depending on activity level and appetite. For more specific nutrition information, talk with your provider or IHA Nutrition Specialist.

A child's needs vary depending on their activity and their appetite. Children should be allowed to eat when they are hungry and stop when they are full. Vegetarian choices are also included.



### DAIRY

Amount per day:  
3-5 SERVINGS

One serving  
looks like:

4 oz or ½ cup  
full fat cow's milk/  
toddler formula

4-8 Tbs full fat  
yogurt

¼ cup  
cottage cheese

½ oz cheese



### GRAINS

Amount per day:  
6 SERVINGS

One serving  
looks like:

4-8 Tbs cereal –  
ready to eat or  
cooked

¼ cup whole grain  
pasta and rice, well  
cooked

½ slice dry toast

2 crackers



### PROTEIN/MEAT

Amount per day:  
2 SERVINGS  
(equivalent of 2 ounces)

One serving  
looks like:

1 oz finely cut  
chicken, beef, pork,  
turkey or meat  
alternative

1 oz fish  
without bones

1 scrambled egg

3-4 Tbs dried beans  
(cooked)

1-2 Tbs peanut  
butter (discuss with  
provider if family  
history of nut allergy)



### FRUIT

Amount per day:  
2-3 SERVINGS

One serving  
looks like:

¼ cup peeled  
soft or small  
chunks of fruit



### VEGETABLES

Amount per day:  
2-3 SERVINGS

One serving  
looks like:

¼ cup strained  
jar food or soft  
vegetables



## TREATING FEVER IN YOUR CHILDREN

**ACETAMINOPHEN** Dosage for Children (e.g. Tylenol, Tempra, generic brands - - ask pharmacist for the least expensive brand)

- Always use your child's weight to determine the correct dose
- One dose may be given every 4 – 6 hours (see chart). **Do NOT exceed 5 doses in 24 hours.**

AGE / WEIGHT	Infants Oral Suspension <b>160 mg / 5 mL</b>	Children's Oral Suspension <b>160 mg / 5 mL (tsp)</b>	Children's Soft Chewable Tablets <b>80mg</b>	Jr. Strength Chewable Tablets <b>160 mg</b>
0–3 mos / 6–11 lbs	1.25 mL	1.25 mL (¼ tsp)		
4–11 mos / 12–17 lbs	2.5 mL	2.5 mL (½ tsp)		
12–23 mos / 18–23 lbs	3.75 mL	3.75 mL (¾ tsp)		
2–3 yrs / 24–35 lbs	5 mL	5 mL (1 tsp)	2 tablets	
4–5 yrs / 36–47 lbs		7.5 mL (1 ½ tsp)	3 tablets	
6–8 yrs/48–59 lbs		10 mL (2 tsp)	4 tablets	2 tablets
9–10 yrs/60-71 lbs		12.5 mL (2 ½ tsp)	5 tablets	2 ½ tablets
11+ yrs/72–95 lbs		15 mL (3 tsp)	6 tablets	3 tablets

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**IBUPROFEN** Dosage for Children **6 MONTHS AND OLDER** (e.g. Motrin, generic brands- ask pharmacist for the least expensive brand)

- One dose may be given every 6 to 8 hours as needed (see chart). **Do NOT exceed 4 doses in 24 hours.**

AGE	WEIGHT (lbs)	Infant Concentrated Drops <b>50mg / 1.25 mL</b>	Children's Oral Suspension <b>100mg / 5 mL</b>	Children's Soft Chewable Tablets <b>50mg</b>	Children's Jr. Strength Chewable Tablets <b>100mg</b>
6 – 11 mos	12 – 17	1.25 mL	2.5 mL (½ tsp)		
12 – 23 mos	18 – 23	1.875 mL	3.75 mL (¾ tsp)		
2 – 3 yrs	24 – 35	2.50 mL	5 mL (1 tsp)	2 tablets	1 tablet
4 – 5 yrs	36 – 47		7.5 mL (1 ½ tsp)	3 tablets	1 ½ tablets
6 – 8 yrs	48 – 59		10 mL (2 tsp)	4 tablets	2 tablets
9 – 10 yrs	60 – 71		12.5 mL (2 ½ tsp)	5 tablets	2 ½ tablets
11 – 12 yrs	72 – 95		15 mL (3 tsp)	6 tablets	3 tablets

**DO NOT GIVE ASPIRIN**