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for anyone working
with young children



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behavior problems (part 1)

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If you work with kids on a regular basis, you are well aware that some days are better than others from a behavioral standpoint. Let's face it – even some adults have moments in which they would like to throw up their hands and scream! But as adults, we have the capacity to regulate our emotions, something that many young children lack. And so, rather than throwing a tantrum, we might take a deep breath, step away from the situation, or direct our attention elsewhere.

When working with young children, adults must keep in mind the children's individual needs, while also teaching them the necessary tools for managing stressful or disappointing situations.

This article addresses the latest research investigating the underlying components of behavior problems, such as gender, individual temperament, parenting styles, and the nature of the caregiver or early educational setting. It also provides suggestions for handling difficult behaviors in the early childhood years. For those children who might need extra help, information on when to make a professional referral is also provided.

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Identifying the Problem

Contrary to popular belief, behavior issues in young children are not confined to the terrible twos stage. Children of all ages are at risk for developing bad habits and other negative methods for handling anger, disappointment, and frustration.

According to Campbell (as cited by Stacks & Goff, 2006), behavior difficulties can be seen in a surprising 10-15 percent of preschoolers. Such forms of aggression are typical between the ages of one and two, "when a child is trying to defend her possessions, protecting herself from children who attempt to invade her space, or trying to acquire something she desperately wants from another child" (Greenberg, 2006, p. 20).

Mild behavioral problems should not be a major concern except when they are disruptive to caregivers. For teachers, there is the additional concern of misbehavior being "a threat to the learning environment and to classroom management" (Stacks & Goff, 2006, p. 68). In this situation, it is especially important to acknowledge when problems exist, to try to identify their source, and to seek outside help when necessary.

Common Behavioral Concerns

For young children, behavioral difficulties can range from simple disobedience to aggressive actions, such as hitting, biting, or throwing temper tantrums. These behaviors are typically short-lived, often serving as a reaction to the immediate situation at hand. Sometimes, however, they encompass greater behavioral issues such as defiance or non-compliance, in which case children often rebel against parental or caregiver control (Kalb & Loeber, 2003).

Moderate defiance is fairly common as young children explore their independence and try to figure out what they can control outside of themselves. However, defiance in some children can be an indicator of more aggressive tendencies. Moreover, "persistent noncompliance not only impairs day-to-day interactions with adults and other children, but also the overall quality of those relationships" (Kalb & Loeber, 2003, p. 642). If this tension exists for any length of time, it can have long-term effects on a child's development and later academic achievement. When noncompliance is "combined with other behavioral problems such as aggression, hyperactivity, and impulsivity, this may signal increased risk for more severe and long-lasting problems" (Campbell, as cited by Kalb & Loeber, p. 646) and should therefore be addressed.



The Role of Family Dynamics

For most children, family relationships are the heart of early development. If the experiences at home are positive and the relationships strong, then children have a secure stepping stone for early development. However, when a family is in crisis or is simply dysfunctional, the problems often show up in the form of misbehavior or poor emotional control. Research has repeatedly demonstrated a connection between stressful family situations and child misconduct (Stacks & Goff, 2006, p. 80).

Also in play may be what Patterson refers to as the Theory of Coercive Process, "whereby children learn to escape or avoid parental criticism by escalating their negative behaviors" (Webster-Stratton, Reid, & Hammond, 2004, p. 105). Such behaviors lead to negative parental responses which, in turn, reinforce a child's poor behavior. In other words, children may act out as a way of dealing with or escaping problems at home, but in doing so, often bring more problems on themselves.

Family Environment

Stress, depression, lack of social support, and disciplinary style may all impact behavior problems, with maternal depression, in particular, having long-term consequences on development and behavior. Research shows that depressed mothers tend to be "emotionally unavailable, provide inconsistent discipline, demonstrate hostility . . . and communicate less with their child" (Campbell, 1997, as cited by Stacks & Goff, 2006, p. 80). The relationship between mother and child can also have a significant impact on a child's ability to manage his or her aggression (Trapolini, Ungerer, & McMahon, 2007). For children whose families are controlled by marital issues, stress, hostility, or criticism, behavior problems are understandably a concern (Ramos, Guerin, Gottfried, Bathurst, & Oliver, 2005). Sibling relationships also serve as indicators of a child's social skills and subsequent ability

to act according to acceptable social norms and can even aid in a child's overall development (Modry-Mandell, Gamble, & Taylor, 2007). McElwain and Volling (2005) found that both friendships and sibling relationships were important in the early years, although children with friends were more likely to socialize with others than those who primarily interacted with siblings.



Gender and Its Influence on Parenting Style

A child's sex may also influence how he or she is treated by family members (Stacks & Goff, 2006). According to Casas et al. (2006), existing research emphasizes "the importance of investigating both mothers' and fathers' parenting and the sex of the child in studies of potential links between parenting behaviors and young children's relational and physical aggression" (p. 209). Research has also shown that adults tend to use physical punishment with boys more often than with girls and that those behaviors considered fitting for one sex might not be considered appropriate for the other (Kann & Hanna, 2000). Given this, a child's gender may be an essential component in how he or she is treated at home and how this treatment thereby translates into his or her behavior in the early educational setting.

Disciplinary Style

Research has consistently revealed a correlation between physical punishment in young children and increasing behavior problems (Stacks & Goff, 2006, p. 69). One study found that children who received direct commands with no subsequent explanation were more likely to show aggression and hostility. Further, there are "associations between inconsistent, restrictive, or coercive disciplinary practices, and aggression, antisocial behavior, and peer status" (Keown & Woodward, 2006, p. 40).

The manner in which parents discipline their children may have a significant impact on behavior in preschool or kindergarten. For instance, families who are strict or overly punitive in their discipline may contribute to the aggressive behaviors their children display as they grow older (Kimonis et al., 2006). However, Stacks and Goff (2006) found that "parental attitudes toward discipline were not predictive of children's behavior problems at home or at school" (p. 81). This may be due in part to the fact that children's behavior often differs from one environment to the next. Additional influences such as caregiver participation or quality of care may therefore have as much impact on a child's behavior as parenting style or individual attributes. Making parents aware of such issues can be an important part of behavior management and is addressed in the section on parent training.

Influences of the Educational Setting

Although gender, temperament, and family influence may all contribute to behavior problems, the educational setting in which a child spends the majority of his or her time cannot be overlooked. A positive caregiver-child relationship can be associated with many developmental advantages. For example, "when teachers are warm and attentive in their interaction with children and are emotionally responsive, children in their care have higher language scores,

rate higher in attachment security and are more sociable with peers" (Kontos et al., as cited by Stacks & Goff, 2006, p. 82). Stacks and Goff further emphasize that a strong educator-child relationship can enhance a child's social development and impact their overall behavior.

Researchers speculate that positive classroom management, along with a strong partnership with parents, may significantly impact children's behavior. Educational settings in which there are low rates of caregiver or teacher praise often result in higher levels of aggression. Likewise, a lack of adult praise or proper group management may exacerbate misconduct. Inconsistent or negative interactions can result in the "escalation of conduct problems, academic failure, and later development of delinquency and substance abuse" (Webster-Stratton et al., 2004).

The caregiver-child relationship may be particularly complicated for aggressive children, who "often develop coercive interactions with teachers and receive less support, nurturing, and teaching and more criticism" (Webster-Stratton et al., 2004, p. 106). Excusing a child from the group because of conduct problems can further impede the development of social skills. Trying to address the problem within the educational setting, therefore, is preferable and important to a child's socialization and subsequent conduct, although removal may sometimes be the only option. (For information on when to remove a child from the group, refer to Behavior Problems: Part 2.)

Individual Attributes

Along with family dynamics and the impact of early educational settings, a child's individual traits may also have a significant effect on their behavior.

Gender

Gender is an important factor affecting young children's social development.



Gender influences not only the types of social-cognitive skills acquired by young children, but also children's social goals. A study by Keown and Woodward (2006) found that boys tend to behave more aggressively and exhibit higher rates of nonsocial behaviors, while also demonstrating lower rates of peer acceptance. As early as age four, boys appear to have more difficulty managing aggressive behavior than girls (Stacks and Goff, 2006).

The reason for this discrepancy between girls' and boys' social behaviors lies in their rates of maturity. Statistically, "girls mature physically, socially and emotionally at a faster rate than boys" (Eme, as cited by Stacks and Goff, 2006, p. 79). Research suggests that the different rates of maturity are also reflected in the socialization and cognitive functioning of young children. Past studies "have indicated that there may be important gender differences in the ways in which children think about social problems and solve interpersonal

conflicts" (Walker, 2005, p. 299). Such studies reveal that girls seem to be more competent in interpreting others' actions and in solving social problems and less likely to engage in aggressive behaviors (Wood, Cowan, & Baker, 2002).

The way in which young children are socialized can affect behavior both in early and later life. Their socialization can be influenced by disciplinary styles and by gender-related expectations. For boys in particular, maternal interaction (or lack thereof) can strongly influence their levels of aggression (Stacks & Goff, 2006).

Temperament

Some children may be more inclined to be aggressive or independent, based on their genetic make-up. Temperament refers to a child's "emotional reactivity, activity level, attention, and self-regulation that may be predictors of adaptive skills, resiliency, and behavior problems" (Stein, Carey, & Snyder, 2004, p. 1400). Such traits have been "associated with an increased likelihood of behavioral concerns, discipline problems, and adjustment difficulties" (Stein et al., p. 1400). Temperament, therefore, provides a blueprint for assessing a child's personal traits, helping parents and caregivers understand why a child responds the way he or she does, and developing an effective and appropriate approach to behavior management.

Emotional Immaturity

Difficulty regulating emotion can significantly impact a child's ability to manage negative behaviors, such as disobedience, destruction, and acts of aggression (Batum & Yagmurlu, 2007). Patterson's Theory of Mind further addresses this notion of maturity. According to this theory, children's individual understanding of their own mental state seems to affect their social behavior (Walker, 2005). The ability to understand that actions are the result of cognitive processes can have either a positive or a detrimental effect



on social skills and children's relationships with one another. According to Walker, children who do not understand this concept are more likely to experience problems with their peers and possibly develop long-term social problems.

Poor Social Skills

Socialization has larger ramifications than simply the number and quality of a child's friendships. Research has shown that children who spend a lot of time by themselves have more difficulty developing significant friendships and "may enter the preschool peer group with social deficits that put them at risk for rejection" (Wood et al., 2002, p. 85). Additionally, parental interactions can "encourage children's attentiveness and sensitivity to social cues [thereby] allowing children to better coordinate their behavior with others" (Keown & Woodward, 2006, p. 26). Teaching children effective socialization skills, then, may be an important part of preventing behavior problems.

Hyperactivity and Attention-Deficit Disorder

Research shows a significant correlation between hyperactivity and behavior problems (Keown & Woodward, 2006). Hyperactive children often have trouble relating to other children or being accepted,

even at an early age. In particular, hyperactive preschool boys are more likely to have “peer-related difficulties including deficits in prosocial behavior, aggression, noncompliance, annoying others, peer withdrawal, and lack of acceptance” (Keown & Woodward, p. 41). Because hyperactivity can negatively impact development in both the social and the academic realms during elementary and later school years, hyperactive children are often given fewer opportunities to interact with peers and gain necessary social skills. Thus, early intervention is critical for the future success of these children.

Both the characteristics of hyperactivity and the quality of family interactions may have a significant effect on the development of behavior problems (Keown & Woodward,

2006). Families play an important role in helping children develop their social skills “by guiding and modeling socially appropriate behaviour [sic] patterns” (Smart & Sanson, 2003, p. 5). As such, more attention needs to be given to the parents' role in a child's development.

A lack of effective social skills or acceptance by others also seems to present significant problems for hyperactive children. According to Keown and Woodward (2006), “the behavioral characteristics of hyperactivity, such as inattentiveness and impulsiveness, probably also have a direct influence on the social behavior and status of hyperactive children” (p. 40). Hyperactivity, then, becomes an integral part of socialization and behavior-related problems.



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- The ability to enhance the social and emotional development of young children
- The ability to provide effective and nurturing learning environments in response to the individual needs of each child

For more information on the CCP certification, contact the National Child Care Association at 800-543-7161 or visit www.nccanet.org.

behavior problems (part 2)

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Caregivers are in a unique position to evaluate children in their day-to-day environment. However, when observing a child, it is important to remember the potential sources of misbehavior, as well as to prevent personal bias from entering into the evaluation. It is also important to remember that the environment (caregiver setting, classroom expectations, etc.) may be problematic for some children (Cai, Kaiser, & Hancock, 2004).

Some educators may have personal issues that impede their assessment of children in their care. Stacks and Goff (2006) found that depressed teachers were more likely to rate children as having behavior problems than those who were not depressed. Further, children often act one way at home and another way at child care or school. Finding a way to correctly identify behavior problems in both arenas may be challenging, but it is essential for addressing the true problem.

Although assessment and diagnosis is an important part of addressing behavioral problems, it is important not to label children as problematic, hyperactive,

or troubled. Doing so may not only impact their already fragile self-esteem but may also affect future relationships with caregivers and teachers. Singling children out or consistently removing them from the group setting because of their behavior reduces their opportunity for peer interaction and may further increase their socialization issues (Elias, 2004).

It is important not to label children as problematic, hyperactive, or troubled. Doing so may not only impact their already fragile self-esteem but may also affect future relationships with caregivers and teachers.

Managing Behavior Problems

Numerous methods for dealing with behavior problems exist, depending largely on the type and severity of the problem. For example, hyperactive children might need more exposure at home to "styles of discipline that include explaining consequences, limit setting, and following through" (Keown & Woodward, 2006, p. 39). For other behavior disorders, a variety of techniques may be tried before finding a successful approach for each child.

According to Chapman and Zahn-Waxler (as cited by Kalb & Loeber, 2003), "the withdrawal of affection or attention, when combined with other disciplinary techniques such as reasoning, verbal prohibition, or physical coercion, [is] most effective at

gaining the compliance of toddler-aged children" (p. 647). For such techniques to be truly effective, educators must be knowledgeable about the array of factors that can contribute to a child's poor behavior, including temperament, emotional maturity, and family dynamics (Stacks & Goff, 2006). Thus, identifying the problem behavior becomes an important first step (Woods & Goldstein, 2003). Once the issue has been identified, caregivers can then determine the best way to handle the problem, perhaps using one of the methods outlined below.

Redirection/Removal

Sometimes the easiest and most effective way to deal with a behavior problem is to remove the child from the source of conflict. If another child is part of the problem, separate the children for a while and then allow them time to work together at a later date. Other options include removing the toy or other source of contention or trying to redirect the child's energy into another task. If the conflict still persists, further discussion might be warranted to get to the root of the problem. When all else fails, removal of the child may be necessary, in which case, a time-out may be appropriate.

Time-Outs

The use of time-outs in early childhood settings is fairly common, as research has proven that this technique is helpful in managing behavior (Kalb & Loeber, 2003). However, to be truly effective, time-outs need to be age-appropriate. Ryan, Sanders, Katsiyannis, and Yell (2007) recommend that inclusive time-outs (when the child is separated from the group but can still observe the activity) not last any longer than the age of the student. For example, a three-year-old child would receive a three-minute time-out. For exclusionary time-outs, a five- to fifteen-minute separation is considered acceptable. If the various forms of time-outs are used and are not successful, another technique should then be considered.

Rewards and Other Incentive-Based Approaches

Many preschools and child-care centers choose rewards-based discipline over punishment. With this technique, children are recognized and rewarded when they behave well, rather than being punished for behaving poorly. Such reinforcement results in "modest decreases in disruptive behavior" (Conyers, Miltenberger, Romaniuk, Kopp, & Himle, 2003, p. 1). It also helps children learn to make positive decisions while reinforcing their self-confidence.

Incentives can be used at home or in an educational setting to help promote good behavior. Earning stickers or coins that can be traded in for privileges, edible items, or toys is one option. When implementing a rewards-based program, however, consistency is key. Although children may not necessarily need to be told what tasks will generate rewards, they should be able to trust that behavior will be noted and their reward forthcoming. Otherwise, the incentive to behave loses its significance.



Parent Training

Perhaps the most effective of all techniques is to help parents learn how to handle conflict and other potentially difficult behavioral problems at home. According to Webster-Stratton et al. (2004), "parenting interactions are the most well researched

and most important risk factors for early-onset conduct problems" (p. 105). In addition, "individualization of services and supports based on the priorities and interests of the family are becoming recognized as essential, especially for families dealing with behavioral challenges and emotional stress" (Dunlap & Fox, as cited by Woods & Goldstein, 2003, p. 179). For hyperactive children in particular, parent involvement may be helpful in addressing behavioral issues and enhancing social skills (Keown & Woodward, 2006).

Parents who demonstrate poor coping skills model this negative behavior in front of their children (Keown & Woodward, 2006, p. 40). Teachers can combat this negative factor by educating parents on the effects of their interactions with their children and by encouraging them to model a more positive and less severe discipline style (Webster-Stratton et al., 2004, p. 105). Such an approach helps to emphasize the impact parents have on all facets of their children's development while also working to alleviate behavior problems.

For any intervention to work, however, children need to both understand what is being asked of them and also know what consequences to expect if they do not follow. For parents, this may mean directing their children in what to do and how to go about doing it rather than simply giving an order and expecting them to follow through. Parents can also influence a child's willingness to obey by using positive "facial expressions, remaining within close proximity of the child, or giving the child encouragement" (Kalb & Loeber, 2003, p. 647). In addition, inconsistency in parental discipline may cause children to feel a lack of control over their outcomes (Keown & Woodward, 2006).

Because "some parents of children with conduct problems cannot, or will not, participate in parent training because of work conflicts, life stress, personal psychopathology, or lack of motivation" (Spoth, Redmond, Hickaday, & Shin, 1996, as cited by Webster-Stratton et al., 2004, p. 106),



educators must keep other options in mind for dealing with behavioral problems. However, it is worth the effort to involve parents whenever possible. Many researchers believe when children repeatedly refuse to comply, it is a result of negative interactions between the children and the parents (Kalb & Loeber, 2003, p. 648). Parents can be instrumental in helping their children make positive changes in their behavior both at home and in an educational setting by adapting their interactive styles with their children.

Routines-Based Intervention

Another method that has been successfully documented is routines-based intervention, or RBI. This process involves helping children learn new and appropriate skills, while adhering to "the preferred routines identified by the family" (Woods & Goldstein, 2003, p. 178). Such routines may include eating dinner together at a specific time each night or implementing a step-by-step process for taking a bath, brushing one's teeth, and reading a story before going to bed. By working with existing structures in a child's

life, RBI provides a support system for the family, while allowing children to discover that “routines are opportunities to use communication and to practice new skills, not times of frustration, fear, and failure for the family” (Woods & Goldstein, 2003, p. 180).

Child-Based Training

Working directly with the child is another option for addressing behavior problems. In such cases, the focus is typically on teaching the child problem-solving and social skills, as well as helping him or her learn to better manage a variety of emotions (Webster-Stratton et al., 2004). Many studies have shown a correlation between poor socialization and misconduct, mainly based on the theory that children often act out because they have not been accepted by their peers or do not know how to socialize with others (Wood, Cowan, & Baker, 2002). By teaching children how to effectively socialize with others, educators can help them develop skills that will last a lifetime.

When Professional Help Is Needed

Not all behavioral problems can be solved through awareness, attention, or even punishment. For some children, misbehavior translates into more serious problems. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) identifies conduct disorders as potentially troublesome, with such disorders often leading to “a lifetime of social dysfunction, antisocial behavior, and poor adjustment” (Kazdin, 1995, as cited by Kann & Hanna, 2000, p. 267). Conduct disorders can be defined as “repetitive and persistent pattern[s] of behavior in which either the basic rights of others or major age-appropriate societal norms or rules are violated” (DSM-IV, as cited by Kann & Hanna, p. 267). For children who appear to have conduct disorders, professional help is warranted.

Given the fact that early aggression often precedes more serious aggressive behaviors,

such intervention is necessary (Stacks & Goff, 2006). The earlier it is sought in extreme cases, the better. After all, without this intervention, “behavioral problems such as aggression, oppositional behavior, or conduct problems in young children may [become] crystallized patterns of behavior by age 8” (Eron, as cited by Webster-Stratton et al., 2004, p. 105).

Final Thoughts

Every child will go through a phase in which they are testing the waters, lashing out, or simply experiencing a growth curve. For this reason, behavior problems will always be a part of the early childhood setting. However, caregivers can gain an edge on the situation by becoming aware of common problems, by distinguishing transitory issues from those that are more serious and long-lasting, and by understanding what makes the children in their care happy, nervous, disappointed, or angry. Further, by involving parents in any interventions, caregivers can decrease the risk of long-term behavioral problems and help children learn valuable skills while also preventing negative forms of labeling. These steps will allow educators to spend more time teaching children and less time handing out punishment (Logue, 2007).

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promoting prosocial behavior

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Four-year-old Johnny wants the toy bulldozer that José is playing with in the blocks area. José refuses to give Johnny the toy, so Johnny begins grabbing and then hitting him. Sally sees Johnny hitting and walks over as José begins crying. With a concerned look on her face, she hands him the toy crane that she was playing with. José says, "Thank you," and immediately begins rolling the crane back and forth on the carpet road.

Children's personalities are becoming defined by the time they leave preschool. Receptive and expressive language development allows them to express their feelings and act in a way that is helpful to others. This article discusses the components associated with the development of children's prosocial behaviors.

Prosocial Behavior

Prosocial behaviors are actions that benefit others without obvious benefit to oneself (Eisenberg & Fabes, 1998). These acts of kindness assist, support, or benefit others. There is no anticipation of reward on the part of the child performing them. The child learns to perform these acts and practices, which carry over into adulthood.

Most children's relationships with their peers are not neutral (Bee & Boyd, 2003). They are either prosocial or antisocial. The disposition of acting to benefit others is called prosocial or altruistic behavior (Kostelnik, Stein, Whiren, & Soderman, 1998). These behaviors are helpful interactions, which positively affect others (Eisenberg & Fabes, 1998). A child providing these acts of kindness by assisting and supporting others demonstrates the presence of a social conscience (Miller, 2007). The child performing the acts does not anticipate a reward. However, there are many benefits to engaging in prosocial behaviors for the child. For example, prosocial behaviors create feelings of self-satisfaction, build perceptions of competence, provide entry into social situations, promote ongoing relationships, increase chances of receiving help or cooperation, and help to promote a positive group.

Antisocial Behaviors

The opposite of prosocial behavior is antisocial behavior, which is selfish and often associated with deviant and aggressive actions. This type of behavior shows a disregard for the needs and rights of others (Miller, 2007). Antisocial behavior has a negative effect on others since it is often deliberately destructive or hurtful. Before children can be labeled either prosocial or antisocial, they must be able to regulate their own emotions. They must be able to form the intention of either harming or helping (Bee & Boyd, 2003). According to Eisenberg and Fabes (1998), typically by age four or five children have developed a theory of mind and should be able to deliberately choose to use prosocial or antisocial behavior.

Hay and Pawlby (2003) found that children who engaged in prosocial behaviors at age four were less likely to become involved in aggressive behaviors at the age of eleven. Many professionals believe that adults who engage in deviant behaviors did not learn the appropriate prosocial behaviors in childhood.

Factors Related to Prosocial Behavior

Genetic Predisposition

Researchers have identified three factors commonly associated with the development of prosocial behavior in children: genetic predispositions to become involved in prosocial behavior, the emotional development of the child, and the parental or caregiving influences which enhance or inhibit prosocial behavior. Genetic studies of prosocial behavior often rely on twin studies. Knafo and Plomin (2006) compared identical twins (who share the same genes) with fraternal twins (who share half the same genetic material). The results of the twin studies found that identical twins are more similar to one another regarding prosocial behavior than fraternal twins (Zahn-Waxler, Schiro, Robinson, Emde, & Schmitz, 2001).



Emotional Development

The second factor influencing prosocial behavior is emotional development. Empathy is the ability to understand and respond sympathetically to the feelings of others. It involves trying to understand others' thoughts, feelings, and actions. Empathy is important because it allows us to identify a whole range of emotions experienced by others. Empathy develops gradually and is a necessary prerequisite to acting in helpful ways (Berk, 2005).

A child must be able to identify himself as a separate individual before he can empathize with others. This ability usually develops around 18 months of age. The typical two-year-old can identify a person who is in distress and may offer assistance. To illustrate, Heidi may offer her "blanky" as a comfort to an older child or adult. However, her assistance is based on her own needs and the assistance may be inappropriate. Heidi may want to help, but she lacks the knowledge and insight into appropriate helping behavior. Preschoolers can use more words in communicating their empathetic feelings. They can use words as well as gestures to console another. For a child to act in a prosocial manner, she must be able to understand the feelings of others and show her concern through actions. This process is generally seen by the ages of three or four.

Empathetic behavior is often associated with the child's temperament. Children who can regulate their own emotions by calming themselves down are more likely to show empathetic behaviors. Children who adjust slowly, are shy or passive, or who have a negative mood may take longer to develop this emotion. A child's temperament is associated with a genetic predisposition. Roughly half the individual differences in temperament are associated with genetics (Rothbart & Bates, 1998).

Experience may enhance or interfere with the emerging abilities to empathize. When caregivers and parents provide children with words to describe others' emotional states and their own feelings of empathy, children become increasingly aware of their own and others' emotional states. Inductive reasoning (pointing out the results of one's behavior on others) promotes development of empathy, while scolding, threats, and physical punishment may interfere with a child's ability to empathize (Eisenberg & Fabes, 1998).

Parental or Caregiver Influences

When children have warm and positive interpersonal relationships with their caregivers and parents, they feel secure. This allows them to think about others rather than focusing entirely on themselves. Conversely, those who have a generally negative interpersonal relationship with parents and caregivers are at risk for developing antisocial behavior.

Peer relationships also affect the social-emotional development of preschool children. Social development is affected by the child's opportunities to engage in activities with other children. Children who attend a child-care or preschool program have more opportunity to interact socially.

The quality of the child-care program can affect whether the child becomes more socially competent or more assertive and aggressive. Katz and McClellan (1997) outline caregiver practices that undermine the social development of children. Parents and



caregivers should avoid using empty threats, making comparisons among children's behavior, or using praise inappropriately. Teachers should use praise sparingly. It is doubtful that children benefit from hearing repeatedly that they "did a great job." Praise used too frequently is often intrusive and distracts children from becoming deeply involved with social and intellectual pursuits.

Strategies to Teach Empathy

According to Crosser (1996a), caregivers and parents can promote the development of empathy by using a variety of strategies during the normal daily schedule. As a caregiver, you should attempt at all times to model caring behaviors. Talk to children about your feelings for others and how you share their joys, pain, sorrows and delights. Tell children when you are excited for them or when you feel sorry that they are sad.

In talking with young children, always name emotions that are present either in the child or yourself. Introduce feeling words such as happy, sad, hurt, lonely, frightened, hopeful, frustrated, proud, shocked, anxious, or content as you read about story characters or during daily events.

Encourage children to interpret emotions on the faces of people in magazines or newspapers. Begin by inviting children to read the faces. Ask questions such as, "Why do you think the boy was shocked?" or "What could happen to make the boy look so discouraged?"

Another way to help teach empathy to young children is to role-play helpful behaviors. Choose stories to read to the children that include prosocial behavior and focus on helpful acts. After listening to the story, encourage the children to act out the story. Then discuss how they can help others like the characters in the book. This teaching technique helps the children learn to take different perspectives.

To promote development in all areas, teachers must remember to be supportive. It is important to maintain a predictable, warm, positive, caring relationship with the children at all times.

Learning Moral and Prosocial Behavior

Prosocial behaviors are associated with morality, the process of learning to differentiate between right and wrong behaviors. Morality involves thinking, feeling, and acting. Feelings of empathy and acts of sharing and compassion are related to and limited by the child's cognitive development. How children think about morality may reflect their developmental progression. Younger children's moral thinking differs from that of older children. Preschoolers are in a stage called Morality of Constraint (Piaget, 1965). According to Crosser (1996b), young children in this stage think of right and wrong in terms of:

- Absolutes – Young children believe an act is always right or wrong, and that there are no shades of gray. They do not consider whether an act was intentional or unintentional.

- How much physical damage was done – Acts that cause greater damage are seen as worse offences.
- Whether an act will invoke punishment – If an act will be punished, then it is wrong.
- Rules – Actions that break rules, whether purposefully or accidentally, are seen as wrong.
- Their own perspective – Young children have trouble seeing another person's point of view.

Induction

For children to become prosocial, they must learn that their actions have an effect on others. This is referred to as induction. Induction is a type of discipline in which the effects of the child's misbehavior on others are communicated to the child (Berk, 2005). When a teacher tells a child, "Timmy is crying because you took away his train" or a parent points out "Your sister is crying because you bit her. That hurts her and makes her sad," they are using inductive techniques. Inductive techniques work because they illustrate for the child the impact of his behavior.

To be effective, the inductive technique must be developmentally appropriate to meet the needs of the child. For instance, a caregiver could use the inductive technique suggested above with a three-year-old child. However as the child matures, the caregiver needs to modify the inductive techniques. The process must become more sophisticated. "She cries when you bite her because it hurts her and makes her sad" can become "Remember when you were sad? That is what she is feeling now." Tying an emotion caused by the child's negative interaction with a previous example from the child's own life will help her begin to learn empathy.

Research has shown that empathy-based techniques, used to respond to a child's problem behavior, are highly effective (Baumeister, 1998). Inductive techniques are

more effective than punishment/coercive techniques, and can be effective with children as young as age two. Inductive techniques are important throughout childhood, but they are not the only way to encourage prosocial behavior. Children's role models also play a crucial role in the development of prosocial behavior. Having helpful and generous caregivers and parents increases the child's prosocial responses.

The Role of Role Models

Caregivers and teachers who are warm and receptive to the needs of a child are positive role models. Children are more likely to copy or imitate the behavior of these important adults than the behavior of adults who are cold and distant. Important adults whom children admire and believe are powerful will have more of an influence over a child's life than adults who are secondary. Therefore, caregivers and educators are in strategic positions to act as models for a child's behavior.

For a variety of reasons, caregivers and teachers may fail to consistently model prosocial behaviors. They may be overwhelmed with stress or have physical or mental health issues. Moreover, they could lack an understanding of their responsibility and strategies for promoting prosocial skills. Unfortunately a lack of positive role modeling can hinder the development of prosocial behaviors. When children receive contradictory messages from their role models regarding prosocial behavior, the process may be delayed. Consistency among role models is important.

Ways Teachers and Caregivers Can Foster Children's Prosocial Competence

With an increasing number of children enrolled in center-based and family home programs, educators and caregivers play an important role in promoting the development of prosocial skills (Preusse, 2005). Caregivers

and teachers can use a variety of teaching strategies to foster social competence and promote prosocial behaviors (Katz & McClellan, 1997).

1. Express respect for children's feelings. Avoid power struggles by making clear expectations in a straightforward and matter-of-fact way: "Johnny, maybe you don't feel like playing in the block building area. That is okay. When you are ready, let me know."
2. Teach children words for their emotions. Make comments like "Evan, you look so happy in this picture with your family."
3. Establish authority and credibility. Express expectations simply and directly: "Please don't splash the water. Sally doesn't like getting wet."
4. Invoke ground rules. Create a prosocial atmosphere in the classroom, which will indicate that expectations, limits, and rules apply equally to all children: "Emma, I don't want you to take the shovel away from Eli. And, I don't want anyone to take toys away from you either."
5. Offer children suggestions for verbal openings: "Marcus, go and tell Jane that you want to play with the blocks."
6. Strengthen turn-taking skills. Some children need encouragement to problem-solve social situations, such as turn taking and confrontations. You might say, "I think that Jacob has waited a long time. You know how that feels. Please let him have a time to paint."

Summary

The development of prosocial behaviors is essential to the well-being of children. Children must learn how their behavior affects others. By using inductive teaching strategies and role modeling prosocial behaviors, caregivers and parents can foster the development of these behaviors.

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The Child Development Associates (CDA) competencies that can be linked to this article are:

- To advance physical and intellectual competence
- To support social and emotional development and to provide positive guidance

For more information on the CDA competency requirements, contact the Council for Early Childhood Recognition at 800-424-4310 or visit www.cdacouncil.org.

The Certified Childcare Professionals (CCP) professional ability areas linked to this article are:

- The ability to enhance the cognitive development of young children
- The ability to enhance the social and emotional development of young children
- The ability to provide effective and nurturing learning environments in response to the individual needs of each child

For more information on the CCP certification, contact the National Child Care Association at 800-543-7161 or visit www.nccanet.org.

understanding and preventing obesity: a caregiver's role

By Esther Glover Fahm, PhD, RD, CFCS
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Miss Jones has observed that several of her 18 four- and five-year-old children are obese. She has noted that these children often take second and third servings at snack and lunchtime. These children also seem to prefer sedentary activities. She is particularly concerned with Markus who seems to be developing a negative self-image. As a result, Miss Jones consulted a nutrition expert to learn more about understanding and preventing obesity in the center.

She learned that childhood obesity is the leading nutritional problem among American children today (Rocchini, 2002). It is a rapidly growing threat to the health and well-being of individuals in childhood and later life. Almost 14 percent of children between the ages of two and five and 19 percent of children between the ages of six and eleven in the United States are overweight. This rate has almost tripled since the 1970s (Ogden et al., 2006).

Obesity is serious. It poses a significant public health concern because of its many related health consequences. Excessive food intake and too little physical activity are primary factors contributing to overweight and obesity in children. Caregivers need to assist young children in developing habits and behaviors for promoting a healthy body weight and lifestyle. Food likes and dislikes, eating habits, and physical

activity levels are learned, modifiable behaviors, particularly in early childhood.

Health Consequences

Studies have shown that obese children are likely to suffer from a host of health problems of a physical, social, and psychological nature. Childhood obesity causes serious complications to multiple organs and systems of the body, including the heart, kidneys, liver, muscle, bone, and nerve tissues.

Physical

The physical consequences of obesity are numerous and diverse. Obesity is the main factor contributing to the increased incidence of early-onset Type II diabetes, a type of diabetes which traditionally occurs in adults (Ebbeling, Pawlak, & Ludwig, 2002). Similarly, childhood obesity hastens the development of heart disease (Buiten & Metzger, 2000). Approximately 60 percent of overweight 5- to 17-year-olds already have one risk factor of heart disease (US-DHHS, 2001). Besides these very dangerous side effects, obesity also affects the skeletal, nervous, and respiratory systems of children. It leads to advanced bone growth and early puberty development. A large proportion of obese children suffer from asthma and have breathing problems when exercising. Many obese children also experience abnormal sleep, which may impair learning and school performance. Fatty degeneration of the liver and the presence of stones in the gallbladder are also common complications caused by obesity (Daniels, 2006).



Social and Psychological

Obese children not only suffer from numerous physical complications, they also suffer socially and psychologically. Social discrimination is the most immediate result. Obesity affects children's self-esteem, self-image, and ability to have friends and often

contributes to isolation, depression, and anxiety (US-DHHS, 2001). Obese children are stereotyped as having poor hygiene and being socially unfit and lazy. As early as age five, obese children can develop a negative self-image (Ebbeling et al., 2002).

Causes of Childhood Obesity

Childhood overweight and obesity result from poor diet, too little physical exercise, or a combination of both. Body weight and obesity are complex issues. The body weight of a child is determined by genetics, metabolism, culture, socioeconomic status, behavior, and environment (US-DHHS, 2001; Bloomgarden, 2002). These factors often interact to promote overweight and obesity. The manner in which they interact together is poorly understood. This makes prevention and successful treatment a challenge.

Energy Imbalance

Being overweight or obese is the result of an energy imbalance. An energy imbalance occurs when energy intake (calories) is not equal to energy output. Carbohydrates, fats, and proteins in the diet are sources of energy intake. Conversely, energy output or expenditure in children includes growth, physical activity, basal metabolism (amount of energy needed to sustain a body at rest), and thermic effect of food (energy required to process food).

The type of energy imbalance that leads to overweight and obesity is called positive energy balance. This occurs when a child eats more food energy (calories) than he or she expends for growth, physical activity, and other bodily functions. A positive energy balance leads to a gain in body weight. Some weight gain in children is necessary. It reflects increases in height and body size associated with normal growth and development. Overweight and obesity occur when a child consumes too much food (excessive calories) on a regular basis. The extra energy intake is stored in the body primarily as fat.

Lifestyle Behaviors

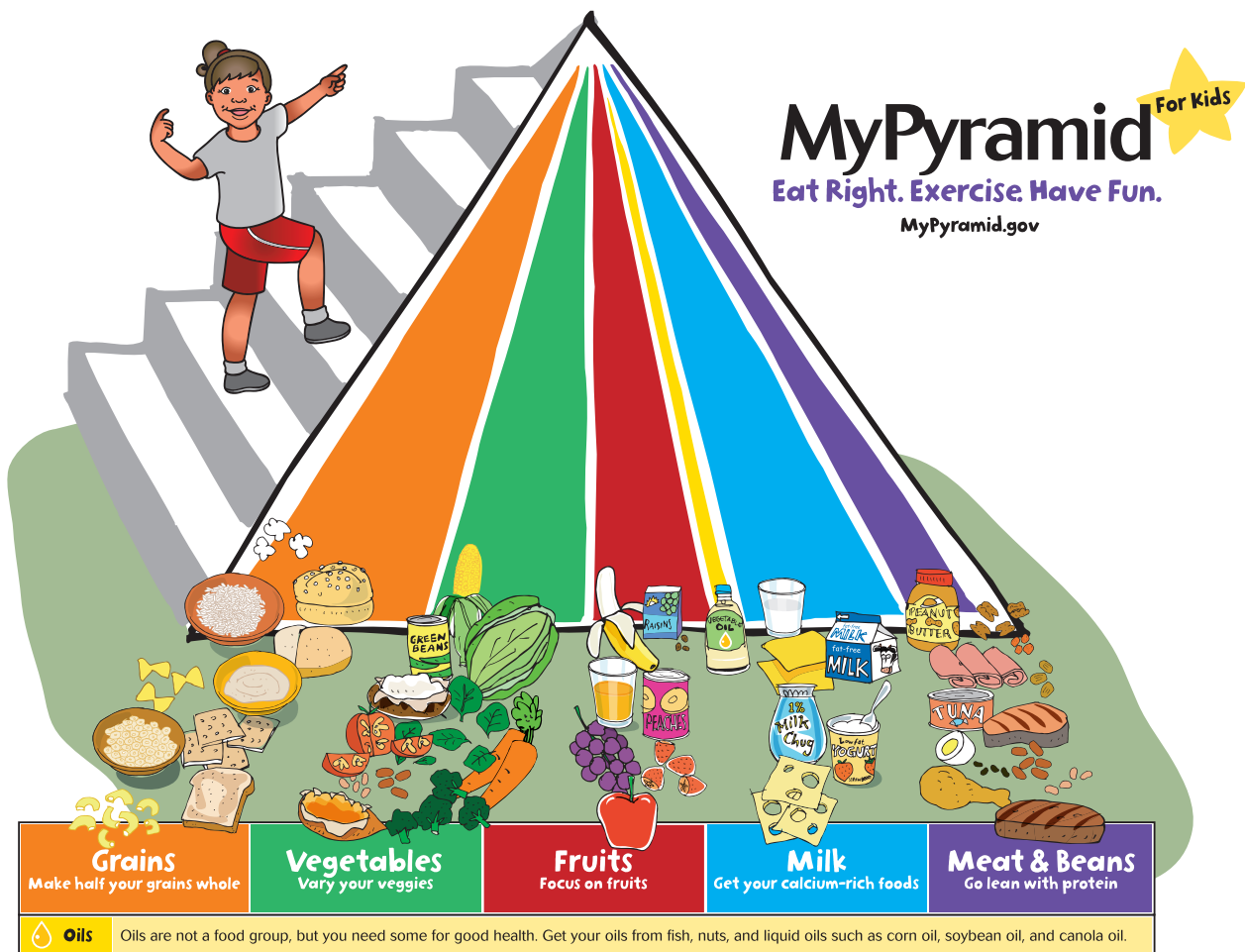
Diet and physical activity are two lifestyle behaviors that affect body weight. Both are influenced by genetics and environment. Beginning in infancy, lifestyle behaviors are influenced by the environment. The home, child-care center, and community all influence a child's eating habits, activity patterns, and weight status.

Children acquire diet and physical activity behaviors from their interaction with parents, caregivers, peers, and significant others in

their environment as a result of:

- Daily routines for meals, snacks, and physical activity.
- Feeding methods.
- Eating behaviors of caregivers.

Caregivers can influence a child's diet, physical activity, and environmental factors that promote healthy body weight. These factors need to be carefully created, modified, and nurtured in ways to help children learn and adopt healthy lifestyle behaviors.



Factors Influencing Diet

Eating too much food or too many calories is a factor that leads to childhood obesity. Dietary concerns affecting obesity include what foods are offered, how much food is offered (portion size), and the way foods are offered to children (feeding methods and behaviors). Nutrition surveys indicate that obesity is related to the amount of fat in the diet. Diets of most children (about 68-75 percent) are too high in fat (ADA, 2004). Often children eat at fast food restaurants where foods are typically high in fat. Many of their favorite foods are also high in fat (hot dogs, cold cuts, hamburger, pizza, ice cream, French fries, snack foods, etc.). High fat diets lead children to consume too many calories, causing them to become overweight and obese.

Dietary fat is only one part of the problem. There is also a strong relationship between added sugar and high calorie diets. Sugars and syrups added to foods during preparation or processing have become a major cause of too much food energy. Soft drinks, fruit-flavored drinks, and other sweetened beverages are of concern. Soft drinks provide about 35 percent of added sugars in children's diets. Diets high in fat and added sugar are typically high in calories and low in dietary fiber. This combination promotes overweight and obesity.

Nutrient-Dense Diets

When children reach two years of age, they require less fat and more fiber. Making this shift in their diets is crucial to promoting healthy body weights. Their diets should routinely consist of nutrient-dense foods. These are the low-fat forms of food from each food group that contain no added sugar. This means that children two years of age and older should routinely be offered low-fat or fat-free milk and dairy products and lean meats. As an alternative to meat, it is helpful to use legumes (dried peas and beans) as often as possible. They contain no fat and are rich sources of fiber. Offer plenty of fruits, vegetables, and



whole grain products prepared without added fat or sugar. Adequate servings of fruits, vegetables, and whole grains supply dietary fiber children need on a daily basis.

Nutrient-dense foods supply substantial amounts of vitamins and minerals with relatively few calories. Providing children with a variety of healthy foods is crucial for meeting their nutrient needs, while avoiding excess calories that promote weight gain. To plan nutritious and well-balanced meals and snacks for children in child care, caregivers should follow the United States Department of Agriculture Child and Adult Care Food Program (CACFP) guidelines (available online at <http://www.usda.gov/>). The CACFP guidelines help caregivers combine foods from various groups to meet the nutritional and caloric needs for children.

Portion Sizes

Portion size impacts excessive calorie intake and childhood obesity. In America, portion

sizes have increased and are generally too large. Studies have shown that infants and children under three years of age are less influenced by external and environmental factors. Their food intakes remain the same when served large portion sizes. They tend to eat when hungry and stop eating when full. As a result, their food intake remains consistent with their energy needs. However, beyond three years of age, environmental factors influence what and how much children eat. Children will eat more food and gain weight when large portions are offered (Bloomgarden, 2002; ADA, 2004). For child-care settings, the CACFP meal patterns provide age-appropriate portion sizes, which help caregivers provide the proper quantities of food and promote healthy body weights in children.

Feeding Methods and Meal Styles

The method of feeding can also influence a child's eating habits and body weight. Studies show that breastfeeding aids in preventing obesity (Arnez, Ruckerl, Koletzko, & von Kries, 2004). Infants have a strong ability to self-regulate their food intake. They will naturally eat when hungry and stop eating when they feel full or satisfied. On the other hand, caregivers often encourage bottle-fed infants to finish each bottle, thus resulting in overfeeding (Vessey & MacKenzie, 2000).

Healthy feeding is the responsibility of both the child and caregiver. Infants are responsible for deciding when, how much, how fast, and how often to eat. Parents and caregivers decide what foods the infants eat. As infants become independent toddlers, caregivers are responsible for deciding what foods are offered, when and where food is offered, and how food is presented. Toddlers are then responsible for deciding if they eat and how much they eat. It is crucial for caregivers to offer nutritious foods. This division of responsibility between the child and caregiver is essential for helping children establish normal eating behaviors (Satter, 2000; 2005). The child needs to respond to

internal cues for hunger and fullness. This should aid in preventing overeating, which leads to overweight and obesity. In addition, experts recommend that child-care settings use family-style meal service. This style allows children to serve themselves and reinforces their abilities to respond to internal rather than environmental cues for eating.

Physical Activity

Physical activity is the primary lifestyle factor that affects energy output. Low physical activity decreases energy output and is associated with weight gain leading to overweight and obesity. The living habits of children and families are changing. To illustrate, children are being transported more and are walking or biking less. Rather than being physically active, they are spending more time watching television and playing video games.



Television watching decreases physical activity and lowers energy expenditure, which promotes obesity. Watching television can encourage snacking and eating high calorie foods (Vessey & McKenzie, 2000). Studies show that children who watch the most television are more likely to become obese (Dietz & Gortmaker, 1985; Crespo et al., 2001).

To encourage physically active lifestyles, experts make the following recommendations for caregivers (NASPE, 2002, 2004; ADA, 2005; Story, Kaphingst, & French, 2006):

- Emphasize a variety of appropriate movements and activities for infants and children.
- Include time for free play and planned activities in the daily routines for children.
- For each hour children are sedentary, allow 10 minutes for them to be active.
- Plan one or more special physical activity each week.

Overall, it is vital for physical activities to be non-competitive and pleasurable to children.

Parental and Home Influence

Parental influence on child obesity is both genetic and environmental. Parents may provide a genetic tendency for obesity, and from an early age, the health habits in the home environment are also influential. Parental beliefs, attitudes, physical activity, and eating habits shape the diet and activity



levels of children (Klesges, Stein, Eck, Isbell, & Klesges, 1991). Children at greatest risk of developing obesity are those with two obese parents. Parental obesity may influence a child's body weight partly because of lifestyle behaviors such as eating habits, food preferences, and physical activity patterns. Children tend to imitate their parents. If their parents enjoy and prefer foods high in calories, children are likely to learn to do the same.

Studies also show that several parental practices interfere with children's ability to self-regulate their food intake. These practices include encouraging children to finish all of the food served to them, being restrictive and inflexible with respect to foods, and using food as a punishment or reward. Children learn to dislike food such as green vegetables if they are required to eat them to obtain a reward. Encouraging children to eat when they are not hungry can also lead to overweight and obesity.

Child-Care Environment

The child-care environment is a place where children learn healthy eating and physical activity behaviors. Children learn eating behaviors by observing their peers and caregivers at meals. Caregivers can convey messages through direct instruction, in conversation, in guided practice, and through modeling positive eating habits. Eating with children and maintaining a pleasant mealtime atmosphere will aid in creating a supportive environment (ADA, 2005). Similarly, children learn physical activity behaviors through observation, participation, and instruction. A positive social and emotional environment in child care promotes development of healthy eating and physical activity habits.

Preventing Childhood Obesity

Experts agree that the goal for addressing and preventing childhood obesity is to promote the development of a healthy lifestyle. Achieving this goal requires

environmental and behavioral strategies that combine diet and physical activity. The involvement of multiple segments of our society is essential, including the food industry, media, and government (Institute of Medicine, 2005).

The primary obesity prevention approach is two-fold:

1. To help healthy weight children maintain their weight, and
2. To help overweight children prevent further excess weight gain (Story et. al., 2006).

For overweight children, weight loss is not usually recommended because they are growing and developing. Instead, the goal is to stop excess weight gain. As children increase in height and maintain current weight, they grow into their healthy body weight (Barlow & Dietz, 1998). Experts recommend the following strategies that parents and caregivers can use to utilize this approach:

- Offer nutritious meals and snacks, emphasizing appropriate nutrient-dense foods.
- Offer appropriate portion sizes.
- Determine what foods to offer children, when, and where; allow children to decide whether to eat and how much they eat.
- Establish routine meal and snack times.
- Avoid using food or physical activity as a reward or punishment.
- Increase opportunities for active physical involvement indoors and outdoors.
- Limit television and video games (screen time) to a maximum of two hours a day.

In summary, the caregiver plays an important role in addressing and preventing childhood obesity. Developing a healthy lifestyle and dietary habits can positively influence a child's physical, social, and psychological development.

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- To establish and maintain a safe, healthy learning environment
- To support social and emotional development and to provide positive guidance

For more information on the CDA competency requirements, contact the Council for Early Childhood Recognition at 800-424-4310 or visit www.cdacouncil.org.

The Certified Childcare Professionals (CCP) professional ability areas linked to this article are:

- The ability to establish and maintain a safe, healthy, and nurturing learning environment
- The ability to enhance the physical development of young children
- The ability to enhance the social and emotional development of young children

For more information on the CCP certification, contact the National Child Care Association at 800-543-7161 or visit www.nccanet.org.