



Person-Centered Tips for Childhood Strategies and Activities

This resource and tip sheet is designed to support person-centered approaches for Childhood strategies and activities.

Use **person-first language** when discussing individuals with varying levels of accessibility and capability (ODR, 2006). This lets others know that you are acknowledging the whole person without labelling or making assumptions. Examples include:

- Child with disabilities or special needs *instead of* disabled/special needs child
- Child with autism *instead of* autistic child
- Child utilizing a wheelchair *instead of* wheelchair bound

Understand that **adverse childhood experiences** or traumas have the potential to delay child development or cause challenging behavior in the following areas: language and communication, social and emotional regulation, relationship building, playing, and staying engaged (Statman-Weil, 2015). The following are suggestions that are effective for helping children who may have experienced trauma:

- Give positive guidance or reassurance during their learning process and remind children of something specific that they are doing well.
- Be clear about learning expectations and let children know if they can expect something different or unusual.
 - Example for interactions with children: “Today we are going to do a taste test” or “Today I will be asking for volunteers to do.../help with...”
 - Example for interactions with staff/child care providers: support Empower policy and provide Empower staff training, as this can be a foundation for routine building.
- Offer developmentally-appropriate options from which children can choose. Work with teachers or staff at schools and early childhood centers on what this looks like for their classroom.

Many early child care centers and schools have adopted social/emotional learning and trauma-informed approaches, while others may not be aware of these concepts. Learn more about your sites’ current practices, what partners they’re working with, and use **community coordination** to find ways to align these services and fill gaps (Merrill S, 2020). This allows you to:

- Establish *safety* by meeting your community or site partner where they are.
 - Example: Listen to your community and site partners about what is important to them and be transparent about the scope of services the AZ Health Zone can provide to avoid setting unrealistic expectations or irrelevant programming.
- Provide *peer support* when needed.
- Create opportunities for *collaboration and mutuality*.

Support **nutrition practices** that are of interest to your site or community and that are consistent with Empower Standards. Sometimes goals for nutrition practices might not align with the [Language of Health Style Guide](#) messaging (Lorts, 2019). This could be an opportunity to educate partners at sites we work with on this person-centered approach and concepts like (Daniélsdóttir, et al., 2020):

- Revising or reframing word choices in direct education lessons or nutrition messages to provide an inclusive and positive outlook on food choices.
 - Examples of key messages to revise: Messages that label foods as good or bad, messages that encourage people to choose “this” over “that,” “go, slow, stop/whoa” messages.
- Respecting child and adolescent voice and choice.
- Body size is not the only indicator of health status.
- Refraining from commenting on or shaming a child’s body size and/or food and drink choices.
- Example for working with teachers or site staff: Discuss the importance of food neutrality, not giving diet advice to children, or using physical activity as a punishment or reward for behavior.

Sources and Suggested Readings:

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4. Lorts, C. (2019). The Language of Health: An Editorial Style Guide to Effectively Communicate to the Public. Arizona State Nutrition Action Committee. <https://www.azhealthzone.org/pdf/style-guide-language-of-health.pdf>
5. Daníelsdóttir, S., Burgard, D., & Oliver-Pyatt, W. (2020). Position Statement: Guidelines for Childhood Obesity Prevention Programs. Academy of Eating Disorders. <https://www.aedweb.org/get-involved/advocacy/position-statements/guidelines-for-childhood-obesity-prevention-programs>
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7. Collins B. (2020, April). Yes, You Can Do Trauma-Informed Teaching Remotely. Education Week. <https://www.edweek.org/leadership/opinion-yes-you-can-do-trauma-informed-teaching-remotely-and-you-really-really-should/2020/04>