Positive Parenting Tools & Strategies

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Welcome

Welcome. This handout provides practical routines, nutrition advice, sleep science, screen-time strategies, and parenting tools that make a measurable difference to children's behavior, learning, and family calm.

1. Setting the Basics: routines, movement, relationship fuel

Children self-regulate better when life is predictable, connected, and supported by sleep, food, and movement. Think of self-control like a phone battery. Routines, sleep, and good food are the charger; connection is the Wi-Fi; limits are the firewall. • Micro-routines: one song for teeth + pajamas, a cue phrase for leaving, or a short "landing" time after school. • Movement breaks: 5–10 minutes of active play before homework. • Connection first: 5 minutes of child-led play daily. • Research: longitudinal studies show childhood self-control predicts adult health, finances, and lower risk behaviors—even after accounting for IQ and family background.

2. Food that steadies behavior

Two truths: 1. Sugar does not directly cause hyperactivity in most children. 2. Diet still affects mood, attention, and energy. A) What to feed: balanced breakfast, steady snacks every 3–4h, hydration, and omega-3s. B) Sugar: not inherently "bad," but large simple-carb doses cause spikes and crashes → irritability. C) ADHD: omega-3 supplements may provide small benefits; elimination diets only if clear links are seen in a diary.

3. Sleep: amounts, science, and fixes

Recommended daily sleep (AASM, 2016): • 2–5 yrs: 10–13 h • 6–12 yrs: 9–12 h • 13–18 yrs: 8–10 h Even one lost hour can impair attention, memory, and mood. Tip: "10-3-1-0 rule": 10 hours in bed (younger), 9 hours (older); no caffeine 3h before bed; no screens 1h before; no phones in bedrooms.

4. Screen-time: habits and alternatives

• More than ~1h/day of recreational screen time correlates with lower wellbeing in children and teens. • Create a Family Media Plan: clear rules, screen-free zones (bedrooms, dinner table), and parents model habits. • If use becomes compulsive: treat as habit loops—change cues, shorten sessions, replace with rewarding offline activities.

5. Anxiety: stop fixing—start supporting

Anxious children improve when parents respond with warmth and confidence, and reduce avoidance (“accommodations”). Steps: 1. Name & validate the feeling. 2. Show confidence: “I know you can handle this.” 3. Plan exposure, not escape.

6. Behavior management: calm, clear, consistent

Key strategies: • One-sentence instructions. • Golden ratio: aim for 3–5 praise statements for every correction. • Logical consequences: ball thrown indoors → ball removed. • Repair after conflict: “We both got loud; let’s restart.”

7. Self-governance: internal regulation

Nicholeen Peck’s self-government model teaches skills instead of relying only on adult control. Core skills: calm voice/face/body; follow instructions; accept “no” answers; disagree respectfully. Correction method: describe, teach, practice, praise. Children feel safer when they can predict themselves. This is skill-building, not threat-based compliance.

8. ADHD: adaptations

ADHD is neurodevelopmental. Support with: • Short, clear instructions. • External supports: timers, checklists, visual schedules. • Frequent praise and small, immediate rewards. • “When-then” routines: “When homework is done, then outdoor play.”

9. Autism and sensory-sensitive children

Autistic or rigid children often experience demands as stress. Support with: • Low-arousal communication. • Visual supports and clear routines. • Collaborative problem solving, with flexibility (Plan A/B/C). Rigidity is usually a stress response—safety first, flexibility later.

10. Parenting through separation/divorce

Protect children from conflict. Don’ts: do not use children as messengers, do not ask them to choose sides. Do’s: acknowledge grief, maintain consistent routines, reassure parental roles, allow love for both parents.

Key References (for parents who want to know more)

American Academy of Sleep Medicine (2016). Recommended amount of sleep for pediatric populations. Journal of Clinical Sleep Medicine.

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