# **Grade 1, Unit 3** Lesson 15: Self-Talk for Calming Down



## What Is My Child Learning?

Your child is learning that some feelings are strong and need to be managed. You can manage strong feelings by saying "Stop," naming the feeling, then using belly breathing and positive self-talk to calm down.

### Why Is This Important?

When children have strong feelings, they have a harder time thinking clearly and paying attention. When children are calm, they are able to learn.

Ask your child: **When you are having a strong feeling, what should you do first?** *Second Step* answer: Put my hands on my tummy and say "Stop."

What should you do next? Second Step answer: Name my feeling.

**Then what can you do to calm down?** Possible answers: Belly breathe or take belly breaths. Count. Use positive self-talk.

**Can you show me how to do belly breathing?** (Let your child lead you through belly breathing.)

When you are feeling angry, what can you say to yourself that will help you calm down? Possible answers: Relax. It will be okay.



### **Practice at Home**

When you notice your child having strong feelings, remind your child to say "Stop," then name his or her feeling. Then practice belly breathing with your child. Help your child think of positive self-talk to use to remain calm. For example:

I see you're having a strong feeling. Remember to say "Stop." Wait for your child to say stop. What are you feeling? Help your child name the feeling, if needed. Now let's belly breather together. Practice belly breathing with your child. What can you say to yourself that will help you keep calm?

#### Activity

Help your child to think of a time when he or she has a strong feeling and what he or she needs to do to calm down. Fill in your child's responses in the blanks below.

I get a strong feeling and need to calm down when:

Stop! I am feeling

Practice belly breathing.

Positive things I could say to myself:

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|----------------|--------|---------------------|
|                |        |                     |
|                | ()     |                     |
| (CHILD'S NAME) | (DATE) | (ADULT'S SIGNATURE) |