

Individualized Intervention with Infants and Toddlers: Determining the Meaning of Behavior and Developing Appropriate Responses



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Learner Objectives

- Participants will understand and be able to describe the relationship between behavior and the communication of distress for infants and toddlers
- Participants will identify the characteristics of challenging behavior for infants and toddlers
- Participants will describe acting out and social withdrawing behaviors exhibited by infants and toddlers
- Participants will identify family circumstances, including maternal depression, that can have an impact on the social emotional development of infants and toddlers
- Participants will identify steps for working with parents in addressing concerns about infant and toddler behavior
- Participants will explore the effect of infant or toddler behavior on the caregiver and identify ways in which the caregiver can use her reflections to understand and effectively address the needs of the child
- Participants will describe and have an opportunity to use a process for developing and implementing a support plan to respond to challenging behavior

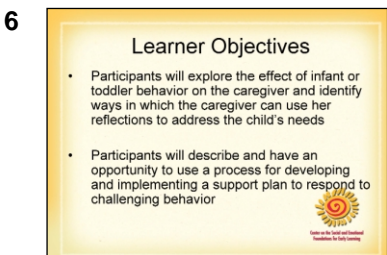
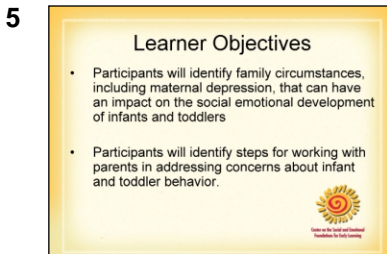
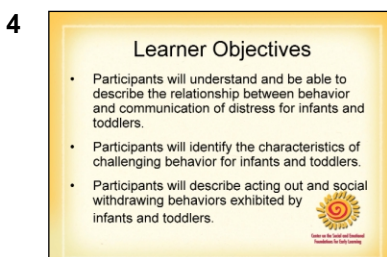
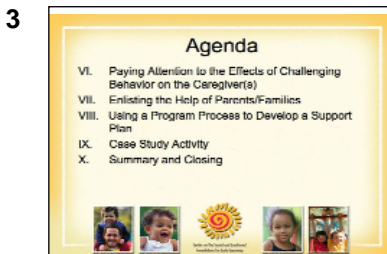
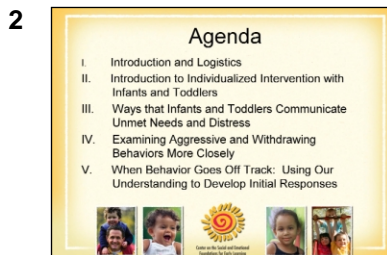
Suggested Agenda for a Day Training

I.	Introduction and Logistics	10 min.
II.	Introduction to Individualized Intervention with Infants and Toddlers	10 min.
III.	Ways that Infants and Toddlers Communicate Unmet Needs and Distress	45 min.
IV.	Examining Acting Out and Withdrawing Behaviors More Closely	60 min.
V.	When Behavior Goes Off Track: Using Our Understanding to Develop Initial Responses	60 min.
VI.	Paying Attention to the Effects of Challenging Behavior on the Caregiver(s)	45 min.
VII.	Enlisting the Help of Parents/Families	20 min.
VIII.	Using a Program Process to Develop a Support Plan	60 min.
IX.	Case Study Activity	45 min.
X.	Summary and Closing	20 min.
TOTAL TIME		5 hrs., 15 min.

Materials Needed

- Agenda
- PowerPoint Slides
- Facilitator's Guide
- Flip Chart or White Board and Markers
- Handouts
 - 3.1 Participant PowerPoint Slides
 - 3.2 Acting Out and Withdrawing Behaviors
 - 3.3 Strategies for Responding to Infant and Toddlers' Challenging Behavior and Supporting Infant and Toddlers' Social Emotional Development
 - 3.4 Responding to an Infant's Distress
 - 3.5 What is My Perspective?
 - 3.6 Infant-Toddler Home Environments or Circumstances
 - 3.7 Talking with Families about Problem Behavior: Do's and Don'ts
 - 3.8 Infant-Toddler Observation Documentation
 - 3.9 Infant-Toddler Behavior Review
 - 3.10 Infant-Toddler Action Support Plan
 - 3.11 Infant Toddler Action Support Plan Review
 - 3.12M Case Study Materials (See copying instructions)
Case Study Maria/Child Observations: (Handouts 3.12M)
 - 3.13M Trainer Discussion Points for Case Study Maria
Sample Infant Toddler Behavior Review
Sample Infant Toddler Action Support Plan
 - 3.14 Session Evaluation Form
- Videos
 - Video 3.1 Looking at behavior that is concerning
 - Video 3.2 Caregiver conversations
 - Video 3.3 More thoughts from caregivers
 - Video 3.4 Observing Michael
 - Video 3.5 A full response to challenging behavior

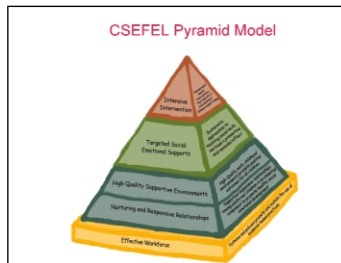
I. Introduction and Logistics (10 minutes)



- A. Show **Slide 1** and introduce Module 3 by name. Then begin with a welcome to the group; an introduction of all speakers; and a brief overview of who you are, where you are from, and any background that is relevant to this training event.
- B. Have each table of participants introduce themselves to each other. Ask for a show of hands from the group to indicate what role in the early childhood community each represents (e.g., teachers, assistants, home visitors, early interventionists, family care providers, administrators, trainers). Or use another introductory strategy depending on the size of the group, whether this is a group new to one another, and the time available.
- C. Show **Slides 2 and 3: Agenda**. Review with participants. Show **Slides 4, 5, and 6: Learner Objectives** and review with participants.
- D. Distribute all handouts including **PowerPoint Slides (Handout 3.1)** and other resources.
- E. Address logistical issues (e.g. breaks, bathrooms, lunch plans).
- F. Encourage participants to ask questions throughout or to post them in a specially marked place (parking lot).

II. Introduction to Individualized Intervention with Infants and Toddlers (10 min.)

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A. Point out that as the participants can see from the Agenda, we are going to talk more about understanding and supporting the behavior of infants and toddlers. In addition, we are going to spend time thinking about how to develop a systematic approach to address infant and toddler behavior that has not responded to the promotion and prevention efforts we have already incorporated into care settings.

1. Show **Slide 7: CSEFEL Pyramid Model**. Point out that today training will focus on the top of the Pyramid.
2. Remind the participants that the top of the Pyramid is reserved for the very few children who continue to exhibit behavior that causes them difficulties even when caregivers have attended to the issues addressed at the base of the Pyramid: Staff and parents have positive relationships with children; the care setting has been arranged carefully to promote appropriate behavior; and there is an intentional approach to supporting the development of social and emotional skills. The infants and toddlers we are focusing on are children who demonstrate behaviors that do not improve over time, on their own, or with the typical level of care provided.
 - a) Some infants and toddlers may come to us with these behaviors while others may develop them in care.
 - b) Our goal is to address the distress of these very young children and to intervene before the behavior becomes entrenched for the child and seriously impacts the family, the care setting, and the child's relationships.
 - c) Explain that an important reason to be able to respond effectively to this group of children is that we know that many of them are vulnerable and are at risk of being expelled from child care settings.
 - d) These are often the children (and families) who could most benefit from the support of a high quality care and education program.
 - e) Persistent challenging behavior (i.e. not the normal challenges that are frequently related to typical development) usually does not just go away on its

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Social Emotional Wellness

The ability to:

- Experience, regulate and express emotions
- Form close and secure interpersonal relationships
- Explore and learn from the environment



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III. Ways of Communicating Unmet Needs and Distress (45 min.)

own but rather continues over time and creates more problems for the child in his/her relationships and development.

- f) Research shows that for older children with behavior problems, these problems were regularly identified in the earlier years.

3. Show **Slide 8: Social Emotional Wellness**. In Module 1, we described the elements of mental health or wellness in infants and toddlers as their having the ability to:

- experience, regulate and express emotions;
- form close and secure interpersonal relationships;
- and explore the environment and learn.

These are the skills infants and toddlers bring to their ability to cope with distress. One of our tasks as caregivers is to support the development of these coping skills that are the hallmarks of early mental health.

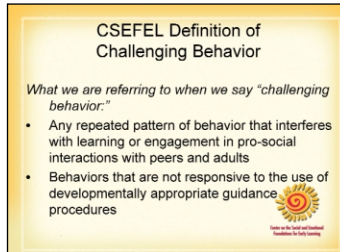
In this module we will learn how to support infants and toddlers who struggle with these tasks to the extent that their overall development is threatened. We will: 1) explore reasons for these struggles, 2) describe strategies for understanding the child's experience, and 3) ways of supporting the child's skills.

- A. A major consequence for infants and toddlers is that challenging behaviors may interfere with the intimate positive relationships which are so important to a very young child's developing sense of him or herself.

An example could be a baby who is extremely fussy and might receive less positive attention and handling from adults and therefore become delayed in her social development, (i.e. responsive smiling, waving, responding to her name).

Another example is a toddler who frequently bites his peers when stressed and, because the other children avoid him, doesn't have as many opportunities to learn to play cooperatively or develop age appropriate language skills.

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A third example is a baby who is quiet and hard to engage and may be left alone too much by caregivers who don't feel connected to the child.

- B. It may be useful here to look at the **CSEFEL Definition of Challenging Behavior for Children Birth to Five**. Show **Slide 9**: Each of the bulleted points can apply to infants and toddlers as well as preschoolers. Ask the participants if they can think of other aspects of challenging behavior that are not listed or covered in this definition. Elicit from the participants the point that challenging behavior is often caregiver specific. In other words, what is challenging to one caregiver may not be challenging to another caregiver. Let the group know that specific types of challenging behavior will be discussed later in the module.

What we want to consider are the consequences of not addressing the problem(s).

- a) When thinking about infants and toddlers, our concern centers on the price to the child of continued distress. Ask the participants what may be the price or consequence of not addressing challenging behavior early on. Elicit responses such as:

the behavior may become habitual, more frequent, and/more difficult to change ;

the behavior may impact the quality of the caregiving (e.g. a child with challenging behavior may receive less positive interactions);

peer relationships may be impacted (e.g. other children may avoid playing with a child with challenging behavior);

other developmental areas may be impacted (e.g. a child may be less able to focus on the other aspects of learning due to expending energy on emotional stress or challenging behavior);

it is more expensive, more intrusive, and less effective to intervene later in a child's life

So our problem solving emphasis is typically on

relieving the distress the child may be experiencing early on.


- b) In addition, with infants and toddlers we see extreme behavior as an indication that distress may have a negative impact on the intimate relationships in his or her life. So our problem solving is always directed at the infant and toddler and his or her primary relationships.

C. Show **Slide 10: Communication Expresses...** One way to frame our thinking about the behavior of infants and toddlers is to think about behavior as being a form of communication and always having meaning. Show **Slides 11 and 12: Infants Communicate in Many Ways**, and review the list with participants.

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Communication Expresses...

- What the infant or toddler is experiencing
- What it is like to be in that child's body
- What it is like to be in that child's world



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Infants Communicate in Many Ways

- Gaze aversion (looking away)
- Yawning
- Expressions
 - Pushing out of the lips
 - Wrinkling the brow
 - Lip grimace; lip compression
 - Smiling
 - Tongue show
 - Brow raising
 - Dull look
- Vocalization
 - Giggling
 - Crying
 - Squealing



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Infants Communicate in Many Ways
(continued)

- Movements
 - Pulling away
 - Joining of hands
 - Arching back, stiffening
 - Clinging posture
 - Lowering the head
 - Hand to eye
 - Hand gesture to signal stop
 - Hand to ear
 - Hand to mouth
 - Hand to stomach
 - Reaching for caregiver



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Expression of Emotion



- Intensity
- Frequency
- Duration



1. Show **Slide 13: Expression of Emotion**. When we think about the behavior of infants and toddlers, much of the behavior considered challenging is behavior that expresses strong emotion or little emotion at all. The behavior we are talking about is behavior that may be typical for a child's developmental stage (e.g. tantrums) but it is the intensity, the frequency or duration of the behavior that causes it to be challenging to caregivers and that distinguishes it from typical behavior.

2. Now, picture an iceberg in your mind and particularly focus on the "tip of the iceberg," the part above the water. Draw a picture of a large iceberg (or a triangle shape) with a small part of the iceberg (the tip) above water and the majority of the iceberg under the water line.

- a) The challenging behavior is what you see above the water, i.e. the tip. The tip shows the behaviors infants and toddlers use when they are not able to:
 - Experience, express, and regulate emotions
 - Form close and secure interpersonal relationships, and
 - Explore the environment and learn.



b) The rest of the iceberg, which is hidden from sight below the surface, represents potential needs that are not being met—what is going on that causes the behavior. Like the larger portion of the iceberg that is under the surface, the meaning of extreme behavior is often difficult to see and to understand. Ask participants to identify some of the key “essential needs” of infants and toddlers and write their ideas on the flip chart on the bottom of the iceberg. This list may include:

- Feeling safe
- Ongoing, responsive relationship with one or more adults
- Emotionally responsive social environments
- Environmental match to temperament
- Structure and consistency
- Good nutrition
- Good health
- Opportunities for movement
- Rest
- Belonging within family and culture
- Engaging/stimulating environments

c) Use the example of a 6-month-old who cries for long periods of time unless he is held by his caregiver. Ask participants to use the comparison to the iceberg and ask the following questions:

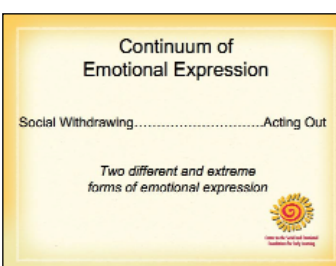
- (i) What behavior, in this situation, would we consider the tip of the iceberg? Look for the following response: crying.
- (ii) Which social emotional skills may the child not have developed or be able to use in this situation? Self-regulation (i.e. ability to self soothe e.g closing eyes, sucking a finger, taking a deep breath (for older toddlers)).
- (iii) What might be “underneath the surface”? Look for the following responses:
 - He is scared when he is alone. The child care space is noisy and frightening to him. (Feeling safe)

- He is lonely. He is held a lot at home because his family believes that an infant should be held close or perhaps he lives in a large extended family where there is always a pair of arms and the floor is not a safe place for a baby. (Ongoing, responsive relationship with one or more adults)
- He is sensitive and is anxious about the room noise and the other children. (Environmental match to temperament)
- He doesn't feel good and may be getting sick. (Health)

- d) Make the point that keeping the concept of the iceberg in mind can be helpful when thinking about human behavior.
- e) Our efforts to understand the meaning of the behavior are the first steps to find an appropriate response to the child. In other words, our understanding of the meaning of the behavior is critical in devising a strategy to address the situation that produces the challenging behavior. All behavior has a purpose and for infants and toddlers and young children the challenging behavior is not a manipulation. In other words, a young child is not purposefully behaving in a way that is meant to cause difficulty.
- 4) It takes time and effort to understand the intent of a child's communication and then to find new ways to fulfill the need or teach the child other ways to communicate his or her needs.

IV. Examining Acting Out and Withdrawing Behaviors More Closely (60 min.)

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- A. Make the point that infants and toddlers have two primary styles of behavior that communicate distress. On a continuum, these behaviors will cluster on the two extreme ends. Show **Slide 14**.

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Acting-Out Behaviors


- Fussing
- Inconsolable crying
- Frequent or intense tantrums
- Pushing
- Hitting
- Biting
- Frequent throwing of things or knocking things down or destroying property
- Persistent refusal to allow or participate in activities
- Harm to self or others



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Social Withdrawing Behaviors

- Pulling away while being held
- Rarely cooing
- Rarely babbling or talking
- Looking sad
- Not showing preference for caregiver
- Not making eye contact
- Whining
- Being overly compliant or avoidant with the caregiver
- Diminished efforts to use communications skills that have previously been used



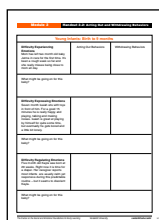
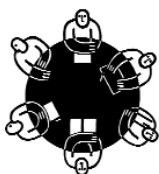
B. Show **Slide 15: Acting-Out Behaviors**. The first group of behaviors has been termed “Acting-Out Behaviors”.

1. These behaviors have a driven quality that is expressed either in the intensity, the frequency, or the duration of the behavior.
2. Read through each of the behaviors one at a time. Ask participants if they have seen these behaviors in children in their care and take several comments from the group. Ask how these behaviors stand out from behavior that seems more typical. Ask participants if there are other acting out behaviors they think of that are not listed.

C. Show **Slide 16: Social Withdrawing Behaviors**. The second group of behaviors is termed “Withdrawing Behaviors” or “Social Withdrawing Behaviors.” (“Withdrawing behaviors” are also sometimes referred to as “internalizing behaviors”)

1. These behaviors appear intense because the child uses them so frequently or so consistently. A child exhibiting this type of behavior may appear to have given up attempting to get his needs met and to have moved away from interaction with others. Nevertheless the infant or toddler is expressing his experience, and it may appear to be a preference. This type of challenging behavior is often overlooked in a busy childcare setting.
2. Read through the behaviors and ask participants if they have seen these behaviors and take several comments from the group. Ask participants if there are any withdrawing behaviors not listed.

D. **Activity:** Provide each table of participants with **Handout 3.2: Acting-Out and Withdrawing Behaviors**. Each table will receive either the birth to 9 months chart or the 8-18 month chart. Participants will use the scenarios on the chart to describe what an “acting out” behavior or a “withdrawing” behavior might look like in each of these developmental elements, within this age group. Remind the group that we are thinking about behaviors that are intense, frequent, and enduring enough to be challenging.



(Handout 3.2)

Ask participants to use the chart **Hand-out 3.2** to jot down some ideas in response to the question, “what might be going on for the baby?” Use the “what might be going on for the baby” section to create more information to the scenario to explain the child’s behavior. In other words, have participants be creative to come up with circumstances that may contribute to the child’s behavior. Hypothesize about what the child may be experiencing or needing that may contribute to his or her behavior.

Let the group know we will be using the charts and discussing some examples from their responses in a larger group as part of another activity.

The infants in these scenarios range from 2 months of age to 18 months of age. While it is critical to understand that infants under 2 months of age have acting out and withdrawing behaviors and experience emotions, we have not included a scenario of a child under 2 months of age because typical child care settings do not usually care for children under 6 weeks of age.

For the following activity we chose to include scenarios of infants up to 18 months because we believe the PreK CSEFEL module scenarios are generally applicable for children 18 months and older.

The following charts are offered as a guide for the trainer as possible answers and/or information to elicit in discussion.

Young Infants: Birth to 9 months		
	Acting Out	Withdrawing Behaviors
<p>Difficulty Experiencing Emotions Mom has left two month old baby Jenna in care for the first time. It's been a rough week so far and she really misses being close to mom all day.</p> <p>What might be going on for this baby? Jenna really misses her mom. She is used to her home which is quiet with soft lighting and no other baby sounds (like crying). Jenna is far too young to understand what is going on – she just knows the feeling of security when mom is there and she can't quite get that safe feeling with these strangers yet.</p>	<p>Possible responses</p> <p>When mom leaves or at any moment during the day, Jenna will burst into tears and scream. She wants to be held all the time. The caregivers can tell that Jenna is having an unusually difficult time adjusting to child care.</p>	<p>Jenna seems quiet; she stares into space and sucks on her fingers. She doesn't seem especially interested in anything and refuses to make eye contact with any of the caregivers. She doesn't even really want to be held. She doesn't seem to be having a very difficult transition into child care.</p>
<p>Difficulty Expressing Emotions Seven month old Isaiah sits with toys in front of him. For a good 7-10 minutes he is really happy and playing, talking and making noises. Isaiah is great at playing by himself for quite some time, but eventually he gets bored and a little bit lonely.</p> <p>What might be going on for this baby? Isaiah is great at playing by himself for quite some time, but eventually he gets bored and a little bit lonely. He would really like his caregiver to come talk and play with him. Right now he doesn't know how to show that he needs adult attention.</p>	<p>When Isaiah becomes bored he looks around to see who is close to him, and catches the eye of his caregiver. When he knows she is looking at him he begins to throw his toys and screams.</p>	<p>Isaiah seems to become quiet as he realizes he doesn't really want to be where he is anymore. His muscle tone relaxes and he seems "droopy." He sits quietly, no longer making playful noises. He makes no eye contact and just seems to be staring off into space.</p>

Young Infants: Birth to 9 months		
	Acting Out	Withdrawing Behaviors
<p>Difficulty Regulating Emotions Five month old Kayla was born at 29 weeks. Right now it is time for a diaper change. Her caregiver reports most infants are usually calm yet responsive during this predictable routine – but it seems to disorient Kayla.</p> <p>What might be going on for this baby? Kayla was born prematurely and seems to have some problems with certain sensory experiences like diaper changes, a caregivers touch, bright lights, surprising noises, etc. It is possible that things that would not bother another baby (e.g. diaper changes, bright lights, etc.) may physically hurt her. Or it possible that she is overwhelmed by stimulation and has little reaction and/or disengages.</p>	<p>Kayla is on the changing table screaming as though someone has hurt her. She thrashes around making it difficult to change her. When she is done, and it is time to wash her hands, things only get worse. She screams for nearly forty minutes after the diaper change. Everyone dreads Kayla’s diaper changes.</p>	<p>Kayla often averts her gaze. She seems to feel no pain. She has very little reaction if any to the diaper change and to the caregivers attempts to engage her. It seems nothing ever bothers her nor does much seem to excite her or make her smile. She doesn’t even react when other children approach or poke her.</p> <p><i>*Guidance for trainers, participants may ask about autism and/or other significant developmental delays. Ask participants to hold their concerns and thoughts until the next activity. Let participants know that you will discuss how staff might respond in the next activity. In the discussion about how staff may respond, you can talk about how responses or strategies may or may not be different based on whether a child is developing typically, has a disability or has a suspected disability.</i></p>
<p>Difficulty Forming Close and Secure Relationships Nine month old Aliyah came to child care six months ago and has very, very slowly come to have a relationship with one caregiver. This caregiver is now absent and multiple caregivers are subbing in her place</p> <p>What might be going on for this baby? Aliyah finds it difficult to bond, or attach to a caregiver. With great patience and slow, gentle steps her caregiver has built up a relationship of trust with her. While this is wonderful, Aliyah has yet to form a bond with any of the other caregivers in her classroom.</p>	<p>When Aliyah’s caregiver puts her down Aliyah throws her body back on the mat where she was placed. She howls and cries forcefully. When caregivers attempt to pick her up and soothe her she arches her back and turns her head away screaming even more.</p>	<p>She will not make eye contact with any of the caregivers and shows very little emotion (neither happy or sad).</p>

Young Infants: Birth to 9 months		
	Acting Out	Withdrawing Behaviors
<p>Difficulty Exploring and Learning Four month old Jackson absolutely will not tolerate lying on his stomach during “tummy time”. He does not like to be on his back much either. He would prefer to be held all of the time.</p>	<p>When Jackson’s caregivers put him down on his tummy he instantly falls apart. He drops his head, his body becomes limp, and he screams.</p>	<p>If Jackson is not being held, he falls asleep. He seems unable to play by himself at all. It seems to be so over stimulating that he just closes his eyes.</p>
<p>What might be going on for this baby? Tummy time may be uncomfortable to him until he gains more muscle control. He may prefer being held if he is used to be held often.</p>		

Mobile Infants: 8 – 18 months		
	Acting Out	Withdrawing Behaviors
<p>Difficulty Experiencing Emotions Fifteen month old Jasmine sees her teacher set up the water table, her favorite activity.</p> <p>What might be going on for this baby? Jasmine really seems to love being at school, she loves the toys and sometimes enjoys playing with other children. Unfortunately, when she gets excited she expresses it in socially undesirable ways. Or when Jasmine becomes excited she doesn’t know what to do to engage in even her favorite activities. She may become overwhelmed by her emotions and be somewhat immobilized. She may need coaching to develop skills to assist her to experience emotions differently and/or take steps to engage in experiences.</p>	<p>Jasmine runs to the water table, bangs on it, runs over to her friend, bangs on him, leaves him screaming, and runs over to the dramatic play area and throws a plastic chair, narrowly missing another child. She does all of this gleefully with no recognition of the trail of tears she leaves behind her.</p>	<p>Jasmine loves the water table; however, she hovers near the table but does not engage in the table. She stands off to the side and watches as other children begin to play at the table. She spends a great deal of time standing still watching others enjoy pouring. The teachers only know this is her favorite activity because she always chooses it. She reports really liking it but she rarely smiles and even when she does put her hands in she doesn’t look up much or engage the other children.</p>

Mobile Infants: 8 – 18 months		
	Acting Out	Withdrawing Behaviors
<p>Difficulty Expressing Emotions Ten month old Josiah’s oldest sister dropped him off this morning. Usually mom is the one who brings him. She generally stays to chat with the teachers and read him a book. Today his sister hands him off and leaves in a hurry to get to her job. He frequently has a hard time with separation, so mom and the caregivers try to schedule the morning routine with predictable activities every day. While this is helpful, on the days when the routine is disrupted Josiah (and everyone else) suffers.</p> <p>What might be going on for this baby? Josiah has settled in over the past few weeks with the introduction of a morning routine he can anticipate. When things change he is upset, confused and feels disrupted. Perhaps once he becomes upset it is extremely difficult for him to soothe himself and his emotions are intense and sometimes frightening even to himself. Or when he is upset he shows little reaction and instead remains quietly sad. He doesn’t know how to express himself in order to best get his needs met.</p>	<p>Josiah screams inconsolably for nearly an hour. He refuses to be held, crawls to toy shelves to throw things, and causes an intense morning for the caregivers and other babies.</p>	<p>Josiah watches his sister go and doesn’t react much. Throughout the morning he is unusually quiet. Sometimes he very quietly whimpers, however, his voice his hardly audible. The teacher may not even be able to notice if she is not careful.</p>

Mobile Infants: 8 – 18 months		
	Acting Out	Withdrawing Behaviors
<p>Difficulty Regulating Emotions Sixteen month old David cannot seem to adjust to his new classroom. He has gone from being the oldest in a calm, quiet classroom of babies to being the youngest in a room full of rambunctious toddlers.</p> <p>What might be going on for this baby? David is not just shy or aggressive; he has a very difficult time regulating his emotions. He was able to manage as long as he was in a familiar, quiet environment but the comparative chaos of a toddler room to the infant room has tested his ability to cope.</p>	<p>David is surprisingly strong for his age and he is showing it. He is biting, hitting and pushing other children seemingly without provocation. His face is tight and he has a difficult time engaging in any activity for more than a few seconds.</p>	<p>David has found a place for himself in his new classroom, unfortunately it is under a table in the corner of the room. He is quiet and withdrawn. If someone comes near him he pulls back and looks away. He seems frightened to be there and the other children ignore him so he is not forming friendships.</p>
<p>Difficulty Forming Close and Secure Relationships Fifteen month old Arabelle has a significant reaction to anyone who comes into her classroom.</p> <p>What might be going on for this baby? Arabelle has spent her life in a transitional housing center for women and their children. The center considers child care a chore to be shared by the women like cooking or cleaning, but this has meant that when Arabelle goes home she has a different caregiver every day. She spends some time with her mom but mom is very focused on improving their life situation right now.</p>	<p>When a stranger comes into the classroom Arabelle runs up to them and throws herself into their arms. She is very clingy and wants to be held by any person even if she has never met them.</p>	<p>When a stranger enters Arabelle’s classroom Arabelle gets back as far from the door as she can. If a stranger comes very far into the room she hides behind the rocking chair looking scared.</p>
<p>Difficulty Exploring and Learning Eighteen month old Cameron has low muscle tone. She cannot sit up without support and tires easily</p> <p>What might be going on for this baby? Cameron may have an undiagnosed developmental disability. She has difficulty sitting and is immobile.</p>	<p>Cameron will play when toys are brought to her. When she becomes tired or frustrated, she lets her caregivers know by falling over, and will cry and scream. She cannot change positions without help.</p>	<p>When left on her own, Cameron would spend hours staring at the wall, not interacting with anything or anyone.</p>

Participants will come up with their own examples; there are many ways to behave that would demonstrate the issues described. Examples of acting out and withdrawing behaviors are in bold. Consider doing an example or two with the whole group to demonstrate the activity.


- E. When an infant or toddler displays a pattern of challenging behavior of either type – acting out or withdrawing - the goal for adults must be to understand the child's experience, respond to his needs, and help him use better strategies to meet his needs.
1. Make the point that it is easier (more tempting) to react to the behavior, particularly to acting-out behaviors, than to reflect on the meaning of the behavior. The child's emotion easily stirs up emotion in us. Of course, a quick reaction is necessary when a child might be about to do harm to himself or others.
 2. When we react, we tend to focus on our own experience (e.g. frustration, anger) rather than the experience of the child (e.g. frightened, lonely).
 3. Show **Slide 17: Focusing on the Child**. When we reflect on the meaning of the behavior, we are keeping our focus on the child's experience. We are more likely to be able to respond with empathy for his needs and to be more intentional about problem solving.
 - a) The goal for intervention must be to restore the child's sense of well being and her developmental momentum.
 - b) We want to use the opportunity to respond in a way that supports the child's social emotional development and relieves him of the need to use his emotional energy to tell us something is wrong.

When an infant or toddler is constantly feeling stress in his care environment, he uses a tremendous amount of emotional energy to protect himself from

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Focusing on the Child

- Makes us more likely to be able to respond with empathy to her needs
- Helps us be more intentional about problem solving
- Will assist us in restoring the child's sense of well being
- Will enable the child to spend his emotional energy on development
- Will help us keep our own emotions in check




what might come next (e.g. some activity or event that is confusing, frightening, or otherwise overwhelming). Instead, that emotional energy should be spent on developmental growth. It is our job as caregivers to see that that happens.

18

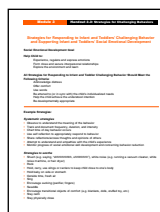
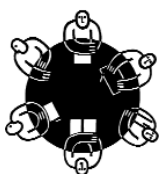
Responding to Distress

- Acknowledge distress
- Offer comfort
- Use words
- Be attuned (in sync) to child's individual needs
- Help the baby/toddler achieve the understood intention
- Be developmentally appropriate



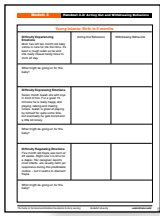
F. Read **Slide 18: Responding to Distress**. Responses to the challenging behavior should meet the criteria listed:

- Acknowledge distress (e.g. name the feelings; “you seem so sad.” Or “you seem so upset”)
- Offer comfort (e.g. change holding position of an infant; say, “it will be o.k. We’ll help you feel better.”)
- Use words (e.g. “You look so frustrated right now. You really want that toy.”)
- Be attuned to child’s individualized needs (Explain that being attuned is the ability to understand the child’s unique experience. Being attuned to a child is about being “at one” or in sync with the child. Give an example of a teacher who knows Elijah is particularly sensitive to other children’s crying. Before Elijah starts to react to the crying of another child the teacher knowingly approaches Elijah to offer her physical presence and comfort to the child.)
- Help the child achieve the understood intention (Help the child find another way the child can get what he or she wants e.g. “You want more milk. You can point to the sippy you don’t need to throw it”.)
- Be developmentally appropriate (Ensure that the strategies are appropriate for the individual child’s developmental age. Using distraction and physically moving a 6 month old would be an appropriate intervention, however, physically moving a 3 year old may be a much less appropriate intervention).

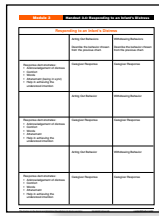


(Handout 3.3)

1. **Activity.** Ask participants at their tables to use **Handout 3.3 (Strategies for Responding to Infant’s and Toddler’s Challenging Behavior)** as a guideline to devise and select some possible responses to acting-out and withdrawing behavior. Have



(Handout 3.2)



(Handout 3.4)

participants select examples of acting-out and withdrawing behavior that were generated from the charts in the previous activity (**Handout 3.2 Acting-Out and Withdrawing Behavior**) and use **Handout 3.4 (Responding to an Infant’s Distress)** to begin to create and/or describe potential responses to the challenging behavior. Have each group assign a recorder and a reporter for the group. After participants have had time to generate a few examples of individualized responses, bring the group back together for a large group discussion. The reporter from each group can share examples of possible responses the group has generated. Alternatively, a couple of participants may want to role play some responses to challenging behavior. For example, one person may want to role play a crying infant while another would role play the strategies she might use to attempt to respond to the challenging behavior. Using role play, if participants are willing, may provide new and alternative ways of learning for participants.

The following chart is filled out for trainers and offered as a guide for the trainer as possible answers and/or information to elicit in discussion. There are many effective strategies to respond to challenging behavior. Use the following chart to support the large group discussion and/or to help the group generate ideas. Examples of specific strategies are in bold. Consider doing an example or two with the whole group to demonstrate the activity.

Responding to Young Infants’: Birth - 9 Months		
Response Demonstrate	Acting Out Behavior	Withdrawing Behaviors
<p>Response Demonstrates:</p> <ul style="list-style-type: none"> • Acknowledgement of distress • Comfort • Words • Attunement • Help in achieving the understood intention 	<p>When mom leaves or at any moment during the day, Jenna will burst into tears and scream. She wants to be held all the time. The caregivers can tell that Jenna is having an unusually difficult time adjusting to child care.</p>	<p>Withdrawing Behavior Jenna seems quiet; she stares into space and sucks on her fingers. She doesn't seem especially interested in anything and refuses to make eye contact with any of the caregivers. She doesn't even really want to be held. She doesn't <i>seem</i> to be having a very difficult transition into child care.</p>
<p>Situation:</p> <p>Difficulty Experiencing Emotions Mom has left three month old baby Jenna in care for the first time. It's been a rough week so far and she really misses being close to mom all day.</p> <p>What might be going on for this baby? Jenna really misses her mom. She is used to her home which is quiet with soft lighting and no other baby sounds (like crying). Jenna is far too young to understand what is going on – she just knows the feeling of security when mom is there and she can't quite get that safe feeling with these strangers yet.</p>	<p>Caregiver response:</p> <p>Jenna's caregivers keep a very close eye on her. They hold her as much as possible and speak very gently to her. Jenna's primary caregiver talks to mom to find out exactly what mom does to soothe Jenna. The caregiver does her best to observe mom with Jenna and then match mom's tone and style to help Jenna feel comfortable.</p>	<p>Caregiver response:</p> <p>Jenna's caregiver observes closely and realizes that although Jenna is quiet, she does not seem comfortable. Her caregivers take advantage of the moments when Jenna lets them hold her, especially when she is eating. They carefully make as much eye contact as she can handle and back off when she looks away.</p>

Responding to Young Infants': Birth - 9 Months

Response Demonstrate	Acting Out Behavior	Withdrawing Behaviors
<p>Difficulty Expressing Emotions</p> <p>Seven month old Isaiah sits with toys in front of him. For a good 15 minutes he is really happy and playing, talking and making noises. Isaiah is great at playing by himself for quite some time, but eventually he gets bored and a little bit lonely.</p> <p>What might be going on for this baby?</p> <p>Isaiah is great at playing by himself for quite some time, but eventually he gets bored and a little bit lonely. He would really like his caregiver to come talk and play with him. Right now he doesn't know how to show that he needs adult attention.</p>	<p>When Isaiah becomes bored he looks around to see who is close to him, and catches the eye of his caregiver. When he knows she is looking at him he begins to throw his toys and screams.</p> <p>Caregiver Response:</p> <p>Isaiah's caregiver comes over to him and exaggerates matching his sad facial expression. She says, "Wow, you look really upset. Can I help you?" She reaches out her arms to pick him up but he throws himself back, obviously not wanting to be picked up. He lies on the floor crying and the caregiver lies down next to him telling him, "I'm right here if you need me."</p>	<p>Isaiah seems to become quiet as he realizes he doesn't really want to be where he is anymore. His muscle tone relaxes and he seems "droopy." He sits quietly, no longer making playful noises.</p> <p>Caregiver Response:</p> <p>Isaiah's caregiver is carefully watching the room and quickly notices that he seems to have lost interest in what he is doing. She comes over to him and gently tells him, "you played with all of your toys, would you like some new toys?" He turns away from her. She says, "Here are a few other toys. I'll be near you in case you'd like to play with me."</p>
<p>Difficulty Regulating Emotions</p> <p>Five month old Kayla was born at 29 weeks. Right now it is time for a diaper. Her caregiver reports most infants are usually calm yet responsive during this predictable routine – but it seems to disorient Kayla.</p> <p>What might be going on for this baby?</p> <p>Kayla was born prematurely and seems to have some problems with certain sensory experiences like diaper changes, a caregivers touch, bright lights, surprising noises, etc. It is possible that things that would not bother another baby (e.g. diaper changes, bright lights, etc.) may physically hurt her. Or it possible that she is overwhelmed by stimulation and has little reaction and/or disengages.</p>	<p>Kayla is on the changing table screaming as though someone has hurt her. She thrashes around making it difficult to change her. When she is done, and it is time to wash her hands, things only get worse. She screams for nearly forty minutes after the diaper change. Everyone dreads Kayla's diaper changes.</p> <p>Caregiver Response:</p> <p>Kayla's diaper changes are carefully planned events in this classroom. Everyone helps out – the lights are turned off, no music is playing, a blanket is placed on the changing table and wipes are warmed for her. Before the change Kayla's caregiver holds her and tells her softly, "I have to change your diaper now but I promise to take care of you. I know you don't like it, we'll make it as easy as possible." Although Kayla still becomes very upset, her caregiver knows that her continued calm tone and actions will eventually help her calm down.</p>	<p>Kayla often averts her gaze. Kayla seems to feel no pain. She has very little reaction if any to the diaper change and to the caregivers attempts to engage her. It seems nothing ever bothers her nor does much seem to excite her or make her smile. She doesn't even react when other children hit her.</p> <p>Caregiver Response:</p> <p>Kayla's caregivers follow her cues closely to make attempts to engage her yet back off when she averts her eyes. Her caregivers are exploring with Kayla's parents what seems to make her happy. They will also see what the screening results say and consider referring her for a more complete evaluation. They will also inquire about potential touching or massage techniques that might help stimulate Kayla.</p>

Responding to Young Infants’: Birth - 9 Months

Response Demonstrate	Acting Out Behavior	Withdrawing Behaviors
<p>Difficulty Forming Close and Secure Relationships</p> <p>Nine month old Aliyah came to child care six months ago and has very, very slowly come to have a relationship with one caregiver. She will not make eye contact with anyone else and she insists on being held all of the time.</p> <p>What might be going on for this baby?</p> <p>Aliyah finds it difficult to bond, or attach to a caregiver. With great patience and slow, gentle steps her caregiver has built up a relationship of trust with her. While this is wonderful, Aliyah has yet to form a bond with any of the other caregivers in her classroom.</p>	<p>When Aliyah's caregiver puts her down Aliyah throws her body back on the mat where she was placed. She howls and cries forcefully. When caregivers attempt to pick her up and soothe her she arches her back and turns her head away screaming even more.</p> <p>Caregiver Response:</p> <p>Aliyah's caregiver tried to prepare Aliyah for being put down on the mat before she put her there. She said, "I know you hate to be down on the floor but I have to do something. I am right here; I will be where you can see me." Despite her efforts, Aliyah reacted with h howling. Aliyah's caregiver picks her up to soothe her. "I'm going to help you calm down and then I will let you play," she says. This time when Aliyah is calm the caregiver sits with her on the floor until she is engaged in an activity.</p>	<p>Aliyah's caregiver is out but the other regular caregiver for the classroom is there. Every time she tries to pick Aliyah up, Aliyah arches her back, tries to wiggle out, cries and scratches at the caregiver.</p> <p>Caregiver Response:</p> <p>This caregiver is not Aliyah's favorite, but she knows her well. "I know how hard it is for you to let me hold you," she says, "but I promise to take care of you and keep you safe." This caregiver sings the song that Aliyah's mother sings her and holds her while bouncing. Eventually, Aliyah calms down and allows the caregiver to hold her, but still refuses to make eye contact.</p>
<p>Difficulty Exploring and Learning</p> <p>Four month old Jackson absolutely will not tolerate lying on his stomach during "tummy time" (placing a baby on his stomach to provide the baby opportunity to strengthen is neck muscles). He does not like to be on his back much either. He would prefer to be held all of the time.</p>	<p>When Jackson's caregivers put him down on his tummy he instantly falls apart. He drops his head, his body becomes limp, and he screams.</p> <p>Caregiver Response:</p> <p>Jackson's caregivers know that he has a very limited tolerance for playing by himself. He wants to be held but they cannot hold him all the time. As a compromise they hold him in a baby carrier so that their hands are free for much of the day and he is still gaining strength by controlling his body in the carrier. When they try to help him play on the floor they make sure that someone is right next to him, talking gently and helping him engage. They try tummy time every day and are noticing that he seems to be lasting longer and longer, if only by seconds.</p>	<p>If Jackson is not being held, he falls asleep. He seems unable to play by himself at all. It seems to be so over stimulating that he just closes his eyes.</p> <p>Caregiver Response:</p> <p>Jackson's caregivers provide him with opportunities for play that are minimally stimulating. They sit on the floor with him in their laps and provide one toy at a time to explore. When he closes his eyes they stop and allow him time to come back to them when he is ready.</p>

Mobile Infants: 8 – 18 months		
	Acting Out Behavior	Withdrawing Behaviors
<p>Difficulty Experiencing Emotions Fifteen month old Jasmine sees her teacher set up the water table, her favorite activity.</p> <p>What might be going on for this baby? Jasmine really seems to love being at school, she loves the toys and sometimes enjoys playing with other children. Unfortunately, when she gets excited she expresses it in socially undesirable ways. Or when Jasmine becomes excited she doesn't know what to do to engage in even her favorite activities. She may become overwhelmed by her emotions and be somewhat immobilized. She may need coaching to develop skills to assist her to experience emotions differently and/or take steps to engage in experiences.</p>	<p>Jasmine runs to the water table, bangs on it, runs over to her friend, bangs on him, leaves him screaming, and runs over to the dramatic play area and throws a plastic chair, narrowly missing another child. She does all of this gleefully with no recognition of the trail of tears she leaves behind her.</p> <p>Caregiver Response Jasmine's caregivers will help Jasmine to identify her feelings. Her caregivers will label the emotions they observe her experiencing and teach her new ways to show her excitement e.g. clap her hands, do an excitement dance, etc. Her caregivers will also help Jasmine to learn to calm her body by teaching deep breathing (e.g. her teacher might show her how to blow out like the wind; or breathe in and watch her tummy go up and down as she breathes out)</p>	<p>Jasmine loves the water table; however, she hovers near the table but does not engage in the table. She stands off to the side and watches as other children begin to play at the table. She spends a great deal of time standing still watching others enjoy pouring. The teachers only know this is her favorite activity because she always chooses it. She reports really liking it but she rarely smiles and even when she does put her hands in she doesn't look up much or engage the other children.</p> <p>Caregiver Response Jasmine's caregivers will provide gentle encouragement for Jasmine to engage in the activity. Initially Jasmine's primary teacher will spend time next to her while encouraging her to join in with other children. As Jasmine feels more comfortable her caregivers will move further away but remain nearby if support is needed. Her caregivers will also use books, stories and songs to encourage Jasmine to learn feeling words and to eventually use them to express her feelings.</p>

Mobile Infants: 8 – 18 months		
Response Demonstrate	Acting Out Behavior	Withdrawing Behaviors
<p>Difficulty Expressing Emotions</p> <p>Ten month old Josiah’s oldest sister dropped him off this morning. Usually mom is the one who brings him. She generally stays to chat with the teachers and read him a book but today his sister hands him off and leaves, in a hurry to get to her job. He frequently has a hard time with separation, so mom and the caregivers try to schedule the morning routine with predictable activities every day. While this helpful, on the days when the routine is disrupted Josiah (and everyone else) suffers.</p> <p>What might be going on for this baby?</p> <p>Josiah has settled in over the past few weeks with the introduction of a morning routine he can anticipate. When things change he is upset, confused and feels disrupted. Perhaps once he becomes upset it is extremely difficult for him to soothe himself and his emotions are intense and sometimes frightening even to himself. Or when he is upset he shows little reaction and instead remains quietly sad. He doesn’t know how to express himself in order to best get his needs met.</p>	<p>Josiah screams inconsolably for nearly an hour. He refuses to be held, crawls to toy shelves to throw things, and causes an intense morning for the caregivers and other babies.</p> <p>Caregiver Responses</p> <p>Josiah’s caregivers use words to describe what they think he is feeling, “Josiah your sister dropped you off today and that is different. You like it when your mom drops you off. You are MAD”. His caregivers also let him know they are available to him and will keep him safe. His caregivers will talk with Josiah’s mother about helping his sister understand the value of the routine.</p>	<p>Josiah watches his sister go and doesn’t react much. Throughout the morning he is unusually quiet. Sometimes he very quietly whimpers, however, his voice his hardly audible.. The teacher may not even be able to notice if she is not careful.</p> <p>Caregiver Responses</p> <p>Josiah’s caregivers need to pay particular attention to Josiah because he does not show much emotion. His caregivers will use words to help describe what Josiah may be feeling. His caregivers will talk with Josiah’s mother about helping his sister understand the value of the routine.</p>

Mobile Infants: 8 – 18 months		
Response Demonstrate	Acting Out Behavior	Withdrawing Behaviors
<p>Difficulty Regulating Emotions</p> <p>Sixteen month old David cannot seem to adjust to his new classroom. He has gone from being the oldest in a calm, quiet classroom of babies to being the youngest in a room full of rambunctious toddlers.</p> <p>What might be going on for this baby?</p> <p>David is not just shy or aggressive. He has a very difficult time regulating his emotions. He was able to manage as long as he was in a familiar, quiet environment but the comparative chaos of a toddler room to the infant room has tested his ability to cope.</p>	<p>David is surprisingly strong for his age and he is showing it. He is biting, hitting and pushing other children seemingly without provocation. His face is tight and he has a difficult time engaging in any activity for more than a few seconds.</p> <p>Caregiver Response</p> <p>David’s caregivers will attempt to modify the environment to offer some less stimulating and quiet places. His caregivers will provide David with extra coaching (including using visual and auditory cues) about the routine and how to engage in play in the new class. His caregivers will use words to label his experience e.g. “You seem upset, confused, mad, scared, etc.” His caregivers will set clear limits about positive behavior e.g. “keep your hands to your body” “teeth are for biting food”</p>	<p>David has found a place for himself in his new classroom, unfortunately it is under a table in the corner of the room. He is quiet and withdrawn. If someone comes near him he pulls back and looks away. He seems frightened to be there and the other children ignore him so he is not forming friendships.</p> <p>Caregiver Response</p> <p>David’s caregivers observe that he is uncomfortable in the new class. They join him in his space under the table and gently encourage him to join them in activities. Slowly the caregivers encourage other children to join in an activity David enjoys. His caregivers use words to describe his experience and provide as much physical closeness as possible. His caregivers also respect David’s need to be alone.</p>
<p>Difficulty Forming Close and Secure Relationships</p> <p>Fifteen month old Arabelle has a significant reaction to anyone who comes into her classroom.</p> <p>What might be going on for this baby?</p> <p>Arabelle has spent her life in a transitional housing center for women and their children. The center considers child care a chore to be shared by the women like cooking or cleaning, but this has meant that when Arabelle goes home she has a different caregiver every day. She spends some time with her mom but mom is very focused on improving their life situation right now.</p>	<p>When a stranger comes into the classroom Arabelle runs up to them and throws herself into their arms. She is very clingy and wants to be held by any person even if she has never met them.</p> <p>Caregiver Response</p> <p>Arabelle’s caregivers make sure they are helping Arabelle to form close and secure relationships with her primary caregiver. Arabelle’s primary caregiver tries to spend extra one on one time with Arabelle giving her positive attention. Staff also support mom by giving her resources and trying to support her to spend as much one on one time with her daughter as possible.</p>	<p>When a stranger enters Arabelle’s classroom Arabelle gets back as far from the door as she can. If a stranger comes very far into the room she hides behind the rocking chair looking scared.</p> <p>Caregiver Response</p> <p>Arabelle’s caregivers make sure they are helping Arabelle to form close and secure relationships with her primary caregiver. Arabelle’s primary caregiver tries to spend extra one on one time with Arabelle giving her positive attention. Staff also support mom by giving her resources and trying to support her to spend as much one on one time with her daughter as possible</p>

Mobile Infants: 8 – 18 months		
Response Demonstrate	Acting Out Behavior	Withdrawing Behaviors
<p>Difficulty Exploring and Learning</p> <p>Eighteen month old Cameron has low muscle tone. She cannot sit up without support and tires easily gets easily tired.</p> <p>What might be going on for this baby?</p> <p>Cameron may have an undiagnosed developmental disability. She has difficulty sitting and is immobile.</p>	<p>Cameron can play with what her caregivers provide her for quite some time, until she gets tired and frustrated and lets her caregivers know by falling over and having a tantrum.</p> <p>Caregiver Responses</p> <p>Cameron’s caregivers watch and monitor Cameron’s attention span and try to catch her waning interest before she tantrums. Her caregivers work with the Center Director to obtain an OT evaluation for Cameron. Based on the results of the evaluation they will see if there are additional strategies they could try to assist Cameron’s learning and exploring.</p>	<p>When left on her own, Cameron would spend hours staring at the wall, not interacting with anything or anyone.</p> <p>Caregiver Responses</p> <p>Cameron’s caregivers watch and monitor carefully to observe the times when she seems most interested in toys and interaction. They try to spend extra time providing her with stimulation yet they are also careful not to over stimulate let her get so frustrated that she “checks out” or disengages.</p>

V. When Behavior Goes Off Track: Using Our Understanding to Develop Initial Responses (60 min.)

Possible caregiver responses:


- A. The immediate job is always how to manage to care for a child (and other children who are affected) through an episode of behavior that is causing concern. Our first efforts focus on the child's abilities to cope (experiencing, expressing, and regulating emotion; forming close and secure interpersonal relationships; and exploring the environment and learning) and what we understand to be her unmet needs.

When the behavior in question is a pattern, we need to figure out its meaning for the child, what needs the behavior represents, and what to do about it. We can work to cushion ourselves and the child from negative feelings related to the behavior by establishing the habit of wondering about the meaning of behavior. This process can help us tap our creativity by leading us to consider multiple explanations for what might be happening for the child as well as lead to multiple strategies for dealing with the behavior.

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Hypotheses

- What happened that caused the child to react with challenging behavior?
- What was the child experiencing or feeling?
- What has caused the shift in the child's pattern of behavior?
 - What happened before the behavior?
 - With whom did the behavior occur?



1. Show **Slide 19: Hypotheses**. Our creativity comes into play when we create a hypothesis, or best guess, about the meaning of the behavior to the child. We don't always have access to the information about what is happening in a home. However, when we hypothesize about why a child is acting the way he or she is, we are using what we know about that child to make a guess about why a child responds or behaves as they do.

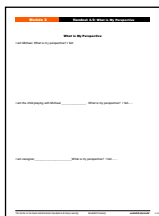
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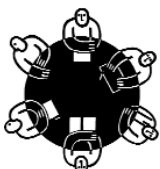
2. **Activity:** Show **Slide 20/Video 3.1** and ask for general comments. Then ask table partners to use **Handout 3.5 What is My Perspective?** to generate a best guess about the meaning of Michael's behavior. Ask the participants to write down as many "I" statements as they can think of for Michael on their handout. For example: "I want to play with her but she wants the same toy I want." Ask them to share their statements.



(video clip 3.1)



(Handout 3.5)



Go on to develop the point that the problem with attempting to develop these hypotheses and "I" statements is that we really don't have much information about Michael or any understanding about what transpired before this snapshot in time. But as caregivers, our job is to carefully observe and

gather information about the child and his or her family situation in order to generate a hypothesis, test it out, and use what we learn to understand the meaning of the behavior in question. This process takes time and thought.

Ask participants if they think it might be valuable to sometimes write these “I” statements from the perspective of a child who is troubling them. Does anyone have examples to share about a child in their care? These “I” statements are probably better informed because you know about the children in your program.

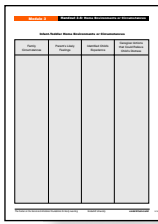
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B. Show Slide 21: Reasons for Challenging Behavior.

Remind participants that there are a number of reasons why children engage in challenging behavior. Some of these include an undiagnosed health problem (e.g. a toddler is not hearing well because of repeated ear infections); a developmental surge (e.g. infant is beginning to learn to walk); or a developmental problem (e.g. a baby is having difficulty not being overwhelmed by a lot of sensory input). Now, though, we will focus on family circumstances, including maternal depression, that can negatively impact very young children. As we have discussed, a major influence on the child is the social emotional environment in which he lives and the quality and responsiveness of important relationships. This includes both current and past experiences. An infant has had a short life but it may be that something in that infant’s recent experience (separation from a parent or unpredictable environment) has affected his or her current behavior.

We look to families to help us understand what these experiences have been as we all know that family circumstances vary widely. Certainly we know that experiences such as divorce or violence will affect babies negatively, but even positive changes such as a move to a nicer home or an extended visit from a well-loved grandmother can be challenging to an infant or toddler. Too much excitement or too many changes over a period of time can make it difficult for a very young child to maintain a sense of equilibrium. This may result in behavior that is usually uncharacteristic of that child or



(Handout 3.6)

that is a regression to an earlier developmental behavior e.g. waking in the night for a baby who has been sleeping through the night or toileting accidents for a child who has previously been fully trained

1. Activity: Use Handout 3.6 Infant-Toddler Home Environments or Circumstances.


- a) Ask each table of the participants to create a list of family circumstances that could negatively affect the behavior of an infant or toddler in their care.
- b) Then ask them to fill out the handout to list these circumstances, hypothesize about the family's feelings, and then the infant's or toddler's emotional experience. Families and children may have similar feelings and/or behavior to very different experiences. Similarly, different families and children may have very different feelings and behaviors for similar life circumstances.
- c) Finally, ask them to list things that caregivers could do to help relieve the child's distress. This might include sharing information or resources.
- d) Consider using one example to do with the entire group to illustrate how to use the chart.
- e) Elicit responses such as:

Family Circumstances	Parents' Feelings/Behaviors	Identified Child's Experience or Feelings	Caregiver Actions that Could Relieve Child's Distress
<ul style="list-style-type: none"> • Poverty/inconsistent income • Lack of transportation • Poor housing/too many people/unsafe from community violence/loss of home /frequent moves • Immigration from another country /speak a different language/ • Social isolation/poor social support • Problem with substance use • Domestic violence /abuse • Parents or parent figures recently divorced or separated/away in the Armed Services or other job/incarceration • Chronic conflict in the home/extended family • Sick parent or sibling • Recent death of important family member/ • Miscarriage • Parent with mental illness/ developmental disability 	<p>Angry/frustrated Helplessness Fearful Confused Depressed/Self-absorbed Isolated Worried/anxious Abandoned</p>	<p>Insecure/Unsafe Unregulated Unnoticed Unacknowledged Lack of control Abandoned/Isolated Helpless Fearful Confused Worried Frightened</p>	<p>Responses to the child in these circumstance should also include:</p> <ul style="list-style-type: none"> • Acknowledgement of distress • Comfort • Words • Attunement • Help in achieving the understood intention <p>“Momma was upset this morning and you’re feeling badly. You’re safe here and I’ll take care of you”</p> <p>Take time to meet with and listen to parents.</p> <p>Have partnerships with community resources that could be helpful to families in finding housing, help for domestic violence, mental health services, translators, etc</p> <p>Have a protocol for how programs will become involved with difficult family circumstances; e.g. only the director meets with the family about the issue.</p>
<ul style="list-style-type: none"> • Move to a new house • New Sibling • Visit from relatives 	<p>Tired Distracted</p>	<p>Unpredictable Tired Anxious Confused</p>	<p>Caregiver may reassure the family that even positive changes, while welcome, can be stressful for babies.</p> <p>“ Wow, you just moved to a new house, have a new baby brother and your Grandma is visiting. There are so many new things happening. It’s fun to see Grandma, but you look so tired. Let’s just rock a little together.” ...</p>

22

Maternal Depression


- A medical disorder that affects a person's thoughts, feelings, physical health and behavior
- Can impact a woman's ability to function as a mother, the family's functioning and her child's development
- Can affect anyone and is highly treatable
- Can have a major negative impact on the social emotional development of young children



23

"Children of depressed parents are at increased risk for cognitive and language problems, insecure attachments, difficulties with emotional regulation, social competence, and behavioral problems."

Gladstone & Beardslee, 2002



24

Symptoms of Maternal Depression

- Feeling sad, blue, or down in the dumps
- Loss of interest in things that used to give a person pleasure
- Feeling slowed down or restless
- Trouble sleeping or sleeping too much
- Loss of energy, feeling tired all the time
- Increase or decrease in appetite or weight



25

Symptoms of Maternal Depression
(continued)

- Problems concentrating, thinking, remembering or making decisions
- Feeling worthless, guilty or hopeless
- Inability to cope
- Thoughts of death or suicide
- Irritability
- Wanting to be left alone, spending less time with friends or family



2. Make the point that when we talk about challenging behavior in young children, we always need to think about the capacity of the parent(s) or other family members. One of the major public health issues known to disrupt social emotional development is the prevalence of maternal depression. Show **Slide 22: Maternal Depression** and **Slide 23**.

- a) The Early Head Start Research and Evaluation Project of 2002 found that 48% of mothers self reported depressive symptoms indicating they were depressed at the time of their enrollment in the project. Show **Slides 24 and 25: Symptoms of Maternal Depression** and read through the symptoms.
- b) Research shows that mothers who are depressed experience significant difficulty when they must provide the emotional nurturance, protection, and stimulation that babies need.
- c) Research also shows that while a depressed mother may provide basic care (e.g. food and shelter), the emotional unavailability of a depressed mother often limits her interactions with the child to negative ones (e.g., responding exclusively to her child's fussing and crying, while neglecting positive invitations for interactions like smiling or cooing).
- d) Evidence of infants experiencing symptoms of depression has been observed in children as young as four months of age.
- e) In general, infants of depressed mothers may be more irritable, less active, less responsive, and less physically developed than infants of non-depressed mothers.
- f) Young children of mothers suffering from depression often exhibit poor self-control, aggression, poor peer relationships, and difficulty in school, increasing the likelihood of special education assignments, grade retention, and school dropout.

26

A Depressed Woman Might Say...

- "I feel sad"
- "I feel overwhelmed"
- "I'm going crazy"
- "I'm losing it"
- "I'm worried"
- "I can't stand this anymore"
- "I will never feel better"

27

Caregivers Can Help By...

- Learning to recognize the symptoms of depression
- Knowing about the circumstances of families in the program
- Getting support if they have concerns about a family or child
- Securing resources for staff to support the child
- Referring the family for services in the community

g) Maternal depression is markedly common among families of low socioeconomic status and financial stress. Many depressed mothers also suffer from co-occurring conditions such as domestic violence and substance abuse. These families with multiple risks are reportedly the most socially isolated and hard to reach.

h) Show **Slide 26: A Depressed Woman Might Say...** Depression is a complex disorder. Caregivers must be willing and able to see parental vulnerabilities and act responsibly on their concerns. We need to be open to recognizing the signs of depression and be willing to ask how the parents of the children we care for are feeling. Say that the slide gives examples of the feelings a depressed mother might express.

3. Show **Slide 27: Caregivers Can Help By...** and make the following points:

- It is important that caregivers have a clear idea where they can get support if they suspect that depression is a concern for a family.
- While it is not the responsibility of early care and education staff to diagnose or treat complex family problems, it is important that program staff know how to identify family circumstances that impact a child and his behavior. Child care programs should not assume the role of the mental health clinician. Child care programs are strongly encouraged to maintain resources and relationships with community networks to provide help for families in need.
- We can work to understand the child's and family's experience, referring families to treatment resources if needed, and assist children in every way we can to develop socially and emotionally.
- Make the point that all Head Start and Early Head Start programs are required to provide resource information and have existing relationships with community agencies that are accessible and provide assistance for families experiencing these circumstances.

4. Another potentially important circumstance that can affect a child's behavior is when the experiences the child has at home and in child care are significantly different or inconsistent.
 - a) A very young child may become confused when expectations are different at home than they are in group care – whether it's Early Head Start, a childcare center or a family childcare home (e.g. when at home, a 4-month-old spends most of her time on her mother's back in a backpack but at the childcare program is usually placed on a blanket on the floor).
 - b) Differences in expectations and experiences can cause the child to become upset which may result in behavior that is seen as challenging by the caregiver or parent(s). The child may be exhibiting this behavior (e.g. fussing, inability to go to sleep, etc) just in the childcare setting, or just at home, or both. It is important to remember, however, that it is typical for young children to behave somewhat differently at home than at childcare. For example, many young children, especially infants and toddlers, "hold it together" all day in a childcare setting only to "melt down" upon reuniting with parents or other loved ones.

Providers of home based programs (or other program activities or options that provide parents and their young children opportunity to interact together) have the opportunity to see interactions between the two that don't take place around separation and reunion.

- c) It is extremely important that staff and parents take every opportunity to communicate about the child (for example: to describe his likes, dislikes, strengths, changes in routines, etc.) and how he or she seems to be getting along in both settings. Particular stressors either at home or a childcare should be communicated either verbally or with a written note so that home and childcare can be optimally supportive to the child. When childcare providers and parents work together as partners in

supporting the child's healthy development, the child may attain their maximum potential in all areas of their development.

5. Make the point that, in addition to each of the factors we've discussed, there is also the possibility of a combination of more than one risk factor contributing to the challenging behaviors exhibited
 - a) A family issue can combine with a temperament issue. For example, a toddler whose home language is Spanish and who is also slow-to-warm-up or shy may have particular challenges in adapting to a childcare setting where the primary language spoken is English. Her difficulty in adapting to new situations makes dealing with unfamiliar caregivers and another language more stressful than it might be for a child with an easy, flexible temperament. This child might have more difficulty responding to the caregiver's attempts to communicate and find more difficult to interact with other children who don't share her language.
 - b) A family issue can combine with a health issue. For example, a child who is experiencing multiple ear infections may have greater difficulty in a family where his mother has to wake him at 5 a.m. to dress, eat and catch a bus to the childcare setting by 6:30 a.m. His poorly regulated sleep patterns and general irritability create difficulties for his already stressed young mother who may have limited family support and be struggling to be a student and a new mother at the same time. She may become irritable and impatient or may be depressed and unresponsive. This circumstance may significantly affect the child's ability to cope well in the childcare center.
 - c) A community issue can combine with a family and temperament issue. For example, a mother and baby living in a crowded housing project where episodes of violence occur on a regular basis can experience such a living situation in different ways depending on the mother's level of social support and the match between the mother's and baby's temperament (e.g. easy, feisty, fearful).

28

Reasons for Challenging Behavior

- Developmental surge
- Medical reasons
- Biological differences
- Social emotional environment
- Discontinuity between care program and home
- Lack of skill in communicating and interacting with others
- A combination of more than one above



6. **Activity:** Show **Slide 28: Reasons for Challenging Behavior**. We've concentrated on strategies to respond to family and community circumstances that may have a negative impact on a child's early development. Let's review a list of issues which may throw development off-track and share some strategies you have each found effective before we move on.

Listen for:

- Child's lack of skill in communicating and interacting with others — supporting experience, tuning into facial expression, regulation of emotion; developing secure relationships; exploring and learning; acknowledgement of a child's distress; offer comfort; use words to describe feelings
- Developmental surge — supporting child's attempts; providing anticipatory guidance to child and parent
- Medical/health — daily health checks; discussion with family
- Temperament — looking at the match between the adult and child; adjusting environment and interaction to support ability or temperament
- Social emotional issues (including maternal depression) with parent(s) — develop/maintain strong relationship with parent; refer to appropriate resources
- Discontinuity between childcare program and home — open discussion with families, respect for child's expectations; incorporate experiences from home into childcare setting
- A combination of more than one above

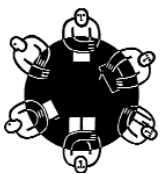
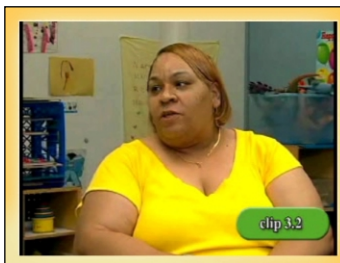
VI. Paying Attention to the Effects of Challenging Behavior on the Caregiver(s)
(45 min.)

- A. Point out to participants that it's important that they tune in and pay attention to how they feel when a child or children are exhibiting behavior that they find challenging. Remind them that behavior that may challenge one caregiver may not necessarily challenge another. For example, a toddler with a loud voice and exuberant disposition may be difficult for one caregiver, but not another, to be around for long periods of time. That's not what we are talking about here. Rather, we are focusing on behavior that seems to be having a negative impact on the child's development and that all caregivers can agree needs to be addressed.
- B. It is worthwhile to keep in mind that an important clue to what the child is experiencing is our own emotional reactions to the child. For example, if we are frustrated it is highly likely that the child is also frustrated. Often our emotions can help us tune in and empathize with the child's experience.
- C. It is a challenge for the child's caregiver, yet important to empathize and understand the child's perspective when he or she is communicating negatively when wishes are thwarted or sadness that occurs when a parent leaves. Sharing these experiences with an infant or toddler can also evoke sympathetic feelings of frustration, sadness, helplessness, or anger in the provider. Sometimes listening to our reactions is a good way to collect information.

Activity. Ask participants to watch a video of caregivers talking about what they experience when they encounter a child with challenging behavior. Show **Slide 29/Video 3.2**. Ask them to divide into groups of 4 and give them about 10 minutes to discuss the caregivers' conversation among themselves and identify a list of the reactions or feelings the caregivers expressed. Pull the group back together and ask for a spokesperson from each group to identify what they heard (and saw). Use the Flip Chart to record the comments.

1. Ask the group if they think that these caregivers are in touch with the perspective of the children about whom they are speaking. Make the point that responding to a child communicating emotional distress is difficult and that it is important to reflect on our own emotions

29

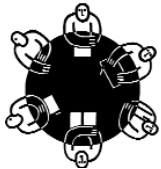
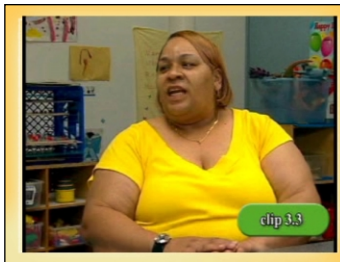


(video clip 3.2)

so that we can use them to understand the child's experience and create space to tune into the emotions of the child. One of our most important strategies is acknowledging the child's emotions, to yourself and to the child.

2. Make the point that the caregivers in the video were simply responding to a question from the interviewer that was focused on their emotional reactions and they were generous to answer so honestly. This video was used to demonstrate the fact that to work with very young children is to work in the world of raw, undiluted emotions of children and frequent stress (Johnson & Brinamen, 2006).
3. Continue and say that while we have talked about caregivers' feelings before, we have not really stressed the need to be self aware as an intervention in itself. Becoming self aware means asking ourselves:
 - a) What is this child's behavior bringing up for me as her caregiver? What might these feelings tell me about what this child is feeling?
 - b) What emotions come up for me when this behavior occurs (e.g. a baby cries incessantly? What might these feelings tell me about what this child is feeling?
 - c) Am I feeling the way I am (e.g. when Terra bites Omena and I can't stop her) because of issues of my own that are cropping up or am I just concerned about Omena?
 - d) Do I respond differently from day to day to the same behavior?
 - e) Is there something about my culture or family background that makes me more or less tolerant of certain kinds of behaviors?
 - f) Am I temperamentally similar or very different from the child I'm worried about?

30



(video clip 3.3)

31

Reflection – Self Awareness

- What is this child's behavior bringing up for me as her caregiver?
- What emotions do I experience when I care for this child?
- What can I do for myself to address my emotional response to this child?

4. Let's look at more of the video with caregivers (show **Slide 30/Video 3.3**).

D. Show **Slide 31 (Reflection: Self Awareness)**. Review the elements of self reflection as they relate to challenging behavior. **Activity:** Ask participants to work in pairs and role play a caregiver and colleague. The one playing the role of caregiver talks about her emotional response to behavior a particular child is exhibiting that is causing her concern. Her colleague helps her “wonder” about why this particular child or behavior is so distressing (e.g. “What do you think it is about Terra’s biting that makes you so upset?” or “What comes up for you when Terra bites?”). Allow about 5 minutes for this conversation. Then ask participants to switch roles and go through the role play again, this time discussing another behavior/child.

Pull the group back together and ask for volunteers to talk about how it felt to engage in such a conversation and how it might help in responding to the behavior in question.

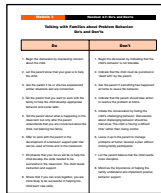
Listen for:

- Being aware of my own reactions or how my own past experience comes up when I see this behavior helps me to put the behavior in perspective
- Self reflection helps me remember that the child's experience is different and separate from my own
- Being aware of my own “hot buttons” helps me to not overreact
- Being aware of my own issues helps me respond more thoughtfully versus just reacting without thinking
- Being aware of my own issues helps me choose a response to the behavior that might be different from what I experienced growing up
- Being able to look at behavior from the child's perspective does not come naturally to everyone nor can we always find the emotional calm

and energy to try. When we are in a program serving young children, we are faced with the needs of multiple children at the same time. This makes it difficult to find the time to reflect on how we as caregivers are experiencing the behavior. It may require extra effort to set the time aside for self reflection or for reflecting with colleagues or supervisors.

VII. Enlisting the Help of Parents/Families when Behavior is a Concern
(20 min.)

- A. Make the point that parents are essential to the process of understanding a child's experience and thinking through how to respond to behavior that is troubling in the childcare setting. This is why it is so important to nurture the relationship with parents from the first days the child is in care. A trusting, respectful series of interactions over time will allow the childcare provider to bring up concerns she has about a child and engage the full participation of the parent(s) in responding to the difficulties the child is having. If the provider/parent relationship is not seen as an important aspect of care and the parent is actively engaged only when there is a problem, there will be less of a foundation to build on to help the child.
- B. **Activity:** Ask participants to think for a moment about an instance in which they had a strong relationship with a parent and found it relatively easy to bring up an issue of concern with a child. Ask several participants to share their experience. Now ask them to think of an instance in which they had a concern about a child but didn't feel as comfortable in bringing it up with parents. Why not? Ask for several participants to share their thoughts.
- a) Point out that when there is a child with challenging behavior in a group setting, parents need to be brought into the process as quickly as possible. They may be asked to observe behavior with a staff person via video, through an observation window or they may share their thoughts through a parent interview.
 - b) Remind participants that parents may be very sensitive to hearing that their child's behavior is considered challenging by staff.




(Handout 3.7)

VIII. Using a Program Process for Responding to Confusing or Challenging Behavior (60 min.)

32

Primary Characteristics of a Program Process


- Reflective, rather than reactive
- Focus is on assisting child in getting needs met rather than eliminating the challenging behavior
- Goal is to help the child with developmental appropriate self-regulation so that developmental momentum is not slowed down or disrupted



33

Program Protocol

- Outlines clear steps in developing plan to address the behavior
- Identifies role/participants on the team
- Lays out how progress will be reviewed, how changes, if any, will be made in the plan
- Stipulates how decisions will be made about ending or modifying the intervention



c) On the other hand, parents may be the first to identify a pattern of behavior that is challenging, at least for them, and to seek help from staff. This probably indicates the existence of a trusting relationship between the two.

d) Refer the group to **Handout 3.7 (Talking with Families about Problem Behavior: Do's and Don'ts)** and take a few minutes to discuss it.

e) Point out that we will be talking more about how parents should be involved when we discuss a program protocol for responding to challenging behavior.

A. Show **Slide 32: Primary Characteristics of a Program Process**. The primary characteristic of a program process for understanding and responding to challenging behavior is that it is a reflective, rather than reactive, process.

1. The focus is on assisting the child in getting his needs met rather than eliminating the challenging behavior.
2. The goal is to assist the child with developmentally appropriate self-regulation so that the developmental momentum is not slowed down or disrupted.

B. Show **Slide 33: Program Protocol**. Make the point that a program needs have a program protocol in place to address challenging behavior.

1. The protocol should outline clear steps to be followed in developing a plan to address the behavior. This communicates the importance of working quickly to respond to the needs of the child.


a) It indicates that the program is concerned about children and their well being.

b) It helps everyone know what to expect, what their contribution to the process will be, the sequence of the steps in the process, and how decisions will be made.

34

Sample Protocol for Addressing Challenging Behavior in Infants and Toddlers


1. Observe and document
2. Provide immediate action for any unsafe behavior
3. Assemble a staff team or reflective supervision meeting to review detailed questions about the meaning of the child's behavior.



35

Additional Protocol Components


4. Meet with the family to share information, deepen understanding and collaborate on strategies.
5. Determine a consistent plan for intervention.
6. Continue observation and documentation to provide data for evaluating improvement and ensuring the consistency of the plan.



36

Questions to Ask About the Meaning of the Behavior


- What is the child experiencing?
- What is the child's perspective on the situation?
- What strengths can be observed in the child's development or behavior patterns.
- What, when, where, how and with whom is the undesirable behavior occurring?



37

Questions to Ask About the Meaning of the Behavior (continued)

- What is the child communicating that he wants or needs?
- What effect does the child's behavior have on others?
- What do others do or stop doing in response to the child's behavior?
- What is the meaning of the child's behavior?
- What do I want the child to do?



- c) A protocol establishes the fact that all persons involved in the child's life are included in the information gathering and are part of the decision-making process.
- d) It documents that there is consent from the family as well as from the staff who will be implementing the intervention plan to be developed.
- e) The protocol should establish a timeline for implementing the process and the person or persons responsible for each step.
- f) The protocol should establish a process for regularly reviewing progress, making changes in the intervention plan, if necessary, and deciding when and how a determination will be made to discontinue or modify the intervention depending on the response of the child to the intervention.
- g) The information that is gathered and the decision-making process itself should be considered confidential. It will only be shared with the family and staff directly involved.

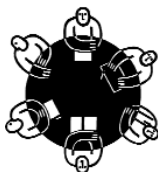
2. Show **Slides 34 and 35: Sample Protocol**. Suggest to participants that we look together at a sample protocol for addressing challenging behavior in infants and toddlers. Tell participants that we are going to work with a case study to practice using the elements of a protocol. They have a copy of the forms in their Handouts that they will be using for the case study.

C. Show **Slides 36 and 37: Questions to Ask About the Meaning of the Behavior** and say that we are now going to spend some time on the very important process of carefully gathering data to aid in understanding and addressing the behavior of a particular child. It needs to be a systematic and organized process.

1. Early care and education programs, including those that are home-based, should have a process in place to gather ongoing observation and documentation of progress for each child in care on a regular basis. This may consist of short anecdotal notes, results of

screening measures, information from parents, video of the child with adults and peers at different times of day, etc.

2. These observations should be used regularly by staff in group by home visitors in consultation with their supervisor as a part of the staff member’s ongoing professional development/supervision. This regularly scheduled time for reflection on the meaning of children’s behavior can be used to initiate an inquiry into the behavior of a specific child who is exhibiting extreme or confusing behavior.
3. In the case of a child with challenging behavior, additional observations are required to collect detailed information.
4. Observations should be initiated quickly so that the child doesn’t have to wait for help.
5. Observations should be conducted by more than one person and may include any person who interacts with the child. It may be helpful to have observations done by someone who does not typically interact with the child but has strong observation skills. It may also be useful for the care provider to do the observation side-by-side with a director, a more experienced caregiver, or a consultant from mental health or the resource and referral agency.
6. Observations should be done at various times of the child’s day on multiple days. They should focus on how the child functions in a variety of activities during the day with a variety of other people.
7. All documentation should be recorded in a similar way so that the information from multiple sources can be easily compared and analyzed.
8. **Activity:** Review **Handouts 3. 8 (Infant Toddler Observation Documentation), 3.9 (Infant Toddler Behavior Review), 3.10 (Infant Toddler Action Support Plan)** and **3.11 (Infant Toddler Action Support Review).**



(Handout 3.8)

(Handout 3.9)

(Handout 3.10)

(Handout 3.11)

38



(video clip 3.4)

- a) Review the four Handouts. **Handout 3.8 Infant Toddler Observation Documentation** records the activities exactly as observed. **Handout 3.9 Infant Toddler Behavior Review** is used to gather information, hypothesize about the behavior, and begin to plan and develop strategies. **Handout 3.10 Infant Toddler Action Support Plan** is a planning form to document the plan of action including strategies for prevention and strategies for intervention. **Handout 3.11 Infant Toddler Action Support Review** is used to evaluate the progress of the action support plan and make modifications to the plan.
- b) Have participants watch **Slide 38/Video 3.4 Michael** once and create initials for the individuals in the scenario.
- c) Show the video a second time and have participants record what happened on **Handout 3.8 Infant-Toddler Observation Documentation**
- d) Give the group 2 or 3 minutes to discuss the observation and comment on the observation documentation form.
- e) Review **Handout 3.9 Infant Toddler Behavior Review**. Discuss with the group how this form might be helpful in this observation. Look at **Handouts 3.10 Infant Toddler Action Support Plan** and **3.11 Infant Toddler Action Support Review** and discuss how useful they might be. Comment that they may want to create their own forms. Note that forms of this type can be used in the classroom or home.
- f) Ask participants how many of them use video observations in their work. Ask if they have found them helpful in understanding behavior and in advancing the skills of staff in working with infants and toddlers. Take several responses from the group.

g) Note that many home visitation programs use video observation not only for staff to better understand the work but for parents to understand more about their own interactions with their children.

D. Now let's talk about another very important step in the process – building a team. A collaborative team needs to be assembled. Begin with the staff who directly work with the child and his/her director or supervisor who is in a position to approve additional staff time and/or resources. Other staff such as aides or bus drivers may be brought in to contribute their perspectives. Staff with the most established, trusting relationship with the family should be included on the team.

Staff should meet with the family, at the center or at home, to share concerns and learn what family members can contribute to an understanding of the behavior. One or more family member should be invited to become a full participant on the team that will address the behavior.


Show and discuss **Slides 39, 40, and 41: Parent Interview Questions** which list some important questions to discuss with family members during one or more conversations. There will need to be some thought given to which staff member has the most comfortable relationship with the family in order to decide who should speak with them. Staff should be sensitive to and respectful of cultural issues and to the impact of culture on parenting behavior, perceptions about behavior problems, and perceptions about the helping professions. Ask participants if they have questions to add to this list and record them on the Flip Chart. Answers that family members provide should be carefully documented, with their permission, and added to the information the team reviews and considers.

For a center-based program, the team should include, at a minimum, the caregiver(s) and the director who is in a position to approve additional staff time and resources. If a program has a mental health consultant, s/he should also attend. A family child care provider may request support from the local resource and referral center or an infant-toddler specialist to meet with the family. A home-based program may include the home visitor, a supervisor, and the family as the core team.

39

Parent Interview Questions


- What is your infant's or toddler's challenging behavior like for you?
- What have you done in response to his behavior?
- How do you feel when he acts this way?
- When and where does the infant or toddler behave in this way and what has typically happened before or after?
- Is this behavior new or has the infant or toddler been acting this way for some time?



40

Parent Interview Questions
(continued)


- Does the child act this way with others (e.g. father, grandmother or others) and what does that person say about the behavior?
- How do you think the infant or toddler feels when he is engaging in this behavior? Why do you think he feels that way?
- Do you have any ideas about why the infant or toddler is acting this way?



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Parent Interview Questions
(continued)


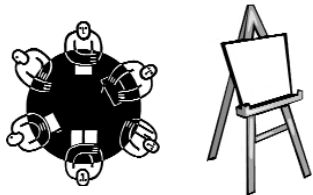
- Have there been any changes at home that might help us understand how the infant or toddler feels?
- How have these changes affected your relationship with the infant or toddler?
- How has the behavior affected your relationship with the infant or toddler?



42

Potential Team Members

- Parents/Family Members
- Teacher(s), Home Visitors
- Assisting Teacher/Paraprofessional
- Therapists
- Administrative Staff
- Mental Health Consultant
- Others

1. **Activity:** Look at **Slide 42: Potential Team Members** and ask participants to identify what each team member might bring to the process. Record responses on the Flip Chart. The team should include all relevant people, including the bus driver, for example, who is likely to be able to shed light on the child’s behavior during the trip to and from the center.

2. Make the point that it is very important to determine a convenient time for all parties to come together to review the information that has been gathered and to develop a plan that everyone can agree to.


3. In some programs, a mental health consultant will be part of the team from the beginning. In others, a mental health consultant may be brought in if there is not timely improvement in the child’s behavior or it is clear that the family needs a more intense focus than the program can provide.

a) Exactly when a mental health consultant is brought into the process will vary from program to program. However, all programs should have access to a mental health professional. Public mental health clinics and resource and referral agencies may be able to provide that support to home providers. Mental health providers provide a third party perspective and have the primary focus of understanding the child’s perspective.

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Additional Protocol Components

7. Consult with a mental health professional if the child is not responding and the intensity, frequency, and duration of the behavior is not improving.
8. Determine whether further referral to a community resource is necessary through discussion with family, the supervisor, and the mental health consultant.



b) EHS/HS are required to have a licensed mental health professional fully integrated into the operation of the program and quality childcare programs should have a relationship with a community agency or individual that they can refer to. Show **Slide 43: Additional Protocol Components**.

44

clip 3.5

c) Show **Slide 44/Video 3.5**. Discuss as a whole group the following questions and add comments if they not brought up:



(video clip 3.5)

- Why do you think the parent was willing to accept the help of a mental health consultant?
 - Staff had already discussed the biting with her
 - Parent has trusting relationship with staff
 - Parent is experiencing the problem at home
- What did the mental health provider do to learn about the issue?
 - Observed child in care setting
 - Met with staff and parent to discuss their thoughts
 - Helped develop a support plan for the child
- What effect did having a specialist and a support plan have on staff and parent?
 - Enabled them to consider the meaning of the child's behavior
 - Helped them notice things about the child they had not noticed before
 - Encouraged them to work together as partners to support the child
- What would you do if you did not have access to a mental health specialist?
 - Ask the director, supervisor or another staff member to confer about the child
 - Identify resources in the community (e.g. mental health center, resource & referral agency) that can be called on for consultation

45

What Goes Into a Support Plan?

- Hypothesis
- Prevention strategies
- Action plan for changes
- Responses to behaviors
- Timeframe and method for evaluating changes in the challenging behavior



E. Show **Slide 45: What Goes into a Support Plan** which describes the ways in which the intervention or support plan for the child is developed.

1. The support plan begins with a hypothesis about the behavior and its meaning for the child.

2. The team may decide during the first meeting that there are some specific changes they would like to make in the environment (e.g. creating a quiet space especially for that child in the book corner) or the way in which caregivers relate to the child (rescheduling a specific staff member so that she is there to greet the child every morning).
3. The team may ask the parent to take the child to the doctor to rule out physical/health problems that may be contributing to the behavior (e.g. a persistent earache.)
4. The team may ask for a developmental and behavioral assessment if initial attempts to support the child are not effective or if the child's behavior is too confusing to the team to even plan an intervention.
5. **Handout 3.10 The Infant-Toddler Action Support Plan** as an example of a document that can be used to identify the specific action steps that need to be taken before the support plan is implemented.
6. The team will need to decide who, what, when, where and how the support plan will be implemented so that the strategies and responses to the child will be consistent. For example, a two-year-old bites other children in the group and siblings at home. The team believes one of the causes of the biting is her frustration at having to share toys and space with other children all of the time. The family and the program staff agree that they will:
 - Try to provide protected space and toys for her to use for periods of time
 - Notice when she is feeling crowded or stressed
 - Encourage her to say “no” when she wants other children to go away
 - Provide a biting pad for when she feels she must bite

- Use words such as, “No biting. I know you want to play with this toy. I’ll help you keep your toy – but no biting. That hurts your friend (sister).”

All of this information should be documented on the plan.

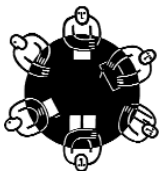
7. The team will need to agree on how each person who interacts with the child will respond to the behavior once the support plan is implemented. The response section of a support plan should have specific responses identified for all to refer to. For example; when Damon starts screaming when his mother leaves, Judy will hold him and then try to interest him in an activity. Sara will manage the needs of the other children and will allow Judy to support Damon until he is involved in play. When he cries again, Judy will respond immediately and Sara will take the lead with the other children.
 8. The team will need to establish a defined timetable and process for reviewing how the support plan has impacted the child’s challenging behavior. The Infant-Toddler Support Plan we are using has a place for a team to rate the progress of the child at two points after the plan is implemented. If there is no mental health consultant on the team from the beginning, one should be called in if the intensity, frequency, and duration of the behavior is not improving. The team will need to determine if further community referrals are necessary to resolve the challenging behavior.
- F. A simple protocol which addresses the issues we have noted will generally be appropriate for use with infants and young toddlers. A more detailed process such as Positive Behavior Support found in the original CSEFEL Modules 3a and 3b may be more appropriate for older toddlers, especially when acting-out behaviors are the identified problem.

IX. Case Study Activity
(45 min.)

46

Case Study Instructions

- Read child descriptions
- Discuss the descriptions with the group
- Use the Infant-Toddler Behavior Review to organize the information from the child descriptions and the observations
- Develop the hypothesis and consider possibilities for intervention
- Develop an Action Plan and Support Plan



(Handout 3.12M)



(Handout 3.13M)

A. Let participants know that the last activity in the day is to discuss a case study with their colleagues.

1. They are going to work as collaborative groups (teams) to practice a process designed to gain a better understanding of a child’s behavior and to devise a plan to address the situation.
2. The purpose of the case study activity is to provide them an opportunity to think about how such a process might improve their practice. They should be encouraged to be creative about adapting the process so that it is useful to them in their work setting.

B. **Activity.** Show **Slide 46: Case Study Instructions.**

Ask participants to divide into groups of 4 or 5 people or group together at their table. Within their groups, ask that they select the role each would like to play (teacher, supervisor, parent, mental health consultant, etc.). They will use **Handout 3.9 Infant-Toddler Behavior Review** and **Handout 3.10 Infant Toddler Action Support Plan** for this activity as well as **Handout 3.12M Case Study of Maria.**

1. Ask each group to read their case study materials, **Handout 3.12M** and discuss the information with their group. **Handout 3.13M** provides case study trainer discussion points.
2. Have participants use **Handouts 3.9 Infant-Toddler Behavior Review** and **Handout 3.10 Infant Toddler Action Support Plan** to gather information about Maria’s behavior and make a plan for supporting Maria. Instruct participants to use the information in the case study to fill out the handouts as best as they can. If there are questions that they don’t have an answer to, instruct participants to note the questions where they may need to obtain more information. Obtaining more specific information can be a valuable part of an action plan.
3. Encourage the participants not to move to the hypothesizing and planning stage until they have reviewed all the information. Add that their team can

agree to add data to either the child description or the observations. They can feel free to embellish the context for the child or the behavior as they wish. The goal is that once they have the information identified, they will use that information to develop the support plan. Give the group approximately 30-35 minutes to work on this activity.


4. After 30-35 minutes, suggest the group move on to the planning step if they have not already done so. Ask that they use the Action Plan form to identify what will need to be done before a plan is put in place to eliminate or reduce the child's distress.
5. Move among the tables to answer questions and facilitate team work. Record the time allotted and ending time for each section of the activity on the Flip Chart. Give the groups a 10 minute warning before the end of a section and ask them to wrap up their work.
6. Bring the group back together to talk about the case study and to share and compare their Action Support Plans.
7. Ask participants to provide some feedback about the activity and to report what they have found helpful and difficult. Encourage them to take these materials back to their work settings and continue to use and modify them.

X. Summary and Closing
(20 min.)

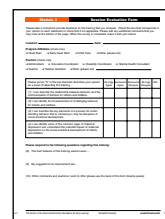
47

Major Messages to Take Home

- It is important to understand that behavioral problems in infants and toddlers are very often the child's way of communicating emotional distress.
- A collaborative, reflective process leading to an understanding of the meaning of the individual infant's or toddler's challenging behavior followed by a plan of action is an effective intervention.
- A partnership with parents or other primary caregivers is an essential element of any effective intervention for infants or toddlers.
- A formal protocol to resolve challenging behavior in infants and toddlers is a necessity.



- A. Show **Slide 47: Major Messages to Take Home** as a summary of the day's training. Review each message. Ask if participants have others to add.
- B. Thank participants for coming and for their attention and participation.
- C. Ask participants to complete the **Evaluation, Handout 3.14.**



(Handout 3.14)

Resources

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