

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



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**The Center on the Social and Emotional  
Foundations for Early Learning**



**Administration for  
Children & Families**



**Office of  
Child Care**



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Head Start**

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**Learner Objectives**

Participants will be able to:

- Define and identify the characteristics of challenging behavior for infants and toddlers.
- Describe the relationship between behavior and communication of infants and toddlers.
- Identify ways to partner with families in understanding and addressing concerns about infant and toddler behavior.
- Describe and use a process for developing and implementing a support plan to respond to challenging behavior.

**Suggested Agenda**

- |             |   |             |
|-------------|---|-------------|
| <b>I.</b>   | Setting the Stage                                     | 30 minutes  |
| <b>II.</b>  | What is Challenging Behavior                          | 45 minutes  |
| <b>III.</b> | A Relationship Based Approach to Challenging Behavior | 210 minutes |
| <b>IV.</b>  | Developing an Individual Support Plan                 | 120 minutes |
| <b>V.</b>   | Wrap-up, Reflection and Action Planning               | 30 minutes  |

**Total Time 7 hours and 15 minutes\***

\* **Trainer’s Note:** Total time does not include optional activities. The seven plus hours worth of training content is recommended to be delivered over the course of multiple days rather than trying to fit the full content into one day

## Materials and Equipment Needed

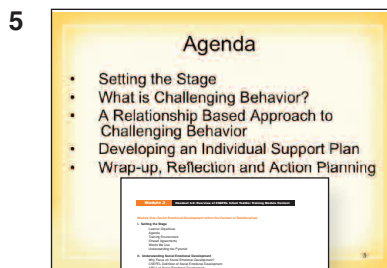
- Agenda
  - PowerPoint Slides
  - Facilitator's Guide
  - LCD Projector and computer for displaying Powerpoint slides and videos
  - Chart paper or white board and markers
  - Masking tape for posting chart paper
  - Sticky notes
  - Markers
  - CSEFEL Video Clips
- Handouts**
    - 3.1 Participant PowerPoint Slides
    - 3.2 Overview of CSEFEL Infant Toddler Modules
    - 3.3 Classroom Considerations
    - 3.4 Considering Circumstances
    - 3.5 Acting Out and Withdrawing Behaviors
    - 3.6 A Different Perspective
    - 3.7 What is My Perspective?
    - 3.8 Strategies for Responding to Infant and Toddlers' Challenging Behavior
    - 3.9 Infant-Toddler Observation Documentation
    - 3.10 Getting to Know Michael
    - 3.11 Infant-Toddler Behavior Review
    - 3.12 Talking with Families about Problem Behavior: Do's and Don'ts
    - 3.13 Infant-Toddler Action Support Plan
    - 3.14 Maria: A Case Study
    - 3.15 Trainer Discussion Points (Maria's Case Study)
    - 3.16 Planning for Change
    - 3.17 Session Evaluation
  - Video Clips**
    - 3.1: What is the biting trying to tell us?
    - 3.2: Looking at behavior that is of concern
    - 3.3: Katie and Muk
    - 3.4: Muk
    - 3.5: Observing Michael
    - 3.6: A full response to challenging behavior

## Trainer Preparation

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- Setting the Stage:** chart paper, markers, sticky notes
- Setting the Stage** (*Optional Activity A: Building on Strengths*): index cards (2-3 per participant, bend edges prior to passing out), chart paper, markers
- What is Challenging Behavior?** (*Optional Activity B: Classroom Considerations*): pens or pencils
- What is Challenging Behavior?** (*Activity: Considering Circumstances*): chart paper, markers
- A Relationship Based Approach to Challenging Behavior:** Examining Behaviors: chart paper, markers
- A Relationship Based Approach to Challenging Behavior:** Responding to Infant and Toddler Distress (*Optional Activity C: Who Am I?*): blank paper, pens or pencils
- Developing an Individual Support Plan:** Program Protocol: chart paper, markers
- Developing an Individual Support Plan: Program Protocol (*Optional Activity E: Examining My Own Behavior and Setting Goals*): blank paper, pens or pencils

I. Setting the Stage (30 minutes)



Handout 3.2

I. Setting the Stage (30 min.)

A. **Slide 1. CSEFEL Module 3: Infant Toddler** 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. **Slide 2. Activity: Find Someone Who...** Have participants find someone with the same first or last initial (if possible). Once participants have paired up or come together in small groups, have pairs/groups discuss their previous experience in trainings related to challenging behavior (if they have had any). Have participants also discuss how many years of experience each person has in the infant toddler field. Bring participants back together as a large group and encourage participants to share some highlights from their partner discussion. Elicit the following points:

- Participants have likely had a varying level of experience with past training on challenging behavior. Some past training experiences may have been positive and helpful and other training experiences have perhaps not been as helpful. Our past experiences with trainings likely inform our expectations regarding this training.
- There is likely a great deal of experience in the room of participants. Encourage participants to share their experiences and real life examples throughout the training to keep the training applicable to their work with children and families.

C. Distribute all handouts including **PowerPoint Slides (Handout 3.1)** and other resources.

D. **Slides 3 and 4: Learner Objectives.** Review with participants. Show **Slide 5: Agenda** and review with participants. Also refer participants to **Handout 3.2** for a more detailed list of all the topics in each of the modules including those in Module 3.



E. Address logistical issues (e.g. breaks, bathrooms, lunch plans). Handout 3.1

F. Encourage participants to ask questions throughout the training or to post them in a specially marked place (parking lot).

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**Our Learning Environment**

- What can the trainer do to facilitate a safe learning environment?
- How can other training participants help make the training environment conducive to your learning?
- What are some agreements we can make?

### G. Slide 6. Our Learning Environment.

Ask the group: “Are there ideas or requests that you might want to ask of your colleagues to make the training environment effective and conducive to learning?” or “Think about what makes a positive learning environment for you. What are those things?” If participants don’t have suggestions, suggest some of the typical shared agreements listed on the next slide.

**Trainer’s Note:** You may want to share with the group that you are choosing to use the term “shared agreements” instead of “ground rules.” “Shared agreements” is meant to reflect agreements made by the group rather than “rules” imposed on by others. Also, “rules” sometimes have a negative connotation. Some people say “rules are made to be broken.”

Once the group determines the shared agreements, they might also discuss how the group will hold to the agreements during their time together.

Explain that participants and trainers will be spending a significant amount of time together whether it is all in one day or it is over a period of days. It is important that the group decide what kinds of agreements (sometimes referred to as ground rules) they feel are important. Shared agreements describe the expectations for how trainers and participants behave with one another. It is important for participants to share with one another some ideas about how the training environment can be structured to maximize comfort, learning, and reflection. This discussion, sharing and agreement of expectations helps contribute to the development of a safe, respectful learning environment for adults.

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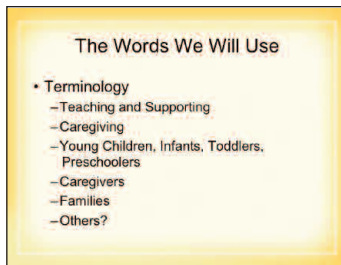
**Possible Shared Agreements**

- Confidentiality
- Take Care of Yourself and Others
- Demonstrate Respect
- Right to Pass and Take Risks
- Assume Positive Intent
- Recognize We Are All Learning

**Slide 7. Possible Shared Agreements.** Use chart paper to write the list of shared agreements the group created and/or review the list of potential shared agreements on this slide to help generate ideas. Let participants know they can add to the list of shared agreements throughout your time together.



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### Slide 8. The Words We Will Use.

Discuss with participants the words that have been chosen and will be shared and used at different points throughout the training session. Describe to participants that it is important to be on the same page about what is meant by the words used in the training.

- *Teaching and Supporting*: The significant role of the adult caregiver is referenced differently nationwide - teachers, care teachers, early learning caregivers, etc. Whether using “teaching” or “supporting,” we are referring to the responsibility of the adult to observe and reflect on what infants/toddlers are experiencing and how they learn, as well as how to support this learning through consistent, responsive interactions (e.g., ways they care for infants, read cues, meet their needs, etc.) and their relationship with the child and family. It is about facilitating development or in other words, supporting growth and development. As caregivers observe and think about what they see and hear they can plan for and design experiences in an environment that contributes to a child’s success. When we refer to “teaching and supporting” we also mean individualized approaches that “meet” the young child where he or she is developmentally.
- *Caregiving*: The practices caregivers use to identify strengths in infants, toddlers and families as they create supportive environments and help to nurture and support the growth and development of infants and toddlers socially and emotionally.
- *Young Children, Infants, Toddlers and Preschoolers*: Using “young children” generally refers to infants and toddlers; however, there will be times that we specifically reference and talk about a particular age range such as infants, toddlers or preschoolers.
- *Caregivers*: “Caregivers” refers to a general category of ALL the adults who support the growth and development of infants and/or toddlers (e.g., child care providers, parents, extended families, guardians, teachers, home visitors, public health professionals).
- *Families*: “Families” represents those primary, significant, familiar, caring adults in the infant and/or toddler’s life.

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J. Point out that as the participants can see from the Agenda, we are going to talk 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, relationship based approach to address infant and toddler behavior that has not responded to the promotion and prevention efforts we have already incorporated into care settings.

K. Show **Slide 9: Pyramid**. Point out that today's training will focus on the top level of the Pyramid.

Remind 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 appear to be improving on their own or with the typical level of care described in Modules 1 and 2.

- a) Some infants and toddlers may come to us with these behaviors while others may develop them while in our 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, if these behaviors persist.
- 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 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.

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**L. Slide 10: Social Emotional Wellness.** In Module 1, we described and explored the definition of social emotional development in infants and toddlers as the developing capacity to:

- experience, regulate and express emotions;
- form close and secure interpersonal relationships; and
- explore the environment and learn
- all in the context of family, community and culture.

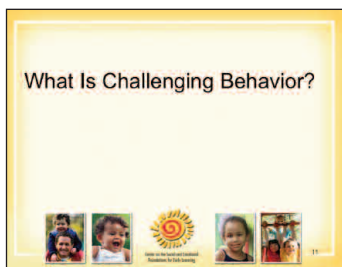
These are the skills and characteristics that infants and toddlers bring to their ability to cope with distress. One of our tasks as caregivers is to support the development of these coping skills that are the hallmarks of early mental health.

In this module you 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 unique experience, and 3) consider ways to support and reinforce the child’s skills.

**II. What is Challenging Behavior?** (45 min)

**II. What is Challenging Behavior?** (45 min)

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**A. Slide 11. What is Challenging Behavior?** Share with participants that in this section of the training the focus will be on defining and identifying the characteristics of challenging behavior.

**Optional Activity A:** Building on Strengths (20 minutes)

Offer index cards to participants. Provide 2-3 index cards to each participant. Say to participants, "Write a word or a phrase (one per card) that describes a child you care for who displays challenging behaviors. Think about the really tough, challenging days. When you are done, toss your completed cards to the center of your table to be randomly selected and noted on chart paper." For example, others who have done this exercise have come up with words such as "stubborn," "hyper," or "cries all the time."

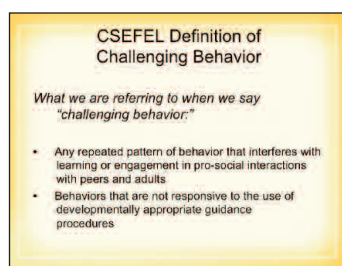
Collect the index cards and write as many of the listed phrases on chart paper or a white board that you can. Review with participants. Ask participants, "Is there anything that surprises you about the list?" or "How does it feel reviewing this list?" You may receive responses such as: "It feels gloomy now in here," or "I did not realize I was looking negatively at his behaviors," or "That's how I was described as a young child."

Next, challenge participants to examine the words listed and consider that each and every one of the words noted could be reframed to be a potential strength. Review the list again with participants and ask them to replace any "negative" words with words that identify a potential strength. For example, "stubborn" might be reframed as "persistent;" "hyper" might be reframed as "curious" or "active;" "cries all the time" might be reframed as "sensitive" or "able to express himself."

**Trainer's note:** To help participants with this portion of the activity, consider asking them, "As you look at this list, are there any words that were used to describe other children you knew or even you when you were little? If yes, is this characteristic an asset or strength for that child or for you today?"

Once the new, strength-based list has been created, read it out loud. Consider starting by saying, "Young children who display challenging behaviors are ...e.g. persistent, sensitive, expressive, etc."

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**B. Activity:** What is Challenging Behavior? Ask participants to work in small groups. Brainstorm what specific behaviors (e.g. crying, hitting, non responsive, etc.) they find most challenging in infants and toddlers. Have participants write their responses on sticky notes (one behavior per sticky note). Let participants know you will collect the responses (sticky notes) from each small group. Post the sticky notes on chart paper. Read a sampling of the sticky notes to the larger group.

**C. Slide 12. CSEFEL Definition of Challenging Behavior for Children Birth to Five.** 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. Review how the behaviors listed on the sticky notes may correspond to the 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.

Ask participants for examples of how challenging behavior of infants and toddlers may interfere with learning and/or engagement in pro-social interactions with peers and/or adults. Offer participants the following examples to support the discussion if needed:

- A baby who is extremely fussy might receive less positive attention and physical closeness from adults and, therefore, become delayed in her social development, (i.e., responsive smiling, waving, responding to her name).
- Peers may begin to avoid a toddler who frequently bites. As a result the toddler who bites may have less opportunity to learn to play cooperatively or develop age appropriate language skills. A parent of a child who bites may also avoid or limit peer social situations for her child.
- A baby who is quiet and hard to engage may be left alone frequently by caregivers who may not feel connected to the child.

Summarize the consequences of not addressing challenging behavior.

- (a) When thinking about infants and toddlers, our concern centers on the “cost” to the child of continued distress. Ask the participants what might 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.

(b) Highlight for participants that our problem solving emphasis is typically on relieving the distress the child may be experiencing early on.

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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

D. Show **Slide 13: Reasons for Challenging Behavior.**

Share with 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 may be overwhelmed by sensory input).

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. Exploring recent and past changes with families is critical to understanding an infant or toddler's unique experiences.

We know that experiences such as chronic stress or witnessing or experiencing abuse can impact babies negatively, however, even positive changes such as a move to a new 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 uncharacteristic of that child or 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).

Ask participants if they can think of additional reasons that may contribute to a child engaging in challenging behavior. Possible responses may include:

**Temperament:** Temperament styles/traits are neither good nor bad in themselves; what matters is how the environment responds to them. Families and teachers who understand and accommodate temperamental traits will manage more successfully, gradually extending the child's capacity to cope.

**Substance abuse:** Substance abuse during pregnancy can lead to children being born with developmental delays and difficulties with learning, memory, attention, planning, problem-solving, impulsiveness, hyperactivity, problems regulating emotions, as well as perception and sensory integration.

**Nutrition:** Babies who are malnourished in utero may be more irritable and unresponsive, and their behavior, such as a high-pitched cry, can make them difficult to care for. They also may have trouble handling stress and focusing their attention.


**Parenting practices:** Particular parenting practices continue to increase the risk of challenging behaviors as children grow older. When parents are not involved with their children, do not respond warmly to them, and use harsh, inconsistent discipline, children may react with defiant, aggressive, impulsive behaviors.

**Violence:** Exposure to violence can affect children's ability to learn, to establish relationships with others, and to cope with stress. Even verbal conflict can upset children, and when it is combined with physical conflict it can contribute to both emotional problems and challenging behavior.

14

Activity: Considering Circumstances

Use **Handout 3.4** to reflect on the circumstances of the child and family.



Category	Example	Impact	Support

**E. Slide 14 Activity: Considering Circumstances. Handout 3.4 Considering Circumstances.**

- Ask each table of participants to create a list of specific life circumstances that could negatively affect the behavior of an infant or toddler in their care.
- Then ask them to complete the handout by listing these circumstances, hypothesize about the child's social emotional experience, the family's likely feelings, and then possible ways to support the young child and family. This might include sharing information or resources.

- (c) Families and children may have similar feelings and/or react similarly to very different experiences. Similarly, different families and children may have very different feelings and behaviors about similar life circumstances.
- (d) Consider using one example to do with the entire group to illustrate how to use the chart.
- (e) Elicit responses such as:

Circumstances	Child's Social Emotional Experience	Family's Likely	Caregiver Actions that Could Possibly Help Support the Child and Family
<ul style="list-style-type: none"> <li>• Poverty/inconsistent income</li> <li>• Lack of transportation</li> <li>• Poor housing/too many people/unsafe from community violence/loss of home /frequent moves</li> <li>• Immigration from another country /speak a different language/</li> <li>• Social isolation/poor social support</li> <li>• Problem with substance use</li> <li>• Domestic violence /abuse</li> <li>• Parents or parent figures recently divorced or separated/away in the Armed Services or other job/incarceration</li> <li>• Chronic conflict in the home/extended family</li> <li>• Sick parent or sibling</li> <li>• Recent death of important family member/</li> <li>• Miscarriage</li> <li>• Parent with mental illness/ developmental disability</li> <li>• Move to a new house</li> <li>• New Sibling</li> <li>• Visit from relatives</li> </ul>	<p>Insecure/Unsafe Unregulated Unnoticed Unacknowledged Lack of control Abandoned/Isolated Helpless Confused Worried Frightened/Fearful</p> <p>Unpredictable Tired Anxious Confused</p>	<p>Angry/frustrated Helplessness Fearful Confused Depressed/Self-absorbed Isolated Worried/anxious Abandoned</p> <p>Tired Distracted</p>	<p>Responses to the child in these circumstance should also include:</p> <ul style="list-style-type: none"> <li>• Acknowledgement of distress</li> <li>• Comforting words</li> <li>• Attunement</li> <li>• Help in achieving the understood intention</li> </ul> <p>Take time to meet with and listen to parents.</p> <p>Establish partnerships with community resources that could be helpful to families in finding housing, help for domestic violence, mental health services, translators, etc.</p> <p>Establish 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> <p>Caregiver may reassure the family that these changes, while welcome, can be stressful for babies.</p>



**Optional Activity B: Classroom Considerations Handout 3.3**

(25 minutes)

**Trainer's Note:** To help participants continue to connect with previous module material, consider the following optional activity to further emphasize the importance of understanding environmental circumstances and prevention based strategies.

Ask participants to list challenging behaviors they experience in their classrooms in the first column. Next, have each participant complete the middle column, writing one way they could adapt their classroom practices or environment to help prevent the challenging behavior. Finally, have participants walk around the room, trying to fill in the final column by discussing the challenging behavior with others. Use the third column to write suggestions from other training participants.

*Ask the large group how they think that the information from Module 1 will help them moving into today's training. Let them know that the focus of this training is on the many ways that infant-toddler caregivers can further develop and enhance their relationships with the infants, toddlers and families they care for, as well as consider additional ways to be intentional about building social emotional skills.*

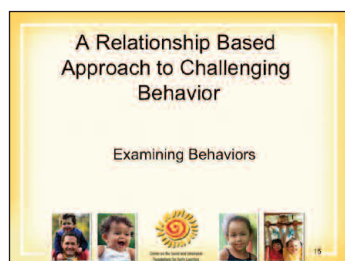
*Depending on responses received from participants, consider supplementing the discussion with the following points:*

*Caregivers who are intentional about providing responsive care have a powerful influence on the development of positive early relationships.*

*How a child's brain functions is a direct reflection of early experiences – experiences matter because they change the way the brain works. Daily caretaking routines such as holding, rocking, bathing, feeding, dressing, and talking to infants all help create new connections in the brain.*

### III. A Relationship Based Approach to Challenging Behavior (210 min.)

15



### III. A Relationship Based Approach to Challenging Behavior (210 min.)

- A. **Slide 15. A Relationship Based Approach to Challenging Behavior: Examining Behaviors.** We listed young children's behaviors that are challenging to us. We also discussed the CSEFEL definition of challenging behavior which represents behaviors that are a more serious challenge for a child and extend beyond typical issues that respond to appropriate socialization and guidance strategies.

- B. The activity we just completed shows how various circumstances can impact children’s experiences. The circumstances can create intense feelings on the part of everyone involved and the young child’s behaviors, or forms of expression, can sometimes be difficult to understand and leave caregivers and families feeling helpless as they try to problem solve to help a young child toward well-being and away from distress.
- C. Explain to participants that improving an infant’s or toddler’s behavior requires intervening with the adults who care for the child. Challenging behavior that is extreme impacts all the infant’s or toddler’s relationships including, but not limited to the: caregiver, family, and peer relationships. The approach for addressing challenging behavior of infants and toddlers is a relational one that addresses the challenges that may exist within the relationships surrounding and including the infant and toddler.

16

**Behavior Is a Form of Communication**

- 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



17



**Behavior**

Is communicating...

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**Potential unmet need**

**Skill to be developed**

D. **Slide 16. Behavior is a Form of Communication.** One way to frame our thinking about the behavior of infants and toddlers is to think about behavior as being a form of communication. It may be helpful to encourage participants to ask themselves, “What is the meaning of this behavior?” or “What is this child trying to communicate through his behavior?”

E. **Slide 17. Behavior: The Tip of the Iceberg.** Ask participants to picture an iceberg. Encourage them to 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, all
  - within the context of family, community and culture.

b) The rest of the iceberg, which is hidden from sight below the surface, represents potential needs that are not being met and skills that need to be developed - 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 chart paper near the bottom of the iceberg. This list may include:

- Feeling safe
- Ongoing, responsive relationships with one or more adults
- Emotionally responsive social environments
- An environment that is matched to the child’s temperament
- Structure and consistency
- Good nutrition
- Good health
- Opportunities for movement
- Rest
- A sense of belonging within the family and culture
- Engaging/stimulating environments

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Expression of Emotion




- Intensity
- Frequency
- Duration

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F. **Slide 18: 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.

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A 6 month-old cries for long periods of time unless held by his caregiver....



1. What is the 'tip of the iceberg' behavior?
2. What social-emotional skill is needing support?
3. What might be going on for this child? (possible unmet needs)

G. **Slide 19. A 6 month old....** 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:

a) What behavior, in this situation, would we consider the tip of the iceberg? Look for the following response: crying.

- b) 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 by closing his eyes, sucking a finger, taking a deep breath (for older toddlers.)
- c) 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 relationships with one or more adults)
  - He is sensitive and is anxious about the room noise and the other children. (Environmental match to temperament)
  - He does not 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 in finding 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 young children, the challenging behavior it is not a form of manipulation. In other words, a young child is not purposefully behaving in a way that is meant to cause difficulty.
- f) 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.

20



H. Show **Slide 20, Video Clip 3.1. What is the Biting Trying to Tell Us?** Consider showing the video segment 2-3 times so that participants feel comfortable working together in small groups for activity. **Activity:** after reviewing Video Clip 3.1, ask participants to pair up or gather in small groups. Using a blank piece of paper, have participants draw a picture of an iceberg and consider the following three things:

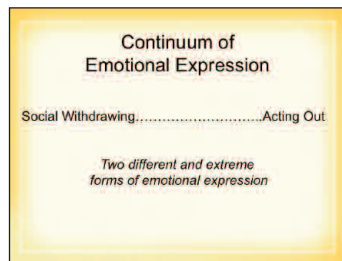
- a) What behavior, in this situation, would we consider the tip of the iceberg? Look for the following response: biting.

Which social emotional skills may the child not have developed or be able to use in this situation? Look for the following responses: Self- regulation, problem-solving skills (e.g., turn taking, verbally asking to play with peer or play with a toy when the peer is finished).

- c) What might be “underneath the surface”? Look for the following responses:
  - He feels frustrated. He sees another child playing with a toy he would like to play with and acts on what he is experiencing at the moment. He does not have the language necessary to control a situation, or his attempts at communication are not understood or respected.
  - He is tired or does not feel good and may be getting sick. (Health)
  - He is feeling stressed. Perhaps his daily routine looks different or he is lacking interesting things to do.

Debrief as a large group. Point out that observing closely and taking into account varying circumstances, as well as what might be going on “underneath the surface,” will help caregivers determine the most supportive and appropriate solutions and strategies.

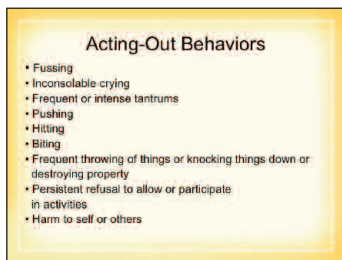
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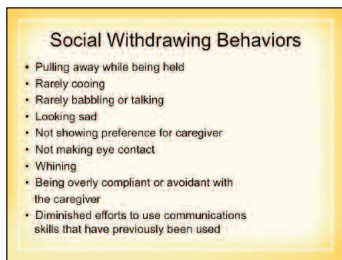
I. **Slide 21. Continuum of Emotional Expression.** Make the point that infants and toddlers have two primary styles of behavior that communicate distress.



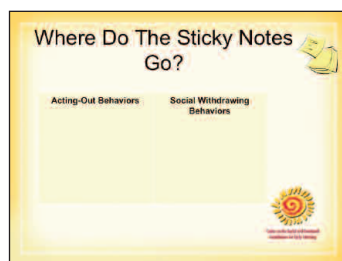
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23



24



J. **Slide 22: 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.

K. Show **Slide 23: 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.

L. Show **Slide 24: Activity: Where Do the Sticky Notes Go?** *Trainer’s Note: Using participant responses written on sticky notes from first part of training, (What Is Challenging Behavior, Slide 11), create two columns on a piece of chart paper. The first column heading should read “Acting-Out Behaviors” and the second column heading should read “Social Withdrawing Behaviors.” Read each sticky note one by one and ask participants if the behavior on the sticky note would be considered an “acting-out” or a “withdrawing” behavior. Place the sticky note under the appropriate column heading. Let participants know in the next activity they will explore*



*acting out behavior and withdrawing behaviors more deeply. Most times, the acting-out behaviors far outweigh the withdrawing ones because these behaviors get noticed more often as caregivers often feel the need to “put out those fires”.*

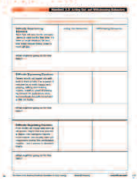
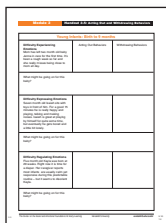
Explain to participants that it is critical to pay attention to the withdrawing behaviors just as much as, if not more, than the acting out behaviors. Children who display acting out behaviors often get our attention. Children who exhibit withdrawing behavior may easily fall through the cracks and sometimes are even considered the “good” children because they don’t demand a great deal of attention. However, the developmental trajectory for children who display withdrawing behavior may be even more challenging than for those who display acting out behaviors (Mash & Barkley, 2003).

25

**Activity: Acting Out and Withdrawing Behaviors - Handout 3.5**

Use Handout 3.5 to:

- Describe “acting out” and “withdrawing” behaviors for an age group
- Consider: What is intense, frequent, enduring?

Handout 3.5

**M. Slide 25: Activity: Acting Out and Withdrawing Behaviors—Handout 3.5.** Provide each table of participants with **Handout 3.5**. 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 the identified age group. Remind participants we are thinking about behaviors that are intense, frequent, and enduring enough to be challenging.

Ask participants to use **Handout 3.5** to note 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.

**Trainer’s Note:** 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 modules have included scenarios applicable for older toddlers.

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

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. Prior to breaking into small groups consider providing an example or two with the whole group to demonstrate the activity.

<b>Young Infants: Birth to 9 months</b>		
	<b>Acting Out Behaviors</b>	<b>Withdrawing Behaviors</b>
<p><b>Difficulty Experiencing emotions</b></p> <p>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><b>What might be going on for this baby?</b></p> <p>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 <b>burst into tears and scream</b>. 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 <b>seems quiet</b>; she <b>stares into space and sucks on her fingers</b>. She <b>doesn't seem especially interested in anything and refuses to make eye contact</b> with any of the caregivers. She <b>doesn't even really want to be held</b>. She <b>doesn't seem to be having a very difficult transition into child care</b>.</p>

Young Infants: Birth to 9 months		
	Acting Out Behaviors	Withdrawing Behaviors
<p><b>Difficulty Expressing emotions</b></p> <p>Seven month old Isaiah sits with toys in front of him. For a good 7-10 minutes he is really happy and playing, babbling 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><b>What might be going on for this baby?</b></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 he catches the eye of his caregiver. When he knows she is looking at him he <b>begins to throw his toys and screams.</b></p>	<p>Isaiah seems to <b>become quiet</b> as he realizes he doesn't really want to be where he is anymore. His <b>muscle tone relaxes and he seems "droopy."</b> He sits <b>quietly, no longer making playful noises. He makes no eye contact and just seems to be staring off into space.</b></p>
<p><b>Difficulty Regulating Emotions</b></p> <p>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><b>What might be going on for this baby?</b></p> <p>Kayla was born prematurely and seems to have some</p>	<p>Kayla is on the changing table <b>screaming as though someone has hurt her.</b> She <b>thrashes around</b> making it difficult to change her. When she is done, and it is time to wash her hands, <b>things only get worse.</b> She <b>screams for nearly forty minutes</b> after the diaper change. Everyone dreads Kayla's diaper changes.</p>	<p>Kayla often <b>averts her gaze.</b> She <b>seems to feel no pain.</b> She has <b>very little reaction</b> if any to the diaper change and to the caregiver's attempts to engage her. It <b>seems as if 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.</b></p>

Young Infants: Birth to 9 months		
	Acting Out Behaviors	Withdrawing Behaviors
<p><b>Difficulty Regulating</b> (continued)</p> <p>problems with certain sensory experiences like diaper changes, a caregiver’s 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 she disengages.</p>		<p><i>*Trainers note: 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 may or may not be different based on if a child has a disability or a suspected disability.</i></p>
<p><b>Difficulty Forming Close And Secure Relationships</b></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. This caregiver is now absent and multiple caregivers are subbing in her place</p> <p><b>What might be going on for this baby?</b></p> <p>Aliyah finds it difficult to bond, or attach to a caregiver. With great patience and slow, gentle steps her caregiver has built 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 <b>throws her body back on the mat where she was placed. She howls and cries forcefully.</b> When caregivers attempt to pick her up and soothe her she <b>arches her back and turns her head away, screaming even more.</b></p>	<p>Aliyah will <b>not make eye contact with any of the caregivers and she shows very little emotion (neither happy or sad).</b></p>

Young Infants: Birth to 9 months		
	Acting Out Behaviors	Withdrawing Behaviors
<p><b>Difficulty Exploring and learning</b></p> <p>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><b>What might be going on for this baby?</b></p> <p>Tummy time may be uncomfortable to Jackson until he gains more muscle control. He may prefer being held if he is used to be held often.</p>	<p>When Jackson’s caregivers put him down on his tummy he instantly <b>cries. His face becomes red, his body becomes rigid, and he screams.</b></p>	<p>If Jackson is not being held, he <b>falls asleep. The child care environment seems to be so over stimulating that he just closes his eyes.</b></p>

Mobile Infants: 8 – 18 months		
	Acting Out Behaviors	Withdrawing Behaviors
<p><b>Difficulty Experiencing Emotions</b></p> <p>Fifteen month old Jasmine sees her teacher set up the water table, her favorite activity.</p> <p><b>What might be going on for this baby?</b></p> <p>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.</p>	<p>Jasmine runs to the water table, <b>bangs on it, runs</b> over to her friend, <b>bangs on him,</b> leaves him <b>screaming,</b> and <b>runs</b> over to the dramatic play area and <b>throws a plastic chair,</b> 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 <b>hovers near the table but does not engage</b> in the table. She <b>stands off to the side and watches</b> as other children begin to play at the table. She spends a <b>great deal of time standing still watching others enjoy pouring.</b> The teachers only know this is her favorite activity because she always chooses it. She appears to really enjoy the water table yet she <b>rarely smiles</b> and even when she does put her hands in she <b>doesn’t look up much or engage the other children.</b></p>

<b>Mobile Infants: 8 – 18 months</b>		
	<b>Acting Out Behaviors</b>	<b>Withdrawing Behaviors</b>
<p><b>Difficulty expressing emotions</b></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><b>What might be going on for this baby?</b></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 <b>screams inconsolably</b> for nearly an hour. He refuses to be held, crawls to toy shelves to <b>throw things</b>, and causes an intense morning for the caregivers and other babies.</p>	<p>Josiah <b>watches</b> his sister go and <b>doesn’t react much</b>. Throughout the morning he is <b>unusually quiet</b>. Sometimes he <b>very quietly whimpers, however, his voice is hardly audible</b>. The teacher may not even notice his whimpers if she is not careful.</p>

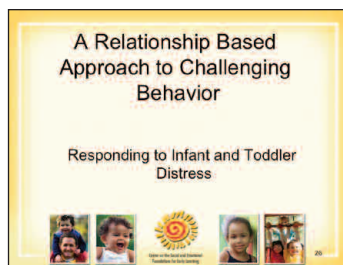


Mobile Infants: 8 – 18 months		
	Acting Out Behaviors	Withdrawing Behaviors
<p><b>Difficulty Regulating Emotions</b></p> <p>Sixteen month old David cannot seem to adjust to his new classroom. He has gone from being the oldest in a calm, quiet classroom of babies to being the youngest in a room full of rambunctious toddlers.</p> <p><b>What might be going on for this baby?</b></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 <b>biting, hitting and pushing</b> other children seemingly without provocation. His <b>face is tight and strained</b>. 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 <b>under a table</b> in the corner of the room. He is <b>quiet and withdrawn</b>. If someone comes near him he <b>pulls back and looks away</b>. He <b>seems frightened</b> to be there and the <b>other children ignore him so he is not forming friendships</b>.</p>
<p><b>Difficulty Forming Close and Secure Relationships</b></p> <p>Fifteen month old Arabelle has a significant reaction to anyone new who comes into her classroom.</p> <p><b>What might be going on for this baby?</b></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 <b>runs up to them and throws herself into their arms</b>. She is <b>very clingy and wants to be held by any person even if she has never met them</b>.</p>	<p>When a stranger enters Arabelle's classroom, Arabelle <b>moves as far away from the door as she can</b>. If a stranger comes very far into the room Arabelle <b>hides behind the rocking chair, looking scared</b>.</p>

Mobile Infants: 8 – 18 months		
	Acting Out Behaviors	Withdrawing Behaviors
<p><b>Difficulty Exploring and Learning</b></p> <p>Eighteen month old Cameron has low muscle tone. She cannot sit up without support and tires easily</p> <p><b>What might be going on for this baby?</b></p> <p>Cameron may have an undiagnosed developmental disability. She has difficulty sitting and is immobile.</p>	<p><b>Cameron will play when toys are brought to her. When she becomes tired or frustrated, she lets her caregivers know by falling over, crying and screaming. She cannot change positions without help.</b></p>	<p>When left on her own, Cameron would spend hours staring at the wall, not interacting with anything or anyone.</p>

After approximately 20-25 minutes, bring participants together as a large group to debrief. Encourage participants to share some examples of their responses. Use the above chart as a guide with sample responses.

26



N. **Show Slide 26: A Relationship Based Approach to Challenging Behavior : Responding to Infant and Toddler Distress.** 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 sometimes 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. Point out to participants that it is important that they tune in and pay attention to how they feel when a child is exhibiting behavior that they find challenging. Remind participants that behavior that may challenge one caregiver may not necessarily challenge another.

27

**Caregivers and Families  
Focusing on the Child**

- Makes us more likely to be able to respond with empathy to a young child's 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

28

**Responding to Distress**

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

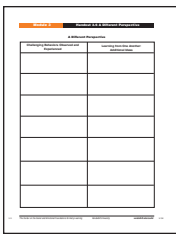
For example, a toddler with a loud voice and exuberant disposition may be difficult for one caregiver, but not another, to be around for long periods of time. That is not what we are talking about here. Rather, we are focusing on behavior that seems to be having a negative impact on the child's development and that all caregivers can agree needs to be addressed.

4. 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 than 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.
5. Show **Slide 27: Caregivers and Families 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.
  - c) 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 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 make sure that happens.

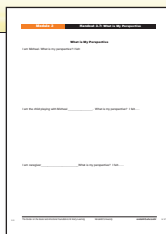
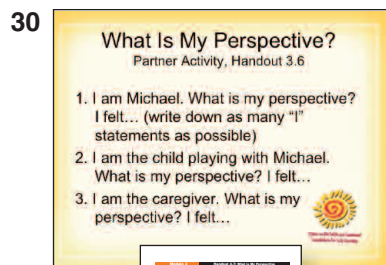
O. Read **Slide 28: Responding to Distress**. Responses to the challenging behavior should meet the criteria listed:

- 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."; offer comfort items likely special blankets or pacifiers)

- 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 he can get what he wants e.g., “You want more milk. You can point to the sippy cup; you don’t need to throw it”.)
- Be developmentally appropriate (Ensure that the strategies are appropriate for the individual child’s developmental age. For example picking up a 8 month old who is crying is appropriate, however, carrying a three year old may be a less developmentally appropriate first step to soothing a child).



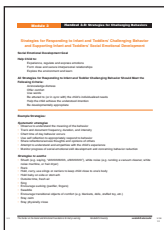
Handout 3.6



Handout 3.7

**Activity: Handout 3.6: A Different Perspective.** Ask participants to work with a partner and consider some of the challenging behaviors they previously identified and listed in the earlier part of Module 3. For each challenging behavior, participants need to come up with a new way of thinking about the behavior. For example, if a participant had listed “grabs things” as one of the challenging behaviors they often observed, another way of thinking about or reframing this behavior could be, “the child is trying to play with a peer” or “the child doesn’t know yet how to ask for the object.”

**P. Slides 29. and Video 3.2.Looking at Behavior that is of Concern.** Show **Video 3.2** and ask participants what acting-out and/or withdrawing behaviors they observed (tip of the iceberg). Show **Slide 30. Activity: What is My Perspective.** Ask table partners to use **Handout 3.7: What is My Perspective?** and respond to the questions. Ask the participants to write down as many “I” statements as they can think of for each individual noted on their handout. For example, after question one, “I am Michael. What is my perspective? I felt:,” participants might write, “I want to play with her but she wants the same toy I want.” Ask participants to share their statements.



Handout 3.8

1. Go on to develop the point that the problem with attempting to develop these “I” statements is that we really do not have much information about Michael or an understanding about what transpired before this snapshot in time.
2. 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. Ask participants if they have examples to share about a child in their care? Encourage the group to share examples of children’s challenging behavior and then try to use “I” statements that might speak for the child’s intention (e.g., for a child who bites the “I” statement might be, “I bite because I don’t know how else to tell children I’m frustrated and they are in my space. I want more space.”)
3. Encourage participants at their tables to use **Handout 3.8 (Strategies for Responding to Infant and Toddlers’ Challenging Behavior)** as a guideline to devise and select some additional possible responses to the acting-out and/or withdrawing behavior observed.

### **Optional Activity C:** Who Am I? (25 minutes)

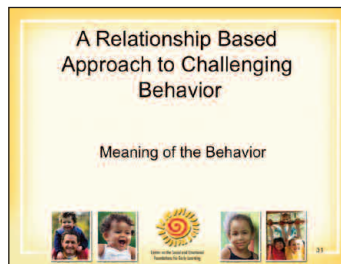
Ask participants to think about a young child in their care who displays challenging behaviors. Using a blank piece of paper, ask participants to write a couple of sentences for this child entitled, “Who Am I?” How would this young child describe him or herself?

After participants have an opportunity to write their sentences, ask them to review and underline all of the strengths or positive descriptors they used to describe this child. Next, ask participants, “How did you feel when you underlined the strengths and positive descriptors?” Encourage participants to share their sentences or their experience with the activity with the larger group.

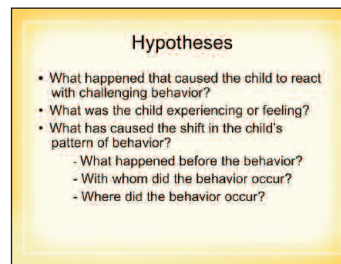
**Trainer’s Note:** Consider that there may be participants who struggled to identify strengths. Depending on your comfort level, you may want to ask participants to consider thinking about someone who might be able to support or encourage them if they are struggling to identify strengths and create a positive vision for a young child in their care.



31



32



Q. **Slide 31. A Relationship Based Approach to Challenging Behavior: Meaning of the Behavior.** As caregivers, our job is to carefully observe and gather information about a young child and his or her family in order to eventually generate a hypothesis (our best guess), test it out, and use what we learn to understand the meaning of the behavior in question. This process takes time and thought.

R. **Slide 32: Hypotheses.**

1. Our 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 ensuring the child is safe. We then attempt to help the child develop increased abilities to cope and we foster the child's abilities to use more acceptable strategies to experience, express, and regulate emotion; form close and secure interpersonal relationships; and explore the environment and learn
2. When the behavior in question is a pattern, we need to figure out its meaning for the child, what needs the behavior represents (what is the function or purpose of the behavior), 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.
3. 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 (in other words, what the meaning of the behavior is), we are using what we know about that child to make a guess about why a child responds or behaves as he or she does.



33

**Our Approach**

- 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 developmentally appropriate self-regulation so that developmental momentum is not slowed down or disrupted

**S. Slide 33. Our Approach.** When developing an approach to supporting and guiding young children’s behavior, it is critical that young children feel safe within secure and caring relationships. Very young children need responsive interactions and opportunities to spend time in socially and emotionally supportive environments. The importance of caregivers and families meeting these needs has been discussed in previous modules. Review the points on the slide with participants.

1. Our approach to responding to challenging behavior is one that it is reflective, rather than reactive. Reflecting on what an experience is like for a young child; observing what a child is communicating through his behavior; and deciding what we would like the child to do establishes a process that meets a young child’s emotional needs and helps support and teach new skills and behaviors.
2. The focus of this approach is on assisting the child in getting his needs met rather than eliminating the challenging behavior.
3. The goal is to assist the child with developmentally appropriate self-regulation so that the developmental momentum is not slowed down or disrupted.

34

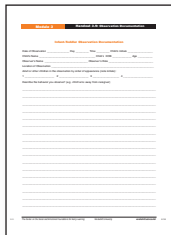
**Understanding Behavior is the Key**

- Watching children – careful observation
- Behavior is a form of communication - children tell us their needs and wants
- Focus on the child. Ask “What is the child trying to tell me?” and “I wonder...”
- Create a best guess (hypothesis) and choose supportive ways to respond

**T. Slide 34. Understanding Behavior is the Key.** To provide the best care for infants and toddlers, caregivers should try to make sense of the behavior. A reflective approach (as we just discussed) will involve the items noted below. Review with participants the bullet points on the slide:

- Watch children – careful observation is critical. Previous modules discussed the importance of the strategy careful observation.
- Behavior is a form of communication -children tell us their needs and wants, sometimes through challenging behavior.
- Focus on the child. Ask “What is the child trying to tell me?” and “I wonder...”
- Create a best guess (hypothesis) and choose supportive ways to respond.

35




Handout 3.9

36

Activity: Small Group Discussion

- What information did you gather?
- What are the tip of the iceberg behaviors you see from Katie?
- What might Katie be trying to tell us? I wonder...



U. **Slide 35** and **Video Clip 3.3 Katie and Muk**. Show **video clip 3.3** once. Ask participants to then complete **Handout 3.9 Infant Toddler Observation Documentation** while watching the video. Have participants record only what they see and hear. At this point, do not have participants try to interpret what the behaviors mean. After completion of **Handout 3.9**, ask participants to share responses with the large group. Possible responses may include:

- Katie uses her hand and arm to slap at her caregiver, Muk, right after she enters the care center with her father.
- Muk says, “Do you want to go outside, Katie? Okay we go outside. Right. We go pick apples.” Dad carries Katie outdoors. Walk toward apple tree.
- Muk pulls branch down toward Katie and her dad. Muk says, “You want to pick it yourself?” Katie cries, “No way, no way!” Dad says, “Okay, okay.” Katie shrieks.
- Katie picks an apple.
- Muk says, “Last week we broke the branch, ‘huh?’” Muk reaches for Katie and says, “Okay, here you go, okay.” Katie cries.
- Muk says, “Okay bye-bye daddy. I love you.” Katie’s dad says, “Bye-bye.”

Next, ask participants to form small groups. Display **Slide 36, Activity: Small Group Discussion**. Have participants discuss and respond to the questions noted on the slide. Possible responses to the questions on the slide (these questions are also listed below) may include:

- What information did you gather? – see responses noted above
- What are the tip of the iceberg behaviors you see from Katie? - crying, shrieking, curling her head into caregiver’s neck, hitting
- What might Katie be trying to tell us? I wonder... - She may be trying to say “I don’t want my daddy to leave.”; or “I worry that my dad is going to come back.”; or “I don’t quite trust the center yet.”; etc.

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**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?

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**Questions to Ask About the Meaning of the Behavior (cont'd)**

- 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?

Remind participants that in order to understand and respond to a young child's behaviors, we also want to consider a young child's development, temperament, and the environment(s) in which the child spends time.

V. **Slides 37 and 38: Questions to Ask About the Meaning of the Behavior.** Tell participants that we are going to spend some time further discussing 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.

Review bulleted questions with participants. Ask participants what kinds of data they might need to answer the questions included on the slides. For example ask, "How do you collect data that might help you determine what, when, where, how and with whom the behavior is occurring?" Encourage participants to share the types of observations, screening, assessments, and data collection they use to gather information about the meaning of behavior. Explain that counting how many times a child bites in a day or how long a baby cries is the only way to really know if the behavior is improving, staying the same, or getting worse. Often caregivers or parents may say a behavior, such as crying, happens all the time. However, when it is carefully timed and tracked patterns may be identified such as; he cries less after he is fed or he is crying for shorter period of time since the caregivers have been carrying him in a baby carrier.

Encourage participants to think about how they observe, track, and document their own and other children's responses to the child's behavior. For example, when a toddler grabs a toy from another child, does the child give up the toy so that the toddler learns that grabbing is an effective way to get a toy. Encourage participants to think about how they communicate behavior expectations to very young children and their families. How do caregivers let the children know what they want them to do? In the example of the toddler grabbing toys, how do his caregivers show and teach him how he can get a toy someone else has. The caregivers may also show him how he can ask for help. The caregivers might also show and teach the other children what they can do when a child grabs a toy from them. The other children might be encouraged to say, "No," "mine," "my turn now," or "I don't like that".

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W. **Slide 39. and Video Clip 3.4 Muk.** Tell participants that you are now going to watch another video clip regarding Katie and Muk. After showing the clip, discuss as a large group the approaches and strategies used by Muk to best support Katie and her family. Participants may identify the following strategies:

- Muk observes Katie’s behavior and identified patterns (“noticed sometimes she hits”)
- Muk understands child development (understands separation anxiety)
- Muk recognizes the influence of Katie being new to the child care setting
- Muk recognizes Katie’s potential feelings “worry that her parents are going to leave”
- Muk observes Katie’s likes (i.e., she likes fruit and enjoys picking fruit)
- Muk develops a routine for Katie; recognizes the importance of doing the same thing each day (Muk talks about using the routine “over and over and over” everyday to provide structure and familiarity)
- Muk references (indirectly) primary caregiving (Muk talks about carrying Katie and helping her each day)
- Muk describes helping Katie to feel safe and secure
- Muk describes an understanding of the family culture (the parents hold children when they feel insecure)

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Handout 3.9

X. **Slide 40. and Video Clip 3.5 Observing Michael.** Let participants know that you will now watch a second video clip of Michael in his care setting. After viewing the video clip, participants will have an opportunity to work in pairs or small groups to walk through a responsive process for determining the meaning behind a young child’s behavior. Watch **Video Clip 3.5** once and ask participants to create initials for the individuals in the scenario.

- a) Show the video a second time and have participants record what happened by again using **Handout 3.9 Observation Documentation.**



Handout 3.10



Handout 3.11

- b) Discuss the observation as a large group and ask participants to share and comment on their completed observation documentation form.
- c) Provide participants with a copy of **Handout 3.10 Getting to Know Michael**. Ask participants to read through the handout. Using this information, along with the observation they just completed, have participants work in pairs or small groups to complete as much of **Handout 3.11 Infant Toddler Behavior Review** as possible.
- d) Give participants 20- 30 minutes to review, discuss and complete **Handout 3.11**. Debrief as a large group.

**Optional Activity D:** Review of Collecting and Using Observation to Understand the Meaning of Behavior. Use the following notes to review and discuss the importance of using observation.

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. Observations can be used regularly by staff in group care and 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 inquiries 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 does not 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 mental health consultant or a resource and referral agency.
6. Observations should be done at various times of the child's day and across 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.

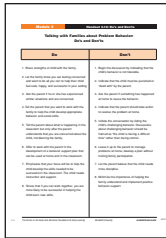


- Y. Make the point that parents are essential to the process of understanding a child's experience and thinking through how to respond to behavior that is troubling in the child care setting. This is why it is so important to nurture the relationship with parents from the first days the child is in care. A trusting, respectful series of interactions over time will allow the child care 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.

**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 experiences (prompt participants to describe how they formed the positive relationship with the parent and how the relationship contributed to their ability to discuss behaviors of concern.) Now ask them to think of an instance in which they had a concern about a child but did not 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 about hearing that their child's behavior is considered challenging by staff. It may be the first time a parent is hearing concerns about their child or they may have repeatedly heard similar comments and become defensive or "shut down" when a caregiver begins such a conversation. Accepting that one's child's behavior is concerning may take a long time. Remind participants that sometimes we are just planting the seed for parents and the ideas and strategies we share could take a significant while to take root.





Handout 3.12

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**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?

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**Parent Interview Questions (cont'd)**

- 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 (cont'd)**

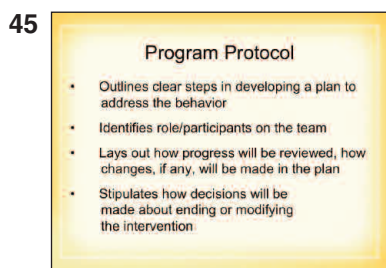
- Have there been any changes at home that might help us understand how the infant or toddler feels?
- How have these changes affected your relationship with the infant or toddler?
- How has the behavior affected your relationship with the infant or toddler?

- 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 3.12 Talking with Families about Problem Behavior: Do's and Don'ts** and take a few minutes to discuss it.
- e) Show and discuss **Slides 41, 42, and 43, 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 chart paper. Answers that family members provide should be carefully documented, with their permission, and added to the process of determining the meaning behind the child's behavior.
- f) **Activity:** Ask participants to form pairs. One participant should role play being the caregiver and the other the family member. The caregiver should think of a child they care for that has displayed challenging behaviors. Ask the caregiver to conduct a family meeting where they share only positive attributes and strengths about the child for the first three minutes of the meeting prior to discussing challenging behaviors. Remind participants that their body language and the way they position themselves (side by side, not across from each other) will influence the tone of the interaction. Have participants switch roles once finished and go through the same process. Debrief as a larger group. Encourage participants to explore the benefits of sharing positive attributes first. Elicit the point that when positive attributes are shared first parents may understand that you are noticing their child's strengths as well as

the areas in which the child needs to grow. Pointing out a child's positive attributes may help parents feel less defensive.

- g) 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.

#### IV. Developing an Individual Support Plan (120 min)



#### IV. Developing an Individual Support Plan (120 min)

A. **Slide 44. Developing an Individual Support Plan: Program Protocol.** Make the point that a program needs to have a protocol in place to address persistent challenging behavior. Establishing a process or protocol for helping young children with challenging behavior can help ensure that the key people in a young child's life are working together to answer important questions and create an understanding that will then lead to an effective approach with a young child.

#### B. **Slide 45: Program Protocol.**

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.
  - 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.

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**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.

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**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.

48

**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.

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**Potential Team Members**

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

2. **Slides 46-48: Sample Protocol.** Tell participants that we will 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. Now let's talk about another very important step in the process – building a team. A collaborative team needs to be assembled. 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. Other staff may be brought in to contribute their perspectives. Staff with the most established, trusting relationship with the family should be included on the team.

A family child care provider may request support from the local resource and referral agency or an infant-toddler specialist to meet with the family.

A home-based program team may include the home visitor, a supervisor, and the family.

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.

1. **Activity: Slide 49: Potential Team Members** and ask participants to identify what each team member might bring to the process. Record responses on chart paper. 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 on.
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. Having access to a mental health professional has been shown to help reduce child expulsions in care. Public mental health clinics and resource and referral agencies may be able to provide that support to child care programs when it is not already part of the program. Mental health providers offer a third party perspective and have the primary focus of understanding the child's and/or family's perspective.

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- b) **Slide 50. and Video 3.6 A Full Response to Challenging Behavior.** Discuss as a whole group the following questions and add comments if they not brought up:
  - Why do you think the parent was willing to accept the help of a mental health consultant?
    - Staff had already discussed the child's biting with her
    - Parent has a trusting relationship with staff
    - Parent is experiencing the problem at home
  - What did the mental health provider do to learn about the issue?
    - Observed the child in the child care setting
    - Met with staff and the parent to hear their perspectives
  - 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 that 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 with me about the child
  - Identify resources in the community (e.g., mental health center, resource & referral agency) that can be called on for consultation

**Optional Activity E:** Examining My Own Behavior and Setting Goals (20 minutes)

Ask participants to define and write down a challenging behavior that they themselves may exhibit on occasion. Encourage participants to use clear, objective terms. For example, “During conversations, I start talking before the other person is finished.” Or, “When I become frustrated at other drivers while in the car, I swear or yell”. Next, ask participants to consider a different behavior (new skill) to replace the challenging behavior. For example, “I will wait until the other person has finished speaking before I take my turn to talk.” Or “I will take three long deep breaths instead of yelling”.

Participants should then identify the steps needed to take to reach the long-term goal, as well as any possible supports that might be needed. For example, “One - count to three once you feel the other person has finished speaking. Two – repeat back to the person what you heard them say.” Or “Notice when you are becoming frustrated at another driver or traffic. Think about potential reasons the driver may have cut in front of you such as maybe the driver is on her way to the hospital. Practice replacing thoughts of frustration with empathic thoughts.”

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What Goes Into a Support Plan?

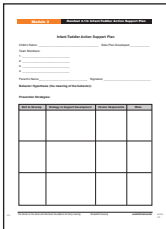
- Hypothesis
- Prevention strategies
- Action plan for changes
- Responses to behaviors
- Timeframe and method for evaluating changes in the challenging behavior

**D. Slide 51: What Goes into a Support Plan** which

describes the ways in which the intervention or support plan for the child is developed.

1. After gathering data to see what patterns emerge around the child’s challenging behavior. The support plan begins with a hypothesis about the behavior and its meaning for the child.





Handout 3.13

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 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 or allergies.)
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. Reference **Handout 3.13 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
  - Teach her how to walk away and ask for help
  - Read books about biting with her
  - Show her something she can bite such as an apple slice
  - 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 so that consistency across caregivers is supported. 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.
- E. 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 Preschool CSEFEL Modules 3a and 3b may be more appropriate for older toddlers, especially when acting-out behaviors are the identified problem.
- F. 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 with 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.

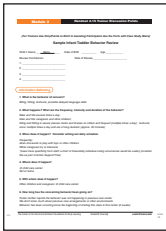
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**Case Study Instructions**

- 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 3.14



Handout 3.15

H. **Activity. Slide 52: 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/s, supervisor, parent/s, mental health consultant, etc.). They will use **Handout 3.11 Infant-Toddler Behavior Review** and **Handout 3.13 Infant Toddler Action Support Plan** for this activity as well as **Handout 3.14 Maria: a Case Study. (Handout 3.15 – Trainer Discussion Points)**

1. Ask each group to read their case study materials, **Handout 3.14** and discuss the key information with their group.
2. Have participants use **Handouts 3.11 Infant-Toddler Behavior Review** and **Handout 3.13 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 complete the handouts as best as they can. If there are questions that they do not 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. Tell them that their team can agree to add data to either the child description or the observations. They can 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 that the groups move on to the planning step if they have not already done so. Ask that they use the Action Support 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 chart paper. Give the groups a 10 minute warning before the end of a section and ask them to wrap up their work.

V. Slide 53 Wrap-up, Reflection and Action Planning (30 min.)

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Wrap-up, Reflection and Action Planning

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Reflection

- What questions do you have about the material we discussed?
- What additional strengths are you able to recognize in your work and practices? In

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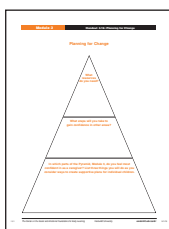
Activity: Planning for Change

- Use the handout to develop an action plan for yourself
- List three things you will do as you consider ways to

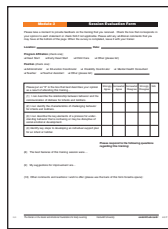
56

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.



Handout 3.16



Handout 3.17

6. Bring the large 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 found helpful and difficult. Encourage them to take these materials back to their work settings and continue to use and modify them.

V. Slide 53 Wrap-up, Reflection and Action Planning (30 min.)

A. **Slide 54 Reflection.** Offer participants an opportunity to reflect on your time together and the content covered during the training. Ask aloud the questions listed on the slide. Pause between each question and ask for feedback from the larger group.

- What questions do you have about the material we discussed?
- What insights if any do have about your own practices, the children, and/or their families?
- What strategies did you see or hear that might be useful in your role and work?

B. **Slide 55. Handout 3.16. Planning for Change.** Review the bullet points on the slide with participants and offer time for completion.

C. **Slide 56: Major Messages to Take Home** as a summary of the day's training. Review each message. Ask if participants have others to add.

D. Thank participants for coming and for their attention and participation.

E. Ask participants to complete the **Evaluation, Handout 3.17.**

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