

Social Emotional Development Within the Context of Relationships



Developed by Amy Hunter and Kristin Tenney Blackwell



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



**Administration for
Children & Families**



**Office of
Child Care**



**Office of
Head Start**

This material was developed by the Center on the Social and Emotional Foundations for Early Learning with federal funds from the U.S. Department of Health and Human Services, Administration for Children and Families (Cooperative Agreement N. PHS 90YD0215). The contents of this publication do not necessarily reflect the views or policies of the U.S. Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. You may reproduce this material for training and information purposes. s

Learner Objectives

Participants will be able to:

- Define social emotional development and describe how it unfolds in the context of caregiving relationships.
- Reflect on how culture (perceptions, beliefs, values) influences caregiving, parenting and the social emotional development of infants and toddlers.
- Describe how very young children’s behavior and communication is meaningful.
- Use a variety of strategies, including self-reflection and observation, to increase their capacity to support social emotional development by forming positive relationships with infants, toddlers and their families.

Suggested Agenda

I.	Setting the Stage	45 minutes
II.	Understanding Social Emotional Development (What is it and how does it happen?)	70 minutes
III.	Understanding Behavior – Making Sense of What you See and Hear	160 minutes
IV.	Forming and Sustaining Relationships with Children and Families	130 minutes
V.	Essential Positive Messages	30 minutes
VI.	Wrap-up, Reflection and Action Planning	45 minutes
Total Time		8 hours*

* **Trainer’s Note:** Total time does not include optional activities. The eight 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.

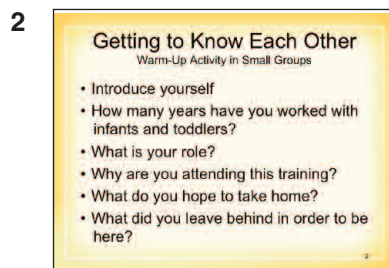
Materials and Equipment Needed

- 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
 - CSEFEL Video Clips
 - (Optional) CSEFEL Video: Promoting Social Emotional Competence
 - Watch or a timer
 - Sticky notes
 - Markers
- Handouts**
 - Handout 1.1: Participant PowerPoint Slides
 - Handout 1.2: Overview of CSEFEL Infant Toddler Modules
 - Handout 1.3: Pyramid Model
 - Handout 1.4: *(Optional)* Addressing Challenging Behavior in Infants and Toddlers
 - Handout 1.5: *(Optional)* Activity A - Identifying Pyramid Practices
 - Handout 1.6: Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence
 - Handout 1.7: *(Optional)* Activity B: CSEFEL Definition of Social Emotional Development
 - Handout 1.8: *(Optional)* Activity C: Key Findings on Social Emotional Health and Early Brain Development
 - Handout 1.9: Developmental Continuum of Social and Emotional Indicators
 - Handout 1.10: *(Optional)* Activity D: Social Emotional Milestones Group Quiz
 - Handout 1.11: Temperament Traits Activity
 - Handout 1.12: *(Optional)* Activity E: Temperament Continuum
 - Handout 1.13: Temperament What Works Brief #23
 - Handout 1.14: Considering Temperament Booklet
 - Handout 1.15: Examining Our Emotional Reactions to Behaviors
 - Handout 1.16: Reframing Activity
 - Handout 1.17: Reflective Inventory: Reflecting on Our Own Relationships
 - Handout 1.18: Attachment Relationships
 - Handout 1.19: Symptoms of Depression
 - Handout 1.20: Working with Families Inventory
 - Handout 1.21: Planning for Change
 - Handout 1.22: Session Evaluation Form
 - Video Clips**
 - Video 1.1: Caregivers Supporting Social Emotional Development
 - Video 1.2: Supporting Self Regulation
 - Video 1.3: What is The Biting Trying to Tell Us?
 - Video 1.4: Caregivers Noticing and Challenging Their Thoughts I
 - Video 1.5: Caregivers Noticing and Challenging Their Thoughts II
 - Video 1.6: Learning from Families
 - Video 1.7: Infant Master Conversation
 - Video 1.8: Supporting Attachment
 - Video 1.9: A Parent's Perspective

Trainer Preparation

- Setting the Stage:** chart paper and markers for “Parking Lot”
- Setting the Stage** (*Our Training Environment*): chart paper and markers
- Setting the Stage** (*Optional Activity A*): Handout 1.5
- Understanding Social Emotional Development (What is it and how does it happen?)** (*Optional Activity B*): Handout 1.7 chart paper and markers
- Understanding Social Emotional Development (What is it and how does it happen?)** (*ABCs of Social Emotional Development*): blank paper, timer/watch
- Understanding Social Emotional Development (What is it and how does it happen?)** (*Optional Activity C*): Handout 1.8
- Understanding Social Emotional Development (What is it and how does it happen?)** (*What Things Do You Notice?*): blank paper, timer/watch, chart paper with drawing of 4 X 3 telephone phone with key pad with correct numbers, alpha-characters, and special symbols on each pad
- Understanding Social Emotional Development (What is it and how does it happen?)** (*Social Emotional Development Milestones*): Handout 1.9, milestones cut into strips, one set per group of 4-6 participants
- Understanding Social Emotional Development (What is it and how does it happen?)** (*Optional Activity D*): Handout 1.10
- Understanding Social Emotional Development (What is it and how does it happen?)** (*Optional Activity E*): Handout 1.12
- Forming and Sustaining Relationships with Children and Families** (*Optional Activity F*): blank paper
- Forming and Sustaining Relationships with Children and Families** (*Possible Risk Factors Affecting Families*): chart paper, markers
- Essential Positive Messages** (*Essential Positive Messages for Each Child*): chart paper, markers

I. Setting the Stage (45 minutes)



I. Setting the Stage (45 minutes)

A. Show **Slide 1 CSEFEL Module One Infant and Toddler: Social Emotional Development Within the Context of Relationships**. Introduce all speakers. Provide a brief overview of who you are, where you are from, and any other background information that is relevant to this training event.

B. **Slide 2. Activity:** Use a warm up activity to have participants introduce themselves and get to know one another. The introductory activity can vary depending on the size of the group and the time available. Explain that the purpose of a warm up or introductory activity is to help participants feel comfortable and begin to build a trusting environment among themselves and with you as the trainer.

Trainer's Note: The more you know about the audience the better you will be able to try to meet the specific needs of the group.

Ask participants at each table to introduce themselves to each other and respond to questions on the slide:

- Introduce yourself
- How many years have you worked with infants and toddlers?
- What is your role?
- Why are you attending this training?
- What do you hope to take home?
- What did you leave behind in order to be here?

Debrief as a large group by inviting participants to share a summary of their group's responses with the whole group (how many years they have worked with infants and toddlers; what roles they represent, e.g., teachers, assistants, home visitors, early interventionists, family childcare providers, administrators, trainers; why they have chosen to attend the training; what they hope to take home from the training; and what they left behind).

Acknowledge the experience participants bring to the training and invite them to share their knowledge and

(continued)

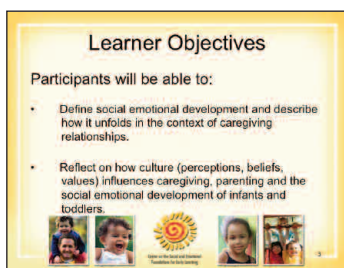
experience throughout the training. Their sharing of real life examples helps keep the information real and relevant to their practice with infants and toddlers.

Acknowledge the significant time commitment that participants have made to attend the training. It may be useful to acknowledge what participants left behind in order to attend the training. Some participants may talk about leaving behind piles of paperwork, children in their classroom, families who will miss their home visit, an ailing family member, a child, etc. Note that having them name what they left behind will help them to be present in the training experiences. Talking about what they left behind will also encourage participants to get to know more about each other.



(Handout 1.1)

3



- C. Review the organization of the materials, handouts and PowerPoint slides (**Handout 1.1**)
- D. Address logistical issues (e.g., breaks, bathrooms, lunch plans). The more comfortable people feel in their surroundings, the more they will be able to focus on the training.
- E. Encourage participants to ask questions throughout or to post them in a specially marked place (e.g., parking lot).
- F. Show **Slide 3. Objective 1**: “Define social emotional development and describe how it unfolds in the context of caregiving relationships.”

Point out that the information and materials that are going to be discussed are designed to help participants learn about the social emotional development of infants and toddlers.

1. Emphasize that participants will:
 - learn to define and describe the social emotional development of infants and toddlers,
 - identify key social emotional skills that contribute to future school readiness,
 - develop greater insight into how supportive relationships and early experiences also help shape brain development, and
 - gain strategies for how to promote social emotional development for all infants and toddlers.

2. Make the following points:

- Relationships provide the context necessary to comfort, protect, encourage, and offer opportunities to learn.
- Research highlights responsive, sensitive parent-child interactions as essential to promoting healthy social emotional development in infants and toddlers.
- Infants and toddlers learn about themselves and their world during interactions and relationships with others.
- Within the context of early primary relationships with families and caregivers social and emotional development of young children begins to develop from the first day of life.

G. **Objective 2:** “Reflect on how culture (perceptions, beliefs, values) influences caregiving, parenting and the social emotional development of infants and toddlers.”

Share with participants that culture influences every aspect of human development, including how social emotional development is understood, family and caregiver goals and expectations for young children’s development, and the caregiving practices used by families and caregivers.

1. Emphasize that this training will help participants:

- recognize the family’s major influence on infants’ and toddlers’ social emotional development,
- further understand that caring for infants and toddlers means working with and supporting families in order to benefit from their knowledge and experience, and
- reflect on their own cultural beliefs and practices related to providing care, education, and support to infants, toddlers and families.

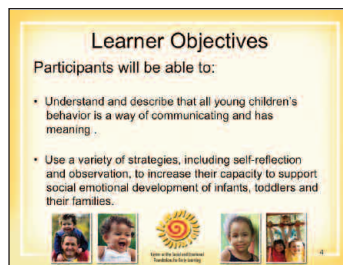
2. Make the following points:

- Through culture young children gain a sense of identity, a feeling of belonging, beliefs about what is important in life, what is right and wrong, how to care for themselves and others, and what to celebrate, eat, and wear.

4

Learner Objectives
Participants will be able to:

- Understand and describe that all young children's behavior is a way of communicating and has meaning.
- Use a variety of strategies, including self-reflection and observation, to increase their capacity to support social emotional development of infants, toddlers and their families.



- Personal awareness of early relationships and experiences, cultural beliefs and practices are critical in being able to offer responsive care for infants, toddlers and families.
- Talking with families about their cultural beliefs, values, practices, and traditions, conveys the message that they are valued.

H. Show **Slide 4: Objective 3**: “Describe how very young children’s behavior and communication is meaningful.”

1. Emphasize that this training will help participants:

- further understand that all behavior has meaning and young children try to communicate what they are feeling, needing and wanting through their behavior, and
- learn about temperament styles and help caregivers better understand these inborn traits that play a major role in each young child’s pattern of behavior and ways of communicating.

2. Make the following points:

- The deeper the caregiver’s understanding of behaviors and patterns of typical development, the easier it will be to respond with sensitivity and consistency (Lerner & Dombro, 2005).
- Just as each baby’s personality and temperament varies, so must caregivers’ responses.
- Infants and toddlers communicate their preferences, likes, dislikes, interests, questions about how the world works, and goals through their behavior.

I. **Objective 4**: “Use a variety of strategies to support social emotional development by forming positive relationships with infants, toddlers and their families.”

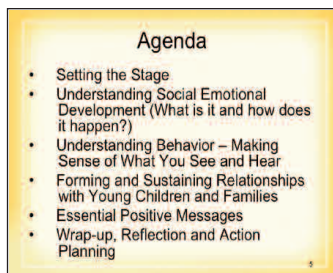
Explain that developing close and secure relationships with infants, toddlers and families is the foundation to promoting young children’s social emotional development.

Emphasize that during this training, participants will:

- learn how to use **observations** to improve their ability to build strong relationships with the children in their care,

- **reflect** on their own emotional responses to their caregiving and better understand how their values, beliefs and perceptions impact the care they provide,
- learn additional strategies such as: responsive caregiving; reading babies’ cues; understanding and adapting to each child’s temperament; and soothing techniques to assist them in building strong attachments with the children in their care,
- develop new strategies for forming close relationships with families of the children in their care, and
- gain increased awareness about their important and valuable role in supporting the **child’s first relationship** – the relationship the child has with his/her parents and/or other important family members.

5



(Handout 1.2)

6



J. Review the Agenda (**Slide 5 Agenda and Handout 1.2**)

Note that while the learning objectives represent what we hope participants receive from the training or the outcomes of the training, the agenda represents how we are going to get there. Also refer participants to Handout 1.2 for a more detailed list of all the topics in each of the CSEFEL modules, including those in Module 1 Social Emotional Development within the Context of Relationships.

K. **Slide 6. Our Training 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 typically 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 you 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.

7

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

- L. **Slide 7. Possible Shared Agreements** Post 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.

8

The Words We Will Use

- Terminology
 - Teaching and Supporting
 - Caregiving
 - Young Children, Infants, Toddlers, Preschoolers
 - Caregivers
 - Families
 - Others?

- M. **Slide 8. The Words We Will Use.** Discuss with participants the key words that have been chosen and will be shared and used at different points throughout the training session.

- *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.

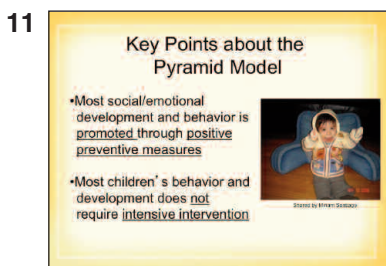
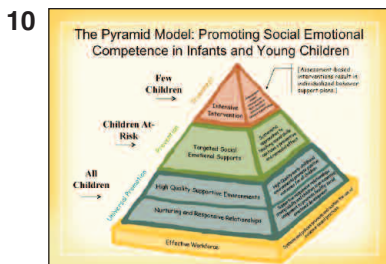
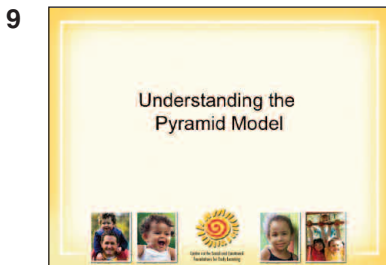
(continued)

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., childcare 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.



(Handout 1.3)



N. Slide 9. Understanding the Pyramid Model

Show Slides 10-11 and Handout 1.3: The Pyramid Model.

Introduce the Pyramid Model. Discuss the following points with participants:

- The Pyramid is the framework or core concept from which all the training content has been built.
- The Pyramid is a model that represents components of adult behavior and strategies that parents, caregivers, teachers, and other professionals can use to assist children in developing social emotional competence.
- Along with learning about infant and toddler development and how to better understand individual children, the modules offer strategies for creating group care environments and practices that promote social emotional development of infants and toddlers, working with families to support the well-being of very young children, and using a problem-solving approach when a behavior is of concern.



(Handout 1.4)

The Pyramid is essentially a public health model that ensures that all infants and toddlers receive the level of support they need to be successful and/or to maximize their social emotional development.

Explain the various tiers of the Pyramid as well as the philosophy of the Pyramid Model. (Refer participants to **Handout 1.4**, Hunter, A., & Hemmeter, M.L. (2009). *Addressing challenging behavior in infants and toddlers. Zero to Three, 29*(3), 5-12.) for an article describing the levels/ tiers of the Pyramid as it applies to infants and toddlers).

Emphasize with participants that there are a number of strategies that can be used to support the social emotional development or competence of very young children. The CSEFEL Infant and Toddler training modules offer an approach or way of thinking about promoting the social and emotional development of young children. There is a centralized focus or recognition that families, caregivers and young children come to the relationship with unique strengths and needs that both grow and change over time. The adult's capacity to be sensitive and responsive supports a young child's growth and development. As the young child grows and develops, the adult also changes and grows.

Optional Activity A: Identifying Pyramid Practices (25 minutes)

*This activity is suggested for audiences with more experience with infant toddler social emotional development. Assign each table a section of the Pyramid. Have each table brainstorm quality practices they might see at the level of the Pyramid they have been assigned. For example, a table assigned to quality environments might describe practices such as: developmentally appropriate furniture or places for mothers to breastfeed; etc. (See **Handout 1.5: Optional Activity A. Identifying Pyramid Practices**)*

*Debrief with the whole group by inviting volunteers from each table to share two or three practices related to their table's level of the Pyramid. Refer to **1.6 The Infant Toddler Inventory of Practices for Promoting Infant and Toddlers' Social Emotional Competence** notes to support your discussion with additional key practices in each area. Explain that the *Inventory of Infant Toddler Practices* can be a useful tool to assess your program in each area of the Pyramid.*



(Handout 1.5)



(Handout 1.6)

During the discussion, note that many of the strategies discussed in the Infant/Toddler CSEFEL training may not be new to participants, however, putting them together in a framework such as the Pyramid, may be a new way of thinking about how to support and include all children, including those with challenging behavior.

Trainer's Note: Highlighting that the concepts and strategies are not necessarily new helps set appropriate expectations for the group that you do not have magic solutions to challenging behavior, and that many of the “solutions” for supporting children’s social emotional development and challenging behavior are already within their current capacity.

Other key points to highlight when discussing the Pyramid Model include:

Yellow Base of the Pyramid: Effective Workforce

- “Effective workforce” refers to policies and practices that must be in place to ensure caregivers are able to provide high quality services that promote social emotional development for all children. These policies and systems may include: educational requirements; training; on-going professional development; clear policies and procedures; support for staff who may be struggling with aspects of their work; procedures for crisis or emergencies; program design elements that may impact the work environment, e.g., caregiver/child ratio; opportunities for mental health consultation; reflective supervision; etc.

Offer participants examples of how policies, procedures and training are necessary to help staff focus their energy on the care of the children rather than on worrying about how they might be supported or how something is supposed to be done. For example, a caregiver who is concerned that she may not receive a break soon may be unable to focus her full energy on nurturing and responding to the children.

Blue: Nurturing and Responsive Relationships and High Quality Environments

- “Nurturing and responsive relationships” and “high quality environments” describe adult behaviors that are the foundation of healthy social emotional development for **all** children and families.
- All children and families benefit from nurturing relationships and high quality environments. These aspects of care contribute greatly to how all young children grow and develop. Helping to support **all** the relationships that impact the child is critical to promoting his social emotional development. Programs that provide nurturing and responsive relationships pay close attention to all the relationships that impact children including: the parent child relationship; the caregiver/child relationship; the relationship between the caregiver and the parent; the relationships between caregivers; the relationships among the children; and the relationships between the staff and the administration.
- High quality environments include spaces that allow the children freedom to safely explore and learn. High quality environments that are safe, interesting, engaging, calm, and promote interaction between adults and children and children and other children lead to positive behavior. For example, equipment that is appropriate for climbing allows children to climb safely, which supports their natural interest to move and explore. Offering a safe place to climb can help guide the challenging behavior of a child who tends to climb on equipment not meant for climbing.

Green: Targeted Social Emotional Supports

- “Targeted social emotional supports” are those practices geared towards individual children or groups of children determined to be “at risk” for delays and/or social emotional problems. These are specific strategies targeted to infants and toddlers who may need more intentional practices to promote their development and/or to prevent concerns or delays from becoming exacerbated. These may include practices such as: using a rich emotional vocabulary; talking about a variety of feelings; using soothing techniques modified for the individual child’s temperament; observing and describing facial expressions; helping toddlers develop processes and

strategies for resolving conflicts; modifying or developing specific routines for individual children who express distress or difficulty, e.g., during drop off or pick up time. These are developmentally appropriate practices or strategies that are implemented with increased frequency or intensity to meet specific goals. The goal for implementing “targeted social emotional supports” is to be as intentional about teaching and promoting social emotional development as we are about teaching other domains such as literacy or language.

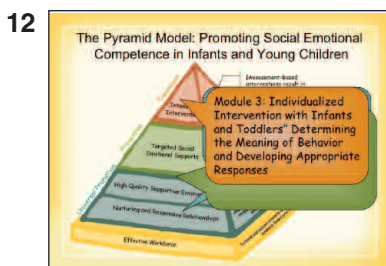
Red: Intensive Intervention:

- “Intensive intervention” encompasses practices described in an individualized behavior support plan. These practices or strategies are based on an assessment and a hypothesis or understanding of the meaning of a child’s behavior and/or the relationships between the child and his/her caregivers. These interventions should be reserved for only children who truly need intensive intervention and who have not responded to the other levels of intervention. Activities at this level include: looking at data including multiple observations across multiple settings and caregivers, the child’s history including any medical records or medical concerns to ensure there is no health basis for the behavior of concern; having multiple meetings with all involved in the care of the child; developing a hypothesis or educated guess about the meaning of the behavior; developing a plan based on the hypothesis; training staff and family members on the strategies in the plan; implementing the plan with enough frequency and consistency to allow it to work; evaluating the plan to determine if it is working; modifying the plan as needed; and potentially implementing a modified plan; and then repeating the cycle if necessary..

O. *The Inventory of Practices for Promoting Infant and Toddlers’ Social Emotional Competence* is an additional series of tools available on the CSEFEL website and offers specific practices to encourage the development of healthy social emotional skills during infancy and early childhood. This reflective series of tools was designed to be used by individuals and/or teams to

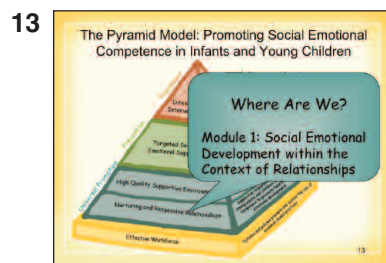
recognize effective caregiving practices, identify ongoing professional development needs, and plan a course of action to address possible needs related to five target areas: 1) program design and management, 2) nurturing and responsive relationships, 3) high quality supportive environments, 4) targeted social emotional supports, and 5) individualized intensive interventions.

Trainer’s Note: Spending time describing the Pyramid is critical to participants’ ability to understand the approach. You may also want to consider showing the Video: *Promoting Social Emotional Competence* (22 minute video which introduces the Pyramid and training framework) or providing background reading such as the ZERO TO THREE article, Handout 1.4.



O. **Slide 12. The Pyramid Model and the Modules.** Briefly describe how the content of the modules fit into the Pyramid framework. Highlight the following:

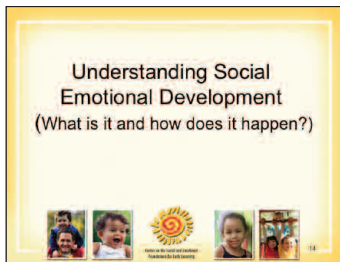
- Module 1 covers the first section of the bottom of the Pyramid (the first blue section) and focuses on nurturing and responsive relationships.
- Module 2 covers the second section in the bottom of the Pyramid (the second blue section) and the second tier (the green section) and focuses on quality environments and using routines and other strategies to offer targeted social emotional supports for children and families.
- Module 3 offers information that describes how to use a team approach to understand the meaning of challenging behavior and how to effectively develop individual plans to respond to it when it does occur.
- Each module provides information about working with families at each level of the Pyramid.



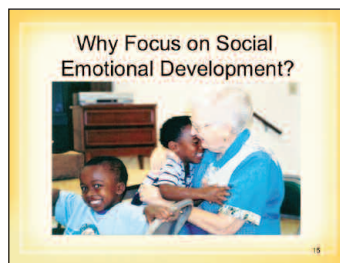
P. **Slide 13. Pyramid Model: Where Are We?** Remind participants of your focus for today. Discussions will focus on nurturing and responsive relationships to support the social emotional development for ALL children (promotional practices).

II. Understanding Social Emotional Development (What is it and how does it happen?)
(70 minutes)

14



15



II. Understanding Social Emotional Development (What is it and how does it happen?) (70 minutes)

A. Slide 14. Understanding Social Emotional Development

Explain to participants that this section of the training will focus on understanding social emotional development. This section will include: a description of the importance of social emotional development; a definition of social emotional development; information about how social emotional skills develop; and strategies to support social emotional growth.

B. Slide 15. Why Focus on Social Emotional Development?

Ask participants, “Why focus on social emotional development of young children?” Elicit responses from the group. Consider ways to highlight the feedback and responses shared, such as repeating the statements offered or noting responses on chart paper.

Possible responses may include:

- Social and emotional development not only impacts all other areas of growth and development, it is the foundation upon which all future development is built.
- What caregivers share with and give infants and toddlers today, they will carry inside themselves forever.
- Social and emotional development sets the “playing field” for school readiness and lifelong success. Research shows that children who have healthy social and emotional skills tend to learn better, are more likely to stay in school, and will be better able to make and keep lifelong friends.



(Handout 1.7)

16

CSEFEL Definition of Social Emotional Development

The developing capacity of the child from birth through five...

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

Adapted from ZERO TO THREE, 2001

C. CSEFEL Definition of Social Emotional

Development: (Slide 16 and Handout 1.7) (adapted with permission from ZERO TO THREE’s definition of infant mental health, 2001).

Point out that the slide shows, for the purposes of this CSEFEL training, the definition of social emotional development for children birth through five years.

Tell participants that you will read the definition aloud because it is the central concept on which the entire three modules are developed:

“The term social emotional development refers to the developing capacity of the child from birth through five years of age to form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn – all in the context of family, community, and culture.”

The definition also includes the idea that “caregivers promote healthy development by working to support social emotional wellness in all young children, and make every effort to prevent the occurrence or escalation of social emotional problems in children at-risk, identifying and working to remediate problems that surface, and when necessary, referring children and their families to appropriate services.” In other words, it is our job as caregivers to support each child’s social emotional development by individualizing the level of care (i.e., promotion, prevention or intervention) to meet the child’s and family’s needs.

Optional Activity B: 4 Corners (15 minutes)

Trainer's Note: Depending on time and audience need, use this activity to unpack and help participants better understand the definition of social emotional development.

Referring to **Handout 1.7 CSEFEL Definition of Social Emotional Development**, ask participants to identify which bullet in the definition they most relate to and why. Note that there are no right or wrong answers. Depending on the size of the group you may have one of each of the bullets posted on chart paper in different corners of the room. Invite participants to gather around the bullet they most identify with and discuss with each other why they chose that bullet.

Trainer's note: If time is limited or the group size is large, ask participants to share with the person or persons sitting next to them which bullet they chose and why.

Gather participants for a large group discussion. For each bullet, ask for volunteers to share why they chose that bullet. Emphasize the following during the discussion:

No one bullet is more relevant than another, but depending on our own training, background, profession, and life experience, we may gravitate or feel more comfortable with one part of the definition versus another.

It is important to be aware of what we are most comfortable with and to recognize we may need to be more intentional about supporting the other aspects of the definition we might not be as comfortable or familiar with. For example, one participant may resonate most with "form close and secure relationships." She may believe other aspects of social emotional development will develop if the child feels attached to responsive caregivers. For this person, developing a close and secure relationship with a child may come easily. However, she may need to be more intentional about allowing an infant to explore her environment and learn.

In addition to asking participants to share their thoughts about the definition, share the following key points to help participants better understand the definition:

1. "Developing capacity"— Infants and toddlers grow and change quickly, gaining more skills in all areas of development: physical, cognitive, and social emotional. Think about the different abilities of a newborn, a 1 year old, 2 year old, and 3 year old. What is appropriate social and emotional development must be constantly viewed through the lens of what is appropriate for the child's development. For example, we would not expect a 1 year old to describe how he

is feeling in words or sentences, and we would expect that a 3 year old would continue to have difficulty regulating her own emotions but would be much better able to do so than an 18 month old. Another example could be that we would not expect a six month old to get up and walk about the room, but we would not be surprised to see a two year old do this. Social emotional development grows based on abilities and learning over time. It is a process just like learning to talk, walk and develop other skills.

2. “Form close and secure adult and peer relationships”
— Infants and toddlers require nurturing relationships with adult caregivers for healthy social emotional development. When adults are loving, responsive and consistent in their care, very young children learn that they are valued and that their world is primarily satisfying and predictable. They learn through these relationships how to interact with their peers and other adults.
3. “Experience, regulate, and express emotions in socially and culturally appropriate ways” — Joy, sadness, and frustration are just some of the emotions that all children experience during their first years. Infants and toddlers watch important adults to figure out how they should feel and act in certain situations. With adult help, they increasingly learn how to control or regulate their emotions so that they don’t get overwhelmed by them.

The family’s culture affects the way in which parents believe emotions should be expressed. What is acceptable in one family or culture may be entirely unacceptable in another culture. In some cultures or families, it is perfectly acceptable for a 3 year old to say “I’m mad at mommy,” or “Mommy, I don’t like you.” In other cultures or families that would be considered an unacceptable expression of feelings.

4. “All in the context of family, community, and culture”
— Infants and toddlers first learn about relationships and feelings as part of a family. Think about how different cultures express grief at funerals. All cultures and families experience sadness when someone they

17

Activity: ABC's of Social Emotional Development

A _____
 B _____
 C _____
 D _____
 E _____
 F _____
 G _____
 H _____
 I _____
 J _____

- Using a blank piece of paper, write the alphabet down the left hand side
- Think about your own social emotional skills and strengths, as well as social emotional skills you want to see and help support in the children you care for
- In 2 minutes, brainstorm a list of words you are thinking about using each letter of the alphabet

care about dies; however, how the grief is expressed can look very different. For example, in some cultures, it is okay to cry loudly or yell. In other cultures, it is important to keep your feelings in and be stoic. Neither way of expressing grief is wrong; they are just different ways of coping and expressing one's emotions. Infants and toddlers learn how to express and manage their emotions by watching others around them.

D. **Slide 17. Activity: ABCs of Social Emotional Development**

Ask participants to use a blank piece of paper and follow the instructions noted on **Slide 17**.

- Using a blank piece of paper, write the alphabet down the left hand side
- Think about your own social emotional skills and strengths, as well as social emotional skills you want to see and help support in the children you care for
- In 2 minutes, brainstorm a list of words you are thinking about using each letter of the alphabet

Trainer's Note: As you describe the steps for this activity, consider offering a few examples of social emotional skills and strengths to participants. Some examples might be S= self-awareness, U= understanding feelings, M= mood management, I= impulse control, E= empathy, F= friendship making, P= problem solving, or C= cooperation.

Using a timer or watch, offer participants two minutes for brainstorming. Once finished, ask for some examples from various letters of the alphabet of responses from the larger group. Consider determining which participants were able to find social emotional words for the largest number of letters in the alphabet. Explain that there are many aspects or components of social emotional development and many words to describe them. Ask participants how the many skills they listed relate to children's' future school readiness and school success.

18

Key Social Emotional Skills Needed for School

- Confidence
- Capacity to develop good relationships with peers and adults
- Concentration and persistence on challenging tasks
- Ability to effectively communicate emotions
- Ability to listen to instructions and be attentive
- Ability to solve social problems

E. **Slide 18. Key Social Emotional Skills Needed for School.** Compare the skills participants noted during the last activity (ABC’s of Social Emotional Development) to what is noted on **Slide 18** and highlight the responses that are similar or the same. Next, describe how several national reports (e.g., *Eager to Learn*, *Neurons to Neighborhoods*, *A Good Beginning*, the *Kaufmann Report on Social-Emotional Development*) have discussed the importance of social emotional development in children’s readiness for and success in school. These publications have identified a number of social emotional skills that help children be successful as they transition into kindergarten. The skills listed on **Slide 18** represent some of the key social emotional skills.

Read through the list of skills:

- Confidence
- Capacity to develop relationships with peers and adults
- Concentration and persistence on challenging tasks
- Ability to effectively communicate emotions
- Ability to listen to instructions and be attentive
- Ability to solve social problems

19

How Can We Get There?

Capacity to:	}	Capacity to:
<ul style="list-style-type: none"> • Form relationships • Express emotions • Self-regulate • Explore with security • Develop “emergent” emotional literacy 		<ul style="list-style-type: none"> • Feel confidence/competence • Develop relationships • Make friends • Persist • Follow directions • Be emotionally literate • Manage emotions • Be empathetic

Birth → Five

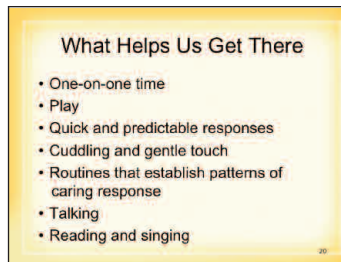
F. **Slide 19. How Can We Get There?**

Show **Slide 19** to participants as another way of thinking about the development of social emotional skills early in life and its progression.

Share the following points with participants:

1. In the earliest years of life, we are laying the foundation for a child’s social emotional development which will impact his/her experiences and learning during the course of his/her life.
2. Learning begins well before kindergarten. For example, when a very young child experiences relationships and learns to express emotions he is later better able to develop friendships with peers. Or, when an infant feels secure in her surroundings and experiences the excitement of discovery, she is later able to feel confident about learning. She then is likely to persist in the face of new challenges.

20



21



3. Achievement of early social emotional skills and milestones are linked to positive early childhood mental health, continued skill development and school success.

G. **Slide 20. What Helps Us Get There?** We've talked about what social emotional development is and how it develops as a progression but what can we do to ensure that the skills develop appropriately? Meaningful interactions caregivers have with young children during everyday moments provide natural opportunities to shape social emotional development.

Show **Slide 20** to participants and highlight the bullet points.

H. **Slide 21. Show Video Clip 1.1 Caregivers Supporting Social Emotional Development**

Explain that sometimes a picture may be worth a thousand words and seeing it in action may be worth even more. Tell participants that they will be viewing two video clips (one right after the other) of caregivers interacting with young children. Ask participants to think about the definition of social emotional development that was just discussed (**Handout 1.7**) and identify what each of these caregivers is doing to promote social emotional development.

Show Video 1.1 to participants.

Trainer's Note: Pay attention to the participants' faces as they watch the video clips. After the video is over, share with participants what you observed. Often just watching warm interactions with infants softens our faces and expressions – facial muscles soften and relax, we smile. We feel good simply watching the interaction; imagine what it must feel like to the child and the adult engaging in the interaction.

22

What Strategies Do the Caregivers Use To...

- Promote a secure relationship?
- Encourage the child experience, regulate, and express emotions?
- Assist the child to explore the environment and learn?
- Promote the context of culture, family and community?

H. Slide 22. What Strategies Do the Caregivers Use To...

After viewing the videos, ask participants:

- a. How did you feel watching the video clips?
- b. Think back to the definition of social emotional development.
- c. How did the caregivers promote a secure relationship?

Possible observations may include: Holding child and sitting close to child/physical closeness; uses child's name; speaking softly, warmly and in an engaging manner; reading the child's cues
- d. How did the caregivers encourage the child to experience, regulate, and express emotions?

Possible observations may include: Calm voice; responds to child's verbalizations; follows child's lead; labels child's actions; demonstrates reciprocity/give and take of interactions; responsive to child's interest; paces the interaction
- e. How did the caregivers assist the child to explore the environment and learn?

Possible observations may include: Joint attention on the mirror and book; uses child's name; uses the mirror to support child's self awareness; uses language
- f. How did the caregivers promote the context of culture, family and community?

Possible observations may include: Speaks to child in the home language

Explain that by watching the interactions in the video and noticing the behaviors of the caregivers and young children, they have practiced a critical strategy for promoting social emotional development – **observation**. Emphasize that careful and accurate **observation** is an essential strategy for building relationships, maintaining a high quality environment, providing targeted strategies for children, and providing individualized interventions for children.

23



Explain to participants **observation** will be highlighted and used throughout CSEFEL Modules 1-3, but that you will begin the next section further highlighting and discussing the importance of **observation** as a strategy to support young children's social emotional development.

- J. **Slide 23. Video Clip 1.2 Supporting Self Regulation.** Let participants know they will be viewing another video clip which shows an adult caregiver supporting a young child's (7 months of age) social emotional development, specifically self-regulation.

Trainer's Note: If time allows, show the clip a few times to see if through multiple observations participants are able to notice more behaviors. Consider having part of the group **observe** the caregiver and part of the group observe the young child. Help participants use their observations to imagine how the caregiver feels and how the young child feels. Note that how the young child feels and how the caregiver feels may likely contribute to their positive behavior.

Highlight the following pieces of information:

Self-regulation is a fundamental aspect of emotional development and influences children's social competence and success in school. Self regulation is a child's ability to gain control of bodily functions, manage powerful emotions, and maintain focus and attention. (Shonkoff & Phillips (2000), *Neurons to Neighborhoods: The Science of Early Childhood Development.*)

1. **Self-regulation** develops over time. Adult caregivers are responsible for maintaining and supporting an infant's regulation. When caring for an infant or toddler, caregivers and families act as extensions of or supports for the child's internal ability to regulate. When adults remove a layer of clothing for an infant who appears warm, offer an infant a pacifier, provide a soft blanket for a toddler who is being rocked and getting ready for naptime, validate a toddler's extreme frustration, or provide consistent, supportive routines they are helping the child to regulate his/her emotions and internal states. Infants begin to learn ways to self soothe their own distress first by being soothed when their needs are met by another.

24

Activity: Partner Discussion

- What did you see the baby doing?
- What did you see the caregiver doing to help the young child regulate himself?
- Were her efforts successful?

Describe that you will be showing a video of a parent interacting with her baby. Ask participants to observe and think about the following while viewing the video clip:

- What did you see the baby doing?
- What did you see the caregiver doing to help the infant regulate himself?
- Were the caregiver's efforts successful?

Show Video Clip 1.2 Supporting Self Regulation

K. Slide 24. Activity: Partner Discussion

After viewing the video, ask participants to find a partner and discuss the video clip, keeping in mind the guiding questions (noted above). **Trainer's Note:** Consider playing the clip a couple of times so that participants feel comfortable discussing it with a partner.

- Debrief as a whole group. Use the questions and answers below as talking points to review what the caregiver did to help the baby regulate himself as well as the successfulness of the caregiver's efforts:
- What did you see the baby doing? - reaching for the toy apple, fussing, crying, putting both hands behind head, reaching for caregiver's ear, etc.
- What did you see the caregiver doing to help the infant regulate himself? – explained in a calming voice what was happening, labeled what the child was doing/feeling (“It’s hard when you’re tired.”), followed the child’s lead (waited and watched/observed), talked for the child (“You’ve had a big day...”), gently pulled the child toward her chest, offered child “quiet toy,” gently patted the baby’s back, etc.
- Were her efforts successful? - baby rests head on caregiver’s shoulder, baby stops fussing and crying, etc.

25

Strategies for Helping Young Children Self-Regulate

- Contain their limbs with swaddling or by cuddling; gently hold babies close to your chest and heartbeat
- Offer and encourage infants and toddlers to use comfort items such as a pacifier, blanket, or favorite stuffed animal or offer your finger or thumb to hold or squeeze
- Hold, rock, cuddle, sing and read to infants and toddlers
- Respond promptly and consistently to young children's needs

26

The Developing Brain – Essential Needs

- **Healthy Relationships** - early relationships are vital to brain development because they help wire the brain to trust others, to love, and to feel safe and secure.
- **Positive Experiences** - new brain connections are formed and modified through verbal and physical interactions
- **Consistent and Secure Environment** - the brain develops gradually in response to experience and to the environment

L. **Slide 25. Strategies for Helping Young Children Self-Regulate.**

Review the bullet points noted on the slide with participants.

M. **Slide 26. The Developing Brain – Essential Needs.**

Ask participants, “Did you know that by providing this kind of responsive caregiving and by promoting social emotional development in this way you are also helping to build and shape the architecture of a young child’s brain?”

1. A newborn’s brain contains about 100 billion brain cells, or neurons, and throughout the first year of life, many more connections (synapses) between these brain cells are produced. It is during the first three years of life that most of these connections are made (Gabbard, 1998).
2. A newborn’s brain is only about one-quarter the size of an adult’s. Before a child’s second birthday, the brain will have developed up to three-fourths adult size and will be almost at its adult weight and volume (ninety percent) by age five. It does not mean that ninety percent of the information a person will ever know is learned in the first five years – far from it. It means that in these earliest years, the way information flows through the brain’s structures and gets processed is largely established. These brain connections, pathways and structures will be used and reused as learning continues throughout life.

Share the following points as a way to summarize the previous slides and new information discussed:

- a. Scientists have recently learned even more about how important these early interactions and experiences are to children’s early brain development and learning.
- b. It is brain development that allows children to be able to crawl, laugh, speak, eat, etc. It is also brain development that allows children to be able to listen, concentrate, control one’s impulses, problem solve, etc.

- c. New connections are formed through interactions young children have with their families and caregivers. For example, when a baby cries and is picked up, a connection is made: *When I do this, this happens*. Each time you pat a baby's back, feed her, or walk into a new place, new connections are made.
- d. A two-year-old's brain uses up twice as much energy as a typical adult brain. The work/development of infants and toddlers is exhausting. This is one reason it is critical that infants and toddlers get plenty of sleep. Plenty of sleep helps build and solidify the brain connections.

Ask participants, "How does your care influence a child's brain? What brain connections will be made as a result of your care?"

Elicit responses such as:

- Providing responsive care leads to babies believing
- Developing a positive relationship with a child will teach the child how to engage in positive relationships. The child will learn how positive relationships feel.
- Being attentive will help a child feel he is worthy of receiving care and attention.
- Listening to a child will encourage her to communicate strengthening her ability to express herself.

Optional Activity C: Key Findings on Social Emotional Health and Early Brain Development. **Handout 1.8** (15 minutes)

Trainer's Note: Use **Handout 1.8** as a way to enhance participants' understanding and linkages between social emotional and brain development, as well as identify key research findings. An answer sheet for trainers is provided on the second page of Handout 1.8.

Say to participants, "Before understanding and learning even more ways we can influence and support children's social emotional development and early learning, it's useful to know some of the impressive discoveries about early brain development that have led to a particular focus on important interactions such as gentle touch, play, rocking, singing and reading."

Clarify that each of the statements is formatted as true/false and demonstrates research findings on early social emotional and brain development. Several national reports and multiple publications discuss these early capacities (e.g., *From Neurons to neighborhoods: The science of early childhood development, 2001* and *Emotional Connections: How relationships guide early learning, 2003*). Each finding is evidence of the amazing capacity of babies to seek out and develop relationships with other human beings.

27

Making Every Day Count: Ways to Help Build Brain Connections

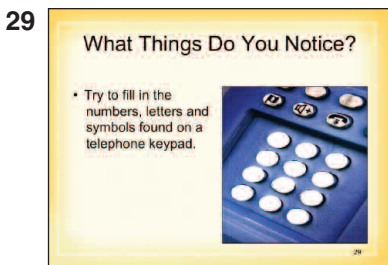
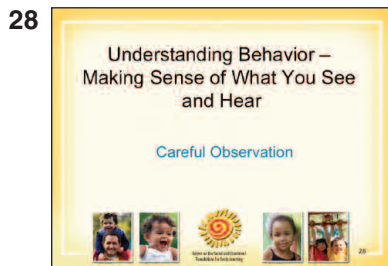
- Create a photo album
- Hold and touch young children gently – offer gentle caresses
- Use a warm and encouraging tone of voice
- Talk, sing and read books
- Play pat-a-cake

N. **Slide 27. Making Every Day Count: Ways to Help Build Brain Connections.**

Point out that together we have discussed how our care can shape the brain. What specifically can we do to build those connections? Review the strategies noted on **Slide 27** with participants. Offer the following supportive information for each bulleted item:

- a. Creating a photo album for a young child offers an opportunity to discuss and review the key people in a child's world and help him feel connected to others. This can help add to a child's sense of security and a sense of connectedness that builds confidence.
- b. Soft touches and caresses enrich brain connections in young children.
- c. Use a warm encouraging tone of voice
- d. Talking, singing and reading offer one on one opportunities to build a relationship between an adult and young child. These activities also help young children learn about language. Most young children love to repeat familiar songs and stories. Repetition is

III. Understanding Behavior – Making Sense of What you See and Hear
(160 minutes)



important to learning. Each time a young child hears a repeated pattern, that pattern becomes stronger. Each repetition results in stronger memory.

- e. Games like pat-a-cake offer opportunities for social interaction, imitation and touch. This interaction combines smiles, eye contact and voice which enhance relationships and support the brain’s ability to focus.

III. Understanding Behavior – Making Sense of What you See and Hear (160 minutes)

A. Slide 28. Careful Observation.

1. Tell participants that the last slide talked about general strategies we use to build relationships and brain connections. How is it we know when things make sense and feel comfortable to a child? How do we understand individual children’s needs and behavior? How do we make sense of the behavior we see and hear?
2. Careful observation can help caregivers understand each child’s level of social emotional development, as well as help measure and describe progress, work with families and individualize curriculum to best fit each child’s needs.

Observation is a natural part of what caregivers can do each and every day as they care for and interact with young children.

- B. Slide 29. Activity: What Things Do You Notice?** Ask participants to draw 12 ovals for a telephone keypad using a blank piece of paper (just like they see on the slide).


Trainer’s Note: Encourage participants to put their cell phones away for this activity. Consider having the correct numbers, alpha characters and special symbols written on chart paper for reference at the end of the activity.

Telephones have a 4 x 3 keypad with numbers, alpha-characters, and special symbols on each pad. Let participants know their task is to write the correct numbers, characters, and symbols for each pad in the ovals. Give participants approximately 3 minutes for this activity.

30

Sometimes We Miss the Details

- Getting to know children and families takes continuous, careful observation!



C. **Slide 30. Sometimes We Miss the Details.** After participants have had 3 minutes to fill in the telephone keypad, ask participants to share what this activity was like for them. Responses may include:

- I could remember some things, but not all.
- I use a telephone every day, but only pay attention to the numbers on the keypad.

Share with participants that observation of young children’s social emotional development takes time and even though caregivers observe and care for the same children daily, details can be missed. For example, one caregiver described an infant in her care as “fussy all the time.” However, when she was able to step back and spend time observing this infant at different times throughout the day, she realized that he was not really fussy “all the time.” He actually seemed quite content after his bottles. This observation led the parent and caregiver to try feeding the baby more frequently. This baby needed more frequent feedings than most. A closer observation of the infant’s behavior led to more responsive care for this baby.

Observation gives insight into how young children develop, why children do what they do, what makes them smile and laugh, and what tasks are difficult for them. By carefully observing infants and toddlers and appreciating individual differences in development, caregivers are better able to understand a child and take actions based on those understandings.

31

Observation

- Record what you see and hear
- Be objective – just the facts
- Use all of your senses (see, hear, taste, touch, feel, smell)
- Note your own responses and how you are feeling
- Observe different days, different times of day

D. **Slide 31. Observation.** Share the following tips and information (adapted from the Early Head Start National Resource Center, 2006) with participants to support their understanding of observation as a critical strategy for forming relationships and promoting social emotional development:

1. Record what you see and hear - write down young children’s actions and their reactions to the environment. For example, note if a young child pulls or clings to your leg when you greet another family or if a child sits with her back to the group, examining a toy bus.

32



2. Be objective – record only the facts (what is actually happening without offering interpretation).
3. Use all of your senses - infants and toddlers respond to what they see, smell, taste, touch, and feel.
4. Observe on different days, different times of day and in different settings - complete as many observations as possible over time. Watching a child once gives you a snapshot. To get a complete picture, you need to watch again and again as each time you watch, you may learn something new. Try to observe in different settings. Children behave differently in different settings and with different caregivers.

E. **Slide 32. Describe What You See In This Picture.** Offer participants an opportunity to practice observation by describing what they see in the photo on Slide 32.

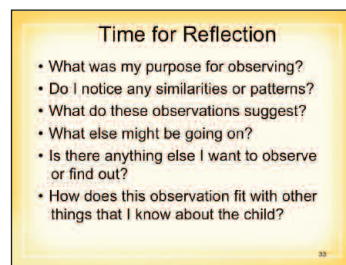
Trainer's Note: Look for participant responses noting just the facts – what they see (i.e., not interpretation or subjective opinion just objective facts).

Possible responses may include:

- Two girls are outside playing with shaving cream.
- It is sunny outside or the sun is shining.
- One girl is sitting at the picnic table; the other girl is kneeling on the bench seat of small picnic table.

Jumping to conclusions or making assumptions may happen as it is a natural part of our thinking and caregivers need to be aware of this when they observe. This awareness is important because what we think and feel can have an impact on how we see children. As we become more aware of our own thinking patterns, we are better able to understand and appreciate what we learn from our observations. It is important in our observations of young children to be very aware of not only how we see things, but how we interpret what we see.

33



F. **Slide 33. Time for Reflection.** Share with participants that once we take time to document our observations, it is helpful to pause and reflect on what we observed and make meaning of the information we have. Each of us has our own values, beliefs and emotions that can impact our interpretation of what we see and hear.

Review the sample reflection questions from **Slide 33** with participants.

- What was my purpose for observing?
- Do I notice any similarities or patterns?
- What do these observations suggest?
- What else might be going on?
- Is there anything else I want to observe or find out?
- How does this observation fit with other things that I know about the child?

Consider highlighting the following points further noting the value of observation:

- Caregivers can discover children's interests ("She likes to play with cars.")
- Caregivers can see what skills and strategies children are using to get their needs and wants met ("He tries to play with his peers by rolling the truck toward them.")
- Caregivers can learn more about the skills children need to practice ("I can help her transition more calmly to our washing hands routine by providing a picture to go along with my words.")
- Caregivers can learn about children's temperament ("He will typically watch us play with shaving cream and then he will then join in.")

Explain to participants that while observing, questions will probably come to mind that they will need to ask themselves and others. For example, while observing two toddlers play next to each other with blocks, you might wonder, "Will they continue to work together and form a friendship?" When reflecting on young children's behavior, it is important to include perspectives and observations of all the adults who care for a child. Each adult sees a vital aspect of the child's world.

Sometimes asking questions can feel a bit awkward or create instances where people feel judged and may respond defensively. Beginning questions with "I wonder" is a great way to ask without appearing judgmental (Parlakian, 2001). Posing such questions allows all the adults to think about the child's social emotional development and offers them an opportunity to include additional information in their answers.

Examples of possible “I wonder” questions are:

“I wonder how Jared usually reacts around strangers?”


“ I wonder if Kaylani has a special blanket or toy that provides her comfort?”

“ I wonder if any of Bobby’s behaviors were occurring before I came into the classroom?”

34

Learning From Families

- Encourage families to share their observations
- Let families know their observations are important and valued.
- Place a basket at sign-in for families to drop off photos and notes to support careful observation.



Shared by Kristin Tenny (Meredith)

G. **Slide 34. Learning from Families.** Discuss with participants the importance of asking families to share their perspectives and observations. Families have repeated opportunities to observe their children over time and across settings as they interact with materials, other children, and adults. Caregivers can actively seek collaboration with families by asking and encouraging questions about their children’s play. Asking families to share their perspectives and observations can help caregivers enhance their understanding of a child and family, as well as determine additional ways to provide responsive care.

35

**Understanding Behavior –
Making Sense of What You See
and Hear**


Ways Children Communicate

H. **Slide 35. Understanding Behavior – Making Sense of What You See and Hear: Ways Children Communicate.** Share with participants that we just finished discussing how observation is one of the most powerful skills and strategies for learning about infants and toddlers. When we observe infants and toddlers we see they use many gestures, sounds and facial expressions to communicate with those around them.

36

Cues of Young Children

Engagement cues –
“I want more.”



Disengagement cues –
“I need a break.”

I. **Slide 36. Cues of Young Children.** Explain to participants that young children let us know of their needs and wants through cues, or behavior. When we observe their cues, we can better understand how a young child feels within different relationships. Since families know their children best, caregivers can ask them about their children’s cues and behaviors and what they notice at home.

Cues convey emotions a young child is experiencing, associated with a specific need. For example, an alert facial expression and relaxed body tell us that an infant is ready to interact. Sometimes subtle cues, such as looking away or turning his head, tell us that a baby needs a break from the interaction.

37 What Cues Do Children Give You?

- To show they are engaged?
 - Infants
 - Toddlers
- To show they are disengaged?
 - Infants
 - Toddlers



38 Young Children Communicate in Many Ways

- Gaze aversion (looking away)
- Yawning
- Pushing out of the lips
- Smiling
- Eyebrow raising
- Eyes widen and sparkling
- Dull look/blank facial expression
- Giggling
- Squealing

39 Young Children Communicate in Many Ways (con't)

- Pulling away
- Joining of hands
- Arching back, stiffening
- Reaching for caregiver
- Lowering of the head
- Lengthy mutual gaze
- Hand to mouth
- Hiccups
- Stiffening muscles

40 How Would You Respond to These Young Children?



Engagement cues are a type of behavior or communication that signals the young child’s readiness to interact with caregivers. Disengagement cues are behaviors that signal the young child’s need for a reduction or change in level of stimuli.

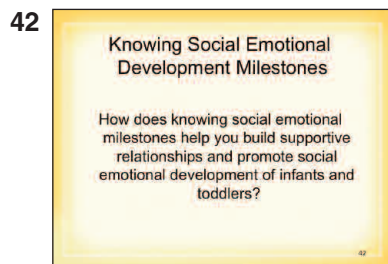
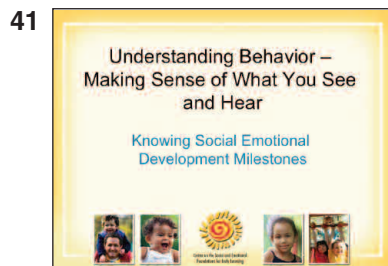
J. **Slide 37. What Cues Do Children Give You?** Ask participants to share examples of cues from both infants and toddlers that tell us when they are engaged or disengaged. Participants may share examples such as those listed on **slides 38 and 39**. Elicit examples such as: when an infant is disinterested or needs a break he may turn his head; when an infant is engaged he may smile and/or look at an object; a child who is disengaged may yawn or arch his back; or an engaged child may widen his eyes or arch his eyebrows.

K. **Slides 38.-39. Young Children Communicate in Many Ways.** To highlight the many ways young children communicate their needs and wants, show **Slides 38-39** to participants. Review the list with participants and let them know these are examples of some, but not all, ways in which young children communicate.

L. **Slide 40. How Would You Respond to These Young Children?**

Trainer’s Note: Slide 40 will first show only the slide title. As you touch the “Enter” key, pictures of young children will appear, one-by-one. There are a total of four photos that will appear.

Ask participants to identify child cues (engagement or disengagement) for each photo. After identifying cues, ask for feedback on how they would respond to each child based on the cues. For example, in the first picture on the left upper corner the child is crying which is a disengagement cue (BabyCues: A Child’s First Language, 2006). The child may be expressing a need to disengage from what he is experiencing. A caregiver may offer a calm soothing voice, pick up the child, rock him, validate his feelings, use simple words, and/or help redirect his interest.



M. **Slides 41-42. Understanding Behavior – Making Sense of What You See and Hear: Knowing Social Emotional Development Milestones.**

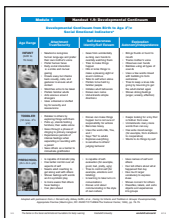
Display **Slides 41 & 42**. Describe that reading children’s cues is an important part of understanding their behavior and building relationships with young children. Ask participants, “How does knowing social emotional milestones help you build supportive relationships and promote social emotional development of infants and toddlers?” Invite participants to respond.

Add any of the following points to supplement the participant discussion if they are not mentioned. Knowing social emotional milestones is important:

- because some research has indicated that families and caregivers demonstrate less understanding of when children are capable of reaching social emotional milestones than cognitive or physical ones. This lack of understanding may lead to adults having unrealistic expectations for young children, and ultimately frustration.
- to determine if a child is on track or if there may be a delay—without knowing what is appropriate for various ages, you can’t know if something is on track or if the child may have a delay
- for identifying strengths
- for intervening early to maximize the effectiveness of the interventions (the earlier the intervention is provided the more likely it is to be effective)
- for ensuring expectations are age appropriate e.g., you wouldn’t expect a 2 year old to share or verbally tell you what is wrong
- for planning developmentally appropriate experiences and activities
- for preventing children from engaging in challenging behavior if they are frustrated by the environment, social situation, or unable to engage in tasks they would like to
- for better understanding a child’s behavior
- for helping caregivers interact with children appropriately
- for aligning parent and caregiver expectations about behavior and development

Share the following information:

- a. As babies grow from birth through the first three years of life, they develop different social and emotional abilities and use different behaviors for communication. For example, the newborn may only know “things feel okay” or “things don’t feel okay.” He may be quiet and alert when things are okay, cry when they are not, and sleep the rest of the time. A newborn may cry urgently for food, but we expect that most two-year-olds will be able to wait a few minutes and maybe even help set the table. A 21-month-old may throw herself on the floor in a tantrum but by the age of three, we expect that a child will sometimes be able to express frustration in more age-appropriate ways such as saying “I don’t like that. You make me mad.”
- b. By age three, most children have a variety of relationships, including peer friendships, primary attachments with parents, and close caring relationships with other relatives and caregivers. They have formed strong ideas about what it is like to be in relationships and whether it is generally pleasant or not, depending on the specific relationship.
- c. The developmental course of social emotional wellness may be described by stages, or as milestones, which do not always develop in a smooth course. Each new stage of a baby’s development produces changes in the relationship and requires changes, or adaptation, on the part of the adult caregiver. For example, as the toddler wants to do more for himself, he may reject the help of a caregiver causing the caregiver to allow the toddler more independence. The sensitive and knowledgeable caregiver learns to read the infant’s or toddler’s cues that indicate developmental changes.



(Handout 1.9)

Activity: Print the milestones (using [Handout 1.9](#) - The Developmental Continuum of Social and Emotional Indicators) on paper and cut each milestone into a separate strip of paper. Divide participants into small groups (e.g., approximately 4-6 people). Give each small

group of participants a set of milestones. Ask them to sort the milestones (without looking at the PowerPoint slides) into categories according to developmental age and developmental domain. Once participants are comfortable with where they have placed the milestones, have them “check” their answers against the information on the PowerPoint slides and in **Handout 1.9**.

43

The Developmental Continuum from Birth to 15 months: Social and Emotional Indicators*			
Age Range	Attachment/Trust/Security	Self-Awareness/Identity	Exploration/Autonomy/Independence
Infant (Birth to 15 months)	<ul style="list-style-type: none"> Responds to change in caregiver and other people's voices Plays human faces Looks away from faces and avoids eye contact Looks away from faces and avoids eye contact Looks away from faces and avoids eye contact Looks away from faces and avoids eye contact Looks away from faces and avoids eye contact Looks away from faces and avoids eye contact Looks away from faces and avoids eye contact Looks away from faces and avoids eye contact 	<ul style="list-style-type: none"> Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver 	<ul style="list-style-type: none"> Brings objects or hand to mouth Tucks mother's voice Observes own hands Reaches out to touch objects Looks at the world around with looking to form intentions Looks at the world around with looking to form intentions Looks at the world around with looking to form intentions Looks at the world around with looking to form intentions Looks at the world around with looking to form intentions Looks at the world around with looking to form intentions

44

The Developmental Continuum from 12 months to 2 ½ years: Social and Emotional Indicators (cont'd)			
Age Range	Attachment/Trust/Security	Self-Awareness/Identity	Exploration/Autonomy/Independence
Toddler (12 mos. to 2 ½ years)	<ul style="list-style-type: none"> Reaches to others by exchanging things with them Plays up, reaches holding someone's hand Shows through actions of sharing or giving to others Looks toward others when exploring or searching with parent Sees others as a barrier to exploration 	<ul style="list-style-type: none"> Knows own name Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver Looks from accidentally looking up toward caregiver 	<ul style="list-style-type: none"> Reaches looking for a toy that is hidden from view Understands many more words than can say Has understood names for actions from actions he does Wants to do things by self

45

The Developmental Continuum from Age 2 ½ - 3 ½ : Social and Emotional Indicators (cont'd)			
Age Range	Attachment/Trust/Security	Self-Awareness/Identity	Exploration/Autonomy/Independence
Preschool (2 ½ to 3 ½ years)	<ul style="list-style-type: none"> Is capable of trusting others Has better control over all aspects of self Needs to practice Shows self confidence to get along with others Shows feelings with words and nonverbal cues Is more aware than others of their feelings Can cooperate 	<ul style="list-style-type: none"> Is capable of self-assertion and control Has a concept of gender Is learning to separate from others Is learning to separate from others Is learning to separate from others Is learning to separate from others Is learning to separate from others Is learning to separate from others Is learning to separate from others Is learning to separate from others 	<ul style="list-style-type: none"> Uses names of self and others Can tell others about what happened last day Has more independence in exploration Shows concern for others' well-being Compares, labels, and sorts objects and experiences with others

N. **Slides 43-45. The Developmental Continuum Social Emotional Indicators.** Introduce The Developmental Continuum of Social and Emotional Indicators. This tool describes social emotional indicators from ages birth to three-and-half. Use **Handout 1.9**.

Explain the following points to participants:

- The first and second columns (Attachment, Trust/Security and Self-Awareness, Identity/Self-Esteem) focus on the elements of social emotional development that we have been discussing: forming close and secure relationships and expressing and regulating emotions. Out of a strong, positive attachment relationship in which young children receive responsive care and are helped to manage and express their emotions, they develop trust in others and a sense of security. Through relationships that support their self-awareness, young children develop a sense of who they are and what they can accomplish and learn. If a child does not have opportunities to form nurturing, supportive relationships it is significantly more difficult for them to progress through the social-emotional milestones.
- The third column (Exploration, Autonomy/Independence) focuses on another element of social emotional development, the ability to explore and learn. Through relationships that support safe exploration, infants and young child gain the sense of autonomy and independence that is so necessary to learning and success in school and in later life.

Optional Activity D: Social Emotional Milestones Group Quiz. Handout 1.10.
(25 minutes)

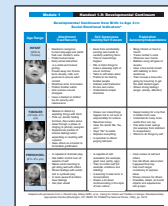
Depending on your group size, ask participants to work in pairs or small groups (3-5 individuals). Pass out **Handout 1.10** and ask participants to note the three columns:

Milestone/Indicator

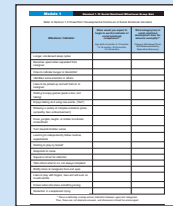
When would you expect to *begin to see* this indicator of social emotional competence?

What category(ies) of social emotional development does the behavior exemplify?
(Category Attachment / Trust; Self-Awareness / Identity; Exploration/ Autonomy)

Using both **Handout 1.9** and **Handout 1.10**, ask participants to generate responses for each milestone/indicator.



(Handout 1.9)



(Handout 1.10)

Debrief as a large group and share answers with participants.

46

Development Presents Opportunities and Challenges

- As infants develop, new challenges may emerge
- Challenges may occur because new development has not yet occurred (e.g., child may not have developed the ability to express her wants and needs verbally)
- Development creates the need for relationship shifts and modifications in caregiving

O. **Slide 46. Development Presents Opportunities and Challenges.** Review **Slide 46** with participants and summarize key points such as:

- Throughout development new challenges emerge.
- As new development occurs other development may temporarily shift or become disrupted (e.g., as a child begins to learn to walk or talk, his sleep may become disrupted, and he may suddenly wake more often or have difficulty falling asleep).
- As a child develops, the caregiver’s relationship with the child will need to shift (e.g., as a toddler is able to crawl or walk, the caregiver will need to allow him increased independence to explore).
- Sometimes our expectations of children lead us to view their behavior as challenging when in fact it may be typical developmental behavior (e.g., while tantrums can be challenging, they are part of typical development).
- Challenging behavior may also be a consequence of a skill that has not developed yet (e.g., a child may bite because she lacks the ability to use words to describe what she needs).

47

Importance of Social Emotional Screening

- Use validated screening instruments that can identify strengths as well as possible social-emotional areas of need in infants and toddlers
- Early identification of young children with social emotional needs is key

P. **Show Slide 47. Importance of Social Emotional Screening.** Share with participants that social emotional development in young children does not always proceed as expected. In some instances, infants or toddlers may not give clear or consistent cues about their needs, making it difficult for families and caregivers to know how to respond.

Social emotional screening can help families and caregivers further identify a child’s social emotional strengths, as well as better understand possible areas of need. Screening can help indicate whether a young child should receive a more in-depth assessment or evaluation. Screening involves more than the use of a validated tool or instrument. The screening process includes gathering information from families, caregivers and others who know the young child best.

48

Understanding Behavior –
Making Sense of What You See
and Hear


Temperament

Q. **Slides 48-49. Understanding Behavior – Making Sense of What You See and Hear: Temperament.** Display **Slide 48.** Point out that in addition to understanding individual children’s cues and typical social emotional development, learning about a child’s specific traits or temperament will also help caregivers and families better understand and respond to a young child.

49

Temperament

- Appears to be biologically based
- Fairly constant over time
- Affects a child's reactions to other people and the environment



(Walker & Pedersen, 2009 based on Thomas, Chess, Birch, Henig & Sirov, 1982)

Show **Slide 49** and make the following points:

- Each child is born with his/her own temperament or individual way of approaching the world. A child’s behavior and approach to the world is shaped by his/her experiences and interactions with the adults in his/her life. Understanding a child’s temperament helps us provide more responsive and sensitive care.
- Some aspects of temperament are noticeable from birth and continue throughout life. Right from the start, we each have a unique genetic makeup which includes our nervous system and the way we take in sensory stimulation. For example, some people may like bright lights and loud music; others prefer the lights low and the music quiet. Some people eat and sleep in pretty regular patterns; others have no pattern at all. The concept of temperament helps us understand that children engage with the world according to their inborn characteristics.

- A large part of a caregiver’s job is to adapt his or her own temperament to meet the needs of the young child. For example, a caregiver who likes bright lights and loud music may need to provide less stimulation by talking more softly, reducing the lights and other noise. The degree to which this is managed is referred to as “goodness of fit.” The sensitive adult adapts his or her behavior in such a way as to not require the infant to make the adaptation, knowing it would be stressful for the infant. The adult seeks to match her behavior to meet the infant’s needs.
- It is also important to understand the impact of inborn, biological differences on the behavior of individual children. Learning about temperament can help caregivers understand more about how these inborn traits play a major role in a child’s pattern of behavior and may eventually have a major influence on how a child feels about him or herself. For example, if a toddler is easily distracted, and has irregular patterns of sleeping and eating yet no accommodations are made to meet his needs for eating and sleeping at different times or to reduce the stimulation to help him become calm, he may begin to feel that others don’t understand him or caregivers don’t know how to help him.
- Understanding an infant’s or toddler’s temperament can help us begin to anticipate what situations may be easy or more difficult for the child.
- Sometimes forming relationships with infants and toddlers can be easier or more difficult depending on a variety of factors including the child’s and caregiver’s personality or temperament.



(Handout 1.11)

50

Temperament Traits

- **Activity level** – always active or generally still
- **Biological rhythms** – predictability of hunger, sleep, elimination
- **Approach/withdrawal** – response to new situations
- **Mood** – tendency to react with positive or negative mood, serious, fussy
- **Intensity of reaction** – energy or strength of emotional reaction
- **Sensitivity** – comfort with levels of sensory information: sound, brightness of light, feel of clothing, new tastes
- **Adaptability** – ease of managing transitions or changes
- **Distraction** – how easily a child’s attention is pulled from an activity
- **Persistence** – how long child continues with an activity he/she finds difficult

Adapted with permission from Wittmer and Petersen, 2006.

R. **Slide 50 and Handout 1.11. Temperament Traits.**

Explain that there are nine traits that are considered to be key components of a child’s temperament (Wittmer & Petersen, 2006 based on Thomas, Chess, Birch, Hertzog, & Korn, 1963). Read each trait aloud. Provide participants **Handout 1.11** and ask them to pair off and describe **their own** temperaments using the nine traits listed. **Trainer’s Note:** If using **Optional Activity E** (below), you will not need to offer this partner activity.

51

Temperament Types		
Flexible	Fearful	Foisty
Regular rhythms	Adapts slowly	Active
Positive mood	Withdraws	Intense
Adaptability		Distractible
Low intensity		Sensitive
Low sensitivity		Irregular
		Moody



(Handout 1.13)

S. **Show Slide 51. Temperament Types.**

Trainer’s Note: The groupings for temperament traits on this slide are discussed and illustrated in The Program for Infant Toddler Caregivers, a training developed by WestEd in California (<http://www.pitc.org>), that many of the participants, particularly those who have worked in Early Head Start, may be familiar with. As you review this information with participants, emphasize strongly that you are not trying to “label” children. Discussing different temperament types will help them become better observers of young children’s needs. It is the caregivers’ responsibility to adjust their own temperament to better match the temperament of individual infants and toddlers. (See **Handout 1.13**, Temperament What Works Brief, for additional information).

Optional Activity E (20 minutes): Consider having participants rate the temperament of children in their care using **Handout 1.12 Temperament Continuum**. Encourage participants to rate their own temperament on the continuum. Assist participants to use the handout to analyze where their temperament is similar and different to the children in their care. Encourage participants to share suggestions and strategies for ways to adjust their own temperaments to better match the children’s preferences.



(Handout 1.12)

Point out that there are three temperament types into which many children fall. Each of these three common temperament types is characterized by a trait that may dominate the child’s behavior.

Briefly describe the temperament types:

- **The easy or flexible** child is generally easy to care for. She adapts quickly to new situations, is biologically regulated, is optimistic in her approach to new people, and generally has a positive mood. She tends to learn to use the toilet without a lot of difficulty, sleeps through the night, and has regular eating and sleeping patterns. She enjoys new people and places and typically gives mild signals of distress. Even when very unhappy, this child may cry little.

52

Think About:

- What is the child like?
- How calm or active is she?
- How does she respond to changes in routines?
- How does she deal with a lot of stimulation?
- How does she let you know she likes something, dislikes something, etc.?

53

**Temperament Types
Flexible, Fearful, and Feisty**

The slide contains three small photographs. The first shows a baby sitting in a high chair, looking towards the camera with a neutral expression. The second shows a young child standing next to a tree trunk, looking slightly away with a concerned or fearful expression. The third shows a child in a red winter hat and coat, looking upwards with an excited or feisty expression.

- The **feisty** child is often the opposite. This child may be hard to get to sleep and sleeping and eating patterns are irregular. Toilet training may be more difficult because of irregular bowel patterns. This child may fuss or cry at loud noises, and is often wary of new people and things. He is slow to warm up and may escalate to temper tantrums quickly if frustrated. He may have frequent unhappy moods. This child may be very noisy when even slightly unhappy.
- The third group of children often has difficulty adapting to new people and places. They are often called **fearful**, shy, or slow-to-warm. Their mood may not be easy to gauge because it takes longer for them to engage with a group or a new activity. Their biological rhythms may or may not be regular.

T. **Show Slide 52. Think About.** Tell participants that to help identify and better understand a child’s temperament, you might think about:

- What is the child like?
- How calm or active is she?
- How does she respond to changes in routines?
- How does she deal with a lot of stimulation?
- How does she let you know she likes something, dislikes something, etc.?

U. **Slide 53. Temperament Types—Flexible, Fearful and Feisty.**

Ask participants to look at the photos of three children whose captured expressions are indicative of these different types of temperaments.


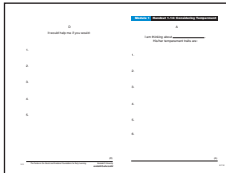
- Invite them to think about a child they find challenging. Ask them to review the nine temperament traits and identify those that seem to characterize that child. Ask participants:
- Do you think that any of these temperament traits are part of what is challenging to you? Is that because the child is different from you – or perhaps because that child is similar or like you?”

Acknowledge that some temperaments are easier for us to handle than others, but it is still very important for children to feel accepted for who they are!

54

Activity: Considering Temperament
I/T Handout 1.14

- Think of a child that challenges you
- Write down the **temperament traits** of the child you are thinking about (A)
- Taking the child's point-of-view and answer:
 - "Let me tell you about..." (B)
 - "I don't like it when you..." (C)
 - "It would help me if you..." (D)

(Handout 1.14)

V. Slide 54 and Handout 1.14. Considering

Temperament Booklet. Point out that when we feel challenged by the behavior of an infant or toddler, it is helpful to try to take the child's point of view. Tell participants that they're going to create a book that may help them look at things from the child's perspective, using **Handout 1.14**. Ask participants to think again about a particular child they find challenging. Encourage them to use a pseudonym for the child for confidentiality purposes.

Walk participants through creating the book:

Front page (A): Ask participants to write down the temperament traits of the child they are thinking about. Have them refer back to **Slide 50**, or **Handout 1.11**, if necessary. Give the participants a couple of minutes to write.

Second page (B): Ask participants to take the child's point of view and write a sentence or two in which the child describes what it is like to be him or her. The page says, "Let me tell you about me..." Give the participants a couple of minutes to do this. If participants have difficulty getting started, use examples like "I have a very hard time being so fussy all day; It is really challenging to be so distractible (the room is too hot; there are too many loud noises and bright lights); I can't relax. There is just too much to look at; I have trouble with every new situation – even predictable, daily transitions."

Third page (C): Ask participants to continue taking the child's point of view and write down something they do that may be hard for the child because of his or her inborn temperament traits. The page says "I don't like it when you ..." Ask participants to fill in the blank.

If participants need examples, consider saying: "Tell me to quit crying," or "Tell me I'm not being nice," or "Ask me in a grumpy voice why I can't lie still while you diaper me."

Fourth page (D – back page): Ask participants to continue taking the child's point of view and speculate about what would be helpful to that child. Ask them to

complete the sentence that begins “It would help me if you would...” Give participants 3 to 5 minutes for this part. If participants have difficulty getting started, use examples like, “Talk softly to me and try to understand what I am feeling.”

Invite participants to share their booklets with a partner or in small groups at their table for about 5 minutes.

Then bring the large group back together. Ask:

- What did you learn from thinking about temperament from the child’s point of view?
- Was this type of booklet and process useful in helping you think about the children you care for and how to better match different temperaments? Why?

Before moving to the next section, discuss how being responsive to and matching a child’s temperament is also part of building positive relationships with children and developing “goodness of fit.” Learning about children’s unique temperament boosts our ability to tune into and adapt to the child’s personal style. Give an example, such as holding and reassuring a child when an unfamiliar person comes into your room can help a fearful child feel safe and secure and trust that you will be there for them. This can also help reassure a child as they learn to regulate their feelings and emotions.

Make the following points about developing “goodness of fit”:

- The most important part of understanding temperament is being aware of the role that caregivers and families play in adapting and adjusting their own temperament to match that of the child or children in their care.
- A large part of what caregivers do is support the infant’s and toddler’s family and help the family continue to develop a secure, trusting relationship with their child that is a good fit.

Slides 55-56. Strategies to Develop a Good Fit: How to Adjust Your Temperament. Summarize the temperament section with participants by reviewing some key strategies for adjusting temperament.

55

Strategies to Develop a “Good Fit”:
How to Adjust Your Temperament

- Acknowledge a child’s temperament traits as well as your own
- Consider ways to adapt the daily schedule, energy level, lighting, sound, pace, activity level, and stimulation to best match the child’s temperament

56

Strategies to Develop a “Good Fit”:
How to Adjust Your Temperament

- Focus on the positive attributes of all temperament traits (e.g., cautious vs. shy; persistent vs. stubborn; energetic vs. overactive or “hyper”)

57

Why Is Understanding Temperament Important?

- Helps caregivers to be more responsive and effective
- Children get the message they are wonderful and accepted exactly the way they are
- Helps to support relationship building

X. **Slide 57. Why Is Understanding Temperament Important?**


Highlight the following points with participants:

- a. When we understand a child’s temperament, we can begin to anticipate what situations may be easy or more difficult for him.
- b. By understanding a child’s temperament, we can nurture and support strengths as well as help a child learn ways to cope with challenges.
- c. We can adapt how we care for a young child based on his/her temperament style.
- d. Understanding temperament is an important part of and way to build and enhance relationships between adults and young children.

58

Understanding Behavior – Making Sense of What You See and Hear

Social Emotional Development and Behavior



Y. **Slide 58. Understanding Behavior – Making Sense of What We See and Hear: Social Emotional Development and Behavior.**

Share with participants that together you have discussed social emotional development and why it is important, defined social emotional development of young children, and reviewed social emotional milestones. We also highlighted the need to continuously observe young children and families. Through observation, we learned that we can better understand a young child’s temperament and supportive ways to respond. Each of these concepts will contribute to a more complete understanding a young child’s strengths and possible areas of need.

Share the following points with participants:

- a. The stages of young children’s social emotional development, their developmental readiness to learn new things, their temperament, their emotional needs and environmental factors all help guide us on how best to understand and respond to their behaviors.
- b. Once we are able to better understand and identify a young child’s social emotional development, it is then often easier to understand why a young child behaves and responds in certain ways, as well as determine the best ways to relate to, support and provide developmentally appropriate guidance.

59

The Relationship Between Social Emotional Development and Behavior

- Behavior has meaning and it is communicating a message
 - A smile may mean ...
 - Two arms stretched up may mean...
 - Pointing at a bottle may mean...



Provided by Amy Hurst


Z. **Slide 59. Relationship Between Social Emotional Development and Behavior.**

Share with participants that to understand both social emotional development and behavior (including challenging behavior) we must understand that **all behavior has meaning**. For example, when a baby “first smiles” it might mean “I’m happy” or “I like what I see.” When a baby “stretches two arms up” he might be saying, “Pick me up.” As a baby “points to a bottle” she may be saying, “I want my bottle.”

60

The Relationship Between Social Emotional Development and Behavior

- A 3-month-old screams and cries for long periods of time because...
- A 17-month-old hits another child because ...
- A 2-year-old says “no” frequently because...



AA. **Slide 60. Relationship Between Social Emotional Development and Behavior.**

Trainer’s Note: This can be done as a large group or in small groups at tables.

While displaying **Slide 60**, ask participants to identify what these infants or toddlers may be trying to communicate with their behavior. Possible responses may include:

- “A 3-month-old screams and cries for long periods ...” — perhaps he has colic, maybe he wants the caregiver’s attention, maybe he doesn’t know the caregiver or feel secure, perhaps he is uncomfortable or in pain, perhaps he is hungry, cold or wet, maybe it is a new environment and he is scared.
- “A 17-month-old hits another child ” — he may want a toy the other child has; he may be curious about what the child will do in response; he may want to play; perhaps the other child is in his space; he may not know what else to do to get his needs met and/or his point across.
- “A 2-year-old says ‘no’ frequently because...” — perhaps he has heard “no” frequently and is experimenting with language; he may be trying to have some power, control and independence; he may be trying to understand what “no” means; he may not want to do something.

The process by which infants and toddlers become socially and emotionally competent may also include a variety of challenges— challenges that occur in normal development, challenges that signal unmet needs, challenges that may be related to a child’s disabilities or special needs, and challenges within relationships or environments.

Often very young children do not have a wide variety of skills to communicate their needs and some of the behaviors young children use are described as “challenging behaviors.” In this module when we use the words “*challenging behavior*,” we are referring to the range of challenges that caregivers may experience in caring for infants and toddlers. Our goal is to understand the message of the behavior so that we are better able to meet the child’s needs and/or help the child develop safe and healthy ways to communicate his/her needs.

Make the key points that as we develop close and secure relationships with young children, we are better able to understand the meaning of their behavior; as we understand the child’s behavior (e.g., the infant’s gestures), we are better able to form a close and secure relationship with him/her.

61



BB. Slide 61 and Video Clip 1.3. What is The Biting

Trying to Tell Us? Tell participants you are going to show them a video clip. Ask them to observe closely the sequence of events. After watching the video, ask participants to describe what they observed. A detailed description is included below.

Video Description: The boy stands at a child-sized table playing with a set of nesting blocks in a toddler classroom. Andrew approaches this boy, wraps his arms around the boy’s shoulders, and places his open mouth onto the boy’s cheek and then his shoulder. The boy backs away from the table as he places the blocks onto the table. Andrew reaches for these blocks. The other boy goes to the other end of the table and picks up another block. He raises it into the air and says, “Mine.” Andrew leaves his blocks and heads toward the boy and the block. The other boy runs away from Andrew. Andrew

chases him around the table. A teacher calls, "Andrew." Andrew stops running and looks toward her voice. He points to the boy and cries, "I want it." The other boy runs completely around the table and heads near Andrew. Andrew approaches with his hand out. The boy runs in the opposite direction. The teacher says, "Andrew." Andrew stops chasing and pouts. The other boy says, "Mine!" and runs in the opposite direction. He then giggles and says, "I got it."

Next scene, Andrew is standing next to a shelf playing with a bead tracking toy. The other boy steps toward Andrew and the toy. Andrew says, "Mine," and pulls the toy away. Andrew opens his mouth and leans toward the boy. The boy takes a step back. He pauses briefly, then reaches for the toy. Andrew opens his mouth. The boy then steps closer. He holds onto one of the wire tracks and pulls it toward him. He bites the track. Andrew leans his open mouth toward the boy's shoulder. A teacher approaches the two boys. She gently guides the other boy away from Andrew and the toy. She tells Andrew, "Remember, we share at school." She tells the other boy, "Let's go get some things to do."

Ask participants what Andrew might be trying to communicate with his biting.

Possible responses may include:

- He may want the toy.
- He may want to play with the other boy.
- He may not know how to communicate in another way.
- He may have learned that biting is an effective way to get what he wants.

62

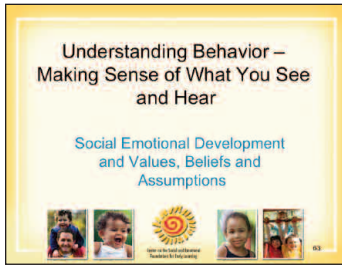
The Basics of Behavior

- Behavior has a message
- Children may display "challenging behavior" because they do not have other skills to meet their intended need
- We can focus on understanding the behavior, meeting the child's need, and teaching children what to do in place of the challenging behavior

CC. Slide 62. The Basics of Behavior.

Understanding the message behind or meaning of behaviors gives us clues as to how to intervene or respond to the behaviors in the most effective ways. Module 3 provides information about how to appropriately and effectively respond to an infant or toddler's behavior that may be intense, frequent, and lasting in duration (behavior that has not responded to typical high quality early childhood practices).

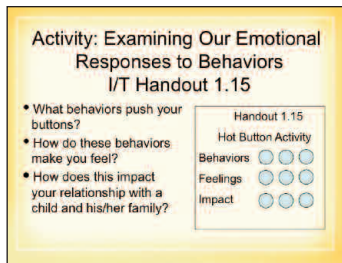
63



DD. **Slide 63. Understanding Behavior – Making Sense of What We See and Hear: Social Emotional Development and Values, Beliefs and Assumptions**

Working with infants and toddlers is challenging. When infants and toddlers engage in challenging behavior it is **very** challenging work and can be difficult to see beyond the behavior itself. Exploring our own perceptions, beliefs and assumptions about behavior is critical to supporting young children. How we think and feel about children’s behavior greatly impacts how we respond to it.

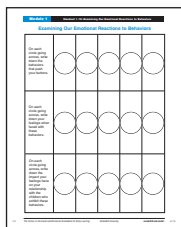
64



EE. **Slide 64 and Handout 1.15. Examining Our Emotional Responses to Behaviors.**

Distribute **Handout 1.15** and explain the activity to participants.

- We all have behaviors that really bother us or “push our buttons.” This activity will help us identify some of our hot buttons.
- Fill out the top row with your “hot button behaviors.”
- There are no right or wrong answers.



(Handout 1.15)

Debrief as a large group. Ask for volunteers to name behaviors that push their buttons. Write some of the responses on chart paper.

Trainer’s Note: It may be important to remind participants to think specifically about infant and toddler behavior. In many instances, caregivers who work with children who are various ages tend to think more easily about challenging behavior of older/ preschool age children.

Next, ask participants to think of infants and toddlers who they have cared for and who have displayed these types of behaviors. Have participants complete the second row of circles by listing feeling words (how they felt when they were working with that infant or toddler or how they felt when people were sharing their list of behaviors that “pushed their buttons”).

Trainer’s note: It is not unusual for participants to have difficulty identifying their own feelings (even very seasoned professionals). For example, a participant may say, “It makes me feel like I want another job.” If participants have a hard time identifying how the behavior makes them feel (or naming specific feelings such as frustrated, insecure or angry), if it feels appropriate and not too intrusive, gently encourage participants to try to name specific feelings by asking questions such as, “Can you say how that makes you feel using a feeling word?” It may also be useful to say something like, “It can sometimes be hard to talk about and/or get in touch with our feelings for a variety of reasons. Other participants who have done this exercise say that sometimes these behaviors make them feel angry, frustrated, incompetent, sad, worried, insecure, shamed, unsure, etc.” If it feels appropriate you can rephrase participants’ comments and ask about their feelings. For example, you might say, “You say you felt like you wanted another job. Is it fair to say you felt insecure about your abilities in your job?” Remind participants that naming their own specific feelings is a great way to help children learn about feelings.

Ask participants to share their ideas and write them on chart paper. They will likely say things like: “It makes me frustrated.” “I feel like I don’t know what I am doing.” “It makes me mad.” “I feel like a failure.”

Now, ask participants to write responses to the third question in the third row of circles on their paper: How do these feelings impact your interactions with children and their families when children engage in these behaviors?

Participants might say they avoid children when they act like this or that they interact in a not-so pleasant way after children engage in these behaviors, etc. Some caregivers or parents may shut down when they are frustrated or alternatively, raise their voices or become impatient. Make the point that it is difficult to be effective with children when you are feeling this way. Help participants understand the connection between feelings and behaviors: Often, **the way we feel leads to how we behave**. Provide examples, such as:

65 Strategies For Responding to Feelings

- Use feelings as a signal or reminder
- Take extra effort to remain calm or take a break
- Take time for additional observations
- Ask for help
- Pay attention to your own behavior and feelings

- How do you behave when you feel incompetent? Sometimes if we feel incompetent we are overly stern, demonstrate frustration or give up finding new ways to approach a child.
- If we feel frustrated or angry with a child we may act angrily toward him or try to avoid interactions with him.

Emphasize that it is important to plan a strategy for dealing with feelings, and it is important to plan how to behave regardless of the feelings we may have.

66 Noticing and Challenging Our Thoughts

Upsetting Thoughts
"That child never stops crying. He is driving me crazy."
"I can't calm him. Nothing works. Maybe center care is not for him."

FF. Slide 65. Strategies for Responding to Feelings.

Help participants understand that our own "feelings" can be an emotional signal to tell us to make an extra effort to remain calm; to remember to use kind words and positive directions; to ask for help or take a break. Feelings can be cues to tell us that we need to think of positive ways to approach a situation (e.g., observe a young child more closely, focus on the positive). Feelings can help us pay attention to behavior and make necessary adjustments (e.g., lower a voice, smile, take a deep breath, take a moment to reflect, etc.).

67 Noticing and Challenging Our Thoughts

Upsetting Thoughts
"That child never stops crying. He is driving me crazy."
"I can't calm him. Nothing works. Maybe center care is not for him."

Calming Thoughts
"This child is getting so noisy and learning how to regulate. My job is to stay calm and help soothe him. As I stay calm and keep trying to find ways to comfort him, we will develop a better relationship which will help him."
"I can handle this. I am in control. I am not alone in this. I can ask others for help and support."

GG. Slides 66-69. Noticing and Challenging Our Thoughts.

Review the slides with participants and read aloud the upsetting and calming thoughts. Explain that if we notice and challenge our thoughts, or reframe, we can engage in more positive interactions with children.

68 Noticing and Challenging Our Thoughts

Upsetting Thoughts
"Sarah is only trying to get to me and ruin my day."
"I don't know how to do this. This child's needs are beyond my training."

69 Noticing and Challenging Our Thoughts

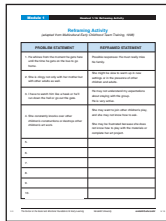
Upsetting Thoughts
"Sarah is only trying to get to me and ruin my day."
"I don't know how to do this. This child's needs are beyond my training."

Calming Thoughts
"Sarah is not developmentally capable of this. She may have learned that this is a good way to get her needs met. I can work harder to teach her better ways to get her needs met."
"I work as part of a team. We can work together to try to figure this out. This child and family needs our help."

70

Activity: Reframing
I/T Handout 1.16

- Read the four examples listed
- Generate two to three other behaviors that push your buttons
- Notice what thoughts you have about these behaviors and write these down under the column "Problem Statement"
- Challenge your thoughts in order to reframe and replace with a more calming thought – write these new thoughts under the column "Reframed Statement"



(Handout 1.16)

71

Videos 1.4 Caregivers Noticing and Challenging Their Thoughts (Part 1)

clip 1.4

72

Videos 1.5 Caregivers Noticing and Challenging Their Thoughts (Part 2)

clip 1.5

HH. Slide 70 and Handout 1.16. Reframing Behavior.

Have participants pick 1-2 of their “hot buttons,” (from **Handout 1.15**) reread them, and consider how they can challenge their thoughts to perhaps understand the behavior in a different way.

Distribute **Handout 1.16**. Review the four examples listed on the handout. Ask participants to list two to three additional behaviors that push their buttons. Next, have participants notice what thoughts they have about these behaviors and ask them to list their thoughts under the column “Problem Statement.” Under the column “Reframed Statement,” ask participants to challenge their thoughts and replace them with a more calming thought, or restate the problems to make them more manageable. Do not generate solutions at this point. Instead simply try to change the thoughts about the behavior. Invite volunteers to share their ideas with the whole group.

II. Slides 71-72 and Videos 1.4 and 1.5. Caregivers Noticing and Challenging Their Thoughts I and II. Let participants know that they are going to watch two videos of caregivers talking about (1) their initial reactions to young children’s behaviors and then (2) using strategies to notice and challenge their thoughts, as well as change their own behaviors. Ask participants to pay attention to the caregivers’ strategies.

After watching the videos, help participants think about what they saw and heard and **reflect** on strategies they can use to help them notice and challenge their own thoughts and reframe their own behavior. Ask participants:

- What are some of the strategies these caregivers used to change their own behavior? (reframing, self talk)
- What kind of support might these staff have had or would staff need to be able to share their thoughts openly and shift/change their thinking?

73

Strategies for Reframing

- Notice your own feelings, step back
- Observe the behavior
- Ask "I wonder questions" about the behavior
- Further educate yourself about a child's age and stage of growth

74

Strategies for Reframing

- Take deep breaths
- Relaxation and meditation exercises
- Focus on what you can do; think about the messages of your behavior
- Find support

75

Understanding Behavior – Making Sense of What You See and Hear

Cultural Influences

JJ. **Slides 73-74. Strategies for Reframing.** Review the strategies for reframing behavior and make the following points:

- Our behavior will either enhance our relationship with the child or detract from building a secure relationship with a child.
- Focus on what the infant or toddler will learn from our behavior. For example, if a caregiver continues to try to find a way to soothe a baby who cries for long periods of time, the baby will learn that adults care and people help. As the caregiver works to regain her own sense of competence and becomes calm, this helps the child remain calm.

KK. **Slide 75. Understanding Behavior – Making Sense of What We See and Hear: Cultural Influences.**

It is especially important for caregivers to have an awareness to and understanding of how culture is a significant factor in both how families raise their children and in how caregivers provide care for them. Cultural differences in families' beliefs and practices affect how young children behave, how young children adjust to care settings and other early childhood programs, how families care for their children, how young children respond to caregivers, how caregivers and families communicate with each other and what a problem-solving process might look like.

Ask participants how they define culture and what it means to them. Possible responses will likely include shared values, beliefs and practices among members of a group. Summarize with participants that culture can be defined as a system of shared values, beliefs, and attitudes that shape or influence perceptions and behaviors.

Next ask participants how they see culture in their early care and learning settings. For example, prompt participants by asking, "How might culture influence family beliefs?" Or, "How might culture influence..."

- Staff beliefs?
- Child behaviors?

Consider offering the following points if needed to support this discussion:

Family beliefs – child-rearing practices, family roles, perceptions about supports and stressors, views about typical development, meaning of young children’s emotions and behavior, promotion of dependence or independence.

Staff beliefs – caregiving practices, roles, views about typical development, meaning of young children’s emotions and behavior, promotion of dependence and independence.

Child behaviors – variations in the ways that emotions are expressed and communicated (e.g., animation, intensity of expression, volume of speech, directness of questions, eye contact, touching, use of gestures, proximity/distance regarding personal space); ways to eat foods; when it is appropriate to wear certain clothing.

Ask participants if staff in their programs come from backgrounds that are the same as or different from those of the families they serve. Are there cultural differences between staff members? Between families?

Share with participants that early childhood care settings provide a unique environment in which adults and children alike can learn about and honor differences in values, beliefs and perceptions. Ask participants to describe how this takes place in their setting. For example, what happens when caregivers disagree about how holidays should be celebrated with toddlers? How does the program handle differences between a family’s and teacher’s ideas about discipline?

76

How Culture Influences Caregiver Behavior

- Individual and culturally based beliefs, values and perceptions affect caregiver attitudes about behavior
- Infants and toddlers don't come to care knowing what behaviors are appropriate in group care settings

LL. Slide 76. How Culture Influences Caregiver Behavior.

Note that so far, the training has focused on our thoughts, feelings and reactions to or about behavior. Make the following points:

- Everyone brings specific values, beliefs and assumptions about child rearing and child development to their work with infants and toddlers.
- There are individual and culturally-based beliefs that affect our attitudes about behavior (e.g, children should be seen and not heard or children should sit quietly in a church).
- Studies show that parents and teachers often have differences in their expectations about children's behavior (which are largely based on parents' and caregivers' own cultural and family experiences). For example, a parent may carry an infant most of the time and a caregiver may want to place the infant on the floor.

Recognizing and acknowledging another person's point of view and reaching a shared solution is critical in providing high-quality care to infants and toddlers.

Tell participants, "In the next slide, you will see some examples of differences in groups of parents' expectations for their children's development."

77

Mean Age Expectation in Months for Milestone Attainment.

	Caucasian	Puerto Rican	Filipino
Eat Solid Food	8.2	10.1	8.7*
Training Crib	12.9	17.1	23.9*
Utensils	17.7	26.9	32.4*
Finger Food	9.9	9.4	9.9
Walk	16.8	16.2	16.2*
Sleep by Self	13.8	14.6	16.2*
Drop off Night	14.4	14.5	15.4*
Cheese Clothes	31.1	44.2	33.1*
Dress Self	30.2	44.2	39.2
Play Alone	25.8	24.8	32.3*
Toilet Trained-Day	31.4	28.0	20.4*
Toilet Trained-Night	33.2	31.8	34.2

Carlson & Harwood (2009)

MM. Slide 77. Mean Age Expectations in Months for Milestone Attainment.

Explain that this slide highlights the findings from research studies (cited on the slides) in differences in developmental expectations between various cultural groups based on their cultural beliefs.

Take a look at some of the milestones where there is an asterisk. The asterick denotes those milestones where there was a statistically significant difference. Note that, of course, not all Caucasian, Puerto Rican and Filipino families share these beliefs about age level expectations, we know there is great variation within each group; however, this study demonstrates how in certain areas, across different ethnic groups there can be very different developmental expectations for children based on individual cultures.

78

Activity: Large Group Discussion

- How might differing cultural expectations among you and other caregivers and/or parents impact your work with children and their social emotional development?
- As a caregiver, can you think of any example where you had differing values, beliefs and ideas about to care for an infant?

Ask participants to look at the “Utensils” category. In this study, Caucasian families expected children to start using utensils around 17.7 months. Puerto Rican families expected toddlers to use utensils around 26.5 months and Filipino families expected toddlers to start using utensils around 32.4 months of age. It would not be surprising if some families questioned your program’s expectations of emphasis on independence during mealtimes if their expectations were different than the programs.

NN. Slide 78. Activity: Large Group Discussion

While displaying **Slide 78**, ask participants:

- How might differing cultural expectations among you and other caregivers and/or families impact your work with infants, toddlers and their social emotional development?
- As a caregiver, can you think of any example where you had differing values, beliefs and ideas about how to care for an infant?

During the large group discussion, make the following points:

- A caregiver or family may view the child as challenging if he/she does not display behaviors that match with their expectations about behavior and/or development.
- Different expectations among caregivers and/or families may cause caregivers and/or families to judge each other. This can strain the relationships and ultimately impact the quality of care and support children and families receive.
- Very young children and families may be treated differently if their behavior and expectations don’t align with caregivers’ expectations. For example, we may avoid a parent or act more reserved around someone who dresses differently or looks different, ultimately impacting the relationship.
- Children and families may demonstrate behavioral reactions (e.g., showing frustration, being withdrawn or exhibiting acting out behaviors, etc.) if they are

79

Activity: Partner Discussion

- According to your cultural/family beliefs and values, toddlers should complete potty learning by 32 months. The family of a young child you care for expects their child to complete potty learning at 20 months. What can you do to best understand and support this child and family?

encouraged or pushed to do things they are not comfortable with (e.g., if infants are fed on a schedule instead of on-demand; or if they are pushed to nap when they are not ready or stay up when they are ready to sleep).

OO. Slide 79. Activity: Partner Discussion

Ask participants to discuss in pairs the question on **Slide 79**.

According to your cultural/family beliefs, toddlers should be potty trained at 32 months. One of your families expects their child to be potty trained at 20 months. What can you do?

After about 10-15 minutes, bring the group back for a large group discussion.

Encourage participants to share examples from their own work when they might have had cultural differences with other caregivers or parents. Encourage them to think about how those differences may have impacted relationship-building with the child and family.

Note any of the following that do not come up during the discussion:

- Seek support, talk to your supervisor and/or other child development colleagues
- Ask the family for more information about their beliefs, values, and experiences related to potty training
- Look at literature and resources about readiness for potty training
- Work together with the family to come up with a plan that feels comfortable for everyone
- Reinforce the family as the child's first and primary teacher. While caring for the child should be a collaborative effort, as professionals, we need to respect the family's perspective
- Use "I wonder" statements in your conversation, e.g., "I wonder what it might be like if we started potty training now?" "I wonder what it would be like if we waited to potty train later?" "I wonder what it would be like for us to talk about our different ideas about potty training? Is it okay to talk about our differences?"

80



- Share your observations of the child’s readiness and ask the family what they observe as signs of readiness – “How will we know the right time to start?”

PP. **Slide 80 and Video Clip 1.6 Learning from Families.**

Explain that you will be showing a video, **Video 1.6**, which is an example of one way in which a caregiver can learn from a family about how to more effectively individualize care for a young child.

After the video, ask participants how they think culture played a role in helping to develop this partnership.

- Share the following points with participants:
- It is within their families that infants and toddlers learn about their culture and experience relationships that influence their sense of who they are and who they will become.
- Talking with families about their cultural practices, traditions and beliefs provides the message they are valued.
- Talking with families is not enough – it’s important for caregivers to reflect on their own cultural beliefs and practices, as well as be open to and accepting of different ways of caring and supporting infants, toddlers and families.

81



QQ. **Slide 81. Strategies for Supporting Cultural Influences.**

Review the bullet points noted on the slide with participants:

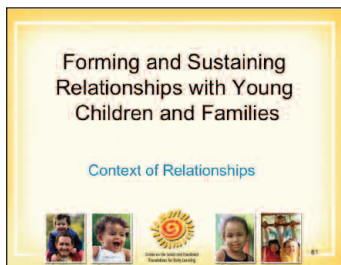
- Visit families’ homes and communities: caregivers can gain an understanding of the strengths children and families bring with them to the childcare program or setting.
- Support children’s home languages: the earliest experiences of young children shape their growth and development, including language and communication skills. All young children need support for the development of their home or primary language. Infants and toddlers may also feel more emotionally secure when they hear their home language in a childcare setting.

- Training in cultural competency: acquiring information can be a first step in increasing caregiver sensitivity. In order to develop the skills necessary to work with a diverse population, it is important that caregivers of all backgrounds receive meaningful training in cultural competency. Cultural competency requires a set of skills including (but not limited to) knowledge and understanding of diverse cultures, diverse parenting practices, family values and customs, and dual language acquisition processes.
- Share picture books where children in the stories come from around the world or diverse cultures. It is important that children “see” themselves represented in the media in the classrooms and programs (i.e., books, posters, videos, etc.).
- Ask families to share a special lullaby or song from their culture.

IV. Forming and Sustaining Relationships with Children and Families
(130 minutes)

IV. Forming and Sustaining Relationships with Children and Families (130 minutes)

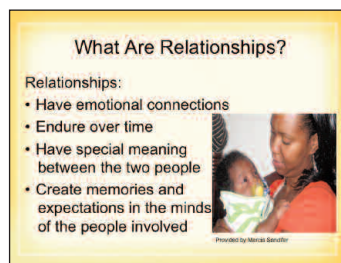
82



A. Slide 82. Forming and Sustaining Relationships with Children and Families: Context of Relationships.

Note that many of the strategies discussed so far have emphasized the critical role of relationships in the lives of infants and toddlers. Ask participants to think about, “What are relationships?”

83



B. Slide 83. What are Relationships? Ask participants what they think the difference is between interactions and relationships. Ask for a few volunteers to share their ideas.

Next, ask participants to think about a relationship they have and how it developed. Note that it began by interacting and that through interactions over a period of time, the relationship was formed. Emphasize that relationships are more than interactions. Review the bullets on the slide.


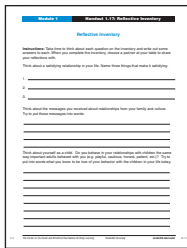
Relationships:

- Have emotional connections
- Endure over time
- Have special meaning between the two people
- Create memories and expectations in the minds of the people involved

84

Activity: Reflecting on Our Own Relationships
I/T Handout 1.17

- Think about a satisfying relationship in your life. Name three things...
- What messages did you receive from your family and/or culture?
- Do you behave the same way (or differently) as adults who cared for you?

(Handout 1.17)

After reviewing the bullets, make the following points:

- Repeated similar interactions lead to fairly predictable relationships because the infant or young child begins to know how the other person will respond to him or her. This pattern of responses creates the emotional connection that the infant has to the other person.
- Notice in this definition there is no mention of “positive,” “good,” “negative,” or “bad.” Some relationships may be viewed as more positive or more negative, however, in reality most relationships have both positive and negative elements.

B. **Slide 84 and Handout 1.17. Reflective Inventory:**

Reflecting on Our Own Relationships. Suggest to participants that when we start to think and talk about relationships with children, it is helpful to **reflect** on the role that relationships have played in our own lives. Ask participants to individually complete **Handout 1.17**.

Trainer’s Note: Depending on the relationships within the group, you may want to have participants share the information with each other if they feel comfortable. Alternatively, you may simply ask participants to speak generally about the experience of reflecting on their own relationships.

After participants have had time to complete the inventory questions within **Handout 1.17**, ask for comments from the group. Use chart paper to record the words and phrases participants offer (these may include words or phrases such as: it was uncomfortable; it was difficult; it was helpful; it brought up fond memories, etc. Let them know that this activity is included to restate the importance for all caregivers of very young children to develop the capacity to **reflect** on why they do what they do or why they say what they say to children. Encourage responses that focus on the discovery or awareness of the patterns in their own behavior with children.

Make the following points:

- Our prior relationships create feelings, expectations, and behaviors that we bring to each new relationship, including those with young children who are in our care.
- If we have a personal history, starting in childhood, of basically satisfying and supportive experiences, we are likely to go into new relationships with the expectation that these relationships will also be satisfying and supportive.
- If we have a personal history of emotionally difficult or traumatic experiences, we may find it harder to manage new experiences as adults, particularly stressful ones.
- During our childhood, we received all sorts of messages about ourselves. Sometimes these messages were verbal and sometimes they were non-verbal. If they were received before we could talk and use language, they were pre-verbal experiences. We are likely to send some of those messages on to the children we care for, whether we intend to or not. However, we are more able to recognize the impact of our personal experiences on the messages we send children in our care if we reflect on how the messages we received in childhood were interpreted by us.
- As adult caregivers of very young children, it is not easy to be calm and supportive of infants and toddlers when they are behaving in ways that we don't understand or that are causing problems for them or others - particularly if we have not experienced relationships in our own personal lives that helped us deal with stress.
- It is important that we have the opportunity to think about and discuss the impact of our past experiences on our current behavior and relationships with other adults and children as part of ongoing professional development experiences. Working to become more self aware helps us separate our current feelings and reactions from those generated in past experiences.

85



86



87



D. **Slides 85-87. Babies' Biological Readiness for Relationships.**

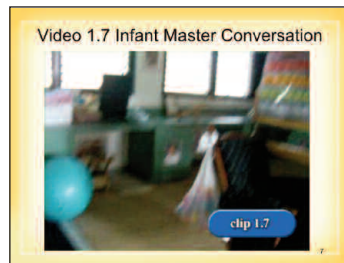
Note that babies are biologically programmed to develop attachments to others. Show the next three slides; for each one, ask the group to describe what they see the baby or toddler doing that tells us that the child is inviting or participating in a relationship. Point out that looking at still pictures is yet another way to further develop the **observation skills** that are so critical in understanding a baby's or child's cues and effectively responding to the child.

Ask participants to be as specific as possible about the behavioral cues that the adult, infant or toddler is demonstrating. Possible observations may include:

- **Slide 85**— child is smiling, adult is smiling, eye contact, child is sitting on adult's lap, adult has her arms around child (holding him in lap)
- **Slide 86** – face-to-face, eye contact, smiling, etc. Ask participants:
 - If the baby had a speech bubble above her head what would it say?
 - How about the dad - if he had a speech bubble over his head what would it say?
- **Slide 87** – two children interacting with each other, smile on one child's face, child reaching out to other child, face-to-face, adults are smiling and watching the children. (While one child's face can't be seen, participants can still identify behavioral cues, e.g., the child is leaning forward, his cheek is bulging indicating a smile, his body is relaxed) Ask participants:
 - What do you think the speech bubble above the baby in blue might say?
 - What would the speech bubble say above the baby who is facing us?
 - How about speech bubbles for the moms?

As we imagine the thoughts of these babies and parents, we are practicing the skill of observing. We are reading the behavioral cues we see and imagining what the experience is like for those involved. It is amazing how much we can understand simply through careful observation.

88



E. **Slide 88 and Video Clip 1.7. Infant Master**

Conversation. Tell participants that they are going to watch a video clip of an interaction between a caregiver and an infant. Explain that they won't be able to hear the caregiver's words but they will be able to observe the interaction. Assign some of the participants to observe the baby in the interaction and some to observe the caregiver. Ask participants to identify the specific behaviors of either the caregiver or the baby.

Possible responses include:

- a. Caregiver-
Rocking, eye contact, soothing, responsive to infant's emotional state and to infant's verbalizations, give and take in conversation, relaxed arms and body, changes in facial expressions, expressive with her eyes, mouth, etc; talks to baby, is quiet at times, listens to baby, leans in to hear the baby, demonstrates interest in what the baby has to say, seems to be an oasis of safety and calm in the midst of lot of sound and light
- b. Infant-
Body relaxed, intensely looks at caregiver, cries, opens eyes wide, yawns
- c. Ask participants how they think the baby and the caregiver felt in these interactions. Possible responses include:
Caregiver feels: confident, happy, secure, engaged, interested in the infant, curious
Infant feels: comforted, secure, protected, unsure, interested, curious

Note that some of the behaviors and potential feelings are the same; the caregiver uses her behaviors and her feelings to help the baby feel secure and safe. Ask participants what they think this baby will learn about the world, relationships, and herself if these kinds of interactions continue.

89

Activity: What Do Your Relationships Look Like?

Imagine someone is taking pictures of your interactions with children throughout the day...

- What kinds of interactions would be captured?
- What strengths would be identified?
- How many moments of these types of interactions make up the day for the infants and toddlers in your care?
- How might you increase joyful interactions like these in your care setting?



Share the following as part of the discussion:

- These kinds of interactions help infants and toddlers learn that the world is a safe place and that people protect and care for them.
- They learn relationships are caring and people in relationships are interested and responsive to their interest and needs.
- They also learn that they are interesting, effective at communicating, and worth receiving good care and attention.

F. **Slide 89. What Do Your Relationships Look Like?** Ask participants to form small groups. Direct their attention to **Slide 89**. Review the questions and offer prompting questions as noted below:

- What kind of interactions would be captured if someone took photos of you at work? Would the caregiving look nurturing? Would you be smiling and seem to be enjoying working with infants and toddlers? Would you look stressed, worried, or bored?
- Would the pictures be capturing moments like those we just saw?
- How many moments of these type of interaction make up the day for the infants and toddlers in our care?
- What percentage of the day is made up of these types of interactions in your setting?
- How do you increase joyful interactions like this in the child's home and in your care?

Ask participants to reflect on and discuss the questions in their small group.

In the large group have participants share some examples of what came up in their discussions. Write any strategies for increasing joyful interactions on chart paper. Wrap-up the discussion of what your relationships with children and families look like by challenging the group of participants to think about what memories and expectations (referring back to the definition of relationships) they are creating for children and families in their care. Ask participants: What will children and families believe about relationships because of their relationships with you?

90 Strategies to Build A Secure Relationship with a Very Young Child

- Attempt to understand the child's behaviors, communication and needs
- Acknowledge and respond to a child's needs as soon as possible
- Use natural opportunities to be physically close and comforting (holding, rocking, sitting next)

91 Strategies to Build A Secure Relationship with a Very Young Child

- Use a warm, calming voice
- Follow the child's lead
- Be responsive, show reciprocity in interactions (listen, watch, wait, respond)
- Use photos, songs, stories and objects that reflect the child and family's language and culture

92 Strategies to Build A Secure Relationship with a Very Young Child


- Use a child's name
- Use meaningful language
- Respond to the child's vocalizations
- Use routines such as diapering and feeding as one-on-one time to interact

93 Strategies to Build A Secure Relationship with a Very Young Child

- Acknowledge and mirror child's emotions
- Engage in joint attention
- Spend time on the floor with infants and toddlers
- Reflect on your own feelings, values and beliefs
- Observe


94 Activity: Enhancing My Relationships

List 3 things that you will do in the next three weeks to help "fill/refill" relationship tanks - things that will make a child feel really special, things that will help build a positive relationship with a child.



95 Forming and Sustaining Relationships with Young Children and Families

Attachment Relationship



96 Attachment Relationship

Attachment is a pattern of interaction that develops over time as the infant or toddler and caregiver engage.

G. **Slides 90-93. Strategies to Build a Secure Relationship with a Very Young Child.** Discuss and explore key strategies they identified in the video as well as those noted on the slides to help form relationships with infants and toddlers.

Make the point that as infant-toddler caregivers, they have an awesome responsibility and great pleasure, along with a child's family, to introduce children to the world of relationships and the process of loving and learning in these formative early years. State that you hope the time together in this training will excite and inspire them to take great satisfaction in their opportunity to make such an important contribution to the lives of children.

H. **Slide 94. Enhancing My Relationships.** Ask participants to use a blank piece of paper to write three goals and/or strategies they will try in the next three weeks as a way to enhance their relationship with an infant or toddler.
Trainer's Note: If participants feel stuck or unsure refer them to Slides 89-92.

I. **Slides 95-96. Forming and Sustaining Relationships with Young Children and Families: Attachment Relationship.** Describe to participants that you are now going to talk about a specific aspect of relationships.

Ask participants, "Why does a baby cry when his mother leaves the room? Why does a young child seek out a parent for a hug when they get hurt?" These and other questions relate to the key interactions that build a relationship between caring adults and young children—the attachment relationship. When we say a child is attached, we're saying she has developed a strong preference for the most important adult or adults in her life.

Show **Slide 96** and ask a participant to read the slide:

"Attachment is a pattern of interaction that develops over time as the infant or toddler and caregiver engage."

Explain that John Bowlby, one of the first writers and researchers to write about attachment, describes the term "attachment" as the emotional bond that develops between a baby and a caregiver.

Make the following points:

- When infants feel threatened, they turn to the caregiver for protection and comfort. The caregiver's consistent, accurate response to the infant's signal of need, such as crying, helps mold the attachment relationship into a predictable, back and forth pattern of interaction that develops over the first year of life.
- The infant is, in fact, biologically inclined to use the caregiver as a provider of comfort. We use the term "secure base" to describe the feeling of safety provided to an infant or toddler by a caregiver. For example, you have probably seen a toddler venture off to try something new, but keep looking back to make sure that you (his secure base) are still there and close by if he needs you.
- The history created between the infant and the caregiver, as the relationship develops, allows the infant to begin to predict the caregiver's response to efforts to seek comfort. There are many things we can do in childcare and in supporting families to facilitate the development of strong attachment relationships.
- When we consistently and lovingly meet the needs of infants and toddlers in our care, secure attachments are formed. Children who develop secure attachments to one or more adults are more likely to develop positive social and emotional skills. They know that they can rely on adults to meet their needs, to respond to them, and to comfort them. They feel important and begin to develop a sense of competence and confidence.
- When we are unpredictable, unresponsive, insensitive, or even threatening, insecure attachments may develop. Insecure attachments can make children feel badly about themselves and feel that they aren't important. They may feel a lack of control over their environment and may struggle to develop positive relationships with others.
- Secure and insecure attachments are reflective of the quality of the relationships between caregivers and children.
- Our job in Early Head Start (EHS) and child care is to form a close and attached relationship with a child as well as to promote the parent/child attachment.

97



J. Show Slide 97. Video 1.8 Supporting Attachment

Have participants watch the video clip showing an interaction that, if repeated over and over in different forms, becomes the pattern of the attachment relationship. Ask participants to observe and comment on what the child is doing and likely feeling and what the mother is doing and likely feeling.

Possible responses include:

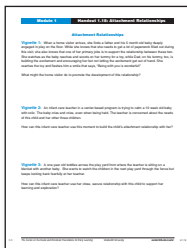
- What is the child doing? tries to take the wrapper off her snack
- What is the child likely feeling? Confident; proud of herself (says “yeah” at one point); persistent; determined
- What is the mother doing? Starts to take the wrapper off, then asks her child if she can do the rest; encourages her child (“almost” and “keep trying”); offers to help but allows child to figure it out herself; Supports child by talking through what she is doing; helps her be successful by holding the wrapper back so she can pull the snack out; celebrates her success
- What is the mother likely feeling? Proud of her daughter; anxious or excited to help, but pulling back to allow her daughter the chance to do it.

98



K. Slide 98 and Handout 1.18. Attachment Relationships.

Ask participants to pair up with another person and to think about and briefly discuss the vignettes on the handout. Tell them to think about the vignettes from their role as child care providers, family child care providers, home visitors, therapists, or educators, in supporting the infant-parent relationship.



(Handout 1.18)

Allow a brief time for discussion. Then, ask the group to share their comments about the vignettes from the perspective of their role. Make an effort to have participants from a variety of provider roles participate in the sharing. Use the following to facilitate the discussion about the intentions of the provider:

For Vignette 1:

- The home visitor can put away her papers, watch, and ask the dad how he knows how to play with his daughter so well.
- By allowing dad to talk about what he is doing and why, she can base her response on his thoughts and follow his lead about what he is doing.
- She can talk for the baby about all the positive moments in this interaction and tell dad what a pleasure it is to watch him (a great way to support dad's competence and confidence).
- The dad is responsive to his daughter, following her lead, matching her emotional tone, engaging in reciprocal interaction, and communicating an emotional tone of love, interest, and approval.

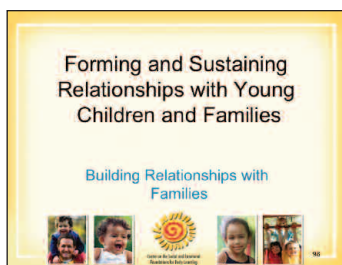
For Vignette 2:

- The teacher might think about what this baby is learning about relationships as a result of her care towards him. She may recognize the value of her attempts to comfort him and keep him safe, even if she cannot consistently ease the pain in his tummy.
- The teacher can use a sling to keep him against her body while she also provides care for other children.
- She can murmur to him that she understands that he hurts and that she wants him to feel better.
- She can monitor her own emotional reaction to having trouble comforting him and to the tension that a crying baby evokes.
- She can talk with his parents and find out what they do to soothe him.

For Vignette 3:

- Toddlers can be reassured of their safety across small distances when adults maintain eye contact, smile, show interest in what the toddler is doing, and use words and facial expressions to convey that the situation is safe.

99



- L. **Slide 99. Forming and Sustaining Relationships with Young Children and Families: Building Relationships with Families.** Share with participants that we cannot truly know and understand each young child in our care unless we know and understand each child's family. While effective family-caregiver

relationships take time to develop, strong relationships are key to promoting young children’s healthy social and emotional development.

100

Activity:
Building a New Relationship

- Find a partner you don't know
- Find a way to get to know your partner
- Write down how you started the conversation and highlight what you talked about



M. **Slide 100. Activity: Building a New Relationship.** Tell participants they are going to have an opportunity to start building a relationship with someone they don’t know (or don’t know well). Invite them to find a partner they don’t know and then follow the directions on the PowerPoint slide.

- Find a partner you don’t know.
- Find a way to get to your partner.
- Write down how you started the conversation and generally what you talked about.

Ask for volunteers to share how they got to know their partner, how they started the conversation, and what they talked about.

Make the following points:

- a. Often when people are getting to know each other they start by finding something they have in common.
- b. Usually when we try to get to know someone, we introduce ourselves and our role, if appropriate, and we ask questions to learn about the other person.
- c. There are many ways we can use this experience to think about how we build relationships with families. One thing we have in common with families is the child in our care. Both caregivers and the child’s family want what is best for the child.

101

Building Relationships With Families and Supporting the Parent-Child Relationship

- A child’s first and primary teacher is the family
- Supporting and enhancing the parent-child relationship is one of the most important roles caregivers have
- Caring for infants and toddlers is caring for the family

N. **Slide 101. Building Relationships with Families and Supporting the Parent- Child Relationship.** Ask participants, “How does building a healthy relationship with parents help you have a more secure relationship with their children?”

Parent-caregiver communication about the child is a means of linking the home and childcare environments and by seeking and sharing information, this should contribute to greater knowledge about the child and therefore influence sensitive caretaking practices. One study found that when mother and caregiver reported more frequent communication with one another about

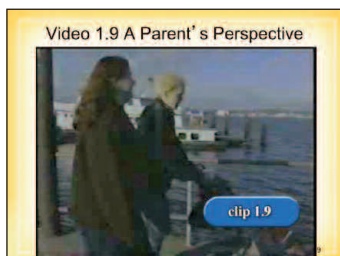
the child and the child's experiences, the caregiver's interactions with the child were observed to be more sensitive, supportive and stimulating (Ware & Barfoot, 2000).

Make the following points:

- a. Because most of us are trained to focus on children, we may not necessarily think about the importance of healthy parent-caregiver relationships.
- b. Often caregivers feel they have little control over what happens in the home environments of children they work with. However, building a relationship with the child's family can go a long way to enhancing the parent-child relationship.
- c. Babies can't survive on their own so they depend on the adults around them to care for them. When we provide care for infants and toddlers, we must think about how we provide care for the families who are the child's primary caregivers and first teachers.
- d. Sometimes building a trusting relationship with a parent or family member can be challenging. For example, many of us use drop off and pick-up times as our primary times to connect with families. However, those times are often harried and stressful with parents wanting to get to work or home. They are also times when children express strong feelings about beginning or ending a long day.
- e. Thinking about the process of building relationships and practicing getting to know people can make forming relationships with parents easier.

O. **Slide 102 and Video Clip 1.9 A Parent's Perspective.**

102



Ask participants to watch the video and **reflect** on the benefits to the parent, the child, and the program when a parent feels respected and valued. **Trainer's Note:** Consider enhancing your discussion and introduction to this video clip with participants by explaining that all parents want to feel and be respected in their role. Parents often want caregivers to recognize that every parent has strengths and abilities that benefit their child. Regardless of circumstance, parents can and do contribute in many ways to children's learning. This video clip demonstrates the unique needs of teen parents and families. The job of an adolescent is to find their own identity. Too often

this involves a lot of judgmental reacting and at times, teens think that if others do not agree with them or do what they want them to, they are acting disrespectfully toward them.

Debrief with the whole group. Ask participants to share their ideas about the benefits that might be the result of parents feeling respected.

Possible responses include:

- Trust can be built
- A parent may be more likely to share more information (e.g., the parent’s beliefs or caregiving practices) that may help you build a closer relationship with the child
- The parent may begin to feel more self-confident
- A parent may be more likely to share uncertainties, concerns, worries
- A parent may be more open to information on development, parenting, quality care

P. Slides 103-104. Strategies to Build Relationships with Families.

1. Before showing the slides, ask participants to share experiences where they successfully formed strong and close relationships with families. Possible questions to ask participants are:

- What impact did forming a close relationship with the family have on your relationship with the child?
- What impact did this have on the parent-child relationship?

2. Then, show the slides and review the strategies. Note that the participants who shared their experiences used many of the strategies listed below:

- Seek parents’ knowledge of their child’s strengths, needs and interests
- Ask parents questions about their child
- Ask parents to help brainstorm challenges
- Get to know the parent as a person
- Share something personal about yourself (e.g., from your childhood or from your own children -

103

Strategies to Build Relationships With Families

- Communicate daily with families and offer multiple ways to share information (build a ritual at drop off or pick up)
- Invite conversation, listen and follow up
- Have regularly scheduled times for face-to-face meetings
- Respect families’ views and child rearing beliefs
- Seek family evaluations of the program and of your care

104

Strategies to Build Relationship With Families

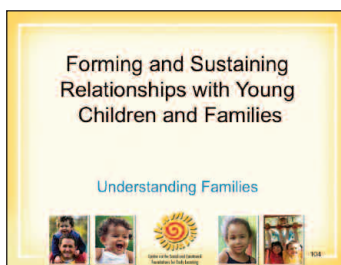
- Seek families’ knowledge of their child’s strengths, needs and interests
- Ask families questions about their child
- Ask families to help
- Get to know family members as individuals
- Share something personal
- Share observations about their child

“I remember my mom would tell me I never wanted to fall asleep just like Max,” or “My son, James, used to be afraid of the toilet flushing, too.”)

- Share observations about their child (“I noticed today that Sara is really trying to pull up. Have you noticed her doing this at home?”)
- Invite conversation, listen, and follow up
- Have regularly scheduled times for face to face meetings
- Respect parent views and child rearing styles
- Encourage parent suggestions and ideas
- Seek parent evaluations about the child care program and staff
- Communicate daily (offer multiple ways to communicate)
- Talk about and share information about the child’s daily activities and routines (e.g., eating, diapering/toileting, napping)
- Create rituals for drop off and pick up

Summarize with an emphasis on how critical forming trusting relationships with families is. Note that when families and caregivers form a trusting relationship, infants and toddlers feel more secure in their care, the care can be more attuned to the needs of the child, and the quality of the care in all settings can be higher and more consistent.

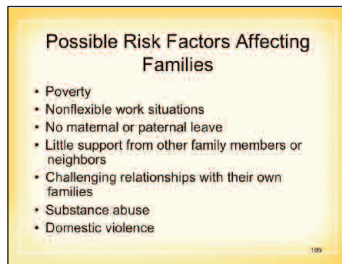
105



Q. **Slide 105. Forming and Sustaining Relationships with Young Children and Families: Understanding Families**

Share with participants that an understanding of how the following variables all affect young children and their families: socioeconomic conditions; family structures, relationships, stresses, and supports (including the impact of having a child with special needs); home language; cultural values; ethnicity; and community resources, cohesiveness, and organizations. Knowledge of these and other factors helps create a deeper understanding of young children’s lives. This knowledge is critical to caregiver’s ability to help children learn and develop well.

106



R. Slide 106. Possible Risk Factors Affecting Families.

State that children’s early social and emotional development depends on a variety of factors, including genetics, environment and the community. State that these influences affect development in a number of ways.

Activity: Write two column headings on chart paper: *Influence* and *Effect*. Next, ask participants to think about the influences on a young child’s development within the first 3 years and the effect these influences could have. A possible example to share would be “caring relationships” as the *influence* with the *effect(s)* as “the ability to trust” and/or “feeling of confidence.” After participants have had a moment to reflect, ask them to share their answers with the larger group. Write their responses on the chart paper.

Explain to participants that risk factors are obstacles to healthy development. Highlight any examples generated by participants in the above activity. Share that protective factors are those things that help offset risk and young children become resilient so they can bounce back from challenges that arise.

One influence on an infant’s or toddler’s social emotional development is the general level of stress a family experiences and the family’s capacity to adapt to that stress. When there is additional stress from environmental circumstances, such as poverty or community violence, or when there are genetic factors that make caring for an infant or toddler particularly challenging, such as prematurity, developmental disabilities, or special healthcare needs, families’ ability to form a relationship and provide their children with consistent, responsive care may be adversely impacted.

Display **Slide 105** and read each factor aloud. Point out that those on the list are just some of the risk factors known to have a negative impact on the social emotional development of young children.

107

Maternal Depression

- A combination of symptoms that interfere with the ability to work, sleep, eat, enjoy and *parent* - affect all aspects of work and family life;
- An illness that frequently starts early in life, that may have a biological component, and that produces substantial disability in functioning



(Handout 1.19)

108

Research on Depression in Early Head Start Families

- Nearly half of mothers (48%) were depressed at enrollment
- 18% of fathers were depressed when child was 2 years old; 16% when child was 3 years old

S. **Slide 107. Maternal Depression.**

Explain that maternal depression is:

- a combination of symptoms that interfere with the ability to work, sleep, eat, enjoy life and *parent*;
- an illness that frequently starts early in life, that may have a biological component and that can produce substantial disability in functioning
- a common but invisible a condition that responds to prevention and treatment

Use **Handout 1.19, Symptoms of Depression**, to help participants understand what depression looks like.

T. **Slide 108. Research on Depression in Early Head Start Families.**

Make the following points:

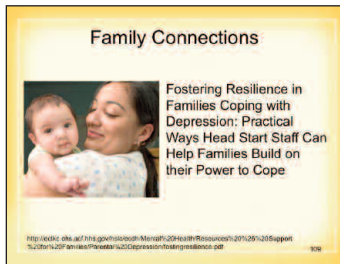
- There is one influence that we should pay very close attention to as we think about factors that strongly impact very young children’s social emotional development - maternal depression.
- Maternal depression is particularly important to discuss because the Early Head Start (EHS) research has found that 48% of mothers in EHS experienced symptoms of depression at the clinical level. A significant number of fathers (18%) also reported symptoms of depression at the clinical level.
(http://www.acf.hhs.gov/programs/opre/ehs/ehs_research/reports/dissemination/depression/depression_talkingpts.pdf)
- Many programs say that the recent economy and issues such as unemployment may contribute to increasingly higher rates compared to those in the study, especially for men.
- Depression is among the top leading causes for disability worldwide.
(http://www.who.int/mental_health/management/depression/definition/en/)
- Not only is maternal depression common, it can be very damaging to a child’s development.

may have difficulty managing chronic health conditions such as asthma or disabilities in their young children.” (Knitzer, Theberge, & Johnson, 2008)

Make the following points:

- The goal of understanding information about depression is not to help you become clinicians, but to raise your awareness about the signs, symptoms, prevalence, and impact of depression on young children’s social emotional development.
- It is also important to note that parental depression may likely impact a caregiver’s ability to form a close relationship with the parent.
- Knowing some basic facts about depression and its symptoms is useful in thinking about how to best support families and their young children.

110

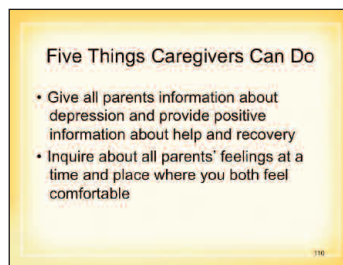


V. **Slide 110. Family Connections: Fostering Resilience in Families Coping with Depression.**

Briefly explain:

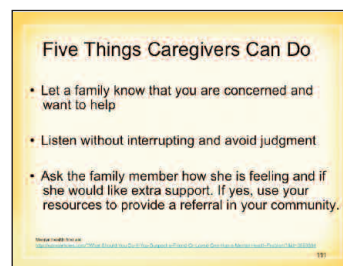
- This is a terrific resource for child care and Head Start programs to use to help staff and parents better understand depression and effectively talk about it.
- Family Connections is a project funded by the Office of Head Start as an Innovation and Improvement Project to strengthen the capacity of Early Head Start and Head Start staff in dealing with parental depression and related adversities.

111



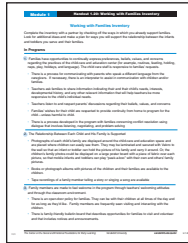
W. **Slides 111-112. Five Things Caregivers Can Do.** Ask participants if they know what to do if they believe a parent might be depressed. To facilitate the discussion, ask them to think about what they would say if they believed someone was physically ill. Would they ask the person if she was okay? Would they suggest the individual see a doctor?

112



Note that when it comes to mental health, many people are unsure of how to respond or what to say. People may be afraid to say the wrong thing. Review and discuss the strategies for what caregivers can do if they believe a parent may be suffering from depression.

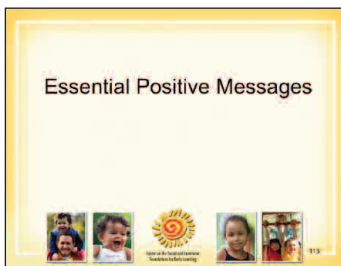
113



(Handout 1.20)

V. Essential Positive Messages (30 minutes)

114



X. Slide 113 and Handout 1.20. Working With Families Inventory.

Use **Handout 1.20**, Working with Families Inventory (Wittmer & Petersen, 2006). The purpose of this activity is to give participants an opportunity to think more about how they work with the families of the infants and toddlers they serve.

Distribute the handout and ask participants to complete it with a partner by checking the bulleted items they feel they currently do in their program. Instruct participants to put an x on the bullets they feel they would like to work on in their program.

Ask participants to discuss, with their partner, their strengths, as well as ways in which they can improve their practices with families of the children in their programs. Encourage them to take into consideration cultural issues and challenges as they reflect on their practices, and write down their ideas on the handout.

Debrief with the whole group. Invite participants to share their ideas/action items.

V. Essential Positive Messages (30 minutes)

A. Slide 114. Essential Positive Messages.


Make the following points:

- During this training, we have been discussing how social emotional wellness develops within the context of relationships.
- We've talked about how we use ourselves to help infants and toddlers develop close, secure relationships, and how to manage significant developmental shifts.
- We've talked about how important our support is to families.
- Now we're going to take a very personal look at what we want for young children, and at the messages we want to be sure we are sending to them.

115

Activity: Essential Positive Messages for Each Child and Family

- Please take a moment to generate a list of essential messages for young children and families. The messages should be about...
 - How valuable they are to us
 - How committed we are to them
- Think about, what are concrete behaviors that will convey the message(s)?



B. Slide 115. Activity: Essential Positive Messages for Each Child

Have participants form small groups. Give each group chart paper and markers. Give the following directions:

- Draw a picture or representation using symbols or words of essential messages that you want to send to children.
- The messages should communicate how valuable children are to you and how committed you are to them.
- Develop “I statements” (e.g., “I will...” or “We will...”) that describe concrete actions you can take to support the messages you would like infants and toddlers to receive.

When groups have completed their drawings/representations of messages and related “I statements,” have each group present their work to the whole group. Write ideas that groups suggest on chart paper.

Use the ideas below as examples and/or to supplement the discussion:

1. Message:

We want you to learn that your needs will be met so you can feel free to relax, explore, and learn from the environment.

Action Statement:

We will respond to your discomfort as quickly as possible so that you will be free to relax and enjoy learning about your world. When you cry, we will respond to you quickly and we will speak to you in a soothing voice to let you know we are coming. We will encourage you to explore (e.g., by allowing you to try to crawl, by providing you with safe toys to manipulate, by keeping the environment safe for you to explore). However, we will stay close to assure you we are nearby if you need us.

2. Message:

I want you to know that you can communicate your needs effectively.

Action Statement:

I will observe you carefully to try to accurately read and learn your individual cues. I will try to meet your needs. I will respond to your attempts to use sounds and words by mirroring your sounds and words. I will understand that your behavior has meaning and is communicating a need, desire, wish, or feeling. I will talk to you often so that you experience a great deal of language and begin to understand the meaning of words and how they are used.

3. Message:

I want you to learn to gradually and eventually build your own skills to soothe, comfort, and regulate yourself.

Action Statement:

I will learn and try many ways to try to soothe you when you are upset. I will respond when you cry or express need. I will acknowledge your feelings. I will refrain from ignoring or dismissing your feelings. I will mirror your emotions. I will stay calm to help you feel calm. I will change the lighting and sound level, or take a walk with you to reduce stimulation if you feel overstimulated. I will find novel and interesting things for you to explore if you are seeking stimulation.

4. Message:

We want you to know that relationships are positive and people can be counted on and trusted to keep you safe.

Action Statement:

We will keep you safe. We will respond to your needs. We will have fun with you and show you affection. We will smile often. We will be present for you physically and emotionally. We will work hard to form an attachment with you so you feel close and connected to us. We will tell you when transitions are about to take place (e.g., if someone new is coming in or if we are going to pick you up to change your diaper). We will maintain a consistent but flexible routine to meet your individual, changing needs.

5. Message:

We want you to gradually learn to understand your own feelings and express them appropriately.

Action Statement:

We will identify our own feelings and work to match our facial expressions to our words and tone of voice. We will talk about emotions and use a variety of feeling words. We will identify your facial expressions and those of the peers around you. We will ask about feelings. We will accept all feelings yet encourage and guide you to practice ways to express your feelings appropriately.

6. Message:

We want you to treat others with kindness and respect.

Action Statement:

We will treat you with kindness and respect. We will be warm and affectionate towards you. We will hold you, pat your back, and hug you. We will look at you when we are talking to you and we will speak to you at eye level. We will be gentle with you and remind you to do the same. We will be patient and remember that you are learning how to behave. We will acknowledge and praise your behavior when you are kind to others. We will show appreciation when you are kind to us. We will speak positively to you and tell you what to do instead of what not to do.

7. Message:

We want you to appreciate your uniqueness and be proud of who you are and where you come from.

Action Statement:

We will honor and respect your family and community culture. We will ask your family questions about their beliefs, rituals, traditions, and caregiving practices. We will attempt to reflect your family's beliefs and customs in our caregiving practices. We will respect your temperament, preferences, needs, ideas, and desires.

8. Message:

I want you to feel competent. I want you to feel good about your abilities and challenge yourself to do more.

Action Statements:

I will respond to your communication and needs. I will encourage your efforts. I will praise your effort instead of your being (e.g., I will say, “you are trying so hard to crawl. Wow, that is awesome” instead of saying “you are so smart, you are a good boy”). I will recognize your strengths and encourage your interests. I will introduce you to new things and encourage you to try new things.

9. Message:

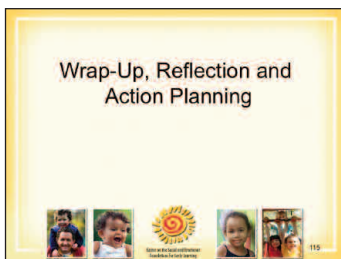
I will accept who you are and refrain from trying to change your temperament or preferences.

Action Statements:

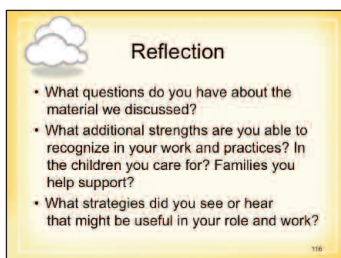
I will try to tell you what you can do instead of only what you cannot (e.g., “we can go outside after lunch” instead of “no you can’t go out now”). I will try to minimize my use of “no, don’t, stop.” I will refrain from discouraging you and try to find appropriate ways that you can explore or follow your interests (e.g., “if you want to throw a block I’ll try to give you a soft ball to throw”).

VI. Wrap-up, Reflection and Action Planning (45 minutes)

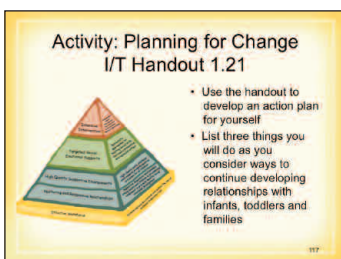
116



117



118



VI. Wrap-up, Reflection and Action Planning (45 minutes)

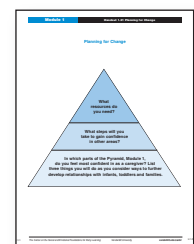
A. Slides 116-117. Reflection

Show Slide 117. 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 118 and Handout 1.21. Planning for Change.

Use Handout 1.21. Review the bullet points on the slide with participants and offer time for completion.



(Handout 1.21)

119

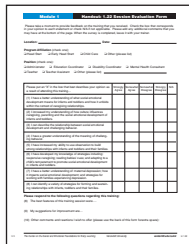
Major Messages to Take Home

- It is within families that children learn to experience and communicate emotion.
- Early social emotional wellness develops within the context of relationships.
- Caregivers are critically important to social emotional development of infants and toddlers.

120

Major Messages to Take Home

- Caregivers who reflect on their own well being, skills, and perspectives will be better equipped to contribute to the positive social emotional development of infants and toddlers and to supporting families rearing infants and toddlers.
- Caregivers who use a variety of strategies, including observation, will be better able to form close relationships with infants, toddlers and their families.



(Handout 1.22)

C. **Slides 119-120. Major Messages to Take Home.**

Review the messages on the PowerPoint slides, and make the following points:

- It is within families that children learn to experience and communicate emotion.
- Early social emotional wellness develops within the context of relationships.
- Caregivers are critically important to social emotional development of infants and toddlers.
- Caregivers who reflect on their own well being, skills, and perspectives will be better equipped to contribute to the positive social emotional development of infants and toddlers and to supporting families rearing infants and toddlers.
- Caregivers who use a variety of strategies, including observation, will be better able to form close relationships with infants, toddlers and their families.

1. Ask for any final comments or questions.
2. Thank participants for coming and for their attention and participation.
3. Ask participants to complete the evaluation (**Handout 1.22**).

Resources

Administration for Children and Families, U.S. Department of Health and Human Services. (2003). Early Head Start Research and Evaluation Project. Retrieved http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/dissemination/depression/depression_talkingpts.pdf

Batki A, Baron-Cohen S, Wheelwright S, Connellan J and Ahluwalia J. 2000. Is there an innate gaze module? Evidence from human neonates. *Infant Behavior and Development* 23(2): 223-229.

Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books. (Originally published in 1969).

Butterfield, P., Martin, C., & Prairie, P. (2003). *Emotional connections: How relationships guide early learning*. Washington, DC: ZERO TO THREE Press.

California Department of Education, Child Development Division and Far West Laboratory, Center for Child and Family Studies. (1990). *The program for infant/toddler caregivers*. Sacramento, CA.

Cohen, J., Onunaku, N., Clothier, S., & Poppe, J. (2005). *Helping Young Children Succeed: Strategies to Promote Early Childhood Social Emotional Development*. Accessed November 1, 2010. http://main.zerotothree.org/site/DocServer/helping_young_children_succeed_final.pdf?docID=1725

Day, M., & Parlakian, R. (2004). *How culture shapes social-emotional development: Implications for practice in infant-family programs*. Washington, DC: ZERO TO THREE Press.

Early Head Start National Resource Center. 2006. Lesson 1: Watch. Part of digging deeper: Looking beyond behavior to discover meaning. Early Childhood Learning and Knowledge Center (ECLKC) Website, www.acf.hhs.gov/programs/ohs/eclkc/index.html.

Ferroni T, Menon E, Rigato S and Johnson MH. 2007. The perception of facial expressions in newborns. *European Journal of Developmental Psychology* 4(1): 2-13.

Gabbard, C. 1998. Windows of opportunity for early brain and motor development. *Journal of Physical Education, Recreation, and Dance* 69: 54–55, 61

Greenspan, S. (with Breslau Lewis, N.) (1999). Building healthy minds: The six experiences that create intelligence and emotional growth in babies and young children. Cambridge: Perseus Books.

Honig, A.S. 2002. *Secure relationships: Nurturing infant/toddler attachment in early care settings*. Washington, DC: NAEYC.

Knitzer, J., Theberge, S., & Johnson, K. (2008). *Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework Project Thrive*, (Issue Brief No. 2). Retrieved November 1, 2010, from http://www.nccp.org/publications/pdf/text_791.pdf.

Lally, R., Griffin, A. et al. (1995). Caring for infants and toddlers in groups: Developmentally appropriate practice. Washington, DC: ZERO TO THREE/The National Center, pp. 78-79.

Lerner, C., & Dombro, A.L. (2005). *Bringing up infant: Three steps to making good decisions in your child's first three years*. Washington, D. C.: ZERO TO THREE Press.

National Research Council and Institute of Medicine (2000). From neurons to neighborhoods: The science of early childhood development. Shonkoff, J. P. & Phillips, D. A., (Eds.), Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education, Washington, DC: National Academy Press.

Owen, M. T., Ware, A. M., & Barfoot, B. (2000). Caregiver-mother partnership behavior and the quality of caregiver-child and mother-child interactions. *Early Childhood Research Quarterly*, 15(3), 413-428.

Parlakian, R. 2001. *The power of questions: Building quality relationships with families*. Washington DC: Zero to Three Press.

Parlakian, R., & Seibel, N. L. (2002). Building strong foundations: Practical guidance for promoting the social-emotional development of infants and toddlers. Washington, DC: ZERO TO THREE Press.

Powers, S. (Ed.). (2007). Reflective Supervision: What Is It and Why Do It?. Zero to Three, 28 (2).

Thomas, A., Chess, S., Birch, H. G., Hertzig, M.E., & Korn, S. (1963). Behavioral individuality in early childhood. New York: New York University Press.

Wittmer, D.S. & Petersen, S.H. (2006). Infant and toddler development and responsive program planning: A relationship-based approach. Upper Saddle River, NJ: Merrill Prentice-Hall

Winnicott, Donald. (1964) Further thoughts on babies as persons. In his *The child, the family, and the outside world* (p. 88). Harmondsworth, England: Penguin Books. (Original work published 1947)

World Health Organization Retrieved

http://www.who.int/mental_health/management/depression/definition/en/

ZERO TO THREE (2001). Infant Mental Health Task Force. Definition of infant mental health. Retrieved February 20, 2007 from <http://www.zerotothree.org/imh>.

All videos courtesy of ZERO TO THREE (www.zerotothree.org).