Social Emotional Development
Within the Context of Relationships

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Office of Child Care
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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.
## 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

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<td>Understanding Behavior – Making Sense of What you See and Hear</td>
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<td>VI.</td>
<td>Wrap-up, Reflection and Action Planning</td>
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**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.
Module 1  Social Emotional Development within the Context of Relationships

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
Module 1  Social Emotional Development within the Context of Relationships

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?)
  (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)

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
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.

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.
Module 1  Social Emotional Development within the Context of Relationships

- 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,
reflected 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.

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.

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.

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.

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.
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.
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)

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.
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
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.
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

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.
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.
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.
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.
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.

- a. 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:
- b. 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.
- c. 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.
- d. Were her efforts successful? - baby rests head on caregiver’s shoulder, baby stops fussing and crying, etc.
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.

### 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
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.
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.

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.
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.

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?"

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.

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.

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.
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.

**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
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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.

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:

a. 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 experiencing, 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.

b. 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.

Debrief as a large group and share answers with participants.

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).
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.

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.

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.

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, Hertzig, & 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.
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.

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.
• 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!
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.
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.

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.
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.”

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.

**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.


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).
Modules 1 and 2 offer many strategies to help prevent challenging behavior from occurring and/or becoming worse. As the professionals who worked with Andrew and his family thought about and tried to understand the meaning of Andrew’s behavior, they engaged in a process of reflection. The strategy of reflecting on behaviors and our own attitudes about behavior is described and taught throughout Modules 1-3.

**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.

**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.

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:

- 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.

**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.).

**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.
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?
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 of 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?
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.”

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.
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
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?”
• 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.

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)

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?”

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
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 includes 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.
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.
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.
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?
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.
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.

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.

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.

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.

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.

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.**

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 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 -
“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.

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.
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.
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/depressionTalkingpts.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.
U. Slide 109. Maternal Depression Can Impact...

Review the points on the slide:

- Birth outcomes - “The negative effects of maternal depression on children’s health and development can start during pregnancy. While the biological mechanisms are not clearly understood, research on untreated prenatal depression finds links to poor birth outcomes, including low birth weight, prematurity, and obstetric complications.”
- A parent’s ability to bond and attach to her child.
- A young child’s language, cognitive, and behavioral development - “Maternal depression has been linked with children’s reduced language ability. Three-year-old children whose mothers were depressed in their infancy perform more poorly on cognitive and behavioral tasks. Mothers who are depressed lack the energy to carry out consistent routines, to read to their children, or simply, most importantly, to have fun with them, singing, playing, and cuddling them. Children of mothers with major depression are known to be at risk for behavior problems, and are also at high risk for depression or other mood disorders in later childhood and adolescence. Recent neuroscience is clear that the primary ingredient for healthy early brain development is the quality of the earliest relationships from a baby’s primary caregiver (which can be either parent, of course, but most often is the mother, especially for low-income children).”
- A parent’s ability to follow appropriate health and safety guidelines - “The impact of depression in mothers has also been linked with health and safety concerns. Depressed mothers are less likely to breastfeed, and when they do breastfeed, they do so for shorter periods of time than non-depressed mothers. Mothers who are depressed are less likely to follow the back-to-sleep guidelines for prevention of SIDS or to engage in age appropriate safety practices, such as car seats and socket covers. Depression also affects the health services use and preventive practices for their children. For example, depressed parents are also less likely to follow preventive health advice and
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.

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.

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?

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.
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.
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)

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?

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

(Handout 1.21)
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


World Health Organization Retrieved
http://www.who.int/mental_health/management/depression/definition/en/


All videos courtesy of ZERO TO THREE (www.zerotothree.org).
Getting to Know Each Other
Warm-Up Activity in Small Groups
- 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?

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.

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.

Agenda
- Setting the Stage
- Understanding Social Emotional Development (What is it and how does it happen?)
- Understanding Behavior – Making Sense of What You See and Hear
- Forming and Sustaining Relationships with Young Children and Families
- Essential Positive Messages
- Wrap-up, Reflection and Action Planning

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

The Words We Will Use

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

Understanding the Pyramid Model

The Pyramid Model: Promoting Social Emotional Competence in Infants and Young Children

Key Points about the CSEFEL Pyramid Model

- Most social/emotional development and behavior is promoted through positive preventive measures.
- Most children’s behavior and development does not require intensive intervention.

The Pyramid Model: Promoting Social Emotional Competence in Infants and Young Children
Module 1

Understanding Social Emotional Development
(What is it and how does it happen?)

Why Focus on Social Emotional Development?

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.

Activity: ABC’s of Social Emotional Development

- 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

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
How Can We Get There?
Capacity to:
- Form relationships
- Express emotions
- Self-regulate
- Explore with security
- Develop "emergent" emotional literacy

What Helps Us Get There
- One-on-one time
- Play
- Quick and predictable responses
- Cuddling and gentle touch
- Routines that establish patterns of caring response
- Talking
- Reading and singing

Caregivers Supporting Social Emotional Development

What Strategies Do the Caregivers Use To...
- Promote a secure relationship?
- Let the child experience, regulate, and express emotions?
- Assist the child to explore the environment and learn?
- Promote the context of culture, family and community?

Video 1.2 Supporting Self-Regulation

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?
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.

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.

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.

Understanding Behavior – Making Sense of What You See and Hear

Careful Observation

What Things Do You Notice?

- Try to fill in the numbers, letters and symbols found on a telephone keypad.

Sometimes We Miss the Details

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

Description What You See In This Picture

Time for Reflection
- 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?

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.

Understanding Behavior – Making Sense of What You See and Hear
Ways Children Communicate

Cues of Young Children
Engagement cues – “I want more.”
Disengagement cues – “I need a break.”
What Cues Do Children Give You?

• To show they are engaged?
  – Infants
  – Toddlers

• To show they are disengaged?
  – Infants
  – Toddlers

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
• Giggle
• Squealing

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

How Would You Respond to These Young Children?

Understanding Behavior – Making Sense of What You See and Hear

Knowing Social Emotional Development Milestones

How does knowing social emotional milestones help you build supportive relationships and promote social emotional development of infants and toddlers?
Handout 1.1 Powerpoint Handouts

**The Developmental Continuum from Birth to 15 months: Social and Emotional Indicators**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Attachment Phase Stability</th>
<th>Self Awareness</th>
<th>Exploration Autonomy/ Independence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (Birth to 15 months)</td>
<td>Needs to recognize human emotions and states from own emotions</td>
<td>Grows from expressively communicating needs and wants to expressively communicating needs and wants in the presence of another</td>
<td>Meals to understand why they are hungry</td>
</tr>
</tbody>
</table>

**The Developmental Continuum from 12 months to 2 ½ years: Social and Emotional Indicators**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Attachment Phase Stability</th>
<th>Self Awareness</th>
<th>Exploration Autonomy/ Independence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddler (12 mos. to 2 ½ years)</td>
<td>Relates to others by exploring things with them</td>
<td>Meets the other's need</td>
<td>Meets the other's need</td>
</tr>
</tbody>
</table>

**The Developmental Continuum from Age 2 ½ - 3 ½: Social and Emotional Indicators**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Attachment Phase Stability</th>
<th>Self Awareness</th>
<th>Exploration Autonomy/ Independence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool (2½ to 3½ years)</td>
<td>- Scared of dark or loud</td>
<td>- Tests how well they can manage unexpected situations</td>
<td>- Plays with a toy that is not the same as the other child</td>
</tr>
</tbody>
</table>

**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 what they want and needs verbally)
- Development creates the need for relationship shifts and modifications in caregiving

**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

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

Temperament
Temperament

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

Temperament Traits

- Activity level – always active or generally still.
- Biological rhythms – predictability of hunger, sleep, elimination.
- 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.
- Distractibility – how easily a child’s attention is pulled from an activity.
- Persistence – how long child continues with an activity (she finds difficult).

Adapted with permission from Witter and Peterson, 2006

Temperament Types

<table>
<thead>
<tr>
<th>Flexible</th>
<th>Fearful</th>
<th>Feisty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular rhythms</td>
<td>Adapts slowly</td>
<td>Active</td>
</tr>
<tr>
<td>Positive mood</td>
<td>Withdraws</td>
<td>Intense</td>
</tr>
<tr>
<td>Adaptability</td>
<td></td>
<td>Distractible</td>
</tr>
<tr>
<td>Low intensity</td>
<td></td>
<td>Sensitive</td>
</tr>
<tr>
<td>Low sensitivity</td>
<td></td>
<td>Irregular</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moody</td>
</tr>
</tbody>
</table>

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.?

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)
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

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

Understanding Behavior – Making Sense of What You See and Hear

Social Emotional Development and Behavior

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...

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...
Video 1.3 What Is The Biting Trying to Tell Us?

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

Understanding Behavior – Making Sense of What You See and Hear
Social Emotional Development and Values, Beliefs and Assumptions

Activity: Examining Our Emotional Reactions to Behaviors
I/T Handout 1.15
- What behaviors push your buttons?
- How do these behaviors make you feel?
- How does this impact your relationship with a child and his/her family?

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

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 better care is not for him."
Module 1
Handout 1.1 Powerpoint Handouts

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 better care is not for him."

-Calmlying 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."

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”

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

Videos 1.5 Caregivers Noticing and Challenging Their Thoughts (Part 2)
clip 1.5
Module 1

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

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

Understanding Behavior – Making Sense of What You See and Hear

Cultural Influences

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

Mean Age Expectation in Months for Milestone Attainment

<table>
<thead>
<tr>
<th>Milestone Attainment</th>
<th>Caucasian</th>
<th>Puerto Rican</th>
<th>Filipino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat Solids/First Meal</td>
<td>8.5</td>
<td>11.5</td>
<td>6.7</td>
</tr>
<tr>
<td>Walk with Assistance</td>
<td>12.0</td>
<td>17.1</td>
<td>21.0</td>
</tr>
<tr>
<td>Walk Independently</td>
<td>17.5</td>
<td>18.9</td>
<td>24.0</td>
</tr>
<tr>
<td>Sleep by Self</td>
<td>6.8</td>
<td>8.6</td>
<td>6.8</td>
</tr>
<tr>
<td>Sleep at Night</td>
<td>13.5</td>
<td>14.8</td>
<td>16.8</td>
</tr>
<tr>
<td>Change Clothes</td>
<td>11.4</td>
<td>14.5</td>
<td>33.4</td>
</tr>
<tr>
<td>Dress Self</td>
<td>11.3</td>
<td>14.4</td>
<td>33.1</td>
</tr>
<tr>
<td>Play Alone</td>
<td>11.0</td>
<td>14.2</td>
<td>26.2</td>
</tr>
<tr>
<td>Tickle Trained-Day</td>
<td>31.0</td>
<td>35.0</td>
<td>20.4</td>
</tr>
<tr>
<td>Tickle Trained-Night</td>
<td>33.2</td>
<td>31.8</td>
<td>34.2</td>
</tr>
</tbody>
</table>

*Cartoon & Ilanoud (2005)*

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?
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?

Strategies for Supporting Cultural Influences

- Visit families’ homes and communities
- Support children’s home languages
- Training in cultural competency
- Share picture books where children in the stories come from around the world or diverse cultures
- Ask families to share a special lullaby or song from their culture

What Are Relationships?

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

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?
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?

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 near)
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

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.

Forming and Sustaining Relationships with Young Children and Families

Attachment Relationship

Attachment is a pattern of interaction that develops over time as the infant or toddler and caregiver engage.
Video 1.8: Supporting Attachment

Activity: Attachment Relationships I/T Handout 1.18

Forming and Sustaining Relationships with Young Children and Families
Building Relationships with Families

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

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

Video 1.9 A Parent’s Perspective
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

Possible Risk Factors Affecting Families

- Poverty
- Nonflexible work situations
- No maternal or paternal leave
- Little support from other family members or neighbors
- Challenging relationships with their own families
- Substance abuse
- Domestic violence

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
Maternal Depression Can Impact...

- Birth outcomes
- A parent’s ability to bond and attach to her child
- A young child’s language, cognitive, and behavioral development
- A parent’s ability to follow appropriate health and safety guidelines

Family Connections

Fostering Resilience in Families Coping with Depression: Practical Ways Head Start Staff Can Help Families Build on their Power to Cope

Five Things Caregivers Can Do

- Give all parents information about depression and provide positive information about help and recovery
- Inquire about all parents’ feelings at a time and place where you both feel comfortable

Five Things Caregivers Can Do

- Let a family know that you are concerned and want to help
- Listen without interrupting and avoid judgment
- Ask the family member how she is feeling and if she would like extra support. If yes, use your resources to provide a referral in your community

Activity: Working With Families Inventory

I/T Handout 1.20

Essential Positive Messages
Module 1

Handout 1.1 Powerpoint Handouts

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)?

Wrap-Up, Reflection and Action Planning

Reflection
- What questions do you have about the material we discussed?
- What additional strengths are you able to recognize in your work and practices? In the children you care for? Families you help support?
- What strategies did you see or hear that might be useful in your role and work?

Activity: Planning for Change I/T Handout 1.21
- Use the handout to develop an action plan for yourself
- List three things you will do as you consider ways to continue developing relationships with infants, toddlers and families

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.

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.
Module One: Social Emotional Development within the Context of Relationships

I. Setting the Stage
   Learner Objectives
   Agenda
   Training Environment
   Shared Agreements
   Words We Use
   Understanding the Pyramid

II. Understanding Social Emotional Development
   Why Focus on Social Emotional Development?
   CSEFEL Definition of Social Emotional Development
   ABC’s of Social Emotional Development
   Keys to School Readiness
   Strategies Caregivers Can Use to Support Social Emotional Development
   Self Regulation
   The Developing Brain and Strategies to Build Brain Connections
   Observation and Reflection as a Strategies
   Learning from Families

III. Understanding Behavior: Making Sense of What You See and Hear
   Reading Cues
   How do you Respond?
   Knowing Social Emotional Milestones
   Developmental Challenges and Opportunities
   Temperament
   The Relationship between Social Emotional Development and Behavior
   The Basics of Behavior
   Social Emotional Development and Values, Beliefs and Assumptions
   Examining Our Emotional Reactions
   Strategies for Responding to Feelings
   Cultural Influences

III. Forming and Sustaining Relationships with Young Children and Families
   What are Relationships?
   Strategies to Build Relationships with Young Children
   Attachment Relationships
   Strategies to Build Relationships with Families

IV. Nurturing and Supporting the Social and Emotional Development of Infants Toddlers and Their Families
   Understanding Families
   Risk Factors Affecting Families
   Maternal Depression
   Strategies to Respond to Maternal Depression
   Working with Families

V. Essential Positive Messages

VI. Major Take Home Messages
Module 2: Responsive Routines, Environments and Targeted Strategies to Support Social Emotional Development in Infants and Toddlers

I. Setting the Stage
   Learner Objectives
   Agenda
   Training Environment
   Shared Agreements
   Words We Use
   Ways Caregivers Promote Healthy Social Emotional Development (Pyramid Perspective)
   CSEFEL Definition of Social Emotional Development

II. Social Emotional Climate in Infant Toddler Care Settings
   Child Care in America Today
   What Social Emotional Climate Means to You
   Supporting the Social Emotional Needs of Infants and Toddlers

III. High Quality Supportive Environments
   Ways Schedules and Routines Support Social Emotional Development
   Strategies to Support Routines for Infants and Toddlers
   Individual Child Considerations for Caregiving Routines
   A Well-Designed Infant Toddler Environment
   Looking At Responsive Environments

IV. Targeted Strategies to Build Social Emotional Skills
   What is Emotional Literacy?
   Strategies to Develop Emotional Literacy in Infants and Toddlers
   Development of Play Skills for Infants and Toddlers
   Setting up the Environment to Support Play Skills
   Promoting the Development of Friendship Skills

V. Wrap-up, Reflection and Action Planning

Module 3: Individualized Intervention with Infants and Toddlers: Determining the Meaning of Behavior and Developing Appropriate Responses

I. Setting the Stage
   Learner Objectives
   Agenda
   Training Environment
   Shared Agreements
   Words We Use
   Social Emotional Wellness for Infants and Toddlers

II. What is Challenging Behavior?
   CSEFEL Definition of Challenging Behavior
   Reasons for Challenging Behavior
   Considering Child and Family Circumstances
III. A Relationship Based Approach to Challenging Behavior
   - Behavior as a Form of Communication
   - Expression of Emotion in Infants and Toddlers
   - A Continuum of Emotional Expression
   - Acting Out and Social Withdrawing Behaviors
   - Responding to Infant and Toddler Distress
   - Understanding the Young Child’s Perspective
   - Determining the Meaning of Behavior
   - Questions to Ask About the Meaning of Behavior

IV. Developing an Individual Support Plan
   - Sample Program Protocol for Addressing Challenging Behavior
   - Potential Team Members
   - What Goes Into a Support Plan?
   - Case Study

V. Wrap-up, Reflection and Action Planning
Pyramid Model
for Promoting Social Emotional Competence in Infants and Young Children
The Center on the Social and Emotional Foundations for Early Learning

Addressing Challenging Behavior in Infants and Toddlers

AMY HUNTER
ZERO TO THREE
MARY LOUISE HEMMETER
Vanderbilt University

Jamal, age 17 months, began attending the Bright Baby Child Care Center 8 weeks ago. In these initial weeks at the center, Jamal has spent much of his time crying. He frequently hits and bites other children and the caregivers. He has had difficulty falling asleep; often he does not nap at all. Jamal’s primary caregiver, Ms. Gatson, doesn’t know what to do. Nothing she has tried seems to help. Ms. Gatson is particularly worried about him biting other children. She is also worried about her ability to provide sufficient attention to the other children while trying to help Jamal. Ms. Gatson has considered talking to her supervisor about telling Jamal’s mother that the Bright Baby Child Center might not be a good fit for Jamal. Ms. Gatson knows she needs to talk to her supervisor, but she is worried her supervisor will think she is a bad teacher.

Prior to coming to the center Jamal was cared for by his grandmother while his mother worked full time. Jamal had little prior contact with groups of young children, but he had never bitten or hit other children. Since attending the center Jamal has been having difficulty eating and sleeping at home. His mother, Malena, asked her pediatrician for guidance; the pediatrician responded that Jamal might be “stressed” and suggested child care may be too much for him. Malena is not sure what to do. She needs care for Jamal, yet she is concerned about the toll it seems to be taking on him.

The Impact of Challenging Behavior

In the absence of focused support, Jamal may be asked to leave his child care center. If he stays in the child care program and his behaviors persist, his relationships and his development may suffer. Jamal’s peers may begin to ostracize him, or perceive him to be a poor playmate whom they would rather avoid, or both. Jamal’s teacher may become overwhelmed by his behavior and begin to treat him with impatience, frustration, or harshness. In addition, Jamal may likely experience his mother’s stress in the way he interacts with him, cares for him, and speaks about him.

The potential impact of Jamal’s challenging behavior on his social–emotional development is significant. He may come to believe relationships are stressful and difficult. Jamal may develop negative associations with other caregivers, child care, or school. He may develop an idea that the world is an unsafe and unsatisfying place where he does not fit in. Jamal may develop negative thoughts about his self-image and identity such as, “I cannot be soothed,” “I have needs that cannot be met,” “I am a person others cannot understand,” and, perhaps, “I am not worth being treated well or of having satisfying relationships with others.” Jamal’s behavior problems contribute significantly to his mother’s worry, her level of stress, and the general quality of family life.

It is unclear from this brief scenario whether Jamal’s behaviors represent developmental or transitional issues, issues in the care environment or relationships, or issues internal to Jamal. Jamal’s experiences likely reflect a combination of all of these interactive experiences. Although there is increasing consensus that social–emotional and behavioral problems exist in infancy and toddlerhood (Zeana, 2000), relatively little is known about the course and persistence of such early emerging social–emotional and behavioral problems (Briggs-Gowan, Carter, Bosson-Heenan, Guyer, & Horwitz, 2006).

What is clear in this scenario is that Jamal, his teacher, Ms. Gatson, and his mother, Malena, need support and strategies to navigate this complex situation.

Prevalence of Social–Emotional and Behavioral Problems

Unfortunately, situations like Jamal’s are all too common. The Michigan Child Care Expulsion Prevention Initiative, one of the country’s few programs dedicated explicitly to the prevention of expulsion of very young children,
reported that 67% of referrals they received in 2006–2007 were for children birth through age 2 years (Mackrain, 2008). Additional data suggest that an estimated 10%–15% of 1- and 2-year-old children experience significant social–emotional problems (Briggs-Gowan, Carter, Skuban, & Horwitz, 2003; Roberts, Attkisson, & Rosenblatt, 1998). Other data similarly suggest that 12%–16% of the total population of children from birth to 3 years old exhibit challenging behavior (Boyle, Decoufle, & Yeargin-Allsop, 1994; Campbell, 1995). Yet, fewer than 8% of 1- and 2-year-olds with social–emotional problems receive any developmental or mental health services (Briggs-Gowan, Carter, Irwin, Wachtel, & Cicchetti, 2004). From an early intervention perspective, Danaher, Goode, and Lazara (2007) found that in 2006 only 2.41% of the national population of children from birth to 3 years received services and supports through the early intervention system. Perhaps the fact that so few young children with social, emotional, and behavioral problems are identified and receive services offers partial insight into why 4-year-olds in Pre-K programs are expelled at a rate three times that of all children in grades K-12 (Gilliam, 2005). In most cases, challenging behavior develops over a period of time in the context of children’s relationships and environments. On the basis of prevalence data, it is possible that many of the children expelled at age 4 could have been identified with proper screening and assessment tools in earlier years of their development.

Need for Additional Information for Parents and Teachers

Despite an increasing trend in the number of young children with challenging behavior, many teachers of young children feel ill-equipped to meet the needs of children with challenging behavior (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003). Early childhood teachers report that challenging behavior is their number-one training need and that challenging behavior negatively affects their job satisfaction (Hemmeter, Corso, & Cheatham, 2006).

Similarly, parents are often unsure how to respond to their children’s challenging behavior. Frequently, parents worry about how to meet their child’s needs while also meeting work responsibilities and other family and personal obligations. Parents may be put in a position where their child’s needs are at odds with their work responsibilities. Parents rely on family, friends, pediatricians, and their child’s teachers for guidance and advice; however, information and services for very young children with challenging behavior are not widely available. In fact, in a study exploring the experiences of parents of young children (from 25 to 43 months of age) with challenging behavior, many of the parents considered information provided by pediatricians to be inadequate; parents reported that pediatricians often suggested that the child’s challenging behavior reflected a normal range of functioning for the child’s age, and/or that the child would grow out of the behavior (Worcester, Nesman, Raffaele Mendez, & Keller, in press).

The Center on Social Emotional Foundations for Early Learning

The Office of Head Start and the Child Care Bureau recognized the need for a national resource center to support early educators in addressing the needs of children expressing challenging behavior in the classroom. The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) was initially funded in 2001 to develop materials and resources to assist teachers in supporting the social–emotional development of children ages 2 to 5 years and addressing challenging behavior. In 2006, CSEFEL was funded again with an explicit focus on expanding the model and materials to address the needs of early educators working with children from birth to 3 years old.

The CSEFEL approach to understanding and addressing challenging behavior in young children is designed to build the capacity of teachers and parents to support the social–emotional development of all young children. The Pyramid Model for Supporting Social–Emotional Competence in Infants and Young Children (see Figure 1) provides a conceptual framework for organizing effective practices for promotion, prevention, and intervention. The four levels of the Pyramid Model are, from bottom to top: Nurturing and Responsive Relationships, High-Quality Supportive Environments, Targeted Social Emotional Supports, and Intensive Intervention. The base of the Pyramid, Effective Workforce, reflects the importance of providing support and training to providers in order to support them in implementing the Pyramid practices.

Effective Workforce

The foundation of any effective organization is an effective workforce. A well-supported, well-qualified workforce is even more critical in programs serving infants and toddlers where the quality of children’s care and education is largely based on their interactions and relationships with their caregivers.

![Figure 1. The Pyramid Model for Supporting Social–Emotional Competence in Infants and Young Children](image-url)
Handout 1.4: Addressing Challenging Behaviors in Infants and Toddlers

(Kagan, Tarrant, Carson, & Kauerz, 2006). Working to promote children’s social–emotional development and to prevent and address challenging behaviors requires that programs have a number of systems and policies in place to support the adoption and maintenance of evidence-based practices (Hemmett, Fox, Jack, & Broyles, 2007). Programs should develop formal and informal strategies that are individualized to promote each staff’s ongoing professional development. Staff members should know the specific procedures to request support and share concerns, and they should have access to timely and qualified support in response. Staff members should have regular opportunities to reflect on their practices and their own sense of well-being, and to offer feedback and suggestions.

There are a number of leadership strategies that support developing an effective workforce to support young children’s social–emotional development. A leadership and administrative team should

- Demonstrate a commitment to promoting all children’s social and emotional development;
- Regularly recognize and acknowledge staff efforts and contributions;
- Involve staff in shared decision making;
- Articulate the program’s expectations and goals;
- Work to ensure that staff at all levels of the organization are accountable;
- Use data to make continual program improvements;
- Recognize that changing practice is challenging and
- Maintain enthusiasm, passion, and direction for enhancing staff competency and quality children’s services.

Quality early care and education depends on quality interactions between children and caregivers.

Nurturing and Responsive Relationships

The foundation for promoting social–emotional development in young children is characterized by responsive relationships and high quality environments. Very young children learn what relationships look and feel like by participating in and observing relationships with others. Interactions between children and staff, parents and children, staff and parents, and among staff are all critical to consider when thinking about promoting children’s social–emotional development. Young children develop their self-image and their beliefs about the world, and the people in it, on the basis of their early relationships with their caregivers. Children who have positive relationships, self-confidence, and social skills are less likely to engage in challenging behavior. Similarly, very young children are more likely to respond to caregivers with whom they have developed a positive trusting relationship.

Caregivers who have nurturing and responsive relationships with children in their care often engage in practices such as

- Maintaining frequent and close eye contact with children;
- Acknowledging children’s efforts;
- Providing praise and encouragement to children and their parents;
- Smiling and warmly interacting with children, using positive language at all times;
- Responding to children’s vocalizations and communication attempts;
- Frequently using language to talk about emotions, experiences, and the environment;
- Using significant amounts of physical closeness (e.g., holding children, sitting next to children at their level, rocking children);
- Holding infants while feeding them a bottle; and
- Spending time on the floor with children.

Organizational practices such as continuity of care, primary caregiving, using everyday experiences and routines to guide the curriculum, and low caregiver-to-child ratios set the stage for caregivers to form close and secure relationships with children and their families. Individualizing care by uniquely responding to each child’s temperament (e.g., allowing a child who is slow to warm up more time to watch an activity before he joins in), interests, strengths, needs (e.g., carrying an infant who is used to being held frequently in a baby carrier or sling), and individual sleeping, feeding, and playing rhythms helps caregivers get to know each child and be responsive to his individual needs.

When providers make an effort to communicate and develop relationships with each child’s family, they demonstrate that they understand and respect the key role the family plays in shaping how their children learn about themselves and their emotions and develop their own way of interacting and relating to others (National Research Council & Institute of Medicine, 2000). Establishing a trusting relationship with each family early ensures that if a child does exhibit challenging behavior it can be addressed openly in the context of an existing trusting relationship. In addition, systems that serve infants and toddlers and their families have the opportunity to positively contribute to a family’s social support network and to reduce the level of stress families may experience (Gowen & Nebrig, 2002; Seibel, Britt, Gillespie, & Paralkian, 2006).

There are a number of concrete practices that can assist caregivers in developing and maintaining responsive nurturing and
supportive relationships with families
(see box, Practices to Support and Enhance Relationships With Children and Families).

**High-Quality Environments**

High-quality environments facilitate children’s ability to safely explore and learn. High-quality environments facilitate positive interactions among children and between adults and children. In addition, physical environments that are well-designed (e.g., changing tables placed where caregivers can see other children, sinks next to the changing tables, child-sized toilets in the restroom, ample space for children to move and play, sufficient storage) and well-supplied (e.g., adult-sized furniture and child-sized furniture, plenty of materials) facilitate caregivers’ ability to successfully care for children and help caregivers feel comfortable and valued (see box, Characteristics of High-Quality Environments).

**Targeted Social–Emotional Supports**

Essential social–emotional skills include cooperating, sharing, turn taking, engaging with and getting along with others, regulating/ managing emotions, expressing emotions, listening, recognizing emotions, taking the perspective of another, empathizing with others, and using words and gestures to resolve conflicts. The development of these skills starts early (infants as young as 7 months can recognize a discrepancy between a caregiver’s tone and facial expression (Grossman, Striano, & Friederici, 2006). Responsive flexible routines and systematic approaches to teaching social–emotional skills can have a preventive and remedial effect on young children’s social–emotional development.

There are many ways to support young children in learning and developing social–emotional skills. Caregivers who are intentional and purposeful provide multiple and diverse opportunities throughout the day for young children to observe, experience, and practice their social–emotional skills.

Children with strong social–emotional skills have fewer challenging behaviors

**USING ROUTINES**

Caregivers can use routines such as feeding and diapering to provide each child with one-on-one time for interacting, bonding, and engaging in relationships (i.e., demonstrating relationship skills). Caregivers of older toddlers can engage children in developing social skills by sitting with them during eating and encouraging conversations about the food or experiences (versus hovering over them). Toddlers benefit greatly from predictable yet flexible routines that help them to feel safe and secure in knowing what is coming. As children feel comfortable in their routine and in their surroundings they are able to explore and learn.

**DEVELOPING SELF-REGULATION**

Through relationships with their caregivers very young children begin to recognize and regulate their own feelings. As caregivers respond when children are hungry and when they indicate they are satisfied or want to stop eating, children learn to recognize and respond to their own feeling states. When caregivers tune in to a child’s cues for how much stimulation he may need and respect when he is uninterested in interaction, a child begins to learn how to regulate his own emotions and interests. When caregivers respond to children’s attempts to communicate individual needs consistently over time, children learn that their communication is meaningful and effective in getting their needs met. Picking up a crying baby, offering soothing touches, rocking, singing, or providing calming words sets the stage for him to develop his own ability to self-soothe. Encouraging older toddlers to notice their feeling states (e.g., “you look so angry right now”), engage in deep breathing, experiment with different feeling expressions and different bodily states (e.g., tensed, stiff, loose, relaxed) provides children practice in identifying their own feelings and learning how to calm themselves.

**Practices to Support and Enhance Relationships With Children and Families**

- Ask parents about their child’s needs, interests, routines, and preferences.
- Talk frequently with the child’s parents about their caregiving practices at home (e.g., how do they feed the infant? How do they put her to sleep?).
- Communicate with children and families in their home language.
- Communicate daily with families about the child’s activities and experiences.
- Welcome families and encourage them to stay or visit anytime.
- Develop rituals with families and children at “drop-off” and “pick-up.”
- Encourage breast-feeding and offer private, comfortable spaces for breast-feeding.
- Conduct home visits.

**Characteristics of High-Quality Environments**

- Safe and free from hazards
- Clean and free of clutter
- Inviting, interesting, and aesthetically pleasing
- Natural light with windows
- Comfortable spaces for adults to sit with and/or hold children (e.g., adult-sized couch, rocking chair, mat with large pillows to lean up against)
- Quiet, soft spaces for children to be alone and/or interact with one other child (e.g., a nest with a blanket over it, a soft space or box for two children to crawl in)
- Children’s art work at eye level
- A space for developmentally appropriate toys and manipulative items at children’s level so they can reach them
- Mirrors at children’s level so they can see themselves
- A space for reading to children and places for infants and toddlers to reach books and look at them
- Space and materials for sensory exploration
- Space and materials for development of gross motor skills (e.g., floor space so children can move freely about, ramps and short climbers, balls of all sizes, rocking boats, tunnels to crawl through, a bar fastened to the wall at various levels to accommodate multiple children attempting to stand, slides and climbers that invite peer interaction
- Space and materials for dramatic play (e.g., hats, scarves, purses placed at children’s levels; child-sized kitchen furniture and utensils; multi-ethnic dolls, baby bottles, bed and blankets)
- Spaces and materials appropriate for children’s ages (i.e., developmentally appropriate, individually appropriate, and culturally appropriate)
Infants and toddlers also learn about emotions when their caregivers and parents label children’s emotions as well as their own throughout the day. Children learn turn-taking when caregivers encourage children to imitate their actions such as putting a block in a bucket. When caregivers offer opportunities for young children to help (e.g., set the table, clean up toys and spills) and provide specific praise for helping, children learn social skills of cooperating, being responsible, and contributing to their surroundings. Peek-a-boo and other social games offer children engaging and fun opportunities for give and take in social interaction. Regularly offering children choices (e.g., asking which book they want to read) helps children feel powerful and independent. Following a child’s lead in play is another strategy to support children’s social-emotional development. When adults allow a child to direct the play, the child learns that his ideas are valued and he is more likely to further initiate, explore, and interact. When problems or conflicts occur between children, caregivers can teach children to problem solve by offering alternative solutions and gradually helping them use problem-solving steps on their own.

**Intensive Intervention**

Even when teachers establish positive relationships with children and families, design and implement supportive environments, and intentionally offer multiple and varied opportunities for children to develop their social-emotional skills, a small percentage of children will continue to need more intensive and individualized intervention. One approach to developing individualized plans is called Positive Behavior Support (PBS). PBS recognizes that children’s behavior has meaning. “In the last decade research has demonstrated that positive behavior support (PBS) is a highly effective intervention approach for addressing severe and persistent challenging behavior” (Fox et al., 2003). It has been described and used successfully with young children including toddlers (Dunlap, Ester, Langhans, & Fox, 2006; Dunlap & Fox 1999; Fox & Clarke, 2006; Fox, Dunlap, & Cushing, 2002; Powell, Dunlap, & Fox, 2006).

The focus of PBS is to understand the meaning of the child’s behavior and help the child and adult discover together more effective means for communicating needs, wishes, and desires. As a result of using a PBS approach, adults develop new ways of responding to children and children develop more effective strategies for communicating what they want or need. Using PBS reduces challenging behavior, enhances relationships between adults and children, and generally helps caregivers and children experience an improved quality of life. Steps in implementing a PBS process include:

- Conduct observations and collect data on the child’s behavior and the context in which it occurs in order to identify the function of the behavior.
- Respond immediately to any unsafe behavior.
- Meet with the family to collect information about the child’s behavior at home and in the community, share information, and demonstrate a commitment to working together to address the child’s needs.
- Convene a team meeting (including family members) to collaborate and design a behavior support plan based on an understanding of the child’s behavior in everyday activities and routines.
- Provide support to the caregivers to implement the plan at home and at school.
- Continue to conduct observations and collect data in order to evaluate the plan and ensure the plan is being implemented consistently.
- Set a timeframe and method for evaluating the plan and changes in the child’s behavior.

If challenging behavior persists,

- Determine whether the plan is being implemented as designed.
- Conduct additional observations to determine whether the team correctly identified the meaning of the child’s behavior.
- Determine whether the plan needs to be revised.
- Determine whether additional evaluations, assessments, supports, or professional expertise are needed.

Individualized plans are developed based on a comprehensive assessment process that includes observation, interviews with significant others, and reviewing records. The assessment should include:

- Information from the family
  - The parent’s view of the behavior and parents’ current responses to the behavior
  - Family history
  - Significant changes in family composition and/or other relationships
  - A review of the child’s developmental and medical history
  - Family circumstances
  - Level of stress, etc.
- Information and data on the behavior
  - Frequency, intensity, and duration; function of the behavior
- What happens before and after the behavior
- The setting and context in which the behavior occurs, etc.
- An assessment of the child’s interests, strengths, and development
- Observations of the child in multiple environments
- Results from any screenings or other assessment.

The goal of the assessment process is to identify the function or purpose of the child’s challenging behavior. Individualized plans should be designed based on an understanding of the individual child’s behavior and should include prevention strategies, new skills to teach the child, and strategies for changing or modifying the way adults respond to the challenging behavior. Plans can be designed for the child care center, the home, or both. The most effective plans are those that are consistently implemented by all the caregivers in a child’s life. A sample of a behavior plan for a toddler is provided (see box, Sample Individualized Behavior Support Plan).

Providing care to children with challenging behaviors is hard work and can be stressful to caregivers. Any individualized planning efforts should consider the stress level and emotions of the caregivers. Caregivers implementing individual behavior plans need and greatly benefit from opportunities to: reflect on their experience, share concerns and beliefs, gain support, and receive positive recognition for their efforts and accomplishments.

**Putting the Pyramid Model into Practice**

The following is an example of how the CSFEL Pyramid Model can be used in an infant–toddler classroom to support social-emotional competence.

Ms. Little, the administrator at Palm Tree Child Development Center, helps Ms. Powell, an infant–toddler teacher, warm a bottle and set out food for the children. It is the beginning of the year and Ms. Little wants to ensure that the infant and toddler teachers have the help they need to communicate effectively with each child and parent upon arrival (Effect ive Workforce).

When Theo, age 6 months, arrives at the center, Ms. Powell gently takes him from his mother. She nuzzles him close and smiles at him, telling him how much she misses him over the weekend. As she holds him close to her she asks his mother, Tori, how her weekend was. She asks Tori about Theo’s sleeping and eating patterns and the progression of his teething. Ms. Powell then talks a bit to Theo about the classroom and his favorite areas to play in. As Tori leaves, she smiles to herself thinking, how lucky she is to have Theo cared for in such an
Sample Individualized Behavior Support Plan

Dean is a social, engaging, active 22-month-old boy. He has just started a group child care program for the first time. When his parents first brought him to the center, they talked with the teacher about their concerns about his behavior at home. His language is delayed. When adults can't understand what he is saying he gets frustrated and starts crying and screaming. He often does not follow directions, especially when he has to change activities. When changing activities (e.g., from playing in the classroom to going outside), he often has temper tantrums and falls to the ground crying. The teacher, center director, and parents are all committed to developing a plan to help him be successful. On the basis of several observations, they determine that Dean has challenging behaviors most often when (a) he is asked to transition to another activity. (b) he is engaged in an activity that is difficult, and/or (c) he is asked to follow directions to do something he does not appear interested in. The team hypothesizes that when tasks are challenging and/or when he doesn’t want to do something he attempts to avoid the activity. The team works together to develop a plan based on their observations and discussions. The strategies below address Dean’s difficulty with transitions. Similar plans are developed for following directions and engaging in difficult tasks. These plans can be used at home or at child care.

Goal: To improve Dean’s ability to transition from one activity to another.

- Prevention Strategies
  - Provide him with a picture schedule to help him understand the transition.
  - Use a timer to help him prepare for the transition.
  - Use simple language to warm him that a transition is about to happen.
  - Include times on the schedule when he can do the things he really likes to do.
  - Write a short story about what he should do during transitions and read it to him each day.
  - Include photos of Dean and the classroom to provide illustrations of what he should do during transitions.

- New Behaviors
  - Teach him to use the visual schedule (i.e., turn over the photo of one activity in preparation for the next activity).
  - Teach him to transition when the timer sounds; practice transitioning at times when he is not upset.

- Adult Responses/Support
  - Provide positive descriptive feedback when he uses his schedule and when he transitions without having a tantrum.
  - Validate his feelings.
  - Refer to the schedule to help him through transition.
  - Stay physically close to provide support and encourage him through small steps of the transition.
  - Have a peer bring him something related to the next activity (e.g., a ball for outdoor time).
  - Use “first, then” statements, (e.g., “first we change your diaper, then we go outside”).

 interesting environment by a teacher who really loves him (Nurturing and Responsive Relationships and High-Quality Supportive Environments).

Ms. Powell holds Theo on her lap while she feeds him a bottle. With Theo on her lap she sits at a child-sized table with two toddlers who are practicing feeding themselves. As she feeds Theo, she engages all the children in conversation about what they are eating. One of the children, Lizzy, pushes her food away and makes an angry face. Ms. Powell says, “Lizzy, you look angry. Are you finished with your food? Can you say, ‘all done’?” Lizzy imitates Ms. Powell’s words. Ms. Powell responds, “Great job trying to use your words, Lizzy. If you are doing eating you can go ahead and play with the toys from the shelf.” (Targeted Social Emotional Supports)

Ms. Powell has been a bit worried about the behavior of another child, Sarah. Lately she has noticed a change in how quickly Sarah has been hitting and biting to get what she wants. Ms. Powell, Ms. Little, and Sarah’s parents have been keeping in close communication about Sarah’s behavior and may soon develop an individualized behavior plan for home and school in order to try to strategically prevent and address the behavior. They all agree that a plan will help them better understand Sarah’s behavior and find the most effective ways to prevent and respond to it (Intensive Intervention).

CSEFEL developed three training modules to support caregivers in addressing the social-emotional needs of infants and toddlers. These modules reflect the three tiers of the Pyramid, with Module 1 focusing on the bottom tier, Module 2 focusing on the second tier, and Module 3 focusing on the top of the pyramid. (see box, Training Modules for Promoting the Social and Emotional Competence of Infants and Toddlers).

Summary

I am so frustrated by these behaviors. Some days I feel so incompetent, I just want to quit!

Sometimes I cry, not because he is hurting me but because I don’t know what to do for him.

Although these quotes are from teachers with whom we have worked, they are not unusual. In our work with early childhood providers in a variety of settings, we hear these kinds of comments on a regular basis. Teachers are frustrated by infants and toddlers with challenging behavior and feel that they lack both the direction and support to help them respond appropriately. Their frustrations affect their job satisfaction and no doubt affect their interactions with children and families. In this article we have described a model that addresses teachers’ need for effective practices and supports teachers in implementing those practices. The Pyramid Model offers a set of practices for promoting social-emotional development and addressing challenging behaviors in all young children. Implicit in the model is the recognition that program policies and procedures must be in place to provide supports to teachers in implementing these practices. In this model, addressing the social, emotional, and behavioral needs of young children is a program responsibility rather than only the teacher’s responsibility. Staff whose programs have fully implemented the Pyramid Model have described changes in the day-to-day operations of the program. In the words of one teacher, “The Pyramid Model was difficult at first, but the more you use it, the better it is—and it is life-changing.”

Training Modules for Promoting the Social and Emotional Competence of Infants and Toddlers

Module 1: Social-Emotional Development Within the Context of Relationships

Module 2: Responsive Routines, Environments, and Strategies to Support Social-Emotional Development in Infants and Toddlers

Module 3: Individualized Intervention with Infants and Toddlers: Determining the Meaning of Behavior and Developing Appropriate Responses

Each of the three modules includes a presenter’s script, PowerPoint slides, accompanying handouts, and video clips. A facilitator’s guide is available. The training modules as well as additional resources are downloadable (www.vanderbilt.edu/csefel) and may be copied and distributed freely.
AMY HUNTER, MSW, LICSW, is a senior early childhood mental health specialist at ZERO TO THREE. Ms. Hunter works with the Early Head Start National Resource Center and directs the birth-to-3 portion of the Center on the Social and Emotional Foundations for Early Learning project. She served for 2 years as a National Head Start Fellow at the Office of Head Start. Prior experience includes managing the mental health services of a Head Start program and providing therapy to children and families in homes, clinics, and domestic violence shelters.

MARY LOUISE HEMMETER, PhD, is an associate professor in special education at Vanderbilt University. She is also the director of the Center on the Social and Emotional Foundations for Early Learning. Her research focuses on two areas related to young children: developing effective instruction for young children with and without disabilities, and creating supports for teachers and programs to address young children’s social-emotional development and challenging behavior.

Learn More

Technical Assistance Center on Social Emotional Interventions (TACSEI)
www.challengingbehavior.org
TACSEI is funded by the Office of Special Education Programs and focuses on addressing the social-emotional needs of infants, toddlers, and preschoolers with disabilities. The Web site has multiple resources including recommended practices, case studies, PowerPoint presentations, and tools for teachers.

The Emotional Development of Young Children: Building an Emotion-Centered Curriculum (2nd ed.)
M. Hyson (2004)
New York: Teachers College Press
This book includes an overview of social-emotional development and guidance in designing classrooms to promote children’s emotional development.

An Activity-Based Approach to Developing Young Children’s Social Emotional Competence
J. Squires, & D. Bricker (2007)
Baltimore: Brookes
This practical guidebook is a ready-to-use, linked system for identifying concerns and improving young children’s social-emotional health. This book walks readers through a five-step intervention process called Activity-Based Intervention: Social-Emotional.

Endless Opportunities for Infant and Toddler Curriculum: A Relationship Based Approach
S. Peterson & D. Wittmer (2009)
Upper Saddle River, NJ: Pearson Education
This is a practical “how-to” book designed to help infant-toddler care teachers plan a responsive and relationship-based curriculum. This book, which helps infant-toddler teachers make intentional decisions about the care they provide, was a primary source for the development of the infant-toddler CSEFEL modules.

Strategies for Understanding and Managing Challenging Behavior in Young Children: What Is Developmentally Appropriate—and What Is a Concern?
www.ehanrc.org/PDFFiles/TA10.pdf
EHS/NRC Technical Assistance Paper 10, 2006
This useful Technical Assistance paper uses a realistic scenario to offer insight into infant and toddler behavior, illustrate how temperament relates to challenging behavior, and describe how Early Head Start programs can support infants and toddlers who exhibit challenging behavior. Prepared for the Head Start Bureau, under contract #HHS/13/320014/9001, by the Early Head Start National Resource Center @ ZERO TO THREE.

Digging Deeper: Looking Beyond Behavior to Discover Meaning, A Unit of Three Lessons,
These three on-line lessons offer user-friendly self-paced lessons on understanding the meaning of behavior as well as a process for determining how to respond to challenging behavior.

Michigan Association of Infant Mental Health (MI-AIMH)
www.mi-imh.org/
The mission of MI-AIMH is to promote and support nurturing relationships for all infants. The Web site provides up-to-date information on infant mental health and lists training, resources, and products related to supporting infant mental health.

Program for Infant/Toddler Caregivers
www.pitc.org/
The Program for Infant/Toddler Caregivers Web site offers information on training, resources, and practices to meet their mission of ensuring America’s infants get a safe, healthy, emotionally secure, and intellectually rich start in life.
Module 1

Handout 1.4: Addressing Challenging Behaviors in Infants and Toddlers

References


Effective Workforce

List as many strategies as you can think of related to an effective workforce that supports the social and emotional development of infants and toddlers. What would the systems and policies be that might support and sustain evidence based practices to support young children’s social emotional development?
Nurturing and Responsive Relationships

List as many strategies as you can think of related to nurturing and responsive relationships?

• What would you observe or how would you know if how parents and teachers were engaging in nurturing and responsive relationships with their children?

• What would adults be doing to promote nurturing and responsive relationships?
High Quality Supportive Environments

List as many strategies as you can think of related to high quality supportive environments?
• What would you observe or how would you know if how parents and teachers were providing high quality supportive environments for children?
• What would adults be doing to provide high quality supportive environments?
Targeted Social Emotional Supports

List as many strategies as you can think of related to targeted social emotional supports?
• What would you observe or how would you know if how parents and teachers were providing targeted social emotional supports for children?
• What would adults be doing to provide targeted social emotional supports?
Inventory of Practices for Promoting Infant and Toddlers’ Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

Purpose of the Inventory: The Inventory of Practices for Promoting Infants’ and Toddlers’ Social Emotional Competence is designed as a reflective series of tools for use by individuals and/or teams to recognize effective practices, identify ongoing professional development needs, and plan a course of action to address those needs related to five target areas:

Foundational Assessment: Program Design and Management
The program design and management section may be most helpful as a reflection tool for administrators and supervisors. It is aligned to the Effective Workforce portion of the pyramid and can be helpful in reflecting on policies and program design elements that support infants and toddlers social emotional development. This tool describes critical practices and policies that should be in place in a high-quality program that supports infants, toddlers, and their families. Many of these policies and practices pave the way.

Tool I: Nurturing and Responsive Relationships
The Nurturing and Responsive Relationships section is aligned to the base of the pyramid, which indicates where a program should begin in addressing infants’ and toddlers’ social and emotional development through the important aspects of building relationships with infants and toddlers and their families.

Tool II: Creating High-Quality Supportive Environments
The Creating Supportive Environments and Routines section is also aligned to the base of the pyramid, which indicates where a program would begin addressing infants’ and toddlers’ social and emotional development through the important aspects of creating environments that support social emotional development.

Tool III: Targeted Social Emotional Supports
The Targeted Social Emotional Supports section relates to systematic approaches to promoting, facilitating and teaching social and emotional skills to infants and toddlers. This section is a focus for programs and classrooms that already have the base of the pyramid in place.

Tool IV: Individualized Intensive Interventions
The Intensive Interventions section describes indicators for implementing a program process to effectively implement individualized intensive interventions. This section can be used to stimulate reflection among program administrators, teams, caregivers, and families.

The target areas are aligned with the CSEFEL Pyramid Model. Some of the items, specifically in the sections at the base of the pyramid, address issues that are well-established indicators of high quality programs. Some of these indicators may be addressed in other tools or measures already used within a program (such as the Infant Toddler Environmental Rating Scale). The purpose of this tool is to provide a specific lens to look at social emotional development in infants and toddlers. It can be used strategically in conjunction with other tools within a program. While it is not likely feasible to use the entire set of tools at one time, the set of tools is designed to be used as an ongoing planning and discussion tool by programs. For example, if the program plans to focus on creating supportive environments to support infants’ and toddlers’ social emotional development, the Creating Supportive Environments section may be used with teachers as a pre and post reflective opportunity to gauge practices and develop plans for key areas for growth. The tools within the inventory encourage individual self-reflection, opportunities for teaming between caregivers, mentor coaches, supervisors, consultants, site directors, and other administrators, and promote effective practices for direct service staff. For each of the tools in the inventory, there is an action plan that can guide reflection, feedback and next steps. While each tool focuses on a different level of the pyramid, it is important to note that some of the ideas and themes are consistent and overlapping throughout several tools.
Use of the Inventory: This tool is best utilized in a manner that encourages reflection and discussion. Each of the five target areas includes Topics, Practices and Indicators that promote social emotional competence in infants and toddlers. The Indicators are detailed phrases that enable the user to “dig a little deeper” in identifying practices and observable behaviors that may or may not be present in the caregiving environment. A column entitled Observations/Evidence allows the user to write thoughts, suggestions, strengths, and needs concerning the specific Topics, Practices or Indicators.

Three following three levels of skill permit users to record their perceived practice level for each Indicator by checking the appropriate box:

**Consistently:** The program understands this practice and believes they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Program administrator(s) can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The program does not appear to miss important, naturally occurring opportunities to demonstrate the practice.

**Occasionally:** The program understands this practice and believes they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Program administrator(s) may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The program may miss important, naturally occurring opportunities to demonstrate the practice.

**Seldom:** The program may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Program administrator(s) may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The program often misses important, naturally occurring opportunities to demonstrate the practice.

Indicators that have an asterisk are those that may best be answered through interview, discussion or document review. When possible, users should plan a time with the caregiver or team to ask questions or look at examples of various tools or policies designed to support infants’ and toddlers’ social emotional development. Users should meet with caregivers in a quiet area, during a time when the caregiver is not responsible for caring for infants and toddlers. The final column allows the team to decide whether an indicator should be a Target for Training. Following each section is a space for writing additional comments. The team or individual may wish to acknowledge particular strengths or delineate specific training requests, professional development opportunities, strengths, or feedback regarding practice in the Comments box. A team or individual may choose to assess their perceived skill in one of the five target areas, or select a few indicators within each topic of the five target areas.

**Use of the Action Plan:** Indicators that have an asterisk are those that may best be answered through interview, discussion or document review. When possible, users should plan a time with the caregiver or team to ask questions or look at examples of various tools or policies designed to support infants’ and toddlers’ social emotional development. Users should meet with caregivers in a quiet area, during a time when the caregiver is not responsible for caring for infants and toddlers. The final column allows the team to decide whether an indicator should be a Target for Training. Following each section is a space for writing additional comments. The team or individual may wish to acknowledge particular strengths or delineate specific training requests, professional development opportunities, strengths, or feedback regarding practice in the Comments box. A team or individual may choose to assess their perceived skill in one of the five target areas, or select a few indicators within each topic of the five target areas.

**Completion Dates:** Users may complete the Inventory and Action Plan on an ongoing basis as a way of determining their progress toward addressing specific Practices targeted for training and to track changes over time. Portions of the Inventory may be completed repeatedly, as needed, during a program year, or as time and resources permit.
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5. Develops meaningful relationships
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9. Examines personal, family, and cultural values, beliefs, and assumptions

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20. Develops individualized approaches to support children in distress

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23. Uses program process to reflect on children’s progress within support plan
## Module 1
### Handout 1.6: Inventory of Practices—Foundational Assessment

<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
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<tbody>
<tr>
<td><strong>1. Program Design</strong></td>
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<tr>
<td>• Program implements a primary caregiving model. Each caregiver has a primary assignment for a small group of children (no more than 3 for infants and 4 for toddlers), and is responsible for the majority of daily routines throughout the day for assigned children*</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>• Primary caregivers and families have multiple and ongoing opportunities to discuss the child's development, including home visits and pre-enrollment meetings.*</td>
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<td>• Program implements a continuity of care model. (i.e. same primary caregiver with child for first three years)*</td>
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<td>• Maintains small adult to child ratios (1:4 for infants and toddlers) and group sizes (maximum of 8 children) as recommended by Early Head Start, NAEYC, and PITC.*</td>
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<td>Comments:</td>
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<td><strong>2. Program Management</strong></td>
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<tr>
<td>• Administration provides and supports ongoing education and professional development for program staff</td>
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<td>• Staff have an opportunity to be reflective about their work and their own values, beliefs and assumptions either with their co-workers or with a supervisor at a designated time when they do not have responsibility for children*</td>
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<td>• Supervisors reflect on their relationships with staff as a model for how staff should to relate to families. (This includes considering how supervisors use a strengths-based approach to relationships with staff, use appropriate and respectful language, reflect on own beliefs, values, and assumptions, use active listening, etc.)*</td>
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<td>• Managers ensure regular breaks for staff and provide support when caregivers feel challenged or overwhelmed</td>
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<td>• Program policies and procedures are written and clearly articulated so staff know what is expected of them, how to receive support if needed, what to do in a crisis/emergency, and how to perform key functions of their job.</td>
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<td>• Program has access to mental health consultation and/or additional supports when staff are concerned about a child and/or need additional guidance.</td>
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<td>• When conflict or disagreement occurs there is encouragement and support to discuss the conflict. Staff are aware of program policies and procedures to share and resolve disagreements and conflicts.</td>
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<td>• Program has processes in place to facilitate trusting and collaborative relationships among staff and between staff and managers/administration.</td>
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<td>Comments:</td>
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</table>
### Handout 1.6: Inventory of Practices—Foundational Assessment

<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
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<tbody>
<tr>
<td>3. Teams with families to develop individualized curriculum plans for all children</td>
<td>3</td>
<td>2</td>
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<td>YES</td>
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<tr>
<td>• Works collaboratively with the family to develop an individualized plan*</td>
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<td>• Accommodates family schedule by arranging meetings at times convenient for families*</td>
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<td>• Ensures that the plan addresses family and child care issues*</td>
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<td>• Uses observation, medical information, screening, anecdotal notes, information from families, and other information about child to create a plan that focuses on the individual growth and development of each child*</td>
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<td>• Caregiver or program has partnership/relationship/collaboration with local Part C provider, and provides families with resources for obtaining further assessment/services as needed*</td>
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Comments:
## Action Plan

<table>
<thead>
<tr>
<th>Priority Skills and Indicators</th>
<th>Strategies I will use to implement new practices or support others in implementing new practices</th>
<th>Supports and resources needed to accomplish these activities</th>
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Intensive Intervention

List as many strategies as you can think of related to intensive intervention for children?

• What would you observe or how would you know if how parents and teachers were involved in providing intensive interventions a child?

• What would adults be doing to provide intensive intervention for a child?
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Tool I: Nurturing and Responsive Relationships
The Nurturing and Responsive Relationships section is aligned to the base of the pyramid, which indicates where a program should begin in addressing infants’ and toddlers’ social and emotional development through the important aspects of building relationships with infants and toddlers and their families.

Tool II: Creating High-Quality Supportive Environments
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**Use of the Inventory:** This tool is best utilized in a manner that encourages reflection and discussion. Each of the five target areas includes *Topics, Practices and Indicators* that promote social emotional competence in infants and toddlers. The Indicators are detailed phrases that enable the user to “dig a little deeper” in identifying practices and observable behaviors that may or may not be present in the caregiving environment. A column entitled *Observations/Evidence* allows the user to write thoughts, suggestions, strengths, and needs concerning the specific *Topics, Practices or Indicators*.

Three following three levels of skill permit users to record their perceived practice level for each Indicator by checking the appropriate box:

- **Consistently:** The caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. *If self-administered:* Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.

- **Occasionally:** The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. *If self-administered:* Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.

- **Seldom:** The caregivers may not understand the concept or practice and the practice is not performed very often if at all. *If self-administered:* Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. *If administered by a colleague:* The caregivers often miss important, naturally occurring opportunities to demonstrate the practice.

Indicators that have an asterisk are those that may best be answered through interview, discussion or document review. When possible, users should plan a time with the caregiver or team to ask questions or look at examples of various tools or policies designed to support infants’ and toddlers’ social emotional development. Users should meet with caregivers in a quiet area, during a time when the caregiver is not responsible for caring for infants and toddlers. The final column allows the team to decide whether an indicator should be a *Target for Training*. Following each section is a space for writing additional comments. The team or individual may wish to acknowledge particular strengths or delineate specific training requests, professional development opportunities, strengths, or feedback regarding practice in the *Comments* box. A team or individual may choose to assess their perceived skill in one of the five target areas, or select a few indicators within each topic of the five target areas.

**Use of the Action Plan:** Once users have determined the specific *Practices and Indicators* from the Inventory they want to target for development, a plan for next steps can be developed using the *Action Plan*. In the first column of the *Action Plan*, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

**Completion Dates:** Users may complete the *Inventory and Action Plan* on an ongoing basis as a way of determining their progress toward addressing specific Practices targeted for training and to track changes over time. Portions of the Inventory may be completed repeatedly, as needed, during a program year, or as time and resources permit.
Foundational Assessment: Program Design and Management
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   2. Program Management
   3. Teams with families to develop individualized curriculum plans for all children

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   22. When necessary, uses a program process to develop individualized support plans
   23. Uses program process to reflect on children’s progress within support plan
### Module 1

#### Handout 1.6: Inventory of Practices—Tool I

<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4. Provides physical and emotional security for each child</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>• Demonstrates responsive caregiving. Acknowledges and responds to infants’ and toddlers’ needs promptly when the need is expressed * (i.e. verbally acknowledges verbal and non-verbal forms of expression when unable to physically because they are caring for another child and provides appropriate response to meet need as soon as possible)</td>
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<td>• Provides physical forms of comfort and support, such as, holding infants close, holding toddlers hands while walking around with them, sitting close while reading, talking, singing or interacting and playing with infants and toddlers.</td>
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<tr>
<td>• Prepares and informs children about transitions (i.e. lets infants and toddlers know when the primary caregiver or parent will be leaving the room/program) and facilitates rituals for routines (eating, sleeping, arrival, departing, diapering/toileting); helps parents understand the importance of these rituals (saying goodbye, waving at parent from the window)</td>
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<td>• Uses photos, songs, stories and objects that reflect the child’s family and culture</td>
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<td>• Provides easy access to and allows children to keep important objects or comfort items with them throughout the day (e.g. blankets, stuffed animals, pacifiers)</td>
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<td>• Reassures children who venture off to explore that caregivers are still close by if needed</td>
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<td>• Reconnects with a child through a smile, hug, or kind words after having a challenging interaction</td>
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<td>• Encourages children to explore and try new experiences (e.g. encourage crawling by practicing tummy time and placing a favorite toy a bit out of reach; encourage child to try new foods; encourage child to play near or with other children and notice what they are doing)</td>
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<td>Comments:</td>
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#### 5. Develops meaningful relationships

<table>
<thead>
<tr>
<th>Develops Meaningful Relationships with Infants and Toddlers</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
</table>

• Spends time on the floor, communicates with children at eye level, face to face, using smiles and positive responsive verbal and non-verbal interactions

• Speaks calmly and warmly to infants and toddlers

• Uses words, writing, music, and songs whenever possible in the child's home language

• Uses one-on-one times, such as diapering and feeding to interact with infants and toddlers individually

• Is “in tune” with each child in her or his care; reads infants and toddlers individual cues (understands when a young infant is ready to play and responds by placing her on her tummy for a few minutes; responds to infants sleep cues)
<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Follows children’s lead in play</td>
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<tr>
<td>• Uses books, stories and conversations to help make meaningful connections to children’s experiences children’s experiences and the important events in their lives (reads a book about different kinds of families, a story about a new baby in the family)</td>
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<tr>
<td>• Plays responsive social games with children (e.g. peek-a-boo)</td>
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<tr>
<td>• Demonstrates joining infant and toddlers emotions</td>
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<tr>
<td>• Regulates pace of interaction in response to child’s state or emotional expression</td>
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<tr>
<td>• Demonstrates reciprocity in interactions</td>
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<tr>
<td>• Engages in joint attention with infants and toddlers</td>
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<tr>
<td><strong>Develops Meaningful Relationships with Families</strong></td>
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<tr>
<td>• Listens to and incorporates parents’ beliefs, as appropriate, into practices around social emotional issues, such ways to hold a baby, ways to calm and soothe children, ways to encourage and guide children</td>
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<tr>
<td>• Uses a system to communicate with families in a meaningful way on a daily basis and ongoing, using a variety of communication methods (notes, touch base during drop off and pick-up, daily reports, home visits, parent-child meetings)</td>
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<tr>
<td>• Speaks to children and families by name</td>
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<tr>
<td>• Greets children and adults individually on arrival and says goodbye at departure</td>
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<tr>
<td>• Uses arrival and departure times to connect with the family and gather valuable information about the child since last seen. Caregiver asks what has happened since last seeing the child</td>
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<tr>
<td>• Follows a consistent plan to transition child from parent to caregiver upon arrival</td>
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<tr>
<td>• Encourages parent’s sense of competence by commenting and acknowledging positive parent child interactions</td>
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<tr>
<td><strong>Promotes the Parent-Child Relationship</strong></td>
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<tr>
<td>• Creates comfortable spaces for adults (adult furniture in care space) and spaces that welcome family members (e.g. spaces for breastfeeding, to receive and provide information, facilitate meaningful transitions during drop-off and pick-up, or playing with their children)</td>
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<tr>
<td>• Asks all parents about their feelings (including asking about depression related symptoms and feelings)</td>
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<tr>
<td>• Provides information to parents about ways to support their child’s social emotional development (e.g. including information on practices in this inventory)</td>
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<tr>
<td>• Provides resources and support for parents unique needs and interest.</td>
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</tbody>
</table>
## Module 1

### Handout 1.6: Inventory of Practices—Tool I

<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Encourages and Models Positive Relationships with Other Adults in the Environment</strong></td>
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<tr>
<td>• Creates opportunities for family members of children in the group setting to interact with and get to know one another (family meetings, outings and group activities)*</td>
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<tr>
<td>• Demonstrates positive relationship with colleagues including co-workers and administration</td>
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<tr>
<td>Comments:</td>
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</tr>
<tr>
<td><strong>6. Assists infants and toddlers in regulating emotions</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>• Assists children in regulating their emotions and reactions to outside stimuli (mirrors baby’s emotions/face, takes a sweater off when a baby seems warm, explains what is happening in a calm voice, labels what the child is doing, talks for the child)</td>
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<tr>
<td>Comments:</td>
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<tr>
<td><strong>7. Applies knowledge of children’s individual temperaments to interactions and practice</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>• Acknowledges children’s temperamental traits (“I know you like to watch for a while when we try new things. Don’t worry we will take our time.”)</td>
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<tr>
<td>• Adapts schedule, behavior, and energy level to meet the temperamental characteristics of different children in care (follows children’s toileting and eating patterns, holds a child who is fearful when a new adult enters the room, stays calm and quiet if needed; provides increased activity and stimulation if needed)</td>
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<tr>
<td>• Uses positive or neutral descriptors (dramatic, assertive, persistent, watchful, observing, takes her time with new people, excited, energetic) and avoids the use of negative labels for children’s temperament (loud, aggressive, stubborn, scared, shy, fearful)</td>
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<tr>
<td>Comments:</td>
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<tr>
<td><strong>8. Engages in ongoing observation and reflection about infants’ and toddlers’ social emotional development to facilitate relationship building</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>• Observes throughout the day and objectively and routinely records the behavior, interactions and activities *</td>
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<tr>
<td>• Sensitively shares observations regularly with colleagues and child’s family to learn if everyone is observing similar things and to discuss how the child is progressing *</td>
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<tr>
<td>• Uses observations to inform next steps for continuing to build the relationships with the child (noticing that rocking calms and soothes when she is overwhelmed and upset)</td>
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</tbody>
</table>
### Module 1

**Handout 1.6: Inventory of Practices—Tool I**

<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Uses observations to make a best guess about the meaning of behavior and uses this information to inform interactions/planning *</td>
<td></td>
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<tr>
<td>- Uses formal and informal assessments to measure toddlers’ social emotional development over time * (structured and spontaneous observations)</td>
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</tbody>
</table>

**Comments:**

<table>
<thead>
<tr>
<th>9. Examines personal, family, and cultural values, beliefs, and assumptions</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Examines own attitudes toward challenging behavior**

- Understands the relationship between infants’ and toddlers’ social emotional development and challenging behaviors

- Understands that infants’ and toddlers’ challenging behaviors are conveying some type of message

- Understands there are many things that can be done to prevent challenging behaviors

- Identifies what behaviors “push my buttons”

- Develops strategies for dealing with situations when children’s behavior “push my buttons”

- Works together with a team to problem solve around issues related to challenging behaviors

**Examines personal, family, and cultural views of child’s challenging behavior**

- Considers personal beliefs regarding the acceptability and unacceptability of specific types of child behavior

- Considers personal beliefs regarding the causes of specific types of unacceptable child behavior

- Acknowledges contrasting or conflicting beliefs held by others regarding acceptable and unacceptable types of child behavior

**Comments:**
## Action Plan

<table>
<thead>
<tr>
<th>Priority Skills and Indicators</th>
<th>Strategies I will use to implement new practices or support others in implementing new practices</th>
<th>Supports and resources needed to accomplish these activities</th>
<th>CSEFEL Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Where to find helpful training information…</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Tool I: Nurturing and Responsive Relationships</strong></td>
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<td></td>
<td></td>
<td></td>
<td>4. Provides physical and emotional security for each child – <strong>Module 1 &amp; 2</strong></td>
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<td>5. Develops meaningful relationship with children and families – <strong>Module 1</strong></td>
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<td></td>
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<td>6. Assists infants and toddlers in regulating emotions – <strong>Module 2</strong></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>7. Applies knowledge of children’s individual temperaments to interactions and practice – <strong>Module 1</strong></td>
</tr>
</tbody>
</table>

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

Vanderbilt University

vanderbilt.edu/csefel
Inventory of Practices for Promoting Infant and Toddlers’ Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

Purpose of the Inventory: The Inventory of Practices for Promoting Infants’ and Toddlers’ Social Emotional Competence is designed as a reflective series of tools for use by individuals and/or teams to recognize effective practices, identify ongoing professional development needs, and plan a course of action to address those needs related to five target areas:

Foundational Assessment: Program Design and Management
The program design and management section may be most helpful as a reflection tool for administrators and supervisors. It is aligned to the Effective Workforce portion of the pyramid and can be helpful in reflecting on policies and program design elements that support infants and toddlers social emotional development. This tool describes critical practices and policies that should be in place in a high-quality program that supports infants, toddlers, and their families. Many of these policies and practices pave the way for providers to be successful in implementing the practices detailed in Tools I-III.

Tool I: Nurturing and Responsive Relationships
The Nurturing and Responsive Relationships section is aligned to the base of the pyramid, which indicates where a program should begin in addressing infants’ and toddlers’ social and emotional development through the important aspects of building relationships with infants and toddlers and their families.

Tool II: Creating High-Quality Supportive Environments
The Creating High-Quality Supportive Environments section is also aligned to the base of the pyramid, which indicates where a program would begin addressing infants’ and toddlers’ social and emotional development through the important aspects of creating environments that support social emotional development.

Tool III: Targeted Social Emotional Supports
The Targeted Social Emotional Supports section relates to systematic approaches to promoting, facilitating and teaching social and emotional skills to infants and toddlers. This section is a focus for programs and classrooms that already have the base of the pyramid in place.

Tool IV: Individualized Intensive Interventions
The Intensive Interventions section describes indicators for implementing a program process to effectively implement individualized intensive interventions. This section can be used to stimulate reflection among program administrators, teams, caregivers, and families.

The target areas are aligned with the CSEFEL Pyramid Model. Some of the items, specifically in the sections at the base of the pyramid, address issues that are well-established indicators of high quality programs. Some of these indicators may be addressed in other tools or measures already used within a program (such as the Infant Toddler Environmental Rating Scale). The purpose of this tool is to provide a specific lens to look at social emotional development in infants and toddlers. It can be used strategically in conjunction with other tools within a program. While it is not likely feasible to use the entire set of tools at one time, the set of tools is designed to be used as an ongoing planning and discussion tool by programs. For example, if the program plans to focus on creating supportive environments to support infants’ and toddlers’ social emotional development, the Creating Supportive Environments section may be used with teachers as a pre and post reflective opportunity to gauge practices and develop plans for key areas for growth. The tools within the inventory encourage individual self-reflection, opportunities for teaming between caregivers, mentor coaches, supervisors, consultants, site directors, and other administrators, and promote effective practices for direct service staff. For each of the tools in the inventory, there is an action plan that can guide reflection, feedback and next steps. While each tool focuses on a different level of the pyramid, it is important to note that some of the ideas and themes are consistent and overlapping throughout several tools.
Use of the Inventory: This tool is best utilized in a manner that encourages reflection and discussion. Each of the five target areas includes Topics, Practices and Indicators that promote social emotional competence in infants and toddlers. The Indicators are detailed phrases that enable the user to “dig a little deeper” in identifying practices and observable behaviors that may or may not be present in the caregiving environment. A column entitled Observations/Evidence allows the user to write thoughts, suggestions, strengths, and needs concerning the specific Topics, Practices or Indicators.

Three following three levels of skill permit users to record their perceived practice level for each Indicator by checking the appropriate box:

Consistently: The caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. If self-administered: Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. If administered by a colleague: Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.

Occasionally: The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. If self-administered: Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. If administered by a colleague: Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.

Seldom: The caregivers may not understand the concept or practice and the practice is not performed very often if at all. If self-administered: Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. If administered by a colleague: The caregivers often miss important, naturally occurring opportunities to demonstrate the practice.

Indicators that have an asterisk are those that may best be answered through interview, discussion or document review. When possible, users should plan a time with the caregiver or team to ask questions or look at examples of various tools or policies designed to support infants’ and toddlers’ social emotional development. Users should meet with caregivers in a quiet area, during a time when the caregiver is not responsible for caring for infants and toddlers. The final column allows the team to decide whether an indicator should be a Target for Training. Following each section is a space for writing additional comments. The team or individual may wish to acknowledge particular strengths or delineate specific training requests, professional development opportunities, strengths, or feedback regarding practice in the Comments box. A team or individual may choose to assess their perceived skill in one of the five target areas, or select a few indicators within each topic of the five target areas.

Use of the Action Plan: Once users have determined the specific Practices and Indicators from the Inventory they want to target for development, a plan for next steps can be developed using the Action Plan. In the first column of the Action Plan, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify Resources and Supports that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

Completion Dates: Users may complete the Inventory and Action Plan on an ongoing basis as a way of determining their progress toward addressing specific Practices targeted for training and to track changes over time. Portions of the Inventory may be completed repeatedly, as needed, during a program year, or as time and resources permit.
Module 1

Handout 1.6: Inventory of Practices—Tool II

Table of Contents

Foundational Assessment: Program Design and Management
   1. Program Design
   2. Program Management
   3. Teams with families to develop individualized curriculum plans for all children

Tool I: Nurturing and Responsive Relationships
   4. Provides physical and emotional security for each child
   5. Develops meaningful relationships
   6. Assists infants and toddlers in regulating emotions
   7. Applies knowledge of children’s individual temperaments to interactions and practice
   8. Engages in ongoing observation and reflection about children’s social emotional learning
   9. Examines personal, family, and cultural values, beliefs, and assumptions

Tool II: Creating Supportive Environments and Routines
   10. Designs responsive environments that promote social emotional competence
   11. Designs responsive routines and schedules that promote social emotional competence
   12. Ensures smooth transitions
   13. Individualizes plans and curriculum to promote social emotional competence
   14. Uses age appropriate expectations to guide children’s behavior
   15. Supports families to develop home environments and routines that promote social emotional competence

Tool III: Targeted Social Emotional Supports
   16. Uses prompting and reinforcement of positive interactions effectively
   17. Provides guidance to aid children in their development of social practices
   18. Promotes identification and labeling of emotions in self and others
   19. Explores the nature of feelings and the appropriate ways they can be expressed
   20. Develops individualized approaches to support children in distress

Tool IV: Individualized Intensive Interventions and Program Design and Management
   21. Team uses information and careful observation to determine the meaning of behavior
   22. When necessary, uses a program process to develop individualized support plans
   23. Uses program process to reflect on children’s progress within support plan
<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10. Designs responsive environments that promote social emotional competence</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Provides an environment that considers circulation patterns <em>(where children and adults enter/exit; how children navigate the space without obstruction from furniture)</em></td>
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<tr>
<td>Provides quiet spaces for infants and toddlers, away from active play</td>
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<tr>
<td>Arranges classroom so there is protected and safe space for young infants to have tummy time</td>
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<tr>
<td>Allows children freedom to move around <em>(provides safe places for tummy time, pulling up, walking, and climbing)</em></td>
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<tr>
<td>Removes obstacles that make it difficult for children with disabilities to move around and utilize the room</td>
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<tr>
<td>Provides private spaces <em>(for children to play alone)</em> and semi-private spaces <em>(for children to play with one or two friends)</em></td>
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<tr>
<td>Sets up diapering, feeding, sleeping and play areas to allow quiet, personal contact between caregivers and toddlers</td>
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<tr>
<td>Arranges classroom materials so they are orderly and accessible to toddlers and adults and provides duplicates of favorite toys</td>
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<td>Defines activity areas by creating boundaries</td>
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<tr>
<td><strong>Provides a variety of play spaces:</strong></td>
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<tr>
<td>Spaces for delighting the senses</td>
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<td>Spaces to interact with caregivers</td>
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<td>Space for development of large motor movement</td>
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<tr>
<td>Space for infants and toddlers to use creative arts materials</td>
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<td>Space for toys and manipulative items</td>
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<td>Space for toddlers to build and construct</td>
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<td>Space for dramatic and pretend play</td>
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<tr>
<td>Space for looking at books</td>
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<tr>
<td>Outdoor space</td>
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<tr>
<td>Considers children’s interests and abilities when deciding what materials to put in play spaces *</td>
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<tr>
<td>Space is flexible and changes with children’s interests and developing skills</td>
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<tr>
<td>Continually observes infants and toddlers on a regular basis and makes changes to the environment based on *(written) observations *</td>
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<tr>
<td><strong>Ensures that play areas are well-equipped with materials and furniture</strong></td>
<td></td>
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<tr>
<td>Water supply near art area</td>
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<tr>
<td>Hand washing sink near sand/water</td>
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</tbody>
</table>
### Practices and Indicators

<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• materials readily available</td>
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<tr>
<td>• child size toilets in the classroom</td>
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<tr>
<td>• Provides and encourages the use of gross motor materials in both indoor and outdoor settings (e.g. double slides, tunnels, and rocking boats that encourage social play)</td>
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</tr>
</tbody>
</table>

**Comments:**

**11. Designs responsive routines and schedules that promote social-emotional competence**

- Routines are individualized for each infant and toddler
- Offers a predictable yet flexible sequence of routines each day
- Focuses on the order in which things happen rather than the time and allows children to “set the pace”
- Helps infants and toddlers learn about routines or schedules through verbal cues and pictures (gives warnings before diaper changes, nose wipes, outside time, eating time, and nap times)
- Talks with infants about specific sequence of events; creates for toddlers a visual schedule showing daily routines to see and touch, and posts schedule at eye level
- Gives clear guidance during routines. (says what is happening now and next and what’s expected)
- Invites infants and toddlers to take part in daily routines (having them help when dressing, providing stepstools to allow toddlers to begin hand washing on their own, passing items at mealtimes)
- Provides explanations when necessary changes in the routine take place
- Ensures that group activities (if provided) are short and focused, and that materials and set up is completed ahead of time
- Reviews past activities with toddlers and notices and acknowledges when a toddler seems to be thinking about an event from the past
- Works with other caregivers and family members to provide consistent care among adults for each infant and toddler
- Asks families about the routines at home and works to integrate home routines into the center based routines

**Eating:**

- Welcomes families to eat with their children, and respects the family’s culture and decisions around serving, feeding and eating with toddlers when they participate
- Supports breastfeeding mothers by adapting routines and providing spaces to nurse and pump
### Module 1  
**Handout 1.6: Inventory of Practices—Tool II**

<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provides a system for documenting families’ wishes on issues related to weaning from breast or bottle and respects families' wishes</td>
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<tr>
<td>• Responds to children’s non-verbal as well as verbal requests and comments while eating (respectful of when infants and toddlers signal they are full or want more, does not require children to finish everything)</td>
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<tr>
<td>• Holds infants gently for bottle feeding; sits with toddlers for eating and creates opportunities for them to successfully feed themselves (bowls with small amount of food so spilling makes minimal mess, pieces cut into small serving sizes so eating remains safe even if a child takes too many)</td>
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<tr>
<td>• Provides child-sized furniture and equipment to encourage self-help skills (i.e. high-chairs, tables and chairs that fit infants and toddlers comfortably, serving utensils that are easy to grasp)</td>
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<tr>
<td><strong>Diapering and Toileting:</strong></td>
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<tr>
<td>• Makes the transition to diapering comfortable and predictable for children (e.g. giving child warning before picking her up)</td>
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<tr>
<td>• Makes diapering and toileting a special time for adults to be present with children (interacting, using first/next words that are comforting, encouraging toddlers to participate in the routine)</td>
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<tr>
<td>• Organizes diapering area and supplies to allow for one-on-one interactions between infants/toddlers and caregivers</td>
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<tr>
<td>• Provides diapering and toileting equipment that encourages self-help skills (e.g. steps for toddlers to walk up to diapering table; child-sized toilets)</td>
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<tr>
<td><strong>Sleeping:</strong></td>
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<tr>
<td>• Prepares nap area for toddlers when they are becoming tired so they can transition to nap time as they are ready, allows toddlers to wake up when they are ready and has a quiet activity planned for early risers</td>
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<tr>
<td>• Provides each infant with his own crib, and provides toddlers with cots, sheets, pillows and blankets that are labeled with first name and picture symbol</td>
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<tr>
<td>• Sings, play lullabies, holds, rocks, carries, and offer infants and toddlers a book, doll or teddy bear while getting ready for nap time</td>
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<td><strong>Comments:</strong></td>
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</table>

**12. Ensures Smooth Transitions**  

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<th></th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reduce wait times and “forced transitions” by allowing children to initiate and transition to other activities when they are ready (when they are hungry for snack they can eat, diapering/toileting when needed not on a group schedule)</td>
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<tr>
<td>• Designs schedule to minimize the amount of time toddlers spend making transitions between activities (for example, asks toddlers to put on their coats one child at a time while the others are still busy rather than lining up a group of kids and doing their coats)</td>
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</table>
### Practices and Indicators

<table>
<thead>
<tr>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provides multisensory cues prior to transitions (<em>sings a song, rings a bell, dims the lights, or points to a picture</em>)</td>
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<tr>
<td>• Individualizes cues prior to transitions for specific toddlers (<em>moves close to child, makes eye contact and says “Jonathan, remember when I ring this bell it will be time to get ready to go outside.”</em>)</td>
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<tr>
<td>• Uses transitional or comfort objects to help toddlers move between activities (<em>Will everyone take a ball outside? Great!</em></td>
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<tr>
<td>• Assigns specific jobs to toddlers who have difficulty transitioning (<em>“Jason, will you go get our rope from the shelf so we can get ready to go outside?”</em>)</td>
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<tr>
<td>• Continues acknowledging and responding to infants when she/he has to provide care for another child (<em>“I can tell you are getting hungry and I will be right over to feed you as soon as I finish changing Jawan’s diaper”</em>)</td>
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**Comments:**

<table>
<thead>
<tr>
<th>13. Individualizes plans and curriculum to promote social emotional competence</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Plans and supports multiple experiences occurring simultaneously among the children in the group (<em>i.e. a child may be being fed; another sleeping; a few playing; etc.</em>)</td>
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<tr>
<td>• Has a written plan, developed with families, for each infant and toddler in care that addresses current strengths, needs and areas of focus or interests and respects and accommodates individual needs, personalities, and characteristics *</td>
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<tr>
<td>• Encourages infants and toddlers to explore and choose materials that are most interesting to them (<em>does not overwhelm with too many choices, show enthusiasm for choices, ask questions about what toddlers are playing with</em>)</td>
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<tr>
<td>• Provides materials, activities and interactions that are both familiar and new/challenging</td>
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**Comments:**

<table>
<thead>
<tr>
<th>14. Uses age appropriate expectations to guide children’s behavior</th>
<th>3</th>
<th>2</th>
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<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>• Responds calmly when an infant is overwhelmed or stressed (<em>swaddles infants; holds infants close; provides a “lovey”; rocks infant, sings to infant, offers infant a different position to be held in; provides a change of scenery; modified the sound or lighting</em>)</td>
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<tr>
<td>• Uses simple words or phrases explaining natural consequences such as (<em>“It hurts your friend when you pull his hair” If you want that toy, let’s ask if you can use it when he’s done.”</em>)</td>
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<tr>
<td>• Provides opportunities for toddlers to practice classroom expectations (<em>“See the picture of the truck? Please put the truck back right there.”</em>)</td>
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</table>
### Handout 1.6: Inventory of Practices—Tool II

<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
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</thead>
<tbody>
<tr>
<td>States and models expectations positively and specifically (avoids words &quot;no&quot; and &quot;don't&quot; as much as possible &quot;Please be gentle with your hands, like this.&quot; or &quot;food stays on the table&quot;)</td>
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<tr>
<td>Frequently reinforces appropriate behavior (&quot;I think Josiah liked it when you gave him that car.&quot; &quot;Sarah looks so happy that you gave her a napkin for snack.&quot;)</td>
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<tr>
<td>Uses a problem solving approach to help toddlers begin to solve problems. (&quot;You want the truck and Josh wants the truck, what can we do?&quot;)</td>
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<tr>
<td>Reduces opportunities for conflict (provides more than one of a popular toy, positions self between toddlers before emotions escalate, stays between toddlers who may have been biting or hitting frequently)</td>
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<tr>
<td>Stays close and supports toddlers in difficult encounters with other toddlers and shows positive feelings for both toddlers in a conflict</td>
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<tr>
<td>Lets toddlers know through calm approach that conflict is to be expected and that it can be resolved with help</td>
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<tr>
<td>Uses situations throughout the day to allow toddlers opportunities to generate solutions, and help toddlers try solutions until the problem is resolved</td>
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<tr>
<td>Takes time to support toddlers through the problem solving process during heated moments (18 months &amp; older)</td>
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<tr>
<td>Systematically teaches the problem solving steps: What is my problem? What are some solutions? What would happen next? Try out the solution. (24 months &amp; older)</td>
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<tr>
<td>Shares and discusses photographs of toddlers working out situations (24 months &amp; older)</td>
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</table>

**Comments:**

14. Supports families to develop home environments and routines that promote social emotional competence

<table>
<thead>
<tr>
<th>3</th>
<th>2</th>
<th>1</th>
<th>YES</th>
<th>NO</th>
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</table>

- Engages families to support the use of positive social and emotional strategies in the home
- Communicates with families daily and identifies resources on healthy social emotional development
- Provides assistance to families on creating healthy home environments and routines (i.e. helps families solve problems, makes suggestions based on his/her observations of the child)
### Action Plan

<table>
<thead>
<tr>
<th>Priority Skills and Indicators</th>
<th>Strategies I will use to implement new practices or support others in implementing new practices</th>
<th>Supports and resources needed to accomplish these activities</th>
<th>CSEFEL Resources</th>
</tr>
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<tbody>
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<tr>
<td>Where to find helpful training information…</td>
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<tr>
<td><strong>Tool I: Nurturing and Responsive Relationships</strong></td>
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<tr>
<td>4. Provides physical and emotional security for each child – <strong>Module 1 &amp; 2</strong></td>
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<tr>
<td>5. Develops meaningful relationship with children and families – <strong>Module 1</strong></td>
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<tr>
<td>6. Assists infants and toddlers in regulating emotions – <strong>Module 2</strong></td>
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<tr>
<td>7. Applies knowledge of children’s individual temperaments to interactions and practice – <strong>Module 1</strong></td>
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</table>
Inventory of Practices for Promoting Infant and Toddlers’ Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

Purpose of the Inventory: The Inventory of Practices for Promoting Infants’ and Toddlers’ Social Emotional Competence is designed as a reflective series of tools for use by individuals and/or teams to recognize effective practices, identify ongoing professional development needs, and plan a course of action to address those needs related to five target areas:

Foundational Assessment: Program Design and Management
The program design and management section may be most helpful as a reflection tool for administrators and supervisors. It is aligned to the Effective Workforce portion of the pyramid and can be helpful in reflecting on policies and program design elements that support infants and toddlers social emotional development. This tool describes critical practices and policies that should be in place in a high-quality program that supports infants, toddlers, and their families. Many of these policies and practices pave the way for providers to be successful in implementing the practices detailed in Tools I-III.

Tool I: Nurturing and Responsive Relationships
The Nurturing and Responsive Relationships section is aligned to the base of the pyramid, which indicates where a program should begin in addressing infants’ and toddlers’ social and emotional development through the important aspects of building relationships with infants and toddlers and their families.

Tool II: Creating High-Quality Supportive Environments
The Creating High-Quality Supportive Environments section is also aligned to the base of the pyramid, which indicates where a program would begin addressing infants’ and toddlers’ social and emotional development through the important aspects of creating environments that support social emotional development.

Tool III: Targeted Social Emotional Supports
The Targeted Social Emotional Supports section relates to systematic approaches to promoting, facilitating and teaching social and emotional skills to infants and toddlers. This section is a focus for programs and classrooms that already have the base of the pyramid in place.

Tool IV: Individualized Intensive Interventions
The Intensive Interventions section describes indicators for implementing a program process to effectively implement individualized intensive interventions. This section can be used to stimulate reflection among program administrators, teams, caregivers, and families.

The target areas are aligned with the CSEFEL Pyramid Model. Some of the items, specifically in the sections at the base of the pyramid, address issues that are well-established indicators of high quality programs. Some of these indicators may be addressed in other tools or measures already used within a program (such as the Infant Toddler Environmental Rating Scale). The purpose of this tool is to provide a specific lens to look at social emotional development in infants and toddlers. It can be used strategically in conjunction with other tools within a program. While it is not likely feasible to use the entire set of tools at one time, the set of tools is designed to be used as an ongoing planning and discussion tool by programs. For example, if the program plans to focus on creating supportive environments to support infants’ and toddlers’ social emotional development, the Creating Supportive Environments section may be used with teachers as a pre and post reflective opportunity to gauge practices and develop plans for key areas for growth. The tools within the inventory encourage individual self-reflection, opportunities for teaming between caregivers, mentor coaches, supervisors, consultants, site directors, and other administrators, and promote effective practices for direct service staff. For each of the tools in the inventory, there is an action plan that can guide reflection, feedback and next steps. While each tool focuses on a different level of the pyramid, it is important to note that some of the ideas and themes are consistent and overlapping throughout several tools.
Use of the Inventory: This tool is best utilized in a manner that encourages reflection and discussion. Each of the five target areas includes Topics, Practices and Indicators that promote social emotional competence in infants and toddlers. The Indicators are detailed phrases that enable the user to “dig a little deeper” in identifying practices and observable behaviors that may or may not be present in the caregiving environment. A column entitled Observations/Evidence allows the user to write thoughts, suggestions, strengths, and needs concerning the specific Topics, Practices or Indicators.

Three following three levels of skill permit users to record their perceived practice level for each Indicator by checking the appropriate box:

Consistently: The caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. If self-administered: Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. If administered by a colleague: Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.

Occasionally: The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. If self-administered: Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. If administered by a colleague: Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.

Seldom: The caregivers may not understand the concept or practice and the practice is not performed very often if at all. If self-administered: Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. If administered by a colleague: The caregivers often miss important, naturally occurring opportunities to demonstrate the practice.

Indicators that have an asterisk are those that may best be answered through interview, discussion or document review. When possible, users should plan a time with the caregiver or team to ask questions or look at examples of various tools or policies designed to support infants’ and toddlers’ social emotional development. Users should meet with caregivers in a quiet area, during a time when the caregiver is not responsible for caring for infants and toddlers. The final column allows the team to decide whether an indicator should be a Target for Training. Following each section is a space for writing additional comments. The team or individual may wish to acknowledge particular strengths or delineate specific training requests, professional development opportunities, strengths, or feedback regarding practice in the Comments box. A team or individual may choose to assess their perceived skill in one of the five target areas, or select a few indicators within each topic of the five target areas.

Use of the Action Plan: Once users have determined the specific Practices and Indicators from the Inventory they want to target for development, a plan for next steps can be developed using the Action Plan. In the first column of the Action Plan, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify Resources and Supports that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

Completion Dates: Users may complete the Inventory and Action Plan on an ongoing basis as a way of determining their progress toward addressing specific Practices targeted for training and to track changes over time. Portions of the Inventory may be completed repeatedly, as needed, during a program year, or as time and resources permit.
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Foundational Assessment: Program Design and Management
  1. Program Design
  2. Program Management
  3. Teams with families to develop individualized curriculum plans for all children

Tool I: Nurturing and Responsive Relationships
  4. Provides physical and emotional security for each child
  5. Develops meaningful relationships
  6. Assists infants and toddlers in regulating emotions
  7. Applies knowledge of children’s individual temperaments to interactions and practice
  8. Engages in ongoing observation and reflection about children’s social emotional learning
  9. Examines personal, family, and cultural values, beliefs, and assumptions

Tool II: Creating Supportive Environments and Routines
  10. Designs responsive environments that promote social emotional competence
  11. Designs responsive routines and schedules that promote social emotional competence
  12. Ensures smooth transitions
  13. Individualizes plans and curriculum to promote social emotional competence
  14. Uses age appropriate expectations to guide children’s behavior
  15. Supports families to develop home environments and routines that promote social emotional competence

Tool III: Targeted Social Emotional Supports
  16. Uses prompting and reinforcement of positive interactions effectively
  17. Provides guidance to aid children in their development of social practices
  18. Promotes identification and labeling of emotions in self and others
  19. Explores the nature of feelings and the appropriate ways they can be expressed
  20. Develops individualized approaches to support children in distress

Tool IV: Individualized Intensive Interventions and Program Design and Management
  21. Team uses information and careful observation to determine the meaning of behavior
  22. When necessary, uses a program process to develop individualized support plans
  23. Uses program process to reflect on children’s progress within support plan
### Handout 1.6: Inventory of Practices—Tool III

<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>16. Uses prompting and reinforcement of positive interactions effectively</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>- Encourages peer interaction (positions infants near each other, organizes activities that encourage toddlers to work together, acknowledges and comments on children’s interest in other children; encourages their attempts to join play)</td>
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<td>- Shows an understanding of developmental levels of interactions, play practices, and individual children (e.g. does not expect that toddlers will share toys)</td>
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<tr>
<td>- Remains nearby during social interactions to provide security, comfort, encouragement, guidance or facilitation if needed</td>
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<td>- Allows children an opportunity to work out conflicts before offering guidance and assistance</td>
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<tr>
<td>- Communicates behavioral expectations by letting children know what they should do (not what they should not do). For example, says “hands on your lap instead of your neighbor” instead of “don’t hit.”</td>
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<tr>
<td>- Talks about “friends” and “playing with friends”</td>
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<tr>
<td>- Facilitates interactions by supporting and suggesting play ideas where more than one child can play (“Can you two move that heavy box over here?”)</td>
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<tr>
<td>- Ensures that interactions are mostly child-directed throughout the day</td>
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<tr>
<td><strong>Comments:</strong></td>
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| **17. Provides guidance to aid children in their development of social practices** | 3 | 2 | 1 | YES | NO |
| - Includes social interaction goals on all individualized plans or curricula *(Integrates children’s social and emotional development in the planning of activities and experiences. Does not plan activities that have isolated development goals. For example, if planning a gross motor experience, considers and plans for how infants and toddlers might interact with one another and adults)* | | | | | |
| - Uses naturally occurring opportunities to promote empathy and awareness of others (e.g. when a child is sad, caregiver models empathetic response and encourages children to notice how child is feeling and talks about helping to make them feel better; e.g. saying to other toddler peers “Josh is frowning. I wonder if he is upset. What do you think you can say to him that might make him feel better?” “Let’s ask him if he is ok”) | | | | | |
| - Uses naturally occurring opportunities to begin to talk about turn taking and sharing | | | | | |
| - Caregiver plays games and interacts using give and take or turn taking (i.e. “I’ll roll the ball to you and you roll it back” or “I put a block in and you put a block in”) | | | | | |
| - Models playing alongside children and recognizes children’s efforts to play with one another (e.g. when a child is rolling ball, gives a second ball to another child near child, and suggests rolling balls to one another) | | | | | |
### Module 1  Handout 1.6: Inventory of Practices—Tool III

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<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>17. Provides guidance to aid children in their development of social practices</strong></td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>(continued)</td>
<td>3</td>
<td>2</td>
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<tr>
<td>• Firmly shares concerns about hurting but does not ridicule or use</td>
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<tr>
<td>punishment (e.g. says, “I see that it really hurts Jaylen when you pull his</td>
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<tr>
<td>hair, look at his face.”)</td>
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<tr>
<td>• Uses a combination of natural and logical consequences and encourages</td>
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<td>children to be responsible for their own behavior (“Kayla, instead of</td>
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<td>throwing the doll at Jordan, why don’t you hand it to him? If you throw the</td>
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<td>doll again, you could hurt Jordan and we will have to put the doll away and</td>
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<td>find something else that you can throw”)</td>
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<tr>
<td>• Shares program strategies for prompting and reinforcing positive behaviors</td>
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<tr>
<td>and social practices with parents</td>
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<tr>
<td>Comments:</td>
<td></td>
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<tr>
<td><strong>18. Promotes identification and labeling of emotions in self</strong></td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>and others</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>• Uses photographs, pictures, and posters that portray people in various</td>
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<tr>
<td>emotional states</td>
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<tr>
<td>• Introduces children to more complicated and varied feelings words (e.g. terms</td>
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<td>such as: calm, interested, curious, quiet, bubbly, frustrated, uncertain, worried,</td>
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<td>anxious, enthusiastic etc.)</td>
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<tr>
<td>• Ask children questions about their feelings and talks about the fact that</td>
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<tr>
<td>feelings can change (e.g. “Are you upset right now? I know he doesn’t want to let</td>
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<td>you use the truck right now but when he is finished you can have a turn and I think</td>
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<td>you will be happier then!”)</td>
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<td>• Uses real-life situations to practice problem-solving, beginning with defining</td>
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<td>the problem and emotions involved as appropriate for each age (e.g. “I can see</td>
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<td>that you are upset because it is time to go inside. It is sometimes hard and</td>
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<tr>
<td>upsetting to go inside when you don’t feel ready. Let’s think about how to</td>
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<td>make it better…maybe we can come outside again later?”)</td>
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<tr>
<td>• Assists children in recognizing and understanding how another child might be</td>
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<td>feeling by pointing out facial expressions, voice tone, body language or words</td>
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<td>• Observes aloud how children’s actions influence others in the room (e.g. “It</td>
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<tr>
<td>looks like Margaret feels happy when you give her the doll!”)</td>
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<tr>
<td>Comments:</td>
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</tbody>
</table>
### Module 1

#### Handout 1.6: Inventory of Practices—Tool III

<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Exploring the nature of feelings and the appropriate ways they can be expressed</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>• Labels cues of emotional escalation for children (“You look like you are getting frustrated when Jennifer takes the blocks from you”)</td>
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<tr>
<td>• Uses opportunities to comment on occasions when children state they are feeling upset or angry but are remaining calm (24 months &amp; older) and comments on positive emotions (“You are so calm and relaxed right now”)</td>
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<tr>
<td>• Is present and offers calm words of support during a toddler “tantrum” if the child is in danger of hurting self or others, gently holds child and provides explanation</td>
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<tr>
<td>• Chooses books, music and finger plays with a rich vocabulary of feeling words</td>
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<tr>
<td>• Labels own emotional states and provides an action statement (“I am feeling frustrated so I better take some deep breaths to calm down”)</td>
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<tr>
<td>Comments:</td>
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<th>Target for Training?</th>
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</tr>
</thead>
<tbody>
<tr>
<td>20. Develops individualized approaches to support children in distress</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>• Develops individualized approaches for children who have difficulty with routines and transitions (i.e. helps parents develop a ritual for drop off; engages in a specific routine to soothe a child who has difficulty falling asleep; provides an individual child more frequent warnings in preparation for transitions)</td>
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<tr>
<td>• Works with families to share and explore techniques to try both at home and in the program</td>
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<tr>
<td>• Engages in reflection with peers, supervisor, consultants and/or coach for a child exhibiting difficulty with certain routines or transitions</td>
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<tr>
<td>• Adjusts responses to child’s behavior based on effectiveness*</td>
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<td>• Response to behavior is matched to the cause, purpose, or meaning of the behavior rather than a one-size-fits-all approach*</td>
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<tr>
<td>Comments:</td>
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</tbody>
</table>
## Action Plan

<table>
<thead>
<tr>
<th>Priority Skills and Indicators</th>
<th>Strategies I will use to implement new practices or support others in implementing new practices</th>
<th>Supports and resources needed to accomplish these activities</th>
<th>CSEFEL Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Where to find helpful training information…</td>
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<tr>
<td></td>
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<td></td>
<td>Tool IV: Individualized Intensive Interventions</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>21. Team uses information and careful observation to determine the meaning of behavior – Module 3</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>22. With team, develops initial responses to concerns – Module 3</td>
</tr>
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<td></td>
<td>23. When necessary, uses a program process to develop individualized support plans – Module 3</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>24. Uses program process to reflect on children’s progress within support plan – Module 3</td>
</tr>
</tbody>
</table>

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*The Center on the Social and Emotional Foundations for Early Learning*
Inventory of Practices for Promoting Infant and Toddlers’ Social Emotional Competence

Developed by Lindsey T. Allard, Amy Hunter, and Kate Anderson Simons

Purpose of the Inventory: The Inventory of Practices for Promoting Infants’ and Toddlers’ Social Emotional Competence is designed as a reflective series of tools for use by individuals and/or teams to recognize effective practices, identify ongoing professional development needs, and plan a course of action to address those needs related to five target areas:

Foundational Assessment: Program Design and Management
The program design and management section may be most helpful as a reflection tool for administrators and supervisors. It is aligned to the Effective Workforce portion of the pyramid and can be helpful in reflecting on policies and program design elements that support infants and toddlers social emotional development. This tool describes critical practices and policies that should be in place in a high-quality program that supports infants, toddlers, and their families. Many of these policies and practices pave the way for providers to be successful in implementing the practices detailed in Tools I-III.

Tool I: Nurturing and Responsive Relationships
The Nurturing and Responsive Relationships section is aligned to the base of the pyramid, which indicates where a program should begin in addressing infants’ and toddlers’ social and emotional development through the important aspects of building relationships with infants and toddlers and their families.

Tool II: Creating High-Quality Supportive Environments
The Creating High-Quality Supportive Environments section is also aligned to the base of the pyramid, which indicates where a program would begin addressing infants’ and toddlers’ social and emotional development through the important aspects of creating environments that support social emotional development.

Tool III: Targeted Social Emotional Supports
The Targeted Social Emotional Supports section relates to systematic approaches to promoting, facilitating and teaching social and emotional skills to infants and toddlers. This section is a focus for programs and classrooms that already have the base of the pyramid in place.

Tool IV: Individualized Intensive Interventions
The Intensive Interventions section describes indicators for implementing a program process to effectively implement individualized intensive interventions. This section can be used to stimulate reflection among program administrators, teams, caregivers, and families.

The target areas are aligned with the CSEFEL Pyramid Model. Some of the items, specifically in the sections at the base of the pyramid, address issues that are well-established indicators of high quality programs. Some of these indicators may be addressed in other tools or measures already used within a program (such as the Infant Toddler Environmental Rating Scale). The purpose of this tool is to provide a specific lens to look at social emotional development in infants and toddlers. It can be used strategically in conjunction with other tools within a program. While it is not likely feasible to use the entire set of tools at one time, the set of tools is designed to be used as an ongoing planning and discussion tool by programs. For example, if the program plans to focus on creating supportive environments to support infants’ and toddlers’ social emotional development, the Creating Supportive Environments section may be used with teachers as a pre and post reflective opportunity to gauge practices and develop plans for key areas for growth. The tools within the inventory encourage individual self-reflection, opportunities for teaming between caregivers, mentor coaches, supervisors, consultants, site directors, and other administrators, and promote effective practices for direct service staff. For each of the tools in the inventory, there is an action plan that can guide reflection, feedback and next steps. While each tool focuses on a different level of the pyramid, it is important to note that some of the ideas and themes are consistent and overlapping throughout several tools.
Use of the Inventory: This tool is best utilized in a manner that encourages reflection and discussion. Each of the five target areas includes Topics, Practices and Indicators that promote social emotional competence in infants and toddlers. The Indicators are detailed phrases that enable the user to “dig a little deeper” in identifying practices and observable behaviors that may or may not be present in the caregiving environment. A column entitled Observations/Evidence allows the user to write thoughts, suggestions, strengths, and needs concerning the specific Topics, Practices or Indicators.

Three following three levels of skill permit users to record their perceived practice level for each Indicator by checking the appropriate box:

**Consistently:** The caregivers understand this practice and believe they perform the practice frequently, regularly, and consistently throughout the day. If self-administered: Caregivers can recall few or no important, naturally occurring opportunities when they failed to demonstrate the practice. If administered by a colleague: Caregivers do not appear to miss important, naturally occurring opportunities to demonstrate the practice.

**Occasionally:** The caregivers understand this practice and believe they perform the practice sometimes but not frequently or consistently throughout the day. If self-administered: Caregivers may recall several important, naturally occurring opportunities when they failed to demonstrate the practice. If administered by a colleague: Caregivers may miss important, naturally occurring opportunities to demonstrate the practice.

**Seldom:** The caregivers may not understand the concept or practice and the practice is not performed very often if at all. If self-administered: Caregivers may recall many important, naturally occurring opportunities when they failed to demonstrate the practice. If administered by a colleague: The caregivers often miss important, naturally occurring opportunities to demonstrate the practice.

Indicators that have an asterisk are those that may best be answered through interview, discussion or document review. When possible, users should plan a time with the caregiver or team to ask questions or look at examples of various tools or policies designed to support infants’ and toddlers’ social emotional development. Users should meet with caregivers in a quiet area, during a time when the caregiver is not responsible for caring for infants and toddlers. The final column allows the team to decide whether an indicator should be a Target for Training. Following each section is a space for writing additional comments. The team or individual may wish to acknowledge particular strengths or delineate specific training requests, professional development opportunities, strengths, or feedback regarding practice in the Comments box. A team or individual may choose to assess their perceived skill in one of the five target areas, or select a few indicators within each topic of the five target areas.

Use of the Action Plan: Once users have determined the specific Practices and Indicators from the Inventory they want to target for development, a plan for next steps can be developed using the Action Plan. In the first column of the Action Plan, users should outline priority indicators as targets for development. In the second column, caregivers and support personnel (e.g., trainers, supervisors, consultants, mentor coaches, administrators) should work together to identify the strategies they will each use to help the caregiving team implement the new practices. The third column allows users to identify Resources and Supports that will be necessary to successfully complete the activities or strategies listed in the second column. Once the caregiving team has completed their action plan on the selected indicator(s), the team can select other priorities to work on, creating an ongoing process of quality improvement.

Completion Dates: Users may complete the Inventory and Action Plan on an ongoing basis as a way of determining their progress toward addressing specific Practices targeted for training and to track changes over time. Portions of the Inventory may be completed repeatedly, as needed, during a program year, or as time and resources permit.
Foundational Assessment: Program Design and Management
  1. Program Design
  2. Program Management
  3. Teams with families to develop individualized curriculum plans for all children

Tool I: Nurturing and Responsive Relationships
  4. Provides physical and emotional security for each child
  5. Develops meaningful relationships
  6. Assists infants and toddlers in regulating emotions
  7. Applies knowledge of children’s individual temperaments to interactions and practice
  8. Engages in ongoing observation and reflection about children’s social emotional learning
  9. Examines personal, family, and cultural values, beliefs, and assumptions

Tool II: Creating Supportive Environments and Routines
  10. Designs responsive environments that promote social emotional competence
  11. Designs responsive routines and schedules that promote social emotional competence
  12. Ensures smooth transitions
  13. Individualizes plans and curriculum to promote social emotional competence
  14. Uses age appropriate expectations to guide children’s behavior
  15. Supports families to develop home environments and routines that promote social emotional competence

Tool III: Targeted Social Emotional Supports
  16. Uses prompting and reinforcement of positive interactions effectively
  17. Provides guidance to aid children in their development of social practices
  18. Promotes identification and labeling of emotions in self and others
  19. Explores the nature of feelings and the appropriate ways they can be expressed
  20. Develops individualized approaches to support children in distress

Tool IV: Individualized Intensive Interventions and Program Design and Management
  21. Team uses information and careful observation to determine the meaning of behavior
  22. When necessary, uses a program process to develop individualized support plans
  23. Uses program process to reflect on children’s progress within support plan
### Module 1

#### Handout 1.6: Inventory of Practices—Tool IV

<table>
<thead>
<tr>
<th>Practices and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for Training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Team uses information and careful observation to determine the meaning of behavior</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>• Completes comprehensive interviews with families and others who care for child *</td>
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<tr>
<td>• Reviews all documentation related to the child (i.e. child’s medical records, anecdotal notes, observations, assessments, screening, parent/family information, etc.)</td>
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<td>• Assists in developing a hypothesis about the meaning of a child’s behavior as a member of the team *</td>
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**Comments:**

<table>
<thead>
<tr>
<th>22. When necessary, uses a program process to develop individualized support plans</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>• Program uses a written plan to help meet the child’s needs and provide the child with alternative strategies, rather than focusing on eliminating the challenging behavior for the caregiver’s purposes *</td>
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<td>• Works with parent(s) to encourage a consistent approach across care settings*</td>
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<td>• Follows a clearly articulated written program process and support protocol for implementation and ongoing review of support plans*</td>
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<tr>
<td>• Document supports and resources caregivers and parents may need to fully implement the plan (i.e. training, coaching, specific materials for the classroom or home, materials to document progress or track improvement)</td>
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<tr>
<td>• Clarifies and documents consistent responses to specific behaviors for each person on the team*</td>
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<td>• Uses the support of a mental health consultant when available*</td>
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**Comments:**

<table>
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<tr>
<th>23. Uses process to reflect on children’s progress within support plan</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>• Observes, monitors, and documents acquisition of positive behaviors that allow the child to focus his/her energy on developmental growth *</td>
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<td>• Maintains ongoing communication with family about progress at home and in the care setting *</td>
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<td>• Collaborates as a member of a team that meets periodically to review child progress, plan implementation, and to develop new support strategies *</td>
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<tr>
<td>• Observes, monitors, and documents changes in challenging behavior *</td>
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</table>

**Comments:**
### Action Plan

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<th>Priority Skills and Indicators</th>
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<td></td>
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<td></td>
<td>Where to find helpful training information…</td>
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<td></td>
<td><strong>Tool IV: Individualized Intensive Interventions</strong></td>
</tr>
<tr>
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<td></td>
<td>21. Team uses information and careful observation to determine the meaning of behavior – <strong>Module 3</strong></td>
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<td></td>
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<td></td>
<td>22. With team, develops initial responses to concerns – <strong>Module 3</strong></td>
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<td></td>
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<td></td>
<td>23. When necessary, uses a program process to develop individualized support plans – <strong>Module 3</strong></td>
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<td></td>
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<td></td>
<td>24. Uses program process to reflect on children’s progress within support plan – <strong>Module 3</strong></td>
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</tbody>
</table>
Module 1 Handout 1.7: CSEFEL Definition of Social Emotional Development

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.

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.

(Adapted with permission from ZERO to THREE’s definition of infant mental health, 2001.)
<table>
<thead>
<tr>
<th>Statement</th>
<th>True or False</th>
</tr>
</thead>
<tbody>
<tr>
<td>A baby is born with just a few brain cells.</td>
<td></td>
</tr>
<tr>
<td>The kind of care a young child receives plays a big role in how the brain wires itself. For example, caregivers who respond sensitively to a baby’s cries are building the connections that lead to healthy relationships.</td>
<td></td>
</tr>
<tr>
<td>Brain development is completely determined and designed based on genetics.</td>
<td></td>
</tr>
<tr>
<td>The infant’s early brain development is designed to connect the newborn with other human beings around him who will provide care.</td>
<td></td>
</tr>
<tr>
<td>Babies are born with the desire to master and explore their environment and are active participants in their own learning.</td>
<td></td>
</tr>
<tr>
<td>A toddler’s brain is less active than an adult’s brain.</td>
<td></td>
</tr>
<tr>
<td>Young children need expensive toys to get smarter.</td>
<td></td>
</tr>
<tr>
<td>Babies cannot recognize their parents’ voices.</td>
<td></td>
</tr>
<tr>
<td>Babies seek physical and emotional equilibrium.</td>
<td></td>
</tr>
<tr>
<td>What happens before birth does not affect children’s learning.</td>
<td></td>
</tr>
<tr>
<td>Babies can match emotional voice tone to emotional facial expression.</td>
<td></td>
</tr>
<tr>
<td>Babies prefer looking at faces.</td>
<td></td>
</tr>
<tr>
<td><strong>Module 1</strong> Handout 1.8: Overview of CSEFEL Infant Toddler Training Module Content</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>
| **A baby is born with just a few brain cells.**  
A baby is born with more than 100 billion brain cells. Some of these cells are already connected to other cells at birth. These connections regulate the heartbeat and breathing, control reflexes, and regulate other functions needed to survive. However, much of the brain’s wiring does not occur until after birth. | False |
| **The kind of care a young child receives plays a big role in how the brain wires itself.** For example, caregivers who respond sensitively to a baby’s cries are building the connections that lead to healthy relationships.  
From the moment a baby is born, every experience helps build the connections that guide development. No two brains are alike! Early experiences impact the actual architecture of the brain. | True |
| **Brain development is completely determined and designed based on genetics.** Early experiences are equally as important as genetics in brain development.  
The baby’s day-to-day experiences help decide how her brain cells will connect to each other. | False |
| **The infant’s early brain development is designed to connect the newborn with other human beings around him who will provide care.**  
Babies are also born with a set of very useful instincts for surviving and orienting to their new environment. They prefer human stimuli (a face, voice, touch, smell) over everything else. They innately orient to people’s faces and would rather listen to talking or singing than any other kind of sound. | True |
| **Babies are born with the desire to master and explore their environment and are active participants in their own learning.**  
Babies are born with a desire to explore, understand, and “master” their surroundings. They learn more easily with the help and encouragement of their families and caregivers. When encouraged to explore, while are also making sure they don’t get hurt, babies learn to feel good about learning and enjoy new experiences. | True |
| **A toddler’s brain is less active than an adult’s brain.**  
A 3-year-old’s brain is twice as active as an adult’s brain. The adult brain is more efficient. It has gotten rid of brain connections that it doesn’t need (pruning). By about age 3, the brain’s cells have made most of their connections to other cells. Over the next several years, connections are refined based on experience. The connections that are used most will become stronger. Those that are used least will eventually wither. | False |
| **Young children need expensive toys to get smarter.**  
Young children need loving, responsive and predictable care and experiences, such as gentle touch, talking, reading, singing, rocking, etc. Too many new experiences at once can overstimulate a young child and will not help with brain development. Young children need time to process what they have experienced and learn before they are ready for something new. | False |
<table>
<thead>
<tr>
<th>Babies cannot recognize their parents' voices.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some research shows that babies start listening to their parents’ voices while still in the womb. Once born, babies tune into the words used by their familiar caregiver’s to figure out what they are saying. In fact, research has shown that babies prefer speech to all other sounds. They enjoy hearing the different sounds, pitches, and tones that adults use naturally when they talk with babies.</td>
</tr>
<tr>
<td>False</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Babies seek physical and emotional equilibrium.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants are unable to regulate themselves. Despite being born with the capacity for feeling deep emotions, babies are unable to keep themselves in a state of equilibrium, lacking the skills to regulate either the intensity or the duration of those emotions. Babies need assistance and monitoring of a responsive caregiver to maintain equilibrium and not become overwhelmed.</td>
</tr>
<tr>
<td>True</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What happens before birth does not affect children’s learning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor nutrition and exposure to drugs and alcohol can lead to serious problems in brain development even before birth. A developing fetus needs adequate nutrition to develop properly.</td>
</tr>
<tr>
<td>False</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Babies can match emotional voice tone to emotional facial expression.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some studies show babies as young as three and a half months as being able to connect their mother’s tone of speech and facial expressions (using two images, happy and sad).</td>
</tr>
<tr>
<td>True</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Babies prefer looking at faces.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various research studies found that newborn infants have shown a preference for looking at faces and face-like stimuli (e.g., Batki et al 2000). The babies also show a preference for faces with open eyes. When given a choice between fearful and smiling faces, newborns look longer at happy faces (Farroni et al 2007).</td>
</tr>
<tr>
<td>True</td>
</tr>
</tbody>
</table>
## Developmental Continuum from Birth to Age 3½:
### Social Emotional Indicators*

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Attachment Trust/Security</th>
<th>Self-Awareness Identity/Self Esteem</th>
<th>Exploration Autonomy/Independence</th>
</tr>
</thead>
</table>
| **INFANT** (birth to 15 mos) | - Newborns recognize human language and prefer their own mother’s voice  
- Prefer human faces  
- Early social interaction is a smile and mutual gazing  
- Crawls away but checks back visually, calls, and gestures to ensure adult contact  
- Stretches arms to be taken  
- Prefers familiar adults  
- Acts anxious around strangers  
- Uses a blanket or stuffed toy for security and reassurance | - Goes from accidentally sucking own hands to carefully watching them  
- Tries to make things happen  
- Hits or kicks things to make a pleasing sight or sound continue  
- Talks to self when alone  
- Prefers to be held by familiar people  
- Imitates adult behaviors  
- Knows own name  
- Understands simple directions | - Brings thumb or hand to mouth  
- Tracks mother’s voice  
- Observes own hands  
- Babbles using all types of sounds  
- Uses a few words mixed with babbling to form sentences  
- Tries to keep a knee ride going by bouncing to get the adult started again  
- Shows strong feelings (anger, anxiety, affection) |
| **TODDLER** (12 mos- 2½ yrs) | - Relates to others by exploring things with them  
- Pulls up, stands holding furniture, then walks alone  
- Goes through a phase of clinging to primary caregiver  
- Experiences periods of intense feelings when separating or reuniting with a parent  
- Sees others as a barrier to immediate gratification | - Knows can make things happen but is not sure of responsibility for actions  
- Becomes bossy  
- Uses the words Me, You, and I  
- Says "No" to adults  
- Explores everything  
- Is sensitive to others' judging behavior | - Keeps looking for a toy that is hidden from view  
- Understands many more words than can say  
- Has wide mood swings (for example, from stubborn to cooperative)  
- Wants to do things by self |
| **PRESCHOOL** (2½-3½-yrs) | - Is capable of dramatic play  
- Has better control over all aspects of self  
- Needs adult coaching to get along well with others  
- Shows feelings with words and in symbolic play  
- Is more aware that others have feelings  
- Can plan ahead | - Is capable of self-evaluation (for example, good, bad, pretty, ugly)  
- Tries to control self (for example, emotions and toileting)  
- Is learning to take turns in conversations  
- Knows a lot about communicating in the style of own culture | - Uses names of self and others  
- Can tell others about what happened that day  
- Has much larger vocabulary to express ideas  
- Shows concern for others  
- Classifies, labels, and sorts objects and experiences into groups |

---

Adapted with permission from J. Ronald Lally, Abbey Griffin, et al., *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice* (Washington, DC: ZERO TO THREE/The National Center, 1995), pp. 78-79.
## Module 1

**Handout 1.10 Social Emotional Milestones Group Quiz**

Refer to Handout 1.9: Developmental Continuum of Social Emotional Indicators

<table>
<thead>
<tr>
<th>Milestone / Indicator</th>
<th>When would you expect to begin to see this indicator of social emotional competence?[^1]</th>
<th>What category(ies) of social emotional development does the behavior exemplify?[^2]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longer, condensed sleep cycles</td>
<td>Age (birth–6 months; 6–12 months; 12–18 months; 18–24 months; 24–36 months)</td>
<td>Category (Attachment/Trust; Self-Awareness/Identity; Exploration/Autonomy)</td>
</tr>
<tr>
<td>Becomes upset when separated from caregiver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cries to indicate hunger or discomfort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies some emotions in others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likes to be picked up and will hold on to caregiver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staring to enjoy games (peek a boo, turn taking)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enjoys talking and using new words, (“No!”)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showing a variety of complex emotions (pride, sympathy, fear, embarrassment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coos, gurgles, laughs, or smiles to indicate contentment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn towards familiar voices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning to independently follow routines, expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Starting to play by herself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds to name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squeal or shout for attention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tells others what to do, not always compliant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Briefly looks at caregivers face and eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likes to play with fingers, toes and will suck on to self-soothe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knows when she does something wrong</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in unexplained crying</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[^1]: There is definitely overlap across indicators between ages and categories. Thus, these are not absolute answers, and discussion should be encouraged.

The Center on the Social and Emotional Foundations for Early Learning

Vanderbilt University
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
Distractibility – 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
### Temperament Continuum

Place the initials of each of the children in your care on the continuum for each trait based on your observations and discussions with the child’s family. Then, write your initials where you feel you fall on each trait in the continuum. Use this tool to analyze where your temperament is similar and different to the children you care for. Then, knowing that it is the adult who must adjust to make the “fit” good, use the suggestions above to create care strategies that provide the best possible experience for each child.

<table>
<thead>
<tr>
<th>Activity Level:</th>
<th>Not Active</th>
</tr>
</thead>
</table>
| Very Active    | sit back quietly, prefer quiet sedentary activities
| wiggle and squirm, difficulty sitting still |

<table>
<thead>
<tr>
<th>Distractibility:</th>
<th>Not Distractible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Distractible</td>
<td>High degree of concentration</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Pays attention when engaged in an activity</td>
</tr>
<tr>
<td>Difficulty paying attention when engaged in an activity</td>
<td>Not easily distracted by sounds or sights during activities</td>
</tr>
<tr>
<td>Easily distracted by sounds or sights during activities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intensity:</th>
<th>Not Intense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Intense</td>
<td>Muted emotional reactions</td>
</tr>
<tr>
<td>Intense positive and negative emotions</td>
<td></td>
</tr>
<tr>
<td>Strong reactions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regularity:</th>
<th>Not Regular</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Regular</td>
<td>Unpredictable appetite, sleep patterns, elimination</td>
</tr>
<tr>
<td>Predictable appetite, sleep patterns, elimination</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sensory Threshold:</th>
<th>Low Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Threshold</td>
<td>Picky eater, difficulty sleeping in strange crib/bed</td>
</tr>
<tr>
<td>Not sensitive to physical stimuli including sounds, Sensitive to physical stimuli including sounds, tastes, touch, temperature changes tastes, touch, temperature changes Falls asleep anywhere, tries new foods, wears new clothing easily</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approach/Withdrawal:</th>
<th>Tendency to Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tendency to Approach</td>
<td>Hesitant and resistant when faced with new situations, people, or things.</td>
</tr>
<tr>
<td>Eagerly approaches new situations or people</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adaptability:</th>
<th>Difficulty Adapting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Adaptable</td>
<td>Has difficulty transitioning to new activities or situations</td>
</tr>
<tr>
<td>Transitions easily to new activities and situations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Persistence:</th>
<th>Easily Frustrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent</td>
<td>Moves on to a new task or activity when</td>
</tr>
<tr>
<td>Continues with a task or activity in the face of obstacles</td>
<td>Gets frustrated easily</td>
</tr>
<tr>
<td>Doesn’t become frustrated easily faced with obstacles</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mood:</th>
<th>Serious Mood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Mood</td>
<td>Reacts to situations negatively, mood is generally serious</td>
</tr>
<tr>
<td>Reacts to the world in a positive way, generally cheerful</td>
<td></td>
</tr>
</tbody>
</table>

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1. [ZERO TO THREE](http://www.zerotothree.org/site/PageServer?pagename=key_temp) June 11, 2009
2. [Dimensions of temperament](http://www.zerotothree.org/site/PageServer?pagename=key_temp) June 11, 2009
Center on the Social and Emotional Foundations for Early Learning

We welcome your feedback on this What Works Brief. Please go to the CSEFEL Web site (http://www.vanderbilt.edu/csefel) or call us at (866) 433-1966 to offer suggestions.

Where Do I Find More Information on Temperament?
See the CSEFEL Web site (http://www.vanderbilt.edu/csefel) for additional resources.


Lerner, C., & Dombro, A. L. (2005 ). *Bringing up baby: Three steps to making good decisions in your baby’s first years.* Washington, DC: ZERO TO THREE.


This What Works Brief is part of a continuing series of short, easy-to-read, “how to” information packets on a variety of evidence-based practices, strategies, and intervention procedures. The Briefs are designed to help teachers and other caregivers support young children's social and emotional development. In-service providers and others who conduct staff development activities should find them especially useful in sharing information with professionals and parents. The Briefs include examples and vignettes that illustrate how practical strategies might be used in a variety of early child- hood settings and home environments.

*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 projects, or organizations imply endorsement by the U.S. Government. You may reproduce this material for training and information purposes. 10/2010*
Module 1

Handout 1.13: Understanding Temperament in Infants and Toddlers

Understanding Temperament in Infants and Toddlers

What Works Brief Series • Lindsey T. Allard and Amy Hunter

Twenty-month-old Laura just began care in Ms. Neil’s family child care home. Ms. Neil is having difficulty integrating Laura into her program. Laura’s schedule is unpredictable—she becomes tired or hungry at different times each day—and she always seems to want to run, climb, and jump on everything. Laura also gets extremely upset when it is time to transition from outdoor play to lunch, or when Ms. Neil interrupts an activity in which Laura is engaged. It is not uncommon for her to tantrum for 10 minutes or more at these times. Ms. Neil has had many years of experience working with young children, and attributes Laura’s lack of a consistent schedule to her recent enrollment and need to get used to the program. She is also struggling with the fact that her favorite activities—quiet games, book reading, and sensory experiences—are ones that Laura doesn’t seem to enjoy. After several weeks of observing little change in Laura’s behaviors, Ms Neil is frustrated. Laura’s unpredictable napping and feeding times, as well as her constant need for physical activity and intense reactions during transitions, are making responsive care for all the other children difficult. Ms. Neil meets with Laura’s family, and learns that Laura’s parents haven’t had difficulty with the issues she describes. When she asks specifically about her schedule, her parents describe Laura as being a good eater and sleeper, but do report that she doesn’t have a consistent schedule for eating or napping. They also share that Laura’s need for active physical play is typically not an issue because they have a large backyard and Laura has several older siblings who often include her in their active play. Still, all of the adults are concerned about Laura’s success transitioning into Ms. Neil’s program, and want to find a way to help her.

What Is Temperament?

A child’s temperament describes the way in which she approaches and reacts to the world. It is her personal “style.” Temperament influences a child’s behavior and the way she interacts with others. While temperament does not clearly define or predict behavior, understanding a child’s temperament can help providers and families better understand how young children react and relate to the world around them. Information about temperament can also guide parents and caregivers to identify children’s strengths and the supports they need to succeed in their relationships and environments.

Researchers have described young children’s temperament by depicting several different traits. These traits address an infant’s level of activity, her adaptability to daily routines, how she responds to new situations, her mood, the intensity of her reactions, her sensitivity to what’s going on around her, how quickly she adapts to changes, and how distractible and persistent she might be when engaging in an activity. Based on these traits, researchers generally categorize children into three temperament types:

- **Easy or flexible** children tend to be happy, regular in sleeping and eating habits, adaptable, calm, and not easily upset.
- **Active or feisty** children may be fussy, irregular in feeding and sleeping habits, fearful of new people and situations, easily upset by noise and stimulation, and intense in their reactions.
- **Slow to warm or cautious** children may be less active or tend to be fussy, and may withdraw or react negatively to new situations; but over time they may become more positive with repeated exposure to a new person, object, or situation.

Clarifications about Temperament

Not all children’s temperaments fall neatly into one of the three types described. Roughly 65% of children can be categorized into one of the three temperamental types: 40% are easy or flexible, 10% are active or feisty, and 15% can be categorized as slow to warm or cautious. Second, all temperamental traits, like personality traits, range in intensity. Children who have the same temperament type might react quite differently in similar situations, or throughout different stages in their development. For example, consider the reactions of two infants when a stranger comes into the room. A cautious infant might look for her caregiver and relax when she makes eye contact, while another baby with an easy temperament may smile or show little reaction to the stranger. In thinking about Laura’s reactions and behaviors in Ms. Neil’s care, might you categorize her temperamental type as feisty?

Finally, it is important to understand that although a child’s basic temperament does not change over time, the intensity of temperamental traits can be affected by a family’s cultural values and parenting styles. For example, a family that values persistence (the ability to stick to a task and keep trying) may be more likely to praise and reward a child for “sticking with” a challenging task (such as a puzzle). Parental recognition of the child’s persistent efforts can strengthen the trait, and she may become more persistent and more able to focus over the course of his childhood.

A child’s temperament is also influenced to some extent by her interactions with the environment. For example, if a child is cared for in an environment that places a high
priority on scheduling predictable sleeping, eating, and diapering/toileting experiences, a child whose biological functions are somewhat irregular might, over time, begin to sleep, eat, and eliminate more regularly. It is important to know that adults cannot force a change to a child’s temperament; however, the interaction between the child’s temperament and the environment can produce movements along the continuum of intensity for different traits.

**Why Is Temperament Important?**
Temperament is important because it helps caregivers better understand children’s individual differences. By understanding temperament, caregivers can learn how to help children express their preferences, desires, and feelings appropriately. Caregivers and families can also use their understanding of temperament to avoid blaming themselves or a child for reactions that are normal for that particular child. Most importantly, adults can learn to anticipate issues before they occur and avoid frustrating themselves and the child by using approaches that do not match her temperament.

Ms. Neil visited Laura in her own home and observed that Laura is constantly trailing behind her older siblings, and runs inside and outside the house with few limitations. The household is a relaxed environment, where the older children help themselves when they are hungry, and Laura’s mother responds to Laura’s hunger or need for sleep whenever they arise. In contrast, Ms. Neil’s program functions on a very consistent schedule, which she feels is important in preparing children for their later school experiences. Ms. Neil does not have much space indoors, and she finds outdoor play somewhat difficult to manage with children at varying ages and developmental levels. While Laura’s family’s pattern of behavior seems to be a match to her temperament, Ms. Neil’s home does not currently represent a good “fit” for Laura, who might be categorized as active or feisty.

**Developing a “Goodness of Fit”**
One important concept in care that supports healthy social-emotional development is the notion of “goodness of fit.” In the previous example, Laura’s activity, intensity, and unpredictability may reflect a mismatch between her temperament and Ms. Neil’s caregiving style and environment. A caregiver can improve the goodness of fit by adapting his or her approach to meet the needs of the child.

**Using What You Know About Temperament to Promote Positive Social-Emotional Development and Behavior**
You can use your knowledge of temperament in many ways to support positive social-emotional development in the infants and toddlers you care for:

1. **Reflect on your own temperament and preferences.**
   **Understanding your own temperament can help you to identify the “goodness of fit” for each child in your care.** Knowing more about your own temperament traits will also help you to take the child’s perspective. For example, a caregiver who enjoys movement, loud music playing, and constant bustle might try to imagine what it would feel like to spend all day in a setting that was calm, hushed, and quiet. This reflective process can help you become more attuned to the experience of each child within your care. You can then determine what adjustments might be needed to create a better fit for each child.

2. **Create partnerships with families to understand a child’s temperament.** Share what you have learned about temperament with the families you serve, and provide information about temperament traits. Talk about what each temperamental trait describes, and ask parents to help you understand their child’s activity level, response to new situations, persistence, distractibility, adaptability, mood, intensity, sensitivity, and regularity so that you can learn about the child’s temperament and the family’s cultural values (see Temperament Continuum handout attached). For a better understanding of how these traits look in young children, work with families to identify their child’s individual temperament.

Refrain from judging a child’s temperamental traits as “good” or “bad” behavior, and work with parents to see each child’s approach to the world through a positive lens. Understand the contribution each child’s temperament type makes to the group. The active or feisty children are often leaders and creators of games, or initiators of play. The slow to warm or cautious child may observe situations carefully and help you notice things you hadn’t before. The flexible or easy child may take new play partners on easily. Support each child’s development by recognizing, valuing, and integrating the unique traits that each child has, rather than trying to change a child’s temperamental traits.

Listen to how the family feels about the temperament characteristics of their child. For example, if a child’s temperament makes his sleeping routines irregular, but his family is consistently trying to get him to nap at 1:00 PM, he may be frustrated by expectations that don’t fit with his temperament. This frustration, if not understood, might result in conflict between the parents and the child, or result in him demonstrating challenging behaviors at home or in care. Share with families what you have learned about goodness of fit, and share your strategies, such as individualizing nap schedules for your program. As you learn which traits are highly valued by each family, you can partner with them to
determine an appropriate balance between the child’s temperament, the family’s preferences, and the policies of the program.

3. Respect and value each child’s temperament when individualizing your curriculum. Recognize how quality caregiving practices support all children’s development, yet certain practices might be especially important for certain temperament types.

A) For the easy or flexible child, ensure that you often check in with her, and initiate communication about her emotions. She might be less likely to demand attention and make her needs or distress known.

- You can use language to develop her awareness and understanding of her own emotions, feelings, and reactions. Make sure she knows that her feelings and preferences are recognized and validated.
- Encourage her to seek help when he needs it, and work with her to communicate his feelings and needs to others. “When Jack takes your block, you can tell him, ‘I am using that.’”

B) For the active or feisty child, be prepared to be flexible and patient in your interactions. A child who is feisty can experience intense emotions and reactions.

- Provide areas and opportunities for her to make choices, and engage her in gross-motor and active play to expend high energy levels. Feisty children might need a peaceful environment in order to help them calm themselves and transition from playtime to rest or naptime.
- When preparing children for transitions, pay special attention to individualized transition reminders for feisty children by getting down on the child’s level and making sure that the child hears and understands what will happen next in order to ensure smooth experiences throughout the day.
- Label children’s emotions by describing what they seem to be feeling (“You are so angry. You really wanted that toy.”) Stay calm when faced with the child’s intense emotions. Reassure him by acknowledging her feelings, and also point out to her when he is calm so he can learn to recognize his emotions on his own as she grows.

C) For the slow to warm or cautious child, provide additional preparation and support for new situations or people who become part of his environment.

- Set up a predictable environment and stick to a clear routine. Use pictures and language to remind the cautious child what will happen next. Drop-off and pick-up might also require extra time from you in order to support the cautious child.

- Give children who are cautious ample time to establish relationships with new children or to get comfortable in new situations. Primary caregivers, who can provide a secure base to all children, are particularly important for a cautious child. Help her in unfamiliar situations by observing her cues carefully, and providing support and encouragement for her exploration and increasing independence. (e.g., “I’m here. I’ll be right in this chair watching you try on the dress-up clothes”).

Each child’s response to the environment will vary in intensity. Over time, temperamental traits might increase or decrease in intensity. As children grow, develop, and learn to interact with others, the environment, and their families, shifts in temperament might occur. This means caregivers must continue to observe children many times and in different contexts to ensure that their needs are being met. The importance of adapting strategies in order to create a goodness of fit and meet the unique needs of the children and families in care, as Ms. Neil does below, cannot be overstated.

Ms. Neil reflected on her own temperament and how it might affect the children in her care, each of whom had their own distinct temperaments. She realized that she values a predictable schedule and is most drawn to calming, quiet activities. By developing a partnership with Laura’s family, she learned more about Laura’s home and her unique temperament traits. She was then able to better understand Laura’s reactions and behaviors while in care. Ms. Neil began to organize additional outdoor play and active opportunities in her schedule. She watched Laura closely and learned to recognize her need to sleep or eat, and made accommodations to individualize eating and sleeping schedules for her. She offered Laura many advance reminders when transitions were about to take place, and was patient and understanding when she experienced intense emotions. Soon, Laura appeared to be much more comfortable in Ms. Neil’s family child care home, and was able to better use her energy to build strong and positive relationships with Ms. Neil and the other children. Through understanding herself, the children, and their families’ temperaments, Ms. Neil created an environment that better met all of the children’s needs. Ultimately, the work she did positively impacted the experience of Laura and the other children in her care.

Who Are the Children Who Have Participated in Research on Temperament?
Research in temperament has blossomed in the last 15 years through the efforts of literally hundreds of scientists in many disciplines. Studies that attempt to understand facets of temperament in children have been conducted in a number of countries and with a wide variety of ethnically and linguistically diverse children. Participants in these studies have included children from European, American, Chinese, and Sub-Saharan African backgrounds.
What Is the Scientific Basis for the Strategies?
For those wishing to explore the topic further, the following resources might prove useful:


Temperament Continuum

Place the initials of each of the children in your care on the continuum for each trait based on your observations and discussions with the child’s family. Then, write your initials where you feel you fall on each trait in the continuum. Use this tool to analyze where your temperament is similar and different to the children you care for. Then, knowing that it is the adult who must adjust to make the “fit” good, use the suggestions above to create care strategies that provide the best possible experience for each child.

**Activity Level:**

<table>
<thead>
<tr>
<th>Very Active</th>
<th>Not Active</th>
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</thead>
<tbody>
<tr>
<td>wiggle and squirm, difficulty sitting still</td>
<td>sit back quietly, prefer quiet sedentary activities</td>
</tr>
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</table>

**Distractibility:**

<table>
<thead>
<tr>
<th>Very Distractable</th>
<th>Not Distractable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty concentrating</td>
<td>High degree of concentration</td>
</tr>
<tr>
<td>Difficulty paying attention when engaged in an activity</td>
<td>Pays attention when engaged in an activity</td>
</tr>
<tr>
<td>Easily distracted by sounds or sights during activities</td>
<td>Not easily distracted by sounds or sights during activities</td>
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</table>

**Intensity:**

<table>
<thead>
<tr>
<th>Very Intense</th>
<th>Not Intense</th>
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</thead>
<tbody>
<tr>
<td>Intense positive and negative emotions</td>
<td>Muted emotional reactions</td>
</tr>
<tr>
<td>Strong reactions</td>
<td></td>
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</table>

**Regularity:**

<table>
<thead>
<tr>
<th>Very Regular</th>
<th>Not Regular</th>
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</thead>
<tbody>
<tr>
<td>Predictable appetite, sleep patterns, elimination</td>
<td>Unpredictable appetite, sleep patterns, elimination</td>
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**Sensory Threshold:**

<table>
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<tr>
<th>High Threshold</th>
<th>Low Threshold</th>
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<tbody>
<tr>
<td>Not sensitive to physical stimuli including sounds, Sensitive to physical stimuli including sounds, tastes, touch, temperature changes</td>
<td>Picky eater, difficulty sleeping in strange crib/bed</td>
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<tr>
<td>Falls asleep anywhere, tries new foods, wears new clothing easily</td>
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**Approach/Withdrawal:**

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<thead>
<tr>
<th>Tendency to Approach</th>
<th>Tendency to Withdraw</th>
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</thead>
<tbody>
<tr>
<td>Eagerly approaches new situations or people</td>
<td>Hesitant and resistant when faced with new situations, people, or things.</td>
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**Adaptability:**

<table>
<thead>
<tr>
<th>Very Adaptable</th>
<th>Difficulty Adapting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitions easily to new activities and situations</td>
<td>Has difficulty transitioning to new activities or situations</td>
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</tbody>
</table>

**Persistence:**

<table>
<thead>
<tr>
<th>Persistent</th>
<th>Easily Frustrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continues with a task or activity in the face of obstacles</td>
<td>Moves on to a new task or activity when</td>
</tr>
<tr>
<td>Doesn’t become frustrated easily faced with obstacles.</td>
<td>Gets frustrated easily</td>
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**Mood:**

<table>
<thead>
<tr>
<th>Positive Mood</th>
<th>Serious Mood</th>
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<tbody>
<tr>
<td>Reacts to the world in a positive way, generally cheerful</td>
<td>Reacts to situations negatively, mood is generally serious</td>
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2. Dimensions of temperament (found in several places and merged/adapted).
Center on the Social and Emotional Foundations for Early Learning

We welcome your feedback on this What Works Brief. Please go to the CSEFEL Web site (http://www.vanderbilt.edu/csefel) or call us at (866) 433-1966 to offer suggestions.

Where Do I Find More Information on Temperament?
See the CSEFEL Web site (http://www.vanderbilt.edu/csefel) for additional resources.


This What Works Brief is part of a continuing series of short, easy-to-read, “how to” information packets on a variety of evidence-based practices, strategies, and intervention procedures. The Briefs are designed to help teachers and other caregivers support young children’s social and emotional development. In-service providers and others who conduct staff development activities should find them especially useful in sharing information with professionals and parents. The Briefs include examples and vignettes that illustrate how practical strategies might be used in a variety of early childhood settings and home environments.

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 projects, or organizations imply endorsement by the U.S. Government. You may reproduce this material for training and information purposes. 10/2010
D

It would help me if you would:

1.

2.

3.

4.

5.

A

I am thinking about ________________ .
His/her temperament traits are:

1.

2.

3.

4.

5.

6.
B

I am ________________.

I am ______ old.

Let me tell you about what it is like to be me:

C

I don’t like it when you:
# Examining Our Emotional Reactions to Behaviors

On each circle going across, write down the behaviors that push your buttons.

<p>| | | | |</p>
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On each circle going across, write down your feelings when faced with these behaviors.

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On each circle going across, write down the impact your feelings have on your relationship with the children who exhibit these behaviors.

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# Reframing Activity

*(adapted from Multicultural Early Childhood Team Training, 1998)*

<table>
<thead>
<tr>
<th>PROBLEM STATEMENT</th>
<th>REFRAMED STATEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. He whines from the moment he gets here until the time he gets on the bus to go home.</td>
<td>Possible responses: He must really miss his family.</td>
</tr>
<tr>
<td>2. She is clingly not only with her mother but with other adults as well.</td>
<td>She might be slow to warm up in new settings or in the presence of other children and adults.</td>
</tr>
<tr>
<td>3. I have to watch him like a hawk or he'll run down the hall or go out the gate.</td>
<td>He may not understand my expectations about staying with the group. He is very active.</td>
</tr>
<tr>
<td>4. She constantly knocks over other children’s constructions or destroys other children’s art work.</td>
<td>She may want to join other children’s play, and she may not know how to ask. She may be frustrated because she does not know how to play with the materials or complete her art project.</td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
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</table>
Reflective Inventory

Instructions: Take time to think about each question on the inventory and write out some answers to each. When you complete the inventory, choose a partner at your table to share your reflections with.

Think about a satisfying relationship in your life. Name three things that make it satisfying:

1. __________________________________________
2. __________________________________________
3. __________________________________________

Think about the messages you received about relationships from your family and culture. Try to put those messages into words:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Think about yourself as a child. Do you behave in your relationships with children the same way important adults behaved with you (e.g. playful, cautious, honest, patient, etc.)? Try to put into words what you know to be true of your behavior with the children in your life today.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Attachment Relationships

Vignette 1: When a home visitor arrives, she finds a father and his 5 month old baby deeply engaged in play on the floor. While she knows that she needs to get a lot of paperwork filled out during this visit, she also knows that one of her primary jobs is to support the relationship between these two. She watches as the baby reaches and scoots on her tummy for a toy, while Dad, on his tummy, too, is building the excitement and encouraging her but not letting the excitement get out of hand. She reaches the toy and flashes him a smile that says, “Being with you is wonderful!”

What might the home visitor do to promote the development of this relationship?

Vignette 2: An infant care teacher in a center-based program is trying to calm a 10 week old baby with colic. The baby cries and cries, even when being held. The teacher is concerned about the needs of this child and her other three children.

How can this infant care teacher use this moment to build the child’s attachment relationship with her?

Vignette 3: A one-year old toddles across the play yard from where the teacher is sitting on a blanket with another baby. She wants to watch the children in the next play yard through the fence but keeps looking back fearfully at her teacher.

How can this infant care teacher use her close, secure relationship with this child to support her learning and exploration?
Symptoms of Depression

- difficulty concentrating, remembering details, and making decisions
- fatigue and decreased energy
- feelings of guilt, worthlessness, and/or helplessness
- feelings of hopelessness and/or pessimism
- insomnia, early-morning wakefulness, or excessive sleeping
- excessive and unexplained weight loss or weight gain
- irritability, restlessness, agitation
- loss of interest in activities or hobbies once pleasurable, including sex
- overeating or appetite loss
- persistent aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment
- persistent sad, anxious, or "empty" feelings
- thoughts of suicide, suicide attempts
Working with Families Inventory

Complete the inventory with a partner by checking off the ways in which you already support families. Look for additional ideas and make a plan for ways you will support the relationship between the infants and toddlers you serve and their families.

In Programs

1. Families have opportunities to continually express preferences, beliefs, values, and concerns regarding the practices of the child-care and education center (for example, routines, feeding, holding, naps, play, holidays, and language). The child care staff is responsive to families’ requests.
   
   • There is a process for communicating with parents who speak a different language from the caregivers. If necessary, there is an interpreter to assist in communication with children and/or families.
   
   • Teachers ask families to share information indicating their and their child’s needs, interests, developmental history, and any other relevant information that will help teachers be more responsive to the child’s individual needs.
   
   • Teachers listen to and respect parents’ discussions regarding their beliefs, values, and concerns
   
   • Families’ wishes for their child are respected to provide continuity from home to program for the child—unless harmful to child.
   
   • There is a process developed in the program with families concerning conflict resolution using dialogue that involves listening, negotiating, and problem-solving

2. The Relationship Between Each Child and His Family is Supported

   • Photographs of each child’s family are displayed around the child-care and education space and are placed where children can easily see them. They may be laminated and secured with Velcro to the wall so that an infant or toddler can hold the picture of his family and carry it around. Or, the children’s family photos could be displayed on a large poster board with a piece of fabric over each picture, so that mobile infants and toddlers can play “peek-a-boo” with their own and others’ family pictures.

   • Books or photograph albums with pictures of the children and their families are available to the children.

   • Tape recordings of a family member telling a story or singing a song are available

3. Family members are made to feel welcome in the program through teachers’ welcoming attitudes and through the classroom environment.

   • There is an open-door policy for families. They can be with their children at all times of the day and for as long as they’d like. Family members are frequently seen visiting and interacting with the children.

   • There is family-friendly bulletin board that describes opportunities for families to visit and volunteer and that includes notices and announcements.
• There is a private area for family members who want to give their child a bottle or breastfeed their babies or spend some moments alone with their children.

• There is a “family information” space (filing box or cabinet, for example) with information on resources, discipline, reading to children, etc. where parents can add to it or help themselves to articles, pamphlets, brochures that build family/child relationships.

4. Families feel welcome to be involved in the program. While certain strategies will fit one type of program more than another as well as one type of family more than another, the important factor is the feeling of partnership between the program and the child’s family that is created. These are opportunities offered families but not required of families

• Survey families concerning the different ways that they would like to be involved.

• Include families in policy decisions by inviting families to serve on a board of directors or policy council for the program.

• Plan social events, with family input, that include the whole family.

• Invite families into the program to take pictures of children or record language samples that can then, for example, be made into a display of children’s interests and learning.

• Develop a sense of community by including family members in the planning and writing of a monthly newsletter that includes interesting information about the program, monthly events, children, and families.

• Involve families in fundraising activities.

• Provide opportunities for family members to help at home by making home-made toys (sock puppets, “feely boxes,” beanbags, lotto games) for the program.

• Provide opportunities and information about resources for family support—for example, learning a second language, divorce support groups, teenage parenting, and learning about Medicaid and Medicare

5. Develop a system for daily exchange of information between families and child care and education staff.

• Create a friendly place inside the child care and education center room or family child-care home where information concerning a child’s needs for the day can be written and shared by the family member with the caregiver.

• Create a friendly place inside the child-care-center room or family child-care home where information about each child’s day is kept so that families can easily pick up the information and talk to caregiver(s) about how the day went.

• Develop a friendly “Conversation Corner” somewhere in the center or family child care home so that caregivers and families can have a private place to talk.

(Adapted from Wittmer & Petersen, 2006)
Planning for Change

What resources do you need?

What steps will you take to gain confidence in other areas?

In which parts of the Pyramid, Module 1, do you feel most confident in as a caregiver? List three things you will do as you consider ways to further develop relationships with infants, toddlers and families.
Responsive Routines, Environments, and Targeted Strategies to Support Social Emotional Development in Infants and Toddlers

Developed by Amy Hunter, Kristin Tenney Blackwell, Lindsey Allard, and Lisa Lucerno
Module 2  
Social Emotional Development within the Context of Relationships

Learner Objectives

Participants will be able to:

- Discuss why it is important to pay attention to the social and emotional climate of infant toddler care settings.
- Describe the importance of caregiving routines and identify strategies for using them to support social emotional development.
- Identify key ways in which the physical environment can promote social emotional development in infants and toddlers.
- Identify and implement targeted strategies to intentionally build social emotional skills in infants and toddlers.
- Support families in promoting routines, environments and targeted strategies that promote social emotional development of infants and toddlers.

Suggested Agenda

I. Setting the Stage  
II. Social Emotional Climate in Infant Toddler Care Settings  
III. High Quality Supportive Environments  
IV. Forming and Sustaining Relationships with Children and Families  
V. Targeted Strategies to Build Social Emotional Skills*  
VI. Wrap-up, Reflection and Action Planning  

45 minutes  
110 minutes  
110 minutes  
130 minutes  
115 minutes  
30 minutes

* Trainer’s Note: Includes strategies for supporting families to promote routines, quality environments and targeted strategies to support social emotional development are woven throughout the training

Total Time  
6 hours and 50 minutes**

** Trainer’s Note: Total time does not include optional activities. The six plus hours 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

- PowerPoint Slides
- Facilitator’s Guide
- Chart paper or white board and markers
- Sticky notes
- Chart paper
- Markers

## Handouts

2.1 Overview of CSEFEL I/T Modules
2.2 Participant PowerPoint handouts
2.3 *(Optional)* Activity A: Identifying Pyramid Practices
2.4 Pyramid Model
2.5 *(Optional)* Activity B: Module One Social Emotional Development within the Context of Relationships Review
2.6 Child Care in America
2.7 Social Emotional Climate: What Does It Mean to You?
2.8 Responsive Routines Inventory
2.9 Infant and Toddler Environments Planning Document
2.10 Emotional Literacy Scenarios and Strategies
2.11 Using Books to Support Social Emotional Literacy
2.12 *(Optional)* Activity G: Sample Feelings Book
2.13 Development of Play Skills for Infants and Toddlers
2.14 Infant and Toddler Peer Behavior
2.15 Strategies for Supporting the Development of Friendship Skills
2.16 Planning for Change
2.17 *(Optional)* Activity H: Summarizing the Training Experience
2.18 Session Evaluation Form

## Video Clips

2.1 Promoting Social and Emotional Development
2.2 Continuity of Care and Social Emotional Development
2.3 Routines in Routines
2.4 Responsive Greeting
2.5 Responsive Environments
2.6 Adult Supporting Children in Difficult Encounters
2.7 Using Books to Support Emotional Literacy
2.8 Mom Playing with her Toddler
2.9 Promoting Friendship Skills
Module 2 Social Emotional Development within the Context of Relationships

Trainer Preparation

- **Setting the Stage**: chart paper and markers
- **Setting the Stage (Optional Activity A)**: Handout 2.3
  - Social Emotional Climate in Infant Toddler Care Settings (Child Care in America): One copy of each slide in Handout 2.6
- **Social Emotional Climate in Infant Toddler Care Settings (Optional Activity C)**: Handout 2.7, colored paper (yellow, blue, purple, green), glue or tape
- **High Quality Supportive Environments**: blank paper, pens or pencils
- **High Quality Supportive Environments (Optional Activity D)**:
  - Greetings/goodbye sign: poster board, markers, stickers, tape, glue, colored paper, scissors (e.g., construction paper)
  - Songs: poster board, markers
  - Letter to families: stationary, pens, pencils or other writing tools
  - List of questions: paper, pens, pencils or other writing tools
  - Greetings/goodbyes book: squares or scraps of colored card stock, 2 or 3 hole punchers, colored yarn, scissors
- **High Quality Supportive Environments (Optional Activity E)**: blank paper or stationary, pens or pencils
- **High Quality Supportive Environments (Responsive Environments)**: full size copies of Slides 32-35 (laminated), one set per group of participants
- **High Quality Supportive Environments (Optional Activity F)**: blank paper, pens or pencils
- **Targeted Strategies to Build Social Emotional Skills (Strategies for Developing Emotional Literacy in Infants and Toddlers)**: Copy Handout 2.10. Cut out the scenarios and glue them on card stock. Make enough sets of scenarios so that each group of 4-5 participants has a set. Copy the list of the strategies, one copy per participant.
- **Targeted Strategies to Build Social Emotional Skills (Using Books to Support Social Emotional Literacy)**: Bring a sampling of children’s book (e.g., approximately one book per/2-3 participants) or ask participants to bring one book with them to the training. The books can be high quality typical books for infants and toddlers or they can be specifically selected as examples of books with social emotional themes. A list of sample books can be found on the CSEFEL website at http://www.vanderbilt.edu/csefel. Copy Handout 2.11, Using Books to Support Emotional Literacy - approximately 3 copies per participant.
- **Targeted Strategies to Build Social Emotional Skills (Sample Feelings Book)**: Copy Handout 2.12, Sample Feelings Book, 1 per participant; 4-6 pairs of scissors per table, glue, markers.
- **Wrap-up, Reflection and Action Planning (Optional Activity H)**: chart paper, markers
I. Setting the Stage (45 minutes)

A. Show Slide 1 and introduce Module 2 by name. Then begin with a welcome to the group; introduce all speakers; provide a brief overview of who you are; where you are from; and information about your background that is relevant to this training event.

B. Activity: Getting to Know Each Other. Slide 2.

Show Slide 2 and share aloud with the group asking each participant to:

a. Write the numbers 3, 2, and 1 in vertical fashion on a blank piece of paper.

b. Next to the 3, list three personal qualities/characteristics that help you in your work with young children.

c. Next to the 2, list 2 things that you hope to share with others during today’s session.

A. Next to the 1, write one factor that contributed to your being here for today’s session, in your current role working with infants and toddlers.

e. When you are finished, introduce yourself to the people next to you and discuss what you wrote on your paper.

Once participants have had time to share and introduce themselves to the people sitting next to them or within their small table groups, offer an opportunity to debrief as a larger group. Ask if any participants would like to share aloud what they have written on their paper. Next, summarize the activity by making the following points:

- Child care professionals bring to their work a wealth of knowledge, skills and experience which can be shared to enhance the care provided to young children.

- Unique strengths and positive qualities caregivers bring to their work with families and young children evolve from many things: temperament, family experiences, work experiences, professional development and training opportunities, community connections, etc. This training offers a unique opportunity to learn from one another.

- Likely each participant has individual factors that contributed to their being in the training today. Some
participants may be in the training due to a concern regarding one particular child. Other participants may have been supported and encouraged to attend the training by a colleague or supervisor. Acknowledging what contributed to your being here can help maximize the learning experience.

C. Slides 3 and 4: Objectives

Activity: Ask each table to pick a learning objective and spend three minutes discussing what they think the objective means and what the connection is to the title of the module. Ask a few tables to share their responses.

Supplement the group discussion with the following points to review the learner objectives:

1. The social emotional climate (in a program, classroom, or home) is how caregivers, families, and children feel in the setting. It includes, but is not limited to, how children and adults feel about themselves and the work they are doing (whether it is playing, teaching, or parenting); how behavior is recognized and valued; how conflicts are resolved; how children and adults are spoken to; how positive behaviors are encouraged; how children’s needs are responded to; and how emotions are discussed and validated. The social and emotional climate (including the relationships that contribute to the climate) contributes greatly to how infants and toddlers behave. When infants, toddlers and adults feel the climate supports them and meets their needs, they are more likely to act in positive ways.

2. Caregiving routines are the majority of infant and toddler care. Infinite opportunities exist to support social emotional development when greeting a child, changing a diaper, feeding him, helping her to sleep, transitioning to outdoor play and saying goodbye at the end of the day. Taking advantage of opportunities to support social emotional development within daily routines is critical.

3. The physical environment can support or inhibit infants and toddlers’ social emotional development. For example, when a child tries to climb on a high chair and is told “no” he may learn he should not try to explore or climb. His natural curiosity to explore climbing might be discouraged. However, if instead the play environment includes only appropriate materials to pull up and climb
on, his natural curiosity can be encouraged. Explain that participants will learn many ways in which the environment can support social emotional development.

4. Ask participants if promoting social emotional development is done with as much intention as other areas of development such as literacy or motor development. Share with participants that this training will provide strategies to help caregivers to be increasingly intentional and targeted about social emotional development.

5. Working with infants and toddlers by definition includes working with their families. Supporting families in routines, environments, and strategies that promote social emotional development is essential to maximizing their growth and development. Providing consistent approaches and strategies across multiple settings and relationships is likely to have the greatest impact on a child’s development.

D. **Slide 5. Agenda.** Review the agenda with participants. 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 2.1** for a more detailed list of all the topics in each of the Infant Toddler modules including those in Module 2.

E. Distribute all handouts including Participant PowerPoint slides (**Handout 2.2**) and other resources.

F. Address logistical issues (e.g., breaks, bathrooms, lunch plans).

G. Encourage participants to ask questions throughout the training session or to write them on sticky notes and post them in a specially marked place (such as chart paper with “Parking Lot” or “Burning Questions” written at the top). Also, post a “Making Connections Lot” where participants can connect the ideas in the training to other professional development or curricular approaches they are familiar with, or to other parts of the Pyramid. Additionally, post chart paper with “What has worked for
me?” where participants can share favorite songs, games, activities, etc. that they have used with infants and toddlers (that connect to the module material).

H. **Slide 6. Our Learning Environment.**
Ask the group: “Are there ideas or requests that you might want to ask of your colleagues to make the training environment effective and conducive to learning?” or “Think about what makes a positive learning environment for you. What are those things?” If participants don’t have suggestions, suggest some of the typical shared agreements listed on the next slide.

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

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

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

I. **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.

J. **Slide 8. The Words We Will Use.**
Discuss with participants the words that have been chosen and will be shared and used at different points throughout the training session. Describe to participants that it is important to be on the same page about what is meant by the words used in the training.

- **Teaching and Supporting:** The significant role of the adult caregiver is referenced differently nationwide - teachers, care teachers, early learning caregivers, early childhood professional, 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. It is about facilitating learning through consistent, responsive relationships (e.g., ways infants and toddlers are cared for, reading cues, meeting their needs, etc.). As caregivers develop relationships with children and families and observe and think about what they see and hear, they can plan for and design experiences that contribute to a child’s success. When we refer to “teaching and supporting” we also mean individualized approaches that “meet” the young child where he or she is developmentally.

- **Caregiving:** The practices caregivers use to identify strengths in infants, toddlers and families as they create supportive environments and help to nurture and support the growth and development of infants and toddlers socially and emotionally.

- **Young Children, Infants, Toddlers and Preschoolers:** Using “young children” generally refers to infants and toddlers; however, there will be times that we specifically reference and talk about a particular age range such as infants, toddlers or preschoolers.

- **Caregivers:** “Caregivers” refers to a general category of ALL the adults who support the growth and development of infants and/or toddlers outside the home (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.

K. **Slide 9. How Caregivers Promote Healthy Social**
Emotional Development

**Trainer’s Note:** Slide 9 highlights what adult caregivers can do to support social emotional development of infants and toddlers and how it relates to the levels of the Pyramid Model.

Point out that the CSEFEL infant-toddler modules are designed to help participants:

- Support social emotional wellness in ALL infants and toddlers
- Make every effort to prevent the occurrence of or escalation of social emotional problems in infants and toddlers
- Identify and work to remediate problems or concerns
- When necessary, refer children and their families for appropriate service

Note the following as a review of Module 1:

a. Social emotional development begins at birth and continues throughout life.

b. The process by which infants and toddlers become socially and emotionally competent is dependent upon the relationships with their caregivers.

c. What happens in these early important relationships is a source of their social emotional health. In relationships with adults who care for them, infants and toddlers learn what relationships feel like and whether or not the world is a safe place. It is also in these early relationships that very young children begin to develop their own sense of value and worth.

L. **Slide 10. Pyramid Model.**

**Optional Activity A (25 minutes) (similar to Module 1 Optional Activity A: Identifying Pyramid Practices) To help participants further understand the Pyramid Model and offer additional practice at identifying key caregiving practices, consider Optional Activity A, Handout 2.3.**

Ask participants to form small groups. Direct their attention to Handout 2.4, which depicts the Pyramid (large). Give the following directions: 1) Brainstorm a list of effective practices aimed at building social emotional development in infants and toddlers that you have either used or observed other adults using and 2) Once you have your list, write each practice on the Pyramid level where it best fits. Handout 2.3 offers a page for each section of the pyramid.
Module 2

Social Emotional Development within the Context of Relationships

Review the levels of the Pyramid. Remind participants that the Pyramid is a model that represents components of adult behavior and strategies that parents, early childhood caregivers and other professionals can use to assist children birth through five in developing social emotional competence. Note the following:

1. The primary focus of Module 1 and 2 training is on promotion and prevention. We move on to individualized interventions only when the elements described at bottom of the Pyramid are in place and a child continues to engage in challenging behavior.

2. Module 1 focuses on creating positive relationships between caregivers and young children and ways to nurture and support the social emotional development of infants, toddlers and families. At the base of the Pyramid, we highlight universal practices which encourage and promote social emotional development for all young children and families.

3. Module 2 covers the next two portions of the Pyramid - creating high-quality, supportive environments and supporting social emotional skills or targeted social emotional skill building. These elements are also universal practices and approaches that are important for all children and families. There are many ways to support infants and toddlers in learning and developing social emotional skills. Caregivers who are intentional and purposeful provide multiple individualized opportunities throughout the day for young children to observe, experience, and practice social emotional skills. These specific opportunities not only help build social emotional skills and strengths, but also help prevent challenging behavior.

Remind participants that engaging in ongoing observation and reflection about children’s social emotional learning are key elements that are woven throughout all levels of the Pyramid. In Module 1, we reviewed and discussed a video showing caregivers who were offered an opportunity to reflect on their practices and sense of well-being, in addition to multiple activities which highlighted the importance of knowing and understanding ourselves in order to know, understand and support young children and families.
Attending to cultural competence is also a theme that is threaded throughout all levels of the Pyramid, and will be highlighted throughout Module 2, as well.

M. Slide 11. CSEFEL Definition of Social Emotional Development.
Ask participants to look again at the CSEFEL working definition of social emotional development. Make the following points:

- Remind participants that in order to understand and effectively respond to young children’s behavior we need to understand how typical social emotional development unfolds during the first three years.
- For most young children, social emotional development unfolds in fairly predictable ways. Over time, children learn to develop close relationships with family members and other caregivers; to regulate their emotions and soothe themselves if they are upset; to take turns and play with other children; and to listen and follow directions. All these behaviors are early signs of positive social emotional development. The healthy social emotional development of babies and young children depends upon their ability to manage their feelings, develop trust with others, and learn about the world in which they live.
- Make the point that these may be topics that caregivers have been exposed to or considered carefully throughout their career. Today, however, we have the unique experience of looking at these ideas and concepts specifically through the lens of social emotional development.
- The goal is to be more intentional and responsive in caregiving, or in supporting caregiving, depending on your role, so that social emotional development can be promoted, behavior problems can be anticipated and prevented more easily, and individualized support can be given to children who need it.

N. Slide 12 Show Video 2.1 Promoting Social Emotional Development. After the video ask participants how this caregiver is promoting social and emotional development for this infant? Encourage participants to note the following caregiver behaviors and the infant responses:
Caregiver:
• bounces the infant
• gazes at infant
• is present – seems focused only on the infant
• promotes a close and secure relationship by holding the baby and bouncing her
• helps the infant to learn about relationships and caregiving
• provides soothing “shhhhhhh” sounds

Infant:
• mouth is relaxed
• hands are relaxed
• smiles
• sticks out tongue

Summarize the discussion by encouraging participants to reflect on their interactions with infant and toddlers. Encourage participants to think about what infants and toddlers learn from the care they provide.

Optional Activity B: (15 minutes) Use Handout 2.5. Module 1: Social Emotional Development within the Context of Relationships Review.

Trainer’s Note: Consider offering this activity only if there has been a time lapse between Module 1 and Module 2. This activity may not be necessary if participants are part of three or more consecutive days of training using the CSEFEL Infant/Toddler module materials.

Ask participants to work in small groups at their tables. Provide participants with pages 1-2 of Handout 2.5 to begin the activity. Give the groups 10 minutes to discuss the statements about infant-toddler social emotional development and select the correct answer. When time is called, read each statement on the handout. Ask the whole group to respond aloud with true or false to each statement. Verify the correct response yourself. Use remaining pages of Handout 2.5 (the answer key) to review the answers and restate the major concepts covered in Module 1. Have fun with the questions. The goal is to revisit the first level of the Pyramid; the importance of relationships for infants and toddlers.

Trainer’s Note: You might provide the group with the most correct responses with a prize (e.g., chocolate kisses, bookmarks with photos of babies, vases of flowers for the table or any other small token). Be prepared for multiple groups to have an equal number of correct answers.
Optional Activity B continued
Ask the large group how they think that the information from Module 1 will help them moving into today’s training. Let them know that the focus of this training is on the many ways that infant-toddler caregivers can further develop and enhance their relationships with the infants, toddlers and families they care for, as well as consider additional ways to be intentional about building social emotional skills.

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

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

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

II. Social Emotional Climate in Infant Toddler Care Settings (110 Min.)

A. Slide 13. Key Considerations. Share with participants that families are children’s first and primary teachers, however, research shows that a high percentage of infants and toddlers spend a great deal of time each week in care settings outside of their family and home environments. The research is clear – early experiences last a lifetime. The quality of early experiences is shaped by the individuals with whom infants and toddlers spend their time and by the environments where they spend their time.

B. Slide 14. Child Care in America. Use Handout 2.6. Ask for six volunteers. Provide each volunteer a slide (6 slides are Handout 2.6) (each slide has a statistic or research finding). After each volunteer has their slide, ask them to read aloud, one-by-one, the information on their slide to the larger group.

Once finished, ask participants for their feedback on what they heard. Elicit specific feedback about the time young children spend in child care and the impact of quality care on later child development. Affirm participants’ responsibility in contributing to the quality of care infants and toddlers receive.
Share the following points:

- Evidence demonstrates that high quality standards for children, professionals and programs leads to better outcomes for young children.
- As early care and learning professionals, it is critical to offer infants and toddlers positive experiences in every setting in which they spend time in order to ensure positive outcomes for the future.

C. **Show Slide 15. What Does Social Emotional Climate Mean to You?**
   Explain to participants that before we move forward and take a closer look at how the physical environment, schedules and routines support the social emotional development of infants and toddlers, it is important to understand different perspectives on program quality and specifically on the social emotional climate of the program.

**Activity. (Handout 2.7).** Pass out 4 types of colored paper to participants trying to make sure colors are interspersed among those sitting near each other. Ask individual participants to think about what they consider to be five of the most crucial factors of the social emotional climate in infant-toddler care from the perspective indicated by the color of their paper. Each participant will have either a yellow, blue, purple or green paper. Participants will only fill out one square of **Handout 2.7**.

Yellow = You are an infant or toddler  
Blue = You are a parent of an infant or toddler  
Purple = You are an infant-toddler caregiver  
Green = You are an administrator of an infant-toddler program

Encourage participants to jot down their ideas even if they are not quite sure what is meant by “social emotional climate.” Ask them to think about what comes to mind just hearing the term.

After participants have an opportunity to complete their square (based on the color of their paper), ask them to pair with someone who has a different colored paper and compare responses.
Come back together as a large group and ask participants to share their perspectives.

Offer the following examples if needed:

- Yellow = Infant/toddler perspective: warm, comfortable, nurturing, calm, interesting, safe, positive, responsive to individual needs, etc.
- Blue = Parent of an infant or toddler: safe, nurturing, loving, welcoming, comfortable, respectful of my culture and perspectives, responsive
- Purple = Infant toddler caregiver: supportive, respectful, encouraging, helpful, friendly, positive
- Green = Administrator: committed staff, happy families, professional staff, happy children, children who can express their needs and receive individualized care and understanding

Tell participants that this exercise helps us recall and summarize the key elements of a program that strongly support infants and toddlers’ social emotional development. Note that administrators, families, caregivers, infants and toddlers may have similar or slightly different ideas about what creates a positive social emotional climate.

D. **Slide 16. Supporting the Social Emotional Needs of Infants and Toddlers**

There are additional elements that may or may not have come up in the previous activity that also play a significant role in supporting social emotional development.

Some of these elements are concrete and easier to observe than others.

Review the bullet points on Slide 16 with participants. Ask participants to partner with another participant or gather into small groups. Each group should identify and discuss one of the bullet points noted on the slide.

*Trainer’s Note*: depending on the size of the group, you may need to bullet points to small groups to discuss.
Ask participants to consider the following:

- What does the item mean?
- Why is this element important to the social emotional development of infants and toddlers?
- What does it look like in a group care setting?

Allow enough time for discussion and then ask the group to come back together as a larger group and share key ideas from their discussions.

Consider the following for your large group discussion and offer as additional information:

a. Individualized care: The responsive caregiver facilitates social emotional development by following children’s unique rhythms and styles, responding promptly to individual needs and respecting and accepting children’s behaviors and ways of communicating. The responsive caregiver takes cues from each child about when to expand on their initiative, when to guide, when to teach and when to intervene. An observer might notice the caregivers are individualizing their care because different children may be engaged in different routines or activities at the same. For example, one child may be receiving a bottle, a couple of children may be napping and a few children may be playing in either alone or together in different areas of the room. An observer may also note individualized goals or activities for children on a planning document or curriculum plan.

b. Primary caregiving: Relationships between caregivers and children are crucial in quality child care. It is through close relationships with caregivers that young children learn about the world and who they are. In a primary caregiving model each child in group care is assigned a primary caregiver. A primary caregiver is principally responsible for the child’s care and helps build a positive, continuing, intimate relationship with that child. This also offers family members a consistent child care contact who knows the child well. Teaming is also important. Primary care works best when infant/toddler caregivers team together, support one other, and provide a back-up base for security for each other’s
primary care children. Primary care does not mean exclusive care. It means, however, that all parties know who has primary responsibility for each child.

c. Small groups and ratios: Many research studies regarding infant and toddler care have shown that small group size and adult/child ratios are key components of quality care. Ratios and group size determine the amount of time a caregiver has to spend with each of the children. Small groups help create a sense of intimacy and safety. A rich dialogue between caregivers and infants is possible in small groups because there are fewer individuals, less noise, and less activity to interfere with a child’s ability to learn. Small groups and more staff enable caregivers to build strong relationships with individual children and adapt activities to meet the changing interests, needs and capacities of the group.

d. Continuity of Care: Programs that incorporate the concept of continuity of care strive to keep primary caregivers and children together throughout the three years of infancy period or for the time during that period of the child’s enrollment in care. Frequently switching from one caregiver to another impacts a young child’s social emotional development. Too many changes in caregivers can slow children’s development and leave them reluctant to form new relationships.

e. Culturally responsive care: Children develop a sense of who they are and what is important within the context of family and culture. Consistency of care between home and child care is best for the very young child. In order to effectively and genuinely provide continuity of care and implement culturally appropriate practices, caregivers must reflect on their own beliefs and values regarding cultural differences. High quality programs incorporate practices that reflect the values and beliefs of the families and culture of their community. Using the child’s home language, understanding and respecting cultural practices related to daily routines, and engaging in ongoing, open communication with the family are examples of such practices.
f. **Slide 17. Video 2.2 Continuity of Care and Social Emotional Development.** Describe to participants that they are going to watch a video of Amanda Bryans, Division Director at the Office of Head Start, and Tammy Mann, former Deputy Director of ZERO TO THREE, talk about continuity of care and its relationship to social emotional development. After the video, ask participants for thoughts or comments. Encourage participants to share specific ideas or strategies they use to promote continuity of care.

g. **Slide 18. Strategies to Promote Continuity of Care.**
Some infant toddler programs fully implement a continuity of care model. Many others do not. Regardless of whether or not a program embraces a continuity of care model, there are many things a program can do to support continuity of care for infants and toddlers. Review the bulleted list of strategies on Slide 18.

Depending on your role in a program you may not be able to exert influence over some these programmatic elements. However, it is important that caregivers are knowledgeable about these elements of program design. It is critical to reflect on how overall program design may impact how teachers, parents, and children feel about a program.

Share with participants that we just discussed ways that caregivers can guide and encourage young children’s learning by ensuring the social emotional climate of the environment is appropriate; invites play, active exploration and movement; and supports a broad array of experiences. Next, we will explore how responsive schedules and routines, together with a stimulating choice of activities and materials, help facilitate children’s learning and support their social emotional development. It is important that caregivers recognize that high-quality supportive environments include: both people and relationships between people, program design and structure, and the way in which environments are arranged.
III. High Quality Supportive Environments (110 Min.)

A. Slide 19. High Quality Supportive Environments: Responsive Schedules and Routines. Ask participants to look at the Pyramid (Handout 2.4). Explain that responsive schedules and routines fit with the second level of the module – High Quality Supportive Environments – and are part of universal approaches or promotional practices. Explain to participants that responsive schedules and routines contribute to the promotion of children’s social emotional development. Make the point that responsive schedules and routines can also help prevent challenging behaviors that some young children may exhibit.

Make the following additional points:

- Responsive routines and schedules are designed with close attention to the developmental needs of all children in the setting and are adapted to the needs of individual children. For example, a six week old infant will not have the same eating and sleeping schedule as a twelve month old.

- To support families in planning for their own child’s schedules and routines, we can help them think through where their child is developmentally, who their child is temperamentally, and the flow of their household. For example, a mother of two may wonder how she can help her highly active and intense 20-month old, Tommy, who wants to go outside and play as soon as he wakes from nap, learn to wait for the 4-month-old to finish eating. Her goal is to support Tommy’s temperament and also help him to gradually learn to wait a short period of time before playing outdoors. This mother may decide to offer Tommy active play experiences indoors after his nap so that his need for activity is met even though it is not possible to immediately go outdoors. With his mother’s support and through this routine, Tommy can begin to learn ways to tolerate some frustration which is an important learning task for toddlers.
B. **Slide 20. How Schedules and Routines Support Social Emotional Development.**

Ask participants, “Think about some of the routines that are important in your life.” Share with them an example, such as, “I like to have my one cup of coffee while sitting on my couch watching the morning news. Since I know how important my one cup of coffee is, it helps me to feel understood and comfortable accommodating young children’s desires for particular things.” Ask for examples from the larger group.

Next, ask participants, “As you think about these important routines, are there some routines that you are more flexible with and some you just cannot live without?” Ask for examples from the larger group.

Next, ask participants, “How does it feel to you when your routine changes or looks different? How does a consistent routine help you throughout your daily interactions with others, accomplishment of tasks, etc.?“ Ask for feedback from the larger group.

Emphasize how schedules and routines provide infants and toddlers with a sense of security through predictability and help them learn about the world. Explain that very quickly babies discover and embrace their first routines. For example, when an infant cries persistently, her caregiver gently picks her up, saying “Oh, you’re so hungry!” The infant quiets as she latches onto the bottle’s nipple. In just a few weeks she’s learned a routine - she feels hungry, she cries, and food is offered while she’s cradled in gentle arms. Infants feel secure and confident within the framework of nurturing and predictable caregiving routines.

Routines can help toddlers adjust to new situations. Daily routines also help toddlers say good-bye to parents, and feel safe and secure within a nurturing network of family members and caregivers. For example, always reading the same book together in the same cozy corner of the toddler room helps Belinda prepare for the difficult separation from her mother. This predictable, intimate time with her mother can help give Belinda the courage to let her mother leave.
**Trainer’s Note:** to help participants better understand the concept of predictability offer the following: Provide an example of the comfort we all take from predictability and say to participants, “Just think about yourself today. If this is the second time you have attended the CSEFEL training, perhaps you came in this morning knowing where you were going to sit and who with, or you knew that I wasn’t going to stand up here and talk at you for seven hours...” Other ideas to help participants personally connect with the concept of predictability:

- What is it like to leave the comfort and familiarity of your home to come to a training and stay in an unfamiliar hotel? How many people sleep best in a hotel room as opposed to their own bed? Do we assume the alarm will work or bring our own from home? How many of you enjoy learning how to use a new shower and coffeemaker?
- How do you feel? Nervous anticipation? Worry? Trepidation? Might your feelings even impact your behavior in our training group?
- How does this apply to very young children’s feelings and behavior in a setting other than their home with their primary caregiver? You notice that we provide an agenda and a predictable style of presentation. If you feel more relaxed, it may be because you feel more secure and have some sense of what is coming next. Perhaps today you will notice something different from what you did at the last CSEFEL training and your learning will expand. Your ability to relax will affect what you can take in.

When we hear the word *curriculum*, we sometimes think of teaching specific concepts such as ABCs, colors or shapes. Make the point that some training models suggest that for infants and toddlers, transitions and routines that arise from their care are the *curriculum*. It is during these routines that relationships are promoted and learning takes place.
Define the terms “transitions,” “routines,” and “schedules”:

a. By **transitions**, we mean the times of change that occur in a child’s life or day, such as when a young child begins in a new child care program or when a group of children move from one experience to another – for example, from indoor play to outdoor play.

b. By **routines**, we mean the regularly occurring events a young child experiences during a day and the way we do them day by day. They can be thought of as the individual experiences that make up each day. Routines that generally happen in a similar way each day provide children with a sense of predictability and security. For example, if the daily routine upon arrival is to snuggle with a caregiver and look at a book even a young infant will come to expect this. A toddler can understand that the meal routine begins with hand washing. When the same things happen day after day, several times a day, routines become predictable and infants and toddlers learn to feel more secure and know what to expect.

c. When we talk about **schedules**, we tend to mean what time we do something. For infants and toddlers, however, we think of schedules in terms of how many hours between eating and when and how long they sleep.

d. Generally with infants and toddlers, we want to focus on the sequence or order for the routines of care. It is more important for the very young child that we offer a predictable sequence of routines each day than it is that we try to keep to a time schedule. We should focus more on how things happen rather than the time and allow children to “set the pace.” For example, each newborn develops his own special daily rhythms and patterns for eating, sleeping, and alert wakefulness. Some babies leisurely suck and take short catnaps during an extended feeding. Others quickly digest a generous feeding and then fall into a deep sleep. Routines develop naturally when we follow the baby’s lead.
e. Slide 21 Using Routines to Support Social Emotional Development
Highlight that infants and toddlers learn about people and the way the world works through their daily routines. Make the following points:

- Posting a schedule with pictures or photos of the day’s events and routines at children’s eye level and drawing their attention to it helps children understand sequences of events and what comes next.
- Reviewing past activities with toddlers and noticing or acknowledging when a toddler seems to be thinking about an event from the past will also help them make important connections and sense of the structure of their day.
- Inviting infants and toddlers to take part in daily routines demonstrates to them that they matter and lets them play an active role in the many activities of the day. For example, let an infant hold a clean diaper, or invite a toddler to set napkins on the table.
- Ask families about their routines at home. Routines are some of the most inherently cultural practices in a child’s life. Different families have different practices regarding routines. Reflect back on the routines in your home when you were a child. For example, how did mealtime occur? Did children and adults eat together or at different times? Who put you to sleep? What happened if you were sick? Asking families about their routines and trying to incorporate the ways that they care for their very young children creates cultural responsiveness and continuity in a program.

C. Show Slide 22. Activity: Responsive Routines Inventory (Use Handout 2.8)

a. Tell the group that this is an opportunity to think more about routines of daily care for infants and toddlers and to look for ways to support the social emotional development of each child. Share with participants it is important to remember that it is not about doing something the “right” way – it’s about doing it in the way that makes sense for that individual child. Some
babies really like to be rocked to sleep while some prefer to fall asleep on their own. When we have developed a responsive relationship as our foundation, we can better anticipate what might be comforting or the right way to do something for a particular infant or toddler. Information from families can also help us individualize the routines for each child.

Show Slides 23-26 as examples of typical routines before introducing the activity.

Ask participants to work in small groups or at their table. Explain:

a. There are five areas on Handout 2.8—responsive daily routines (general best practices), infant feeding and toddler eating, diapering and toileting, sleeping and resting, and greeting and goodbye times.

a. Select one of those routines, and as a group, identify strategies that support children's social emotional development during the routine. Indicate the children's age for each practice.

c. Record your ideas on the handout.

Give groups about 15 minutes to complete the activity, then debrief with the whole group. Invite a representative from each group to share their ideas or strategies. Encourage participants to take notes using the action plan column on the handout.

As groups share their ideas, highlight that individual time spent in each of these routines provides opportunities to build a positive relationship with a child.

E. Slide 27 and Video 2.3 Routines in Routines. Show video and encourage participants to identify the strategies the caregiver used to assist children to learn the routine of toothbrushing and develop their social emotional skills. Help participants identify the caregiver practices such as:

• Speaks for the child (i.e., repeats the child’s words “I don’t want to”.) Validates the child’s experience.

• Describes and models what to do for toothbrushing using affirmative directions (e.g., song that says “this is the way, …”) v.s. what not to do (e.g., statements such as “don’t…”).
- Offers “first then” statements in the song (“first we… then we…”)
- Uses repetition
- Uses a song
- Offers children simple words they can begin to use such as: “all done”
- Models use of “please” and “thank you”
- Demonstrates respect by using kind words and affirmative directions
- Smiles

F. **Slide 28. Strategies to Support Infant and Toddler Routines.**

Explain to participants that the way caregivers handle responsive routines enables them to help young children build trust and independence. Show Slide 28 and highlight the strategies noted. Review the strategies on the slide and consider sharing the following examples:

a. You can make diapering and toileting a special time between you and the child by telling the child in advance that you are going to pick him up and change his diaper, interacting, using first/next words that are comforting, and encouraging the child to participate in the routine in whatever way he can. For example, “Sara, first we will change your diaper; next we will read a book together.”

b. Display a novel toy, photo or other item that children and families can explore together during arrival. Goodbyes are very difficult transitions and sometimes families and children are unsure what to do next. Providing an activity or something to focus on can help reduce any anxieties they may be feeling.

c. Provide infants with their own cribs, and toddlers with cots that are labeled with their first name and a picture symbol. Sing, play lullabies, and offer children a book, doll, or other comfort item while they are getting ready for nap time.
Optional Activity C (25 minutes): Creating Routines with Families

Make the following points:

You are now more familiar with the second level of the Pyramid and are aware of the importance of predictable and consistent schedules and routines for infants and toddlers as it relates to social emotional development.

You also know that each families’ routines are unique depending on life experiences and circumstances. Some families are able to establish more consistent schedules and routines; other families find this challenging to do. Perhaps you have had families tell you about recurring challenges they face with their child at particular times of the day or during routines such as diapering, toileting or bed time.

Activity: Ask participants to forms groups of 4-5 people and give the following directions:

In your small groups, work together to develop a list of ideas and strategies for helping families make the most of schedules and routines.

Spend a few minutes discussing some of the most common challenges regarding schedules and routines that families have shared with you. Then, choose one of the following home routines (diapering, toileting, nap time, bedtime, waking up, or meal-times) and generate ideas and strategies to help families make the most of that routine with their child, as well as minimize or prevent behavior challenges.

Debrief as a whole group. Ask each small group to share one or two ideas for their routine. If more than one group picks the same routine, ask that group to share an idea or strategy that has not already been mentioned. For example, possible strategies for a sleep routine may include:

- Cuddle your baby and share a picture book that is soothing and gentle.
- Sing a lullaby (with a repetitive, soothing melody) over and over to help your baby fall asleep.
- Rub your child’s back in a circular motion or with gentle pats.
- Talk about specific sequences of events – for example, “Mommy will come back after naptime.”

continued
Optional Activity C continued

Count down in preparation for a change from one activity to the next. For example, “Daddy, is going to count to three then pick you up and change your diaper, ready, one, two, three, up for a diaper change.”

Give toddlers plenty of time to move from one activity to another.

Make a book of familiar scenes — such as your child playing with a ball on the lawn or dancing in your arms.

During the discussion, make the following points:

Remember that families will also benefit from your ability to listen to them, hear their perspective, and empathize with them. Although you just created lists of strategies that families may want to implement, there are times when it is appropriate to offer suggestions, and times when it is more appropriate to listen.

Part of level 1 of the Pyramid relates to the positive relationships that you build not only with children, but also with families; sometimes, families just need to know that you are listening and understand their experience.

G. Slide 29. and Video 2.4 Responsive Greeting

Tell participants that they are going to spend some time watching a video clip highlighting a specific daily routine, greetings and goodbyes — one that young children and adults often find challenging. Show Video 2.4 to illustrate a caregiver’s responsive greeting of a 15-month-old child and his parents.

Ask participants to comment on what they see this caregiver doing to make the morning transition easier. Note the following points if they are not brought up during the group discussion:

• The caregiver stops what she is doing and greets the child by name.
• She asks about how his morning has been so far.
• She expresses interest in what he has experienced since she last saw him and asks additional questions to clarify.
• She helps him say goodbye when his parents leave.
• Through these actions, she lets his parents know that she is genuinely interested in their little boy.
Have participants discuss with the people sitting nearest to them some of the most effective things they have done or seen others do to support children and families during greetings and goodbyes. Encourage them to identify particular characteristics/qualities/skills promoted in young children (e.g., trust, confidence, ability to relate to others, vocabulary skills, understanding of time and sequence, etc.) when using these specific strategies.

Show Slide 30. **Strategies to Support Greetings and Goodbyes.** Continue and expand the discussion of greetings and goodbyes using the following points:

a. Greetings and good-byes can be hard for some children and adults. Caregiver support can help make this an easier transition. Some children may need extra support and targeted strategies that are unique to him or her.

b. Special Good-Bye Area – Designate a space in the room or an area outside the door as the “special good-bye area.” This becomes a place for families and children to say good-bye.

c. Family Photos/Objects – Display family photos or favorite objects around the room so children can see their families throughout the day, especially when they are feeling scared or lonely. You can point out the family pictures, talk about how loved the child is and remind him that his parents or a family member will be back to pick him up.

d. Transitional or comfort items: – Allowing a young children to bring his special blanket or toy may help him to transition from one environment (e.g., home) to the next (e.g., child care). As he brings his blankie with him he is bringing a little piece of home that reminds him of the safety and comfort of mom, dad, or home.

e. Rituals – Talk to families about creating a “good-bye” ritual that they can do each day with their child. For example, mom might help her son hang up his backpack and then give good-bye butterfly kisses while saying, “Here’s my special butterfly kiss to last throughout the day, and I’ll be back to pick you up, so go and play!” Good-bye rituals become a signal to the child that it is time to say good–bye and reassure them that Mom will be back later!
f. Games – Have a fun good-bye game that you play as infants and toddlers are dropped off in the morning. It might be a song or a big hug. This is a great way to get other children involved in helping each other say good-bye as well as practice social skills.

g. Books – Make books about the young child’s day. The title for a book for a child who is dropped off by his Mom might be – “Mommy Comes Back.” The book goes through the schedule/routines of the day and shows the child leaving home in the morning or leaving the center at the end of the day with Mommy. You might also involve parents in making the book and have them take pictures of their morning routines to add to the book (what happens before the child comes to the center).

H. Slide 31: Activity: Individual Considerations for Caregiving Routines

**Trainer’s Note:** Before showing Slide 31, make the following point:

- In Module 1, we examined the role of temperament and culture. In this activity you will take a closer look at your daily schedule, routines, and the ways that you plan for and carry out routines with each child in your care considering the lens of temperament and culture.

Review the activity steps noted on Slide 31 and ask participants to do the following individually:

- On the left side of a piece of paper, write the names of two infants or toddlers in your care. **Trainer’s Note:** For confidentiality purposes participants may want to use hypothetical names or just initials.
- Think about the temperament of these children and the characteristics that make them unique.
- Next to each child’s name, note some considerations for carrying out the various routines (e.g., dressing/undressing, diapering, eating, etc.) of the day with each young child. For example, Jamal takes time to wake up. He likes to be rocked for a while before he wants to eat/play/have his diaper changed. Or, Allie often resists diaper changing so we also use this time to play peek-a-boo together.
Module 2

Social Emotional Development within the Context of Relationships

• After participants have had time to brainstorm individually ask them to share and brainstorm ideas in small groups or at their tables.
• As a large group ask for examples of strategies to modify routines based on a child’s individual temperament and/or culture.
• Record ideas on chart paper.

Optional Activity D (35 minutes): Bringing it Back! Let participants know that they will now have an opportunity to put some of these ideas into practice and create ways to enhance the daily greetings and goodbyes.

Trainer’s note: Set up the following five stations around the room. Ideally, this should be done prior to the start of the training. Allow participants to select one of the five stations in the room. Attempt to ensure each station has a relatively equal number of participants. Each station has an activity and materials for participants to work on in small groups. After approximately 20 minutes bring participants back to the large group and encourage groups to share their work i.e., their sign, song, letter, questions, or book.

Sign for greetings/goodbye area: Using the materials provided, participants create a sign with a special message for families to read and remember as they say goodbye to their child.

Songs: Using the materials provided, participants write the lyrics to their favorite song about hellos and goodbyes or make up their own. In addition, they should draw or write directions for simple gestures to go with the song.

Letter to families about greetings and goodbyes: Participants use the stationary to write a letter to families with some information about what to do to support children during this often-difficult transition, and ideas for how to work together as a team to support children socially and emotionally during these times.

List of Potential Questions: Participants take the perspective of families and develop a list of questions that families might want to be asked about how to manage greetings and goodbyes in order to individualize the routine for their child.

Greetings/goodbyes book: Using the materials provided, participants create a simple book to use with an infant or toddler to help the child during greetings and goodbyes. Suggest that participants copy the text so in their programs they can create individualized books attaching photos of a child and members of the child’s family when they get back to their program.
G. **Slide 32. High-Quality Supportive Environments: Responsive Environments.**

Explain to participants that together you are going to explore another aspect of infant toddler caregiving that supports social emotional development – the space where children play and are cared for.

Caregiving environments should be designed to enhance relationships and learning. Because infants and toddlers learn and develop competencies through movement, exploration, and appropriate challenges, their environment should offer a variety of experiences. It should be a place where they can freely move, make choices, and explore.

The environment should be welcoming to everyone—children, families, childcare providers and other program staff. It should be a place where everyone can easily interact with one another, share meaningful experiences and come together to enjoy the relationships they are developing.

H. **Slides 33-34.** Read the slides to participants.

“Caregivers:

- decide what infants and toddlers see, touch, hear, smell, and taste.
- decide how much fresh air, sunlight, and exercise young children will get
- create engaging, supportive, and comfortable physical environments
- choose appropriate toys, materials, and activities
- engage in reciprocal interactions

… all of which make up learning experiences for infants and toddlers.”

Ask for any thoughts or reflections from participants.

I. **Slide 35. Group Discussion.** Review the sample reflection questions with participants.

- Why does the environment have such a powerful effect on our thoughts and feelings?
- What would it feel like if you did not have any control over the design of your home?
Furnishings, accessories, room arrangement, paint colors, and even scents in a room can affect the mood of a person in that room. This is why it is important to consider the purpose of the room before decorating it. Is it a place to relax, such as a bedroom? Is it going to be an entertaining room? The purpose of the room should be the deciding factor in how it is decorated, and subsequently, how that decoration affects the mood.

Encourage participants to keep these questions and reflections in mind as they think about and discuss creating responsive environments that support the social emotional development of infants and toddlers.

The environment affects the social emotional development of infants and toddlers in many ways. Offer a few examples of how the environment can directly impact social emotional development. Share the following examples and ask the participants for additional examples.

- Surrounding young children with attentive, responsive, skilled caregivers and maintaining appropriate child-caregiver ratios supports relationships and self-regulation. When responsive adult caregivers are available for infants and toddlers, their needs can be acknowledged and met.
- Providing safe play items that offer developmentally appropriate challenges can support young children to practice their problem-solving skills.
- Keeping all appropriate materials in the environment accessible to infants and toddlers helps to develop independence and initiative so they can discover and explore on their own.

I. **Slide 36. Video 2.5 Responsive Environment.** Show video and ask participants to identify how this caregiver used her relationship and interaction with the child to encourage him to explore the outdoor environment. Help participants identify the following:

Caregiver:
- Follows child's interest
- Encourages his exploration and discovery (facilitates him touching the grass and the bench) while still keeping him close and supporting him
• Asks questions based on his interest “What do you see?”
• Narrates what he seems to be looking at, what he may hear (tractor, birds) and what he seems interested in (puts words to his actions e.g. “Arms up in the air. Looking up. Leaning back. Learn forward. Touch the bench. etc.”)
• Identifies his body parts
Summarize by reminding participants that through their interactions they can facilitate or inhibit very young children’s natural curiosity to explore the environment and learn.

Optional Activity E (25 minutes): Letters from a baby. Ask participants to take the perspective of a five month old infant who will be coming to a child care center. Imagine that this infant is an only child and the child care center will be the infant’s first out of home placement. Have participants write a letter to a caregiver that describes the most important elements to include in the environment. Have participants describe how these elements would make the child feel and how the child might interact with the elements. Participants may do this individually, in pairs, or as a group at their tables. Debrief with the whole group. Invite participants to read their letters. Relate the content of the letters back to the previous discussions about environmental preferences and what makes a well-designed environment for infants and toddlers.

J. Slide 37: A Well Designed Infant-Toddler Environment

Before showing Slide 37, ask participants to think of the most perfect space for babies and toddlers that they have ever seen, or have ever dreamed about. Ask the following questions:

a. What makes that space unique?
b. How does the space make them feel?
c. How does the space affect infants, toddlers and their caregivers?

Show Slide 37. Make the point that a well-designed infant-toddler physical environment can have a major impact on young children’s social emotional development. Review each bullet point with participants.
K. Slides 38-42. Activity: Responsive Environments

Explain to participants that you are going to show them four different photos of infant/toddler environments. Tell them you’d like them to consider the items listed on Slide 38 as they look at the photos. Show participants Slides 39-42 one at a time.

With a partner, participants should take a couple of minutes to review the photo and discuss whether or not they believe the environment supports the items noted for “A well designed infant-toddler environment.”

Supports & encourages:
- social emotional needs
- responsive care from adults
- peer relationships

Is developmentally appropriate:
- age appropriate
- individually appropriate
- culturally appropriate

Debrief and ask groups to share their thoughts. Write responses on chart paper. Listen for the following possible responses:

- Supports the social-emotional needs of infants and toddlers—a variety of well-equipped play spaces, child-size furniture, soft spaces to sit or crawl, mirrors to see themselves alone and with others, boundaries between activity areas, things posted on the wall at child’s level, things to climb on, places for one or two children to go to be alone, blanket on floor for infants in a protected space, etc.
- Supports and encourages responsive care from adults—rocking chairs for one-on-one time, adult-size couch where caregivers can comfortably sit with one or two children
- Supports peer relationships—spaces for two or more children to crawl into, child-size furniture, toys for children to play with together such as a double slide
- Is developmentally appropriate with materials organized in an orderly way
- Age appropriate—materials in environment look age appropriate, places for toddlers to crawl, walk, climb, soft spaces.
Not all of the elements mentioned (from Slide 38) are illustrated in the photos, e.g., cultural appropriateness, individual appropriateness, appropriate for children with disabilities. Ask participants what could be added to the environments to meet these criteria. For example, consider asking participants what environmental factors they might consider for a child who has a hearing impairment or an older toddler with mobility impairments.

Each person brings his/her own unique preferences to her feelings about the rooms. We all have our own response to different environments. What may feel appealing and comfortable to one person could feel cold or stark to another person.

Next, ask participants either as a small group or with a partner to select one of the items highlighted (e.g., child-size furniture, blanket on the floor, comfy places to sit) and discuss how and why these environmental elements promote social emotional development. After small group discussion have participants share some of the key ideas from their discussion with the larger group.

**Slide 43 Environmental Elements to Consider**
Examples may be:

1. Cozy/private spaces: These types of spaces (while easily supervised by caregivers) are critical to the development of the young child’s self-concept. Often, the meltdowns and struggling moments we see young children experience in group care settings can be linked to the possible stress of being in a large group for an extensive amount of time. Creating safe spaces where children can retreat for extra rest, to observe and recharge emotionally throughout their day can help to alleviate this stress.

Private spaces can also be achieved by incorporating into the classroom a tunnel, a very large cardboard box, a plastic empty sandbox, a carpeted, built-in cabinet with the doors removed, or a cozy loft space. With access to these cozy spaces, two toddlers who are just beginning to develop a relationship can also go off together to quietly play.
2. Safe lofts and climbing structures: A developmentally appropriate and well-designed climbing structure or loft support motor exploration as well as offer a private space for a young child to relax and watch his peers by himself. It is also a place where an adult caregiver and young child can cuddle and read a book together.

3. Places for children to crawl, walk and climb: Self-initiated exploration and movement is essential to a young child’s emotional development. Crawling to a desired toy and picking it up, climbing to the top of a loft and going down a slide are all activities that help a young child develop feelings that she is capable, can achieve and through practice, can master.

While older children can begin to grasp limitations to their play and movement, such as “In ten minutes we’ll be going outside and then you can run…” a toddler will struggle understanding such limitations. The toddler’s focus is, “I need to crawl and climb now!” It is important that the environment encourages and supports this fundamental developmental need. Providing plenty of physical outlets for movement can also reduce challenging behaviors. When toddlers have appropriate places to jump, throw, climb, and generally be active they may be far less likely to climb on furniture not meant for climbing or engage in inappropriate behaviors.

4. Lighting: Poor lighting can strain the eyes of young children and adult caregivers. Certain types of lighting (such as the lamp seen in the one photo) can help a care setting look and feel more like a home. Lighting that can be adjusted can help to calm and soothe an infant or toddler and help modify the mood in the room.

5. Sound: Consider the noise level of the the room. Consider adding soft surfaces such as carpet or drapes to help absorb sound. The noise level in a room can impact young children’s mood, anxiety level, ability to tolerate frustration and become calm. Encourage participants to think about their own experience at a very noisy restaurant where it is a struggle to hear the people at their table. Faced with
such an experience people have very different responses: some people may want to leave; some give up trying to talk; some people talk louder, and some become agitated or cranky.

6. Color: A neutral-colored background and furniture can help support a calming atmosphere in an infant toddler care setting. Neutral colors in an infant and toddler room also reduce the stimulation in the room and allow the people (i.e., caregivers and children) to be the center of attention.

7. People: Consider who is in the environment. Ask participants to consider: Are there more females than males? How might having more males impact young children’s social emotional environment and/or view of themselves, the world and relationships? Ask participants to consider the ethnic, racial and language diversity of the caregivers in the environment. If no one in the environment speaks a child’s language a child may feel he or she is not understood. Similarly, if the cultural practices in the center are very different from those practices in the home a child may feel less secure in his surroundings.

Summarize with participants that the physical environment tells a story for young children, families, and caregivers. The specific design of a care setting supports engagement, exploration and focused play. When young children are not engaged, they often wander and may display challenging behaviors. When this happens, caregivers often find themselves following young children and saying “no” too often. In this case, the caregiver acts more like a “police officer” as opposed to spending his time facilitating and supporting individual and group learning.

J. **Slide 44 Activity Handout 2.9 - Environment Inventory: Infant and Toddler Environments Planning Document.**

Review the content of the planning document with participants. Talk about how each space and its components support the social emotional development of infants and toddlers, using the previously discussed
criteria. Emphasize the importance of **observing** children on a regular basis, documenting the **observations**, and using the information as a source for making changes to the environment.

Ask participants to work with a partner and discuss potential improvements to their infant and toddler environments. Ask them to include in their discussions examples of things they have changed or added to the environment based on observing a particular child.

Give participants about 20 minutes to complete as much of the environment evaluation and planning form as they can. If they do not complete all sections, they can finish it when they are back at their programs.

Next, give the following directions:

a. Notice that each section of the evaluation and planning document is numbered.
b. Identify the top three sections that you want to work on in your program.
c. Write the numerals of each identified section on individual sticky notes (one numeral per note) and place each note on the related section.
d. Now find someone in the group who has identified one of the same sections that you have identified.
e. Talk with that person and share ideas about how to improve that section of the environment. Take notes.

If time allows, encourage participants to find someone to talk with about all three identified sections, or identify a second person who has noted one of the same sections.

Bring the large group back together. Ask participants to share ideas they plan to add to their environment to make it more responsive to the needs of infants and toddlers. Also ask for ideas that might be particularly helpful in addressing a behavior related to the environment. For example: the need for a soft space for young infants away from the active play of mobile infants and toddlers.
**Optional Activity F (35 minutes): Home Environment Design**

Trainings Note: The Technical Assistance Center for Social Emotional Interventions with Young Children has developed Training Materials for Implementing the Pyramid Model with Families in Homes. See http://www.tacsei.org for additional resources on applying the Pyramid Model in homes.

Make the following points:

You have looked at environments for infants and toddlers in center based programs and reviewed criteria for well-designed, responsive environments.

Now consider the needs of an infant or toddler and family in a home environment. The needs of a young child continue to change according to the age and developmental stage. However, the role of the caregiving adult in creating physical spaces that promote social emotional development and help prevent problem behavior remain constant.

Many families may be familiar with health and safety guidelines for homes and have at least heard about “childproofing” the home. Not as many adults are familiar with setting up the home in ways that promote social emotional competence. Ask participants to form small groups of 4-5 people, and give the following directions:

a. Work in your group to develop criteria for arranging physical spaces and selecting child materials that infants and toddlers can explore in their home setting. This is your chance to become an architect and an interior designer for 20 minutes, but with a child development perspective. Think about small and easy ways parents can enhance their environment and the materials available to infants and toddlers to promote social emotional development. For example, cushions or pillows on the floor to crawl over or rest on while looking at a book; a night light for a child who does not prefer complete darkness when trying to fall asleep, or wind chimes as opposed to a musical cd.

b. Select a room in a home (i.e., living room, kitchen, bathroom, bedroom, etc.) and create a “top five list” of recommendations. Your “top five list” can either be suggestions for setting up the space/furniture, or recommendations for easy-to-find low cost materials that children can explore and play with in that environment.

c. Keep in mind that these are general lists and must be applicable for families who have access to different levels of resources. Materials should be mostly non-commercial and easy to access. Some families do not have separate living spaces, so consider the wide range of home environments as you design your home enhancement plans.

Debrief with the whole group. Invite a representative from each group to share their criteria for one of the rooms. If more than one group selects the same room, ask for criteria that have not been mentioned yet.
IV. Targeted Strategies to Build Social Emotional Skills (110 min.)

A. Slides 45-46.

Make the following points:

a. We have talked about the importance of creating routines and environments in which infants and toddlers feel safe and confident, as well as promote their social and emotional development.

b. Now we are going to discuss additional strategies and ideas for providing opportunities to support the development of specific, or targeted, social emotional skills.

c. Display Slide 46. Building children’s emotional literacy relates to the third level of the pyramid: Targeted Social Emotional Supports.

B. Slide 47. What Is Emotional Literacy?

Ask participants what they think emotional literacy means and how it applies to infants and toddlers.

Use Slide 47 to help summarize their responses.

Make the following points:

a. While emotional literacy is not just about language, language plays a large part in emotional literacy because language is so important in a social world. Language serves as a tool to communicate and much of what language communicates is our feelings about ourselves and our relationships with others.

b. We use language to give common meaning to something, such as a feeling.

c. Here is an example of a parent helping her 12-month-old make sense of an emotional experience: It is Mia’s third day of child care and her mother arrives at the end of her work day to pick her up. The mother makes eye contact with her baby and smiles. As Mia’s face brightens, she says “Oh Mia, you are happy to see Mommy!” Then, as her baby’s face crumples, and she starts to sob, her mom says as she reaches for her daughter, “Oh, you waited so long and you were afraid Mommy might not come.”
d. This mother read Mia’s cues, labeled her daughter’s emotional communication, and then acknowledged that she understood how Mia was feeling. This type of exchange, within the context of the relationship, is the primary strategy we use to develop emotional literacy for a young child.

e. Talking about shared experiences, acknowledging and labeling emotions, and letting infants and toddlers know that we see, hear, understand and accept their feelings throughout the day are major strategies that all caregivers can use to develop emotional literacy in infants and toddlers.

f. The infant or toddler’s developmental level will determine what is said and what response the caregiver can expect from the child. The words used to acknowledge and label an emotion may be well ahead of the child’s level of speech. As the infant matures and his understanding of the meaning of language expands, the caregiver intentionally extends the conversation about feelings to encompass new concepts and words.

g. The caregiver’s gentle, positive tone of voice is an important part of the message of understanding and acceptance of emotion for all young children.

Ask participants to think, for a moment, about all of the emotions they experience in a typical day. You might at times feel happy, stressed, sad, attentive, engaged, scared, frustrated, excited, or hopeful. Infants and toddlers may not have the language to express themselves, but they are experiencing the same variety and intensity of emotions as adults.

Caregivers can support children’s learning of emotion words by making a “Feelings Words” list. **Activity:** Ask participants to pair up and create a “Feelings Words” list — words they would like infants and toddlers in their care to experience and learn. Once participants have completed their lists, ask for a few groups to share the words they listed.

**Trainers Note:** Note the types of words participants list. Note if the feeling words are more positive or negative in nature or if there are an equal number of positive or negative feeling words. Note also if participants may
have difficulty naming feeling words. It may be helpful to point out to participants that many adults have difficulty naming and sharing their own feelings so it may not come easily to help very young children name and express their feelings.

Share with participants an example of how caregivers can include families in naming feeling words: Near where family members sign in their children’s caregivers can leave a notepad or sticky notes for families to write down feeling words. Caregivers can prompt families to write down a feeling word as they connect and talk about their child’s evening and/or morning. For example, a father may describe his son as waking up, “grumpy.” Over time, caregivers can collect a list of feelings words to post in the classroom and share with families.


Review the strategies listed on Slides 48-51.

Show Slide 52. Activity: Ask participants to form small groups of 4-5 people. Give each group a set of scenarios (Handout 2.10) and each participant the list of the strategies. Give the following directions:

a. Take turns reading each scenario aloud.
b. For each scenario, decide which strategy (or strategies) from the list best aligns/matches the scenario.

**Trainer’s Note:** If time allows, invite groups to consider role playing one of the scenarios with the matching strategy or strategies, or role play a new scenario from their own experiences. Listed below are appropriately matched scenarios and strategies. Participants may match scenarios with strategies differently than those listed below. Encourage participants to describe how they made the decisions that they made.
Following are the appropriately matched scenarios and strategies:

1. Use photographs, pictures, and posters that portray people in various emotional states.

   “Let’s all take a look at the children on this page. Which child seems to be very excited? Which one seems sad?”

2. Introduce children to more complicated and varied feelings words, including positive and neutral terms.

   A feeding situation with a 10-month-old fussing as he spits out food with a new texture: “Oh, Benji, you weren’t expecting those beans were you? Did that make you feel upset to get something you weren’t expecting? I think you want the apple sauce right now. How about you give these beans a try and we’ll have apple sauce next.”

   Rocking a baby who is tired and can’t relax: “I know you are having a hard time falling asleep. It is hard to relax and fall asleep sometimes but I see you yawning and I think you are really tired. I will hold you and rock you until you feel more relaxed.”

3. Ask children questions about their feelings and talk about the fact that feelings can change.

   “I can see that you are upset because it is time to go inside. Sometimes it is difficult to go inside when you don’t feel ready. Let’s think about how to make it better. How about we go right over to the easel and you can paint?”

   A teacher asks a child who is waiting for her turn on the slide: “Melanie, are you upset right now? I know it can be very hard to wait patiently, but when Riley comes down the slide, he will let you have a turn. I think you will feel much happier then.”

   “Juan, when the dog came near, you used to cry and feel scared. But, now you look happy to see that big puppy!”
4. Use real life situations to practice problem solving, beginning with defining the problem and emotions involved as appropriate for each age.

Helping a 22-month-old try to open the drawer in a piece of dollhouse furniture: “Cate, I see you are shaking and banging the dollhouse furniture. I’m wondering if you’re feeling frustrated because you cannot get the drawer open. Why don’t we try to open the drawer together. Can I show you?”

Helping a toddler find a toy ball that rolls away: “Shelby, you seem confused. Where did your ball go? It looks like your ball rolled behind the shelf. How do you think we could get the ball?” (Try the child’s suggestions and if necessary, share your ideas.)

Interrupting play to change a diaper: “Laura, I can see that you are having fun playing with the balls but I need to change your diaper. Are you ready now or would you like two more minutes and then I can change you?”

5. Assist children in recognizing and understanding how another child might be feeling by pointing out facial expressions, voice tone, body language, or words.

Telling a child who is not crying why the child who is unhappy is crying and then telling her how to comfort the crying child: “Mia, Kiri is crying because she wants her Mommy. Do you think she would feel better if she had her binky? Can we find her binky? You could give her the binky and then she might not be so sad. Do you think she feels better? Do you feel better now that she’s not crying?”

“It looks like Mateo is scared when you run at him so fast. Perhaps if you walk to him instead of run towards him, he will feel calmer.”

6. Observe and share aloud how children’s actions influence others in the room.

When younger children have pacifiers, bottles, or blankets that older children seem envious of: “I can
see that you pulled little Cora’s pacifier out of her mouth, John. She looked sad and hurt when you did that. Sometimes it might be nice to have your own pacifier, right? We just have to be sure that Cora doesn’t lose hers, so maybe you can help me give it back to her.”

7. Label cues of emotional escalation for children.

“You look like you are getting excited because Mommy is coming soon!”

“Marco, it looks like you are frustrated because the shapes are not fitting into that shape sorter. Why don’t you try turning that triangle around?”

8. Use opportunities to comment on occasions when children state they are feeling upset or angry but are remaining calm.

“Cora, you say you are mad and you want your truck back. I see you are staying relaxed and calm. Can I help you? We can ask for your truck together.”

9. Be present and offer calm words of support during a toddler “tantrum.”

“James, I can see you are angry. I’m going to stay right here so that you don’t hurt yourself or your friends. When you are ready for a hug, I will be right here.”

10. Choose books, music, and finger plays with a rich vocabulary of feeling words.

“Which song would you like to sing first - ‘If You’re Happy and You Know It’ or ‘Shake your Sillies Out?’”

11. Label own emotional state and provide an action statement.

“I am feeling frustrated right now, so I better count to ten and take a deep breath to help me relax.”
D. Slide 53. Video Clip 2.6 Adult Supporting Children in Difficult Encounters. Prior to showing Video Clip 2.6 explain that this clip illustrates emotional literacy strategies in action. Encourage participants to observe carefully and note how this caregiver promoted children’s emotional literacy. Consider showing the clip twice if participants need additional time to carefully observe the caregiver’s strategies. Show Video Clip 2.6.

E. Slide 54. Large Group Discussion

Ask participants the following questions:

- What did this caregiver do to promote emotional literacy?
- What else could she do to develop these children’s emotional literacy skills?

Mention the following during the discussion if they are not mentioned:

- Caregiver appeared calm, knelt down at their level, used child’s name, words and tone matched the intensity of the situation (i.e., serious tone, clear language, straightforward with emphasis), used her body as a barrier
- Supported children to use their words to describe their feelings and experience (the child w/out prompting says, “I don’t like it…”)
- Described the effect of the child’s action, “that hurts;” set limit “we don’t hurt our friends;” emphasized/repeated the child’s words.

F. Slide 55. Activity: Using Books to Support Social Emotional Literacy (Handout 2.11)

Make the following points:

a. There are many ways to be intentional about the development of emotional literacy with infants and toddlers.

b. Reading with children is one of the most powerful tools for expanding a child’s awareness of his own feelings and the feelings that others might have.
c. Our goal with infants and young toddlers is to use language that links emotional language to self, people, and things that happen.

Ask participants to form small groups of 4-5 people (or have participants work at their tables, depending on the size of the group). Explain that they are going to work together to determine how to use books to support social emotional development.

Distribute the children’s books and give the following directions:

a. Using your handout as a guide, review two or three books.

b. Choose one of your reviewed books and talk with your group about how you might use it to enhance social emotional literacy in your infant or toddler setting.

c. As your group discusses each book, identify and note the feeling words used in the book or feeling words that you might use if it is a book that is not necessarily focused on feelings.

**Trainer’s Note:** If time does not permit having each participant read three books, ask each group to choose and review one book and complete the activity. Tell participants that the CSEFEL website has a list of books for children birth through five that support social emotional literacy and give them the website address - http://csefel.vanderbilt.edu/resources/strategies.html#list

Make the following points:

a. An infant or younger toddler with developmentally appropriate social emotional literacy is more able to be aware of others’ feelings, develop friendship skills, and move along toward a higher level of social play.

b. Older toddlers, with more language and opportunities to be with other children, need to develop social emotional literacy skills to manage or regulate their emotions and to be successful in solving the social problems that will naturally occur as they interact with other children.
G. Slide 56 Video 2.7 Using Books to Support Emotional Literacy

Show Video 2.7. Ask participants to identify how the father used the book to promote social emotional literacy. Make reference back to Slide 47 and review the definition of social emotional literacy: the capacity to identify, understand and express emotion in a healthy way and the capacity to recognize, label, and understand feelings in self and others. Help participants:

- notice how the father responded each time the child made vocalizations
- imagine what the child learned about her own emotions (i.e., that her feelings and thoughts were valid and important)
- reflect on what this child is learning about relationships
- think about the content of the book and its impact on the child’s understanding of relationships over time.

Optional Activity G (35 minutes): Using Songs and Books to Support Social Emotional Literacy in Infants and Toddlers (Use Handout 2.12, Sample Feelings Book):

Ask participants to recall a time when they showed a toddler photos of herself. How did the toddler react?

Make the following points:

Using books that include photos of a child are powerful ways to promote emotional literacy and build language and literacy skills using authentic and relevant materials.

Young children also love it when you invent songs about them, or change the lyrics of a song to include their names.

Ask participants to work in small groups and choose to either invent a feelings song they could sing with a child or write a simple book about feelings. Participants can create their own book. Participants can later add their own photos or their own captions of the children in their setting. Each page should have a simple caption that includes a feeling and an example of something a young child might do associated with the feeling. If participants seem unsure of what to write, they can use the book template with sample phrases offered on Handout 2.12.

Debrief with the whole group. Invite participants to share their songs and books. During the discussion, highlight the importance of supporting home language development and suggest that participants include simple feelings books written in the home languages of the children and families. Note that asking parents to help with the creation and translation of a book about their child gives parents meaningful ways to contribute to the program and collaborate with caregivers to build emotional literacy, as well as honor the language spoken at home.
H. Show Slide 57. Targeted Strategies to Build Social Skills

Introduce this section to participants by noting that as young children’s emotions are nurtured and supported through responsive care they begin to feel a sense of trust. In a trusting relationship, infants and toddlers can begin to focus more on cues in their environment and they are able to use positive behaviors to get their needs met.

Healthy emotional literacy skills contribute to social skill development, including making and keeping friends and getting along with others. As young children engage in back and forth play and communication with a responsive caregiver and learn ways to regulate and make sense of their emotions, they will also learn to seek out and respond to this type of interaction. Engaging in this type of communication is an important skill that will eventually help a toddler learn how to play next to another child.

Emphasize with participants:

a. Families play a huge role in supporting social emotional literacy in very young children.
b. It is within the family that children first begin to learn to read other people’s responses to their feelings and behaviors. How their family members respond to them will shape the way that children learn to respond to others and interact in their own relationships.
c. From a very early age, children learn about how emotions can be communicated by the ways they are expressed by family members.
d. Children learn about acceptable social emotional expression not only from what family members say but also from their facial expressions and body language.
e. When parents talk to their babies and toddlers and then pause for a response, they send a message to the child that they are interested in his response.
I. **Slide 58 Video and 2.8 Mom Playing with Toddler.**  
Show Video 2.8 of a parent who asks questions and listens to the responses of her toddler as they play together. Encourage participants to identify how this interaction is as an example of ways parents and caregivers can support social emotional skills. Elicit a discussion identifying the mom’s behaviors such as:

- follows the child’s interests
- follows the child’s lead in the play
- responds to the child’s words and questions
- asks questions
- demonstrates interest
- listens to child’s responses (is attentive)
- is on the floor with the child
- stays with the pretending
- models polite words (e.g., “please” and “thank you”.)

Summarize the discussion by reminding participants that it is these kinds of interactions that help very young children learn how to play with peers and to build relationships. Through play with his mom this child will learn to wait while another child is talking, be attentive to another child’s ideas, stay with a central theme of play, use his imagination, respond to another child’s ideas and use polite words. Other children and adults respond well to these skills, further reinforcing this child’s social emotional development.

**Trainer’s Note:** To help participants better understand this important skill building process, consider offering an example of a mother interacting with her four-month-old: four-month-old Shaina gurgles and coos as she glances toward her mother. They make eye contact and her mother responds with, “You seem excited...you have so much to tell me!” Both Shaina and her mother smile. Shaina is learning that her mother will help her make sense of emotional interactions and that her world is a friendly place. These interactions help shape her thoughts about later relationships.
J. Slide 59. Building Social Skills
Ask participants to describe positive peer interactions they have observed with infants and toddlers. Ask how they believe these interactions develop.

Draw out from the group a short list of caring and helping behaviors of infants and toddlers that demonstrate their ability to understand what adults and peers might want or feel. Ask participants to describe specific behaviors and identify when they tend to observe the behavior. Listen for and note responses that:

- identify behaviors that indicate that the infant or toddler has the capacity to empathize (respond compassionately to the feelings of others). The following may be examples of the types of behaviors caregivers may identify:
  - a toddler who provides a pacifier to an infant who is crying
  - a toddler who gives another child his special comfort item
  - a child who pats the back of another child when she is upset

Researchers and child development specialists used to believe that very young children were not capable of understanding or empathizing with the experience of others. More recently researchers have demonstrated that even very young infants can discriminate the emotions of others which is a first step in building empathy – a critical foundational social skill.

Caregivers play an important role in the earliest stages of a child’s social development. Early on, however, children also begin to notice and play with each other. Ask participants, “At what age do you think children begin to notice each other?”
Module 2 
Social Emotional Development within the Context of Relationships

Offer participants an opportunity to share their ideas. Responses may include:

- Infancy, when children begin to smile at another face and approach others as they become mobile
- At about one year of age when they begin to play with the same toys another child is using, and imitate others nearby
- As older two year olds when they begin to take turns with toys
- As preschoolers when they develop dramatic play routines together

Explain to participants that all of these examples are correct as young children go through various stages of social play just as they go through stages of development in other areas.

Use Handout 2.13. Talk about and expand on the progressive development of play skills in the typically developing child.

Share with participants that as they can see, play becomes increasingly more involved and complicated.

L. Slide 62 Setting up the Environment for Developing Play and Friendship Skills

Show Slide 62 to highlight some of the things that have already been discussed in the routines and environment sections of the module.

Provide examples to illustrate each point or ask for examples from the group. Use the following if needed:

- Examine the physical environment to ensure that there is enough space for infants, toddlers, and adults to engage in social activities. Examples: comfy areas on the floor, rockers/gliders.
- Evaluate the physical environment for spaces for two or more children to enjoy side by side activity and for adults to be seated close by for supervision. Examples: lofts, rocking boats, block areas, climbing boxes, slides for more than one child at a time, mirrors that accommodate more than one child, or play houses.
- Evaluate the daily schedule for multiple opportunities to develop play skills each day. Examples: indoor and outdoor play times.
• Provide enough materials and equipment that allow and encourage two or more children to interact. Examples: stacking toys, cars, dolls, puzzles, or other manipulative materials.
• Provide duplicates of children’s most popular toys and materials


Review the slide. Ask participants to share examples for each point. Provide examples as needed:
• Encourage toddlers to help each other and do routines together. Examples: hand washing, brushing teeth, cleaning up toys.
• Provide positive guidance and verbal support for playing together and helping each other. Examples: “Maria and Tasha, you are doing such a good job rolling out the play dough together.” “Ted, please hand Mary her spoon.” “Gabriel, will you take this book to Benji?”
• Read books about friends, playing together, helping each other, etc., such as You Can Do It Sam; I Can Share; Jamberry; and The Little Mouse, The Red Ripe Strawberry, and The Big Hungry Bear.
• Practice turn-taking. Remind participants that turn-taking is an important exchange both between adults and infants and toddlers and between two young children. Make the following points:
  • Turn-taking is a concept that children begin to learn in infancy. It is both a social skill and a communication skill that is used during back-and-forth conversations.
  • One example of a turn-taking game with an infant is imitating the infant’s vocalizations, waiting for a response from the infant, and repeating the infant’s response.
  • This is how infants begin to learn “your turn, my turn.”
  • Children gradually learn about turn-taking within the context of responsive and nurturing relationships.
  • It is very important that we support toddlers as they begin to learn about turn-taking and navigating play situations with others. We need to “teach” them what to do.
N. **Slide 64 and Video 2.9 Promoting Friendship Skills.**

Show Video 2.9. Have participants identify the caregiver’s words and narrations that help support the social skills of the children. Help participants identify the following caregiver behaviors:

- Caregiver speaks for child e.g., (“ouch that hurts,” “all done,” “you want more.”)
- Caregiver responds to child’s vocalizations
- Caregiver reinforces the positive intentions and behaviors of the child (i.e., “You are kissing him, that is so nice,” “Thank you for offering me your pacifier.”)
- Caregiver encourages and allows child to rock and “care for” the other child
- Assists children to use words “all done” (“all pau” means “all done in Hawaiian pidgin)

**Trainer’s Note:** If time allows, consider assigning small groups of participants to each observe a different child in the video clip. Ask participants to identify and discuss what each child is learning from the interaction. Use the following bullets to supplement the discussion

**Young child being rocked (David)**
- Others can take care of me
- I can trust peers
- Playing and interacting with peers is fun
- I can share what I love to possibly comfort others (e.g., he offered his pacifier)

**Child doing the rocking**
- I can take care of others (rocking, kissing)
- Others enjoy when I care for them and play with them
- I can be gentle
- Interacting with others is fun

**Girl in pink who briefly helps rock David**
- I can participate if I want
- I can watch
- I can play/read nearby and enjoy being near others without doing the same thing they are
- Others notice if I am hurt

O. **Slide 65: Activity (Handouts 2.14 and 2.15):**

Ask participants to partner with someone. Provide participants with a copy of Handout 2.14 to use as a reference. Review the list of strategies on Handout 2.15. Emphasize that if caregivers put their awareness of social play together with what they have learned about a
child’s strengths, temperament and developmental level, they are better equipped to help guide the child in appropriate social interactions with his or her peers.

Give the following directions:
a. Choose a child in your care about whom you have concerns regarding the child’s social relationships with other children.
b. Discuss the child’s strengths, temperament and developmental needs.
c. Create strategies to target this child’s social skills development. Handout 2.15 offers examples of possible strategies to consider.

Debrief with the whole group. Invite participants to share some of their strategies and ideas. Share with participants that by using these strategies, caregivers are modeling and encouraging developmentally appropriate social interactions.

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

A. Slide 66. Wrap-Up, Reflection, and Action Planning. Remind participants that this training has focused on the importance of responsive routines and schedules, physical environments, and providing specific and targeted opportunities to support the social emotional development of infants and toddlers.

B. Show Slide 67 Reflection. Offer participants an opportunity to reflect on your time together and the content covered during the training. Ask aloud the questions listed on the slide.Pause between each question and ask for feedback from the larger group.

- What questions do you have about the material we discussed?
- What insights if any do you 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?

C. Slide 68 and Handout 2.16. Planning for Change. Use Handout 2.16. Review the bullet points on the slide with participants and allow time for completion.
Optional Activity H (20 minutes): Summarizing the Training Experience Give each participant a blank piece of paper and ask them to write their name on the paper and crumple it up into a ball.

Gather the group in the middle of the room and form a circle, and ask everyone to throw their wadded up ball of paper into the center of the circle.

Then, one by one, ask a participant to retrieve a paper ball and join the person whose name is listed on the paper they selected. Once pairs have been formed, they will join that person and each person will respond to the questions/statements on Handout 2.17 sharing their answers with their partner.

- What I learned about (schedules and routines, physical environments, emotional literacy, strategies for promoting social skills, working in partnership with families,) today will help me to...

- The first thing I want to do when I go back to work is...

- I felt most inspired by...

- I felt most affirmed regarding what I currently do to ______ when we learned about...

- A topic that I plan to investigate further is...

- One thing that I learned and plan to share with a colleague or friend is...

- If I were to start a new infant/toddler program that was located on a remote desert island and I could only choose five things/materials to support my work and promote social emotional development, those five things would be...

D. Slide 69. Major Messages to Take Home. Review each message as a summary of the day’s training. Ask participants if they have others to add.

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

F. Ask the participants to complete the evaluation (Handout 2.18).
Resources


Lally, J. R., Griffin, A., Fenichel, E., Segal, M., Szanton, E. &


**Video Sources**

Videos provided courtesy of ZERO TO THREE, Washington, DC. Used with permission and available at www.zerotothree.org.
Module One: Social Emotional Development within the Context of Relationships

I. Setting the Stage
   - Learner Objectives
   - Agenda
   - Training Environment
   - Shared Agreements
   - Words We Use
   - Understanding the Pyramid

II. Understanding Social Emotional Development
   - Why Focus on Social Emotional Development?
   - CSEFEL Definition of Social Emotional Development
   - ABC's of Social Emotional Development
   - Keys to School Readiness
   - Strategies Caregivers Can Use to Support Social Emotional Development
   - Self Regulation
   - The Developing Brain and Strategies to Build Brain Connections
   - Observation and Reflection as a Strategies
   - Learning from Families

III. Understanding Behavior: Making Sense of What You See and Hear
   - Reading Cues
   - How do you Respond?
   - Knowing Social Emotional Milestones
   - Developmental Challenges and Opportunities
   - Temperament
   - The Relationship between Social Emotional Development and Behavior
   - The Basics of Behavior
   - Social Emotional Development and Values, Beliefs and Assumptions
   - Examining Our Emotional Reactions
   - Strategies for Responding to Feelings
   - Cultural Influences

III. Forming and Sustaining Relationships with Young Children and Families
   - What are Relationships?
   - Strategies to Build Relationships with Young Children
   - Attachment Relationships
   - Strategies to Build Relationships with Families

IV. Nurturing and Supporting the Social and Emotional Development of Infants Toddlers and Their Families
   - Understanding Families
   - Risk Factors Affecting Families
   - Maternal Depression
   - Strategies to Respond to Maternal Depression
   - Working with Families

V. Essential Positive Messages

VI. Major Take Home Messages
Module 2: Responsive Routines, Environments and Targeted Strategies to Support Social Emotional Development in Infants and Toddlers

I. Setting the Stage
   Learner Objectives
   Agenda
   Training Environment
   Shared Agreements
   Words We Use
   Ways Caregivers Promote Healthy Social Emotional Development (Pyramid Perspective)
   CSEFEL Definition of Social Emotional Development

II. Social Emotional Climate in Infant Toddler Care Settings
   Child Care in America Today
   What Social Emotional Climate Means to You
   Supporting the Social Emotional Needs of Infants and Toddlers

III. High Quality Supportive Environments
   Ways Schedules and Routines Support Social Emotional Development
   Strategies to Support Routines for Infants and Toddlers
   Individual Child Considerations for Caregiving Routines
   A Well-Designed Infant Toddler Environment
   Looking At Responsive Environments

IV. Targeted Strategies to Build Social Emotional Skills
   What is Emotional Literacy?
   Strategies to Develop Emotional Literacy in Infants and Toddlers
   Development of Play Skills for Infants and Toddlers
   Setting up the Environment to Support Play Skills
   Promoting the Development of Friendship Skills

V. Wrap-up, Reflection and Action Planning

Module 3: Individualized Intervention with Infants and Toddlers: Determining the Meaning of Behavior and Developing Appropriate Responses

I. Setting the Stage
   Learner Objectives
   Agenda
   Training Environment
   Shared Agreements
   Words We Use
   Social Emotional Wellness for Infants and Toddlers

II. What is Challenging Behavior?
   CSEFEL Definition of Challenging Behavior
   Reasons for Challenging Behavior
   Considering Child and Family Circumstances
III. A Relationship Based Approach to Challenging Behavior
   - Behavior as a Form of Communication
   - Expression of Emotion in Infants and Toddlers
   - A Continuum of Emotional Expression
   - Acting Out and Social Withdrawing Behaviors
   - Responding to Infant and Toddler Distress
   - Understanding the Young Child’s Perspective
   - Determining the Meaning of Behavior
   - Questions to Ask About the Meaning of Behavior

IV. Developing an Individual Support Plan
   - Sample Program Protocol for Addressing Challenging Behavior
   - Potential Team Members
   - What Goes Into a Support Plan?
   - Case Study

V. Wrap-up, Reflection and Action Planning
CSEFEL Module Two
Infant and Toddler

Responsive Routines, Environments, and Targeted Strategies to Support Social Emotional Development in Infants and Toddlers

Activity: Getting to Know Each Other
- Write the numbers 3, 2, and 1 in vertical fashion on a piece of paper
- Next to the 3 - list three personal qualities/characteristics that help you in your work with young children
- Next to the 2 - list 2 things that you hope to share with others during today’s session
- Next to the 1 - write one factor that contributed to your being here today

Learner Objectives
Participants will be able to:
- Discuss why it is important to pay attention to the social and emotional climate of infant and toddler settings.
- Describe the importance of caregiving routines and identify strategies for using them to support social emotional development

Learner Objectives
- Identify key ways the physical environment can promote social emotional development in infants and toddlers.
- Identify and implement targeted strategies to intentionally build social emotional skills in infants and toddlers.
- Support families in promoting routines, environments and targeted strategies that promote social emotional development of infants and toddlers.

Agenda
- Setting the Stage
- Social Emotional Climate in Infant Toddler Care Settings
- High Quality Supportive Environments
- Targeted Strategies to Build Social Emotional Skills
- Wrap-up, Reflection and Action Planning

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

The Words We Will Use
- Terminology
  - Teaching and Supporting
  - Caregiving
  - Young Children, Infants, Toddlers, Preschoolers
  - Caregivers
  - Families
  - Others?

How Caregivers Promote Healthy Social Emotional Development
Support social emotional wellness in ALL infants and toddlers
Prevent the occurrence of or escalation of social emotional problems
Identify and work to remediate problems
When necessary refer children and families to appropriate service

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.

The Pyramid Model: Promoting Social Emotional Competence in Infants and Young Children
Module 1: Social
Module 2: Responsive Routines, Environments, and Strategies to Support Social Emotional Development in Infants and Toddlers

Video 2.1 Promoting Social Emotional Development
clip 2.1
Social Emotional Climate in Infant Toddler Care Settings

Key Considerations

Activity: What Does Social Emotional Climate Mean to You? Handout 2.7

Supporting the Social Emotional Needs of Infants and Toddlers
What are?
• Responsive care (individualized approaches)
• Primary caregiving
• Small groups and ratios
• Continuity of care
• Culturally responsive care
Why are they important to social emotional development?

Video 2.2 Continuity of Care and Social Emotional Development

Strategies to Promote Continuity of Care
• Child remains with caregiver as long as possible
• If child must change caregivers
  – Child visits new caregivers and space overtime
  – Child maintains relationships with previous teachers
  – Child visits with previous caregivers
High Quality Supportive Environments

Responsive Schedules and Routines

How Schedules and Routines Support Social Emotional Development

- They are an important part of each day
- They meet children’s basic needs
- They provide opportunities for learning and development
- They help develop a sense of security and control
- They provide predictability
- They support competence and confidence

Using Routines to Support Social Emotional Development

- Post picture or photo schedules
- Review and acknowledge when a toddler shows understanding of the routine
- Include children in routines
- Ask families about their routines at home

Activity: Handout 2.8 Responsive Routines Inventory

Evaluating the Responsiveness of Your Routines and Schedules

Routines – Eating & Feeding

Routines – Diapering & Toilet Learning
Routines – Sleeping/Resting

Routines – Greeting/Goodbyes

Video 2.3 Routines in Routines

Strategies to Support Routines for Infants and Toddlers
• Use first/next or first/then words
• Display an item, such as a new toy, photo or plant, that children and families can explore together during arrival
• Sing or play lullabies
• Involve children in routines – for example, invite toddlers to help pass items to the next person during mealtimes

Video 2.4 Responsive Greetings

Strategies to Support Greetings and Goodbyes
• Designate a special arrival/goodbye area in the room
• Use family photos
• Allow and encourage transitional or comfort objects
• Develop rituals
• Games
• Books
Activity: Individual Considerations for Caregiving Routines

- On the left side of a piece of paper, write the names of two infants or toddlers you provide care for.
- Think about the temperament of these children and the characteristics that make them unique.
- Next to each child’s name, note some considerations for carrying out the various routines of the day with each young child.

Responsive Environments

Caregivers...

- offer what infants and toddlers see, touch, hear, smell, and taste.
- decide how much fresh air, sunlight, and exercise young children will get
- create engaging, supportive, and comfortable physical environments

Responsive Environments

Caregivers...

- choose appropriate toys, materials, and activities
- engage in reciprocal interactions

... all of which make up learning experiences for infants and toddlers

Group Discussion

- Why does the environment have such a powerful effect on our thoughts and feelings?
- What would it feel like if you didn’t have any control over the design of your home or apartment, or your sleeping/resting space?
A Well-Designed Infant/Toddler Environment

Supports & encourages:
- social emotional needs
- responsive care from adults
- peer relationships

Is developmentally appropriate:
- age appropriate
- individually appropriate
- culturally appropriate

Activity: Responsive Environments

1. How does the environment support and encourage:
   - Social emotional needs?
   - Responsive care from adults?
   - Peer relationships?

2. How is it appropriate for infants & toddlers?
Environmental Elements to Consider

- Cozy/private spaces
- Climbing structures/lofts
- Accessible materials
- Adjustable lighting
- Sound
- Color
- People

Activity: Infant and Toddler Environments Planning Document
Handout 2.9

Targeted Strategies to Build Social Emotional Skills

Emotional Literacy

What is Emotional Literacy?
It is the capacity to:

- Identify, understand and express emotion in a healthy way
- Recognize, label, and understand feelings in self and others

Adapted with permission, Cradling Literacy, 2007

Strategies to Develop Emotional Literacy in Infants and Toddlers

1. Use the adult/child relationship to expand children’s awareness of emotions or feelings:
   - Verbally acknowledge and label emotions expressed by children in care
   - Assist infants and toddlers with regulating their emotions
   - Talk about the fact that feelings can change
   - Use questions about feelings to see if and how a child responds

The Pyramid Model: Promoting Social Emotional Competence in Infants and Young Children

Module 2: Responsive Routines, Environments, and Strategies to Support Social Emotional Development in Infants and Toddlers
Strategies to Develop Emotional Literacy in Infants and Toddlers

2. Find opportunities in the group setting to talk about feelings:
   - Stay close and support children when they experience difficulties with peers and need adult support to resolve them
   - Show positive feelings for both children in conflict
   - Let children know through your calm approach that conflict is to be expected and that it can be resolved with help

Strategies to Develop Emotional Literacy in Infants and Toddlers

3. Use enriching language tools:
   - Choose books, music, finger plays with a rich vocabulary of feeling words
   - Use puppetry or felt board stories that retell common social experiences and emphasize feeling vocabulary and conflict resolution
   - Read stories about characters that children can identify with who express a range of feelings

Strategies to Develop Emotional Literacy in Infants and Toddlers

4. Model Positive Relationships
   - Between adults in the care setting
   - With other children

Activity: Emotional Literacy Scenarios and Strategies

Video 2.6 Adult Supporting Children in Difficult Encounters

Discussion: Large Group

- What did this caregiver do to promote emotional literacy?
- What else could she do to develop these children’s emotional literacy skills?
Activity: Using Books to Support Social Emotional Skills

- Each person read at least three books
- Pick a book to share with the small group
- Talk about how you would use the book with the children you work with
- As a small group, make a list of the feeling words in the book or feeling words you would use to enhance the book for infants and toddlers.

Targeted Strategies to Build Social Emotional Skills

Social Skills

Building Social Skills

Development of Play Skills for Infants and Toddlers

<table>
<thead>
<tr>
<th>Age</th>
<th>Play</th>
</tr>
</thead>
</table>
| Birth to 3 Months | - Responds to caregivers  
|                   | - Coos and smiles  
|                   | - Responds to familiar voices  
|                   | - Focuses on objects  |
| 4 to 7 Months     | - Enjoys social games with caregiver  
|                   | - Likes exploratory play supported by caregiver  
|                   | - Plays some games with caregiver like peek-a-boo and pat-a-cake  |
| 8 to 12 Months    | - Begins to initiate play actions or behavior of others, especially caregiver  
|                   | - Plays hiding games, songs and rhymes with caregiver  
|                   | - Plays alone without caregiver for short periods  |
Development of Play Skills for Infants and Toddlers

<table>
<thead>
<tr>
<th>Age</th>
<th>Play</th>
</tr>
</thead>
</table>
| 13 to 24 Months | - Enjoys play with objects  
                  | - Increased interest in watching other children play (parallel)  
                  | - Primarily plays alone (solitary)  
                  | - May offer toys to caregiver or other children  
                  | - May choose independent play close to other children (parallel) but not interact with them |

25-36 Months

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
|                   | - May play with other children but in an occasional or limited way (associative)  
                   | - Some cooperation and talking with other children  
                   | - May take turns/flower rises in play  
                   | - Some pretend play  
                   | - Still plays alone frequently  
                   | - Interactive level moving toward cooperative play               |

Setting Up the Environment for Developing Play and Friendship Skills

- Evaluate the physical space to ensure that there is enough space for infants and adults to engage in social activities.
- Evaluate the physical environment for spaces for two or more children to enjoy side-by-side activity and for adults to be close for supervision.
- Evaluate the daily schedule for opportunities to develop play skills each day.
- Provide enough materials and equipment that allow and encourage two or more children to interact.

Promoting the Development of Friendship Skills

- Encourage toddlers to help each other and do routines together.
- Provide positive verbal support for play between children.
- Read books about friends, playing together, helping each other, etc.
- Practice turn-taking and sharing.

Video 2.9 Promoting Friendship Skills

Activity Handouts 2.13 & 2.15

- Choose a child in your care about whom you have concerns regarding the child’s social relationships with other children.
- Discuss the child’s strengths, temperament and developmental needs.
- Create strategies to target this child’s social skills development.

Wrap-up, Reflection and Action Planning
Reflection

- What questions do you have about the material we discussed?
- What insights, if any, do you 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?

Activity: Planning for Change

- Use the handout to develop an action plan for yourself
- List three things you will do as you consider ways design high quality supportive environments and create targeted strategies to support social emotional development

Major Messages to Take Home

- Supporting social emotional skills requires intention
- Caregiving routines are primary opportunity to enhance social emotional development
- The physical environment, particularly in group care, plays a major role.
- Social emotional literacy is a prerequisite to more advanced social skills and for the continued maturation of emotional self-regulation.
Effective Workforce

List as many strategies as you can think of related to an effective workforce that supports the social and emotional development of infants and toddlers. What would the systems and policies be that might support and sustain evidence based practices to support young children’s social emotional development?
Nurturing and Responsive Relationships

List as many strategies as you can think of related to nurturing and responsive relationships?
• What would you observe or how would you know if how parents and teachers were engaging in nurturing and responsive relationships with their children?
• What would adults be doing to promote nurturing and responsive relationships?
High Quality Supportive Environments

List as many strategies as you can think of related to high quality supportive environments?
• What would you observe or how would you know if how parents and teachers were providing high quality supportive environments for children?
• What would adults be doing to provide high quality supportive environments?
Targeted Social Emotional Supports

List as many strategies as you can think of related to targeted social emotional supports?

- What would you observe or how would you know if how parents and teachers were providing targeted social emotional supports for children?
- What would adults be doing to provide targeted social emotional supports?
Intensive Intervention

List as many strategies as you can think of related to intensive intervention for children?

• What would you observe or how would you know if how parents and teachers were involved in providing intensive interventions a child?

• What would adults be doing to provide intensive intervention for a child?
Pyramid Model

for Promoting Social Emotional Competence in Infants and Young Children
## Social Emotional Development within the Context of Relationships
### True/False Review

<table>
<thead>
<tr>
<th>Social Emotional Development</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Few infants are born biologically ready for relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Even if a caregiver has had a very difficult upbringing, each new relationship is a clean slate and working with infants and toddlers will bring a caregiver an opportunity to make up for a lifetime of unhappiness.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) We may not always know why we do something with young children but there is a right way and a wrong way for children to behave, even babies and toddlers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Three major elements of social emotional development in infancy include experiencing, expressing and regulating emotions; forming close and secure relationships; and being able to explore and learn.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Temperament is something that should be eliminated from a child who cannot stop crying.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Attachment is something that a baby either does have or doesn't have, when he meets other people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Regardless of a family's cultural beliefs or what a family might prefer, parents must understand that infants and toddlers are expected to behave according to the care provider's values. They also must understand that all rules are put in writing so that busy caregivers do not have to be delayed by talking with parents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) There are so many influences in children's lives that the loving messages that a responsive, sensitive caregiver sends to an infant or toddler cannot possibly impact that child for more than a brief time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Emotional Development</td>
<td>True</td>
<td>False</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------</td>
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<td>1) Few infants are born biologically ready for relationships.</td>
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<td>X</td>
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<td>clean slate and working with infants and toddlers will bring a caregiver an opportunity</td>
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<td></td>
</tr>
<tr>
<td>to make up for a lifetime of unhappiness.</td>
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<td></td>
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<tr>
<td><strong>All of us bring our experiences in prior relationships, particularly with our parent(s),</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to each new relationship, including those with the babies and toddlers we care for.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) We may not always know why we do something with young children but there is a right way</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>and a wrong way for children to behave, even babies and toddlers.</td>
<td></td>
<td></td>
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<tr>
<td><strong>Becoming aware of the influence of past and present relationships on our own behavior is</strong></td>
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<tr>
<td>an important step in understanding what is driving our response and behavior with individual children</td>
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<td></td>
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<td>being able to explore and learn.</td>
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<td>5) Temperament is something that should be eliminated from a child who cannot stop crying.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Observing and understanding the temperament of individual babies can help caregivers know</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>how to be responsive to each one.</strong></td>
<td></td>
<td></td>
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<td>6) Attachment is something that a baby either does have or doesn’t have, when he meets</td>
<td></td>
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</tr>
<tr>
<td>other people.</td>
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<tr>
<td><strong>Attachment develops as a result of multiple interactions that occur over time between a</strong></td>
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<td></td>
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<tr>
<td><strong>baby and another person.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Regardless of a family’s cultural beliefs or what a family might prefer, parents</td>
<td></td>
<td>X</td>
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<tr>
<td>must understand that infants and toddlers are expected to behave according to the care</td>
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<td>provider’s values. They also must understand that all rules are put in writing so that busy</td>
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</tr>
<tr>
<td>caregivers do not have to be delayed by talking with parents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Developing strong relationships with families and understanding their cultural beliefs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>and values give caregivers information they can use to more effectively support social</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>emotional development.</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>child for more than a brief time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Whether positive or negative, the messages that caregivers communicate in many different</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ways to babies are enormously powerful.</strong></td>
<td></td>
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</tr>
</tbody>
</table>
Child Care In America
Handout 2.6
More than 11 million children under age 5 in the United States are in some type of child care arrangement every week.

Child Care in America, Fact Sheets, 2010
On average, the children of working mothers spend 36 hours a week in child care. About one-third of these children are in multiple child care arrangements so that parents can meet the demands for child care during traditional and nontraditional working hours.

Child Care in America, Fact Sheets, 2010
Children who received high-quality care in the first few years of life scored higher in measures of academic and cognitive achievement when they were 15 years old.

NICHD Early Child Care Research Network, 2010
A child’s development of social and emotional skills is related to the closeness of their relationship with their caregiver.

Hart & Risley, 1995
58% of mothers with children under age 1 are in the workforce.

Child Care in America, Fact Sheets, 2010
Babies and toddlers in child care need access to warm, responsive, child care providers and safe and stimulating environments that meet the full range of their developmental needs.

Shonkoff & Phillips, 2000
# Social Emotional Climate—What Does It Mean to You?

<table>
<thead>
<tr>
<th>Infant or toddler perspective:</th>
<th>Caregiver in an infant-toddler classroom:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent of an infant or toddler perspective:</th>
<th>Administrator of an infant-toddler program:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Responsive Routines Inventory

<table>
<thead>
<tr>
<th>Responsive daily routines</th>
<th>What I do now/ My plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement a flexible routine (eating, sleeping, inside-outside) so that toddlers learn to predict</td>
<td></td>
</tr>
<tr>
<td>Provide a daily routine that follows each infant’s and toddler’s need for feeding and sleeping</td>
<td></td>
</tr>
<tr>
<td>Use routines as opportunities for emotional interaction and learning</td>
<td></td>
</tr>
<tr>
<td>Provide primary caregiving</td>
<td></td>
</tr>
<tr>
<td><strong>Provide responsive routines for infant feeding and toddler eating</strong></td>
<td><strong>What I do now/My plans</strong></td>
</tr>
<tr>
<td>Provide a private place for family members to feed an infant, if the family desires</td>
<td></td>
</tr>
</tbody>
</table>
## Responsive Routines Inventory

<table>
<thead>
<tr>
<th>Provide responsive routines for infant feeding and toddler eating</th>
<th>What I do now/My plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome families to eat with their children</td>
<td></td>
</tr>
<tr>
<td>Respect the mother’s wish to breast-feed and adapt routines appropriately</td>
<td></td>
</tr>
<tr>
<td>Provide a system for documenting families’ wishes on issues related to weaning from the breast or bottle and then respect those wishes</td>
<td></td>
</tr>
<tr>
<td>Ask families about their cultural and family preferences for the child’s eating habits, needs, and food preferences</td>
<td></td>
</tr>
<tr>
<td>Provide daily information to the family about how, when, and what the child ate</td>
<td></td>
</tr>
<tr>
<td>Sit with toddlers for eating rather than hovering above or running around waiting on them</td>
<td></td>
</tr>
</tbody>
</table>
### Responsive Routines Inventory

<table>
<thead>
<tr>
<th>Provide responsive routines for infant feeding and toddler eating</th>
<th>What I do now/My plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respond to infants’ and toddlers’ non-verbal, as well as verbal, requests and comments while feeding and/or eating with the children</td>
<td></td>
</tr>
<tr>
<td>Hold infants gently for bottle-feeding. Babies need to be held for feeding to ensure safety and to meet their emotional needs. Talk softly, hum, sing or be quiet according to the infant’s cues</td>
<td></td>
</tr>
<tr>
<td>Speak in a soft, encouraging, and positive way to the children during feeding and eating activities</td>
<td></td>
</tr>
<tr>
<td>Respond when infants and toddlers indicate that they are hungry or want more food and respect them when they indicate that they are satisfied or want to stop eating</td>
<td></td>
</tr>
<tr>
<td>Provide opportunities for toddlers to begin to serve themselves, pour milk out of a small pitcher, and clean the table with a sponge. Accept accidents and sensual explorations of food as part of the learning process</td>
<td></td>
</tr>
<tr>
<td>Use feeding time for infants as an opportunity for emotional connections between the adult and child</td>
<td></td>
</tr>
</tbody>
</table>
## Responsive Routines Inventory

### Provide responsive routines for infant feeding and toddler eating

<table>
<thead>
<tr>
<th>What I do now/My plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use eating time for toddlers as an opportunity for emotional connections between adults and children and between/among children</td>
</tr>
<tr>
<td>Observe children during feeding and eating times. Are children enjoying the experience?</td>
</tr>
</tbody>
</table>

### Provide responsive routines for diapering and toilet learning

<table>
<thead>
<tr>
<th>What I do now/My plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide pictures of family members or other interesting pictures on the wall at the baby’s eye level in the diapering area</td>
</tr>
<tr>
<td>Make diapering a special time for adults to be emotionally present with children, following their cues</td>
</tr>
<tr>
<td>Use encouraging and positive words at all times</td>
</tr>
<tr>
<td>Use talk such as “first” and “next” and words that are comforting</td>
</tr>
</tbody>
</table>
# Responsive Routines Inventory

<table>
<thead>
<tr>
<th>Provide responsive routines for diapering and toilet learning</th>
<th>What I do now/My plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use talk such as “first” and “next” and words that are comforting</td>
<td></td>
</tr>
<tr>
<td>Encourage children to participate in the routine (stand and pull up their own pants, etc.)</td>
<td></td>
</tr>
<tr>
<td>Coordinate toilet learning with the family to provide continuity for the child from home to program</td>
<td></td>
</tr>
<tr>
<td>Never force toddlers to use or stay on the toilet.</td>
<td></td>
</tr>
<tr>
<td>Use diapering/toileting times as opportunities for emotional connections between adults and children.</td>
<td></td>
</tr>
</tbody>
</table>
# Responsive Routines Inventory

<table>
<thead>
<tr>
<th>Provide responsive routines for sleeping/resting</th>
<th>What I do now/My plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gently rock or pat infants who need help to get to sleep. Watch and listen for them to signal when they want to be picked up from a crib and respond positively and quickly to their signals</td>
<td></td>
</tr>
<tr>
<td>Provide toddlers with a cot that is labeled with her/his first name and a special symbol or picture. Sheets, pillows and blankets are labeled in the same way</td>
<td></td>
</tr>
<tr>
<td>Plan and implement a transition time from play to sleep with a predictable sequence for toddlers. To build positive relationships read stories, talk gently, and/or pat a child gently to sleep according to the child’s needs. Toddlers may pick a special book or have their own stuffed toy or blanket if needed</td>
<td></td>
</tr>
<tr>
<td>If toddlers have a difficult time sleeping, they may need additional patting, songs, books read, a lovie, or earphones with very soft music playing</td>
<td></td>
</tr>
<tr>
<td>Allow toddlers to sleep/rest only as long as they need. A quiet activity is planned for those who wake up</td>
<td></td>
</tr>
</tbody>
</table>
# Responsive Routines Inventory

<table>
<thead>
<tr>
<th>Provide responsive routines for sleeping/resting</th>
<th>What I do now/My plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help toddlers transition from nap to wake-time by holding and rocking them or rubbing their backs as they start to wake</td>
<td></td>
</tr>
<tr>
<td>For toddlers, prepare the nap area before lunch, so that if they become tired or fall asleep during lunch, the teacher can help them transition to nap time</td>
<td></td>
</tr>
<tr>
<td>Use sleeping/resting times as opportunities for emotional connections between adults and children and for social interactions with peers</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide responsive greeting and goodbye times</th>
<th>What I do now/My plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greet each infant and toddler and his/her family member(s) warmly in the morning to assist in the transition from home to the child care center/home and to give family members a chance to communicate needs, priorities and concerns</td>
<td></td>
</tr>
<tr>
<td>Help each child say goodbye to family member(s) and move to an activity</td>
<td></td>
</tr>
</tbody>
</table>
## Responsive Routines Inventory

<table>
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<tr>
<th>Provide responsive routines for greetings and goodbye times</th>
<th>What I do now/My plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>For a child having difficulty with separation, plan staff assignments to allow the child’s primary teacher appropriate time to help the child become more comfortable when arriving or leaving. Comfort the child and tell him/her when the family member will return—after lunch, after nap, etc.</td>
<td></td>
</tr>
<tr>
<td>Greet family members warmly when they pick up the child. This helps children transition from child care to family at the end of the day and is an opportunity to describe the child’s day. Give each infant and toddler a special goodbye</td>
<td></td>
</tr>
<tr>
<td>Use transition routines as opportunities to build emotional connections between the child and his/her family, the teacher and child, and between and among peers</td>
<td></td>
</tr>
</tbody>
</table>

*Adapted with permission from Wittmer & Petersen (2006)*
## Spaces for Infants and Toddlers

<table>
<thead>
<tr>
<th>Your Plan for Improvement of the Social Emotional Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>An environment that is</td>
</tr>
<tr>
<td>• Safe and free from hazards</td>
</tr>
<tr>
<td>• Clean</td>
</tr>
<tr>
<td>• Has natural light from windows and other soft lighting</td>
</tr>
<tr>
<td>• Aesthetically pleasing</td>
</tr>
<tr>
<td>• Uncluttered</td>
</tr>
<tr>
<td>• Individually, age, and culturally appropriate</td>
</tr>
<tr>
<td>• Inviting and interesting to children</td>
</tr>
<tr>
<td>Special places for nurturing children</td>
</tr>
<tr>
<td>A comfortable space, away from active play for staff to sit on the floor (with back support) and hold a child or children</td>
</tr>
<tr>
<td>• A loft</td>
</tr>
<tr>
<td>• An adult-sized couch</td>
</tr>
<tr>
<td>• A mat on the floor against the wall with pillows with washable covers</td>
</tr>
<tr>
<td>• A rocking chair/glider</td>
</tr>
<tr>
<td>A quiet space for infants and toddlers</td>
</tr>
<tr>
<td>• A soft space away from active play</td>
</tr>
<tr>
<td>• A soft space for two children with family photographs books, dolls and blanket, soft toys, quiet toys, puppets, and books</td>
</tr>
<tr>
<td>• A nest (or create a nest with an inner tube) with a blanket over it</td>
</tr>
<tr>
<td>• A space with boxes large enough for a child or two to crawl in and out of</td>
</tr>
<tr>
<td>A space for infants and toddlers to use creative arts materials</td>
</tr>
<tr>
<td>• A space for coloring or painting on paper on the floor (preferably near a short sink not used for food preparation)</td>
</tr>
<tr>
<td>• Short tables for clay, play dough, thick crayons, nontoxic paints, or finger paints</td>
</tr>
<tr>
<td>• Paper and other interesting materials to manipulate and create</td>
</tr>
<tr>
<td>• Large pieces of paper and other interesting materials to draw and paint on</td>
</tr>
<tr>
<td>• Short easels and brushes for toddlers to use by themselves or with other children</td>
</tr>
<tr>
<td>• A low shelf with safe creative materials attractively displayed and available for children to use</td>
</tr>
<tr>
<td>• A place to display children’s creative work</td>
</tr>
</tbody>
</table>
### Spaces for delighting the senses of infants and toddlers
- Short shelves and tables for toddlers with sensory materials displayed in an inviting way
- Small individual tubs or other containers, or water tables with water (always monitor children very carefully with water; children have drowned in an inch of water in a container)
- Containers or tables for sand and other natural materials
- Interesting materials such as funnels, plastic animals, cups, scales, etc. on the sensory tables or in containers
- A light table
- Wading pools filled with different textured balls and other safe materials
- A space to use feeling and sound boxes
- A space for making bubbles with various sizes of wands

### A space for peek-a-boo and social games
- A space made with a cloth hanging from the ceiling with a mirror on the wall
- Boxes of various sizes with holes cut out of the sides. Add cloth over the holes for variation and “peek-a-boo” games
- Lofts with a Plexiglas panel in the floor so children that are up can look down and children that are down can look up and enjoy each other

### A space for the development of large motor skills
- Floor space so that children can move freely and be active with:
  - Couches to walk around (while using the couch for support) and climb up on for seeing the world
  - Ramps and short climbers to climb
  - Tunnels to crawl through
  - Mats at different levels for climbing
  - Rocking boats
  - Balls of all sizes
  - Objects that can be moved, such as child-sized shopping carts, doll strollers, and riding toys
  - A bar fastened to the wall on various levels so that children can pull to stand
  - Large empty appliance boxes with windows cut out and/or the end cut off so that children can crawl through the box

### A space for toys and manipulative items
- Short shelves with toys/materials—carefully arranged so that children can reach them
  - Toys that move, make noise, and change shape
  - Safe nesting blocks, ring towers, large beads, “cause and effect” toys, “take apart” toys, shape sorters, stacking toys, large pegs and peg boards, large beads for stringing, puzzles, and other interesting materials
  - Puppets, dolls
  - Toy telephones
  - Tubes of varying lengths and sizes
### A space for toys and manipulative items (continued)
- A child-sized table and chairs
- Spaces to play on the floor by themselves, with staff and with peers

### A space for toddlers to build and construct
- A platform or hard surface for building
- Blocks of all sizes, shapes and textures
- Wooden animals, little houses, play people, trucks and cars

### A space for dramatic play and pretend
- A corner or some small area with:
  - A mirror, low pegs to hang clothing, scarves, purses, hats, easy-to-put-on dress up clothes
  - Safe kitchen utensils, pots and pans, child size dishes, containers of various sizes, pretend multi-ethnic food, and/or clean empty commercial food boxes
  - Multicultural dolls, doll blankets, baby bottles and bed, doll clothes
  - Puppets of varying sizes and shapes
  - Child-sized tables, stoves, refrigerators

### A space for reading to children and places for infants and toddlers to reach books and look at them in comfort
- A special place that is designed for infants and toddlers to choose books from an attractive, easily reached display and “read” or be read to in comfort
- An adult-sized couch for adults to read to children
- A child-sized couch or chair for children to “read” books
- Also place books around the room as any space is a great space for reading to a child or a child looking at books

### Feeding and eating spaces for infants and toddlers
- An area convenient to an adult sink and refrigerator with:
  - Comfortable floor chairs for adults to feed infants on their laps or sitting in infant seats
  - Rocking chairs/gliders for feeding bottles to infants and holding children of all ages
  - Child-sized chairs and tables for toddlers to sit and feed themselves
  - A sink at children’s level for toddlers

### Sleeping, diapering or toileting spaces
- An area away from active play for sleeping with:
  - Cribs
  - Cots for toddlers
  - A rocker/glider for adults to help children transition from wake
### Sleeping, diapering or toileting spaces (continued)

- An area near an adult size sink for diapering (not used for preparing food) with:
  - Diaper table with storage space
  - Sturdy stairs with sides for toddlers to climb to the diaper table
- A private or semi-private area for toileting with:
- Child-sized toilets for toddlers who are learning to use the toilet (check your state’s licensing standards)
- A child-size sink

### Outdoor space

- Spaces for walking, running, jumping
- Large stable equipment such as climbers and slides that are inviting for peer interactions
- Areas of sun and shade
- Spaces for toddlers to use riding toys
- Materials for carrying, building, manipulating, and creating
- Spaces for adults to nurture children
- Spaces for children to sit and rest alone or together

*Adapted with permission from Wittmer & Petersen (2006)*
# Strategies

<p>| Use photographs, pictures, and posters that portray people in various emotional states. | Introduce children to more complicated and varied feelings words, including positive and neutral terms. |
| Ask children questions about their feelings and talk about the fact that feelings can change. | Use real life situations to practice problem solving, beginning with defining the problem and emotions involved as appropriate for each age. |
| Assist children in recognizing and understanding how another child might be feeling by pointing out facial expressions, voice tone, body language, or words. | Observe and share aloud how children’s actions influence others in the room. |</p>
<table>
<thead>
<tr>
<th>Strategies</th>
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<tbody>
<tr>
<td>Label cues of emotional escalation for children.</td>
</tr>
<tr>
<td>Uses opportunities to comment on occasions when children state they are feeling upset or angry but are remaining calm.</td>
</tr>
<tr>
<td>Be present and offer calm words of support during a toddler “tantrum.”</td>
</tr>
<tr>
<td>Choose books, music, and finger plays with a rich vocabulary of feeling words.</td>
</tr>
<tr>
<td>Label own emotional state and provide an action statement.</td>
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</tbody>
</table>
## Scenarios

“Let’s all take a look at the children on this page. Which child seems to be very excited? Which one seems sad?”

A feeding situation with a 10-month-old fussing as he spits out food with a new texture: “Oh, Benji, you weren’t expecting those beans were you? Did that make you feel upset to get something you weren’t expecting? I think you want the apple sauce right now. How about you give these beans a try and we’ll have apple sauce next.”

Rocking a baby who is tired and can’t relax: “I know you ,you are having a hard time falling asleep. It is hard to relax and fall asleep sometimes but I see you yawning and I think you are really tired. I will hold you and rock you until you feel more relaxed.”

“I can see that you are upset because it is time to go inside. Sometimes it is difficult to go inside when you don’t feel ready. Let’s think about how to make it better. How about we go right over to the easel and you can paint?”

A teacher asks a child who is waiting for her turn on the slide: “Melanie, are you upset right now? I know it can be very hard to wait patiently, but when Riley comes down the slide, he will let you have a turn. I think you will feel much happier then.”

“Juan, when the dog came near, you used to cry and feel scared. But, now you look happy to see that big puppy!”

Helping a 22-month-old try to open the drawer in a piece of dollhouse furniture: “Cate, I see you are shaking and banging the dollhouse furniture. I’m wondering if you’re feeling frustrated because you cannot get the drawer open. Why don’t we try to open the drawer together. Can I show you?”

Helping a toddler find a toy ball that rolls away: “Shelby, you seem confused. Where did your ball go? It looks like your ball rolled behind the shelf. How do you think we could get the ball?” (Try the child’s suggestions and if necessary, share your ideas.)

Interrupting play to change a diaper: “Laura, I can see that you are having fun playing with the balls but I need to change your diaper. Are you ready now or would you like two more minutes and then I can change you?”

Telling a child who is not crying why the child who is unhappy is crying and then telling her how to comfort the crying child: “Mia, Kiri is crying because she wants her Mommy. Do you think she would feel better if she had her binky? Can we find her binky? You could give her the binky and then she might not be so sad. Do you think she feels better? Do you feel better now that she’s not crying?”

“It looks like Mateo is scared when you run at him so fast. Perhaps if you walk to him instead of run towards him, he will feel calmer.”
### Scenarios

<table>
<thead>
<tr>
<th>Scenario</th>
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<tbody>
<tr>
<td>When younger children have pacifiers, bottles, or blankets that older children seem envious of: “I can see that you pulled little Cora’s pacifier out of her mouth, John. She looked sad and hurt when you did that. Sometimes it might be nice to have your own pacifier, right? We just have to be sure that Cora doesn’t lose hers, so maybe you can help me give it back to her.”</td>
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<tr>
<td>“You look like you are getting excited because Mommy is coming soon!”</td>
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<tr>
<td>“Marco, it looks like you are frustrated because the shapes are not fitting into that shape sorter. Why don’t you try turning that triangle around?”</td>
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<tr>
<td>“Cora, you say you are mad and you want your truck back. I see you are staying relaxed and calm. Can I help you? We can ask for your truck together.”</td>
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<tr>
<td>“James, I can see you are angry. I’m going to stay right here so that you don’t hurt yourself or your friends. When you are ready for a hug, I will be right here.”</td>
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<tr>
<td>“Which song would you like to sing first - ‘If You’re Happy and You Know It’ or ‘Shake your Sillies Out?’”</td>
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<tr>
<td>“I am feeling frustrated right now, so I better count to ten and take a deep breath to help me relax.”</td>
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</table>
Module 2
Handout 2.11: Using Books to Support Emotional Literacy

With your small group, pick a book to read and then discuss the following questions:

Name of Book:

What feelings/emotions are discussed in the book?

How would you use this book with infants and toddlers to support emotional literacy?
Sample Feelings Book
Use as a sample, cut out, put together then make your own on second page.

<table>
<thead>
<tr>
<th>I have lots of feelings.</th>
<th>I feel relaxed when you read me a story.</th>
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<tbody>
<tr>
<td>I feel happy when you clap for me!</td>
<td>I feel excited when I get to play outside with my friends.</td>
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<tr>
<td>Sometimes I feel sad when I say good-bye to my family in the morning.</td>
<td>I feel upset when my blocks fall over.</td>
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<tr>
<td>Sometimes I feel grumpy when I get hungry.</td>
<td>I feel sad when I lose my ball.</td>
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## Development of Play Skills for Infants and Toddlers

<table>
<thead>
<tr>
<th>Age</th>
<th>Play</th>
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| Birth to 3 Months| • Responds to caregivers  
                    • Coos and smiles  
                    • Responds to familiar voices  
                    • Focuses on objects |
| 4 to 7 Months    | • Enjoys social games with caregiver  
                    • Likes exploratory play supported by caregiver  
                    • Plays some games with caregiver like peek-a-boo and patty cake |
| 8 to 12 Months   | • Begins to imitate play actions or behavior of others, especially caregiver  
                    • Plays hiding games, songs and rhymes with caregiver  
                    • Plays alone without caregiver for short periods |
| 13 to 24 Months  | • Enjoys play with objects  
                    • Increased interest in watching other children play (onlooker)  
                    • Primarily plays alone (solitary)  
                    • May offer toys to caregiver or other children  
                    • May choose independent play close to other children (parallel) but not interact with them |
| 13 to 24 Months  | • May play with other children but in an occasional or limited way (associative)  
                    • Some cooperation and talking with other children  
                    • May take leader/follower roles in play  
                    • Some pretend play  
                    • Still plays alone frequently  
                    • Interactive level moving toward (cooperative play) |
0–4 Months

- Infants like to look at each other.
- Infants prefer to look at faces, especially at eyes.
- By 2-3 months, an infant will smile at another infant.
- A 3-month-old infant lying on his back will reach out to touch a peer next to him/her.

4–8 Months

- Infants may poke, push, pat, etc., another baby to see what that other infant will do. They often look very surprised at the reaction they get.
- Infants like to look at, approach other infants, and initiate (Selby & Bradley, 2003).
- Infants smile and laugh at each other.
- Infants cooed at each other (Porter, 2003).
- Infants as young as 6-months of age showed more interest in peer strangers than in adult strangers (Brooks & Lewis, 1976).
- Six-month-olds showed more excitement at photos of 6-month-olds than at photos of 9- and 12-month-olds (Sanefuji, Ohgami, & Hashiya, 2006).
- Infants may interact with peers with their whole body: rolling into them, crawling over them, licking or sucking on them, or sitting on them.

8–12 Months

- Infants like to touch each other and crawl around beside each other.
- Nine-month-olds preferred to look at photos and movies of babies their own age, rather than at 6- and 9-month-olds (Sanefuji, Ohgami, & Hashiya, 2006).
- Peek-a-boo is a favorite game at this age, but an adult may need to start the game.
- When an infant is placed together with one other infant (pairs), more frequent, complex, and intense peer interaction occurs than when an infant is with many peers.
- Infants can understand another’s goals and use this awareness to govern their own behavior (Brownell, Ramani, & Zerwas, 2006).
- Because infants are now more goal-oriented, they may push another infant’s hand away from a toy or crawl over another baby in order to get a toy.
- Children begin to communicate in a variety of ways: actions that pacify, threatening actions, aggressive actions, gestures of fear and retreat, actions that produce isolation (Montagner, 1984; Pines, 1984)

12–18 Months

- Infants may touch the object that a peer holds. This may be a positive initiation and interactive skill (Eckerman, Whatley, & McGhee, 1979).
- Infants show or give a toy to another child (Porter, 2003).
- Infants may gesture or try to talk to another child.
- Infants initiate play with another infant (Porter, 2003).
- Infants will imitate each other at this stage (e.g. making a joyous symphony of spoons banging on the table at meal time). They communicate with each other by imitating (Trevathan & Aitken, 2001).
- Actions are carried out with the intention of attaining a goal; however, goals can change from moment to moment (Jennings, 2004).
- 10- to 12-month-olds preferred to look at other infants of their own gender (Kujawski & Bower, 1993).
- Toddlers communicate using their bodies (Lokken, 2000; Porter, 2003).
- Toddlers share at least 12 themes in their play (e.g. positive affect to share meaning). The children use laughter to indicate understanding of each other’s actions. They encouraged each other to repeat their performances by laughing and/or smiling (Brenner & Mueller, 1982).
- Prosocial behavior is present.
- Friendships: preferences for another child began around 12 months (Howes, 2000).
- 4-18-month-olds imitated 3-step sequences and imitated peers better than they imitated adults (Ryalls, Guil, & Gyalls, 2000).
- 14- to 18-month-olds could imitate peers both 5 minutes and 48 hours after they observed the peer (who had been taught particular actions with toys) (Hanna & Meltzoff, 1993).
- Children are little scientists at this age, experimenting to see how things work. This affects how they “get along” with peers. They are constantly doing things to other children to see what response they will get.
- They will enjoy looking at books together by forming an informal group (this means they move in and out of the group) around the legs, lap, and arms of a favorite parent or teacher.
- They love sand and water and playing with different sizes of safe bottles and balls. When each has his own bin or tub of water or sand, play goes more smoothly.
• Between 13 and 15 months of age, 27% of children engaged in complementary and reciprocal play. Children demonstrated action-based role reversals in social games such as run and chase or peek-a-boo displays (Howes & Matheson, 1992).
• Between 16 and 18 months of age, 50% of children engaged in complementary and reciprocal play and 5% began cooperative social pretend play. Children enacted complementary roles within social pretend play (Howes & Matheson, 1992).
• Biting may appear as children bite others “to see what happens,” to get the toy they want, or to express frustration. On the cusp of communicating well, they may communicate through their mouths in the form of a bite.

18–24 Months
• Between 19 and 23 months of age, 56% of children played complementary and reciprocal games and 6% engaged in cooperative social pretend play (see 12-18 months for definitions) (Howes & Matheson, 1992).
• They may have toddler kinesthetic conversations as they follow a leader in moving around the room—moving in and out of the group, taking turns as leader and follower—as if in a conversation of listening and talking. They are learning valuable turn-taking skills (Lokken, 2000a, 2000b.; Shanok, , & Wittmer, and Capatides).
• Toddlers may congregate and cluster and herd together. When a teacher begins playing an interesting activity with one child, children often come running from the corners of the room.
• They may work together constructing with blocks, with one the leader and the other the follower (Porter, 2003).
• They may work together toward a common goal.
• Friends are more likely to touch, lean on one another, and smile at each other than are children who are not friends.
• Toddler friendship is “proximity seeking,” wanting to be close and to show affection, such as smiling, laughing and hugging. Friends prefer each other as interaction partners (Whaley & Rubenstein, 1994).
• Most toddlers can show kindness to others who are feeling distressed. Toddlers, however, may assume that what will comfort them will also comfort the distressed child. So, the one child may offer his blanket or bottle to the hurt or sad child (Zahn-Waxler, Radke-Yarrow, & King, 1979).
• Some are capable of offering help to others who are hurt or sad. Some may have an impressive repertoire of altruistic behavior, and if one thing doesn’t work they will try another way (Zahn-Waxler, Radke-Yarrow, & King, 1979).
• Toddlers begin saying “mine” and “yours.” Children who began saying “mine” between 18 and 24 months of age were more likely to say “yours” and share at 24 months (Hay, 2006).
• Pushing, shoving, grabbing, and hitting may occur as children struggle over “mine for as long as I want it” and “yours, but I want it, too.”
• Toddlers may have conflicts over small toys more than large, non-movable objects (DeStefano & Mueller, 1982).
• Conflicts can play a positive role in peer development as children learn that others have ideas that are different from their own and that negotiation needs to occur (Chen, Fein, Killen, & Hak-Ping , 2001; Eckerman & Peterman, 2001; Shantz, 1987).

24-36 Months
• Two-year-olds share meaning (for example, different types of hits have different meanings to children (Brownlee & Bakeman, 1981).
• Two year olds are becoming true social partners. The majority of 27-month-olds could cooperate to accomplish a task (Brownell, Ramani, & Zeruas, 2006).
• Children become more positive and less negative in their social play between 24 and 36 months (Chen, et al, 2001).
• Twos understand the difference between “ownership” and “possession” (Fasig, 2000).
• Two-year-olds use a variety of words for a variety of functions such as to describe, explain differences, foster a sense of membership in a social group, and develop a pretend play script (Forman & Hall, 2006).
• Twos guide other children through prompting, demonstration, and affective signals in relation to a goal (Eckerman & Didow, 2001).
• Twos can comfort other children with pats, hugs, and kisses and attempt to remove the cause of another’s distress.
Two-year-olds can protect and warn another child and warn and suggest solutions to peer problems (Murphy, 1936).

Six dimensions are present in 2-year-olds' friendships: helping, intimacy, loyalty, sharing, similarity, and ritual activity (1994).

Children can express glee. They laugh, show delight, and experience joy and hilarity with each other (Lokken, 2000a, 2000b).

Children use many strategies during conflicts (Hay, 2006). They may insist, reason, offer alternative proposals, compromise, ignore, request an explanation, or use physical force (Chen, 2001). They raise their voice, talk faster, and emphasize certain points (Brenneis & Lein, 1977).

One child may dominate another (Hawley & Little, 1999).

Biting occurs for many reasons, primary among them being that children are learning to “use their words” and take another person’s perspective (Wittmer & Petersen, 2006; Wittmer, in press).

Children who are aggressive need support to feel safe, learn alternative strategies, early intervention, or mental health strategies (NICHD, 2004; Tremblay, 2004).

*Adapted with permission from Wittmer & Petersen (2006)*
Strategies for supporting the development of friendship skills in infants and toddlers

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examine the physical environment to ensure that there is enough space for infants, toddlers, and adults to engage in social activities. Examples: comfy areas on the floor, rockers/gliders.</td>
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<tr>
<td>Evaluate the physical environment for spaces for two or more children to enjoy side by side activity and for adults to be seated close by for supervision. Examples: lofts, rocking boats, block areas, climbing boxes or play houses.</td>
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<tr>
<td>Evaluate the daily schedule for multiple opportunities to develop play skills each day. Examples: indoor and outdoor play times.</td>
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<tr>
<td>Provide enough materials and equipment that allow and encourage two or more children to interact. Examples: large mirrors, stacking toys, cars, dolls, puzzles, or other manipulative materials.</td>
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<tr>
<td>Encourage toddlers to help each other and do routines together. Examples: hand washing, brushing teeth, cleaning up toys.</td>
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<tr>
<td>Provide positive guidance and verbal support for playing together and helping each other. Examples: “Maria and Tasha, you are doing such a good job rolling out the play dough together.” “Tasha, please hand Maria her spoon.” “Gabriel, will you take this book to Benji?”</td>
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<tr>
<td>Read books about friends, playing together, helping each other, etc.</td>
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<tr>
<td>Practice turn taking and sharing. Play turn taking games.</td>
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<tr>
<td>Imitate what a child is doing. For example, sit next to the child and stack blocks.</td>
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<tr>
<td>Describe one child’s activity to another out loud, drawing the children to notice each other. For example, “Charles is lining the blocks up on the carpet. You are stacking the blocks up high.”</td>
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</table>
Planning for Change

What resources do you need?

What steps will you take to gain confidence in other areas?

In which parts of the Pyramid, Module 2, do you feel most confident in as a caregiver? List three things you will do as you consider ways enhance your care setting and create targeted strategies to support the social and emotional development of infants and toddlers.
Summarizing the Training Experience

What I learned about (schedules and routines, physical environments, emotional literacy, strategies for promoting social skills, working in partnership with families,) _____ today will help me to...

The first thing I want to do when I go back to work is...

I felt most inspired by...

I felt most affirmed regarding what I currently do to ________ when we learned about...

A topic that I plan to investigate further is...

One thing that I learned and plan to share with a colleague or friend is...

If I ran an infant/toddler program that was located on a remote desert island and I could only choose five things/materials to support my work and promote social emotional development, those five things would be...
Module 2
Session Evaluation Form

Please take a moment to provide feedback on the training that you received. Check the box that corresponds in your opinion to each statement or check N/A if not applicable. Please add any additional comments that you may have at the bottom of the page. When the survey is completed, leave it with your trainer.

Location: ____________________________ Date: ____________________________

Program Affiliation (check one):
- Head Start  - Early Head Start  - Child Care  - Other (please list)

Position (check one):
- Administrator  - Education Coordinator  - Disability Coordinator  - Mental Health Consultant
- Teacher  - Teacher Assistant  - Other (please list)  ____________________________

<table>
<thead>
<tr>
<th>Please put an “X” in the box that best describes your opinion as a result of attending this training…</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) I have increased my understanding of the importance of my relationships with the infants, toddlers and families I care for.</td>
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<td>(2) I can describe the importance of being intentional about supporting the social emotional competence of infants and toddlers.</td>
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<tr>
<td>(3) I have increased my understanding of the impact of the environment on the opportunity that infants and toddlers have to expand their social and emotional skills.</td>
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<tr>
<td>(4) I have increased my appreciation of the importance of using caregiving routines to support the social emotional development of infants and toddlers.</td>
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<tr>
<td>(5) I can define social emotional literacy and describe the kinds of interactions with infants and toddlers that will support the growth their social emotional literacy.</td>
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<tr>
<td>(6) I have increased my awareness of strategies that can be used to build social emotional skills in infants and toddlers.</td>
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</tbody>
</table>

Please respond to the following questions regarding this training:

(8) The best features of this training session were…

(9) My suggestions for improvement are…

(10) Other comments and reactions I wish to offer (please use the back of this form for extra space):
Individualized Intervention with Infants and Toddlers:
Determining the Meaning of Behavior and Developing Appropriate Responses

Developed by Amy Hunter and Kristin Tenney Blackwell

The Center on the Social and Emotional Foundations for Early Learning
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.
Learner Objectives

Participants will be able to:

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

Suggested Agenda

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

Total Time 7 hours and 15 minutes*

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

☐ Agenda
☐ PowerPoint Slides
☐ Facilitator’s Guide
☐ LCD Projector and computer for displaying PowerPoint slides and videos
☐ Chart paper or white board and markers
☐ Masking tape for posting chart paper
☐ Sticky notes
☐ Markers
☐ CSEFEL Video Clips

☐ Handouts
  3.1 Participant PowerPoint Slides
  3.2 Overview of CSEFEL Infant Toddler Modules
  3.3 Classroom Considerations
  3.4 Considering Circumstances
  3.5 Acting Out and Withdrawing Behaviors
  3.6 A Different Perspective
  3.7 What is My Perspective?
  3.8 Strategies for Responding to Infant and Toddlers’ Challenging Behavior
  3.9 Infant-Toddler Observation Documentation
  3.10 Getting to Know Michael
  3.11 Infant-Toddler Behavior Review
  3.12 Talking with Families about Problem Behavior: Do’s and Don’ts
  3.13 Infant-Toddler Action Support Plan
  3.14 Maria: A Case Study
  3.15 Trainer Discussion Points (Maria’s Case Study)
  3.16 Planning for Change
  3.17 Session Evaluation

☐ Video Clips
  3.1: What is the biting trying to tell us?
  3.2: Looking at behavior that is of concern
  3.3: Katie and Muk
  3.4: Muk
  3.5: Observing Michael
  3.6: A full response to challenging behavior
Trainer Preparation

- Setting the Stage: chart paper, markers, sticky notes
- Setting the Stage (Optional Activity A: Building on Strengths): index cards (2-3 per participant, bend edges prior to passing out), chart paper, markers
- What is Challenging Behavior? (Optional Activity B: Classroom Considerations): pens or pencils
- A Relationship Based Approach to Challenging Behavior: Examining Behaviors: chart paper, markers
- A Relationship Based Approach to Challenging Behavior: Responding to Infant and Toddler Distress (Optional Activity C: Who Am I?): blank paper, pens or pencils
- Developing an Individual Support Plan: Program Protocol: chart paper, markers
- Developing an Individual Support Plan: Program Protocol (Optional Activity E: Examining My Own Behavior and Setting Goals): blank paper, pens or pencils
I. Setting the Stage (30 min.)

A. Slide 1. CSEFEL Module 3: Infant Toddler and introduce Module 3 by name. Then begin with a welcome to the group; an introduction of all speakers; and a brief overview of who you are, where you are from, and any background that is relevant to this training event.

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

- Participants have likely had a varying level of experience with past training on challenging behavior. Some past training experiences may have been positive and helpful and other training experiences have perhaps not been as helpful. Our past experiences with trainings likely inform our expectations regarding this training.

- There is likely a great deal of experience in the room of participants. Encourage participants to share their experiences and real life examples throughout the training to keep the training applicable to their work with children and families.

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

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

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

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

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

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

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

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

**Slide 7. Possible Shared Agreements.** Use chart paper to write the list of shared agreements the group created and/or review the list of potential shared agreements on this slide to help generate ideas. Let participants know they can add to the list of shared agreements throughout your time together.
Slide 8. The Words We Will Use.

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

- **Teaching and Supporting:** The significant role of the adult caregiver is referenced differently nationwide - teachers, care teachers, early learning caregivers, etc. Whether using “teaching” or “supporting,” we are referring to the responsibility of the adult to observe and reflect on what infants/toddlers are experiencing and how they learn, as well as how to support this learning through consistent, responsive interactions (e.g., ways they care for infants, read cues, meet their needs, etc.) and their relationship with the child and family. It is about facilitating development or in other words, supporting growth and development. As caregivers observe and think about what they see and hear they can plan for and design experiences in an environment that contributes to a child’s success. When we refer to “teaching and supporting” we also mean individualized approaches that “meet” the young child where he or she is developmentally.

- **Caregiving:** The practices caregivers use to identify strengths in infants, toddlers and families as they create supportive environments and help to nurture and support the growth and development of infants and toddlers socially and emotionally.

- **Young Children, Infants, Toddlers and Preschoolers:** Using “young children” generally refers to infants and toddlers; however, there will be times that we specifically reference and talk about a particular age range such as infants, toddlers or preschoolers.

- **Caregivers:** “Caregivers” refers to a general category of ALL the adults who support the growth and development of infants and/or toddlers (e.g., child care providers, parents, extended families, guardians, teachers, home visitors, public health professionals).

- **Families:** “Families” represents those primary, significant, familiar, caring adults in the infant and/or toddler’s life.
J. Point out that as the participants can see from the Agenda, we are going to talk about understanding and supporting the behavior of infants and toddlers. In addition, we are going to spend time thinking about how to develop a systematic, relationship based approach to address infant and toddler behavior that has not responded to the promotion and prevention efforts we have already incorporated into care settings.

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

Remind participants that the top of the Pyramid is reserved for the very few children who continue to exhibit behavior that causes them difficulties even when caregivers have attended to the issues addressed at the base of the Pyramid: staff and parents have positive relationships with children; the care setting has been arranged carefully to promote appropriate behavior; and there is an intentional approach to supporting the development of social and emotional skills. The infants and toddlers we are focusing on are children who demonstrate behaviors that do not appear to be improving on their own or with the typical level of care described in Modules 1 and 2.

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

b) Our goal is to address the distress of these very young children and to intervene before the behavior becomes entrenched for the child and seriously impacts the family, the care setting, and the child’s relationships.

c) Explain that an important reason to be able to respond effectively to this group of children is that we know that many of them are vulnerable and are at risk of being expelled from child care settings, if these behaviors persist.

d) These are often the children (and families) who could most benefit from the support of a high quality care and education program.
e) Persistent challenging behavior (i.e., not the normal challenges that are frequently related to typical development) usually does not just go away on its own but rather continues over time and creates more problems for the child in his/her relationships and development.

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

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

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

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

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

II. What is Challenging Behavior? (45 min)

A. **Slide 11. What is Challenging Behavior?** Share with participants that in this section of the training the focus will be on defining and identifying the characteristics of challenging behavior.
Optional Activity A: Building on Strengths (20 minutes)

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

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

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

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

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

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

C. Slide 12. CSEFEL Definition of Challenging Behavior for Children Birth to Five. Each of the bulleted points can apply to infants and toddlers as well as preschoolers. Ask the participants if they can think of other aspects of
challenging behavior that are not listed or covered in this definition. Review how the behaviors listed on the sticky notes may correspond to the definition. Elicit from the participants the point that challenging behavior is often caregiver specific. In other words, what is challenging to one caregiver may not be challenging to another caregiver. Let the group know that specific types of challenging behavior will be discussed later in the module.

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

- A baby who is extremely fussy might receive less positive attention and physical closeness from adults and, therefore, become delayed in her social development, (i.e., responsive smiling, waving, responding to her name).

- Peers may begin to avoid a toddler who frequently bites. As a result the toddler who bites may have less opportunity to learn to play cooperatively or develop age appropriate language skills. A parent of a child who bites may also avoid or limit peer social situations for her child.

- A baby who is quiet and hard to engage may be left alone frequently by caregivers who may not feel connected to the child.

Summarize the consequences of not addressing challenging behavior.

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

- the behavior may become habitual, more frequent, and/more difficult to change;
- the behavior may impact the quality of the caregiving (e.g., a child with challenging behavior may receive less positive interactions);
• peer relationships may be impacted (e.g., other children may avoid playing with a child with challenging behavior);
• other developmental areas may be impacted (e.g., a child may be less able to focus on the other aspects of learning due to expending energy on emotional stress or challenging behavior);
• it is more expensive, more intrusive, and less effective to intervene later in a child’s life.

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

D. Show Slide 13: Reasons for Challenging Behavior. Share with participants that there are a number of reasons why children engage in challenging behavior. Some of these include an undiagnosed health problem (e.g., a toddler is not hearing well because of repeated ear infections); a developmental surge (e.g., infant is beginning to learn to walk); or a developmental problem (e.g., a baby may be overwhelmed by sensory input).

A major influence on the child is the social emotional environment in which he lives and the quality and responsiveness of important relationships. This includes both current and past experiences. Exploring recent and past changes with families is critical to understanding an infant or toddler’s unique experiences.

We know that experiences such as chronic stress or witnessing or experiencing abuse can impact babies negatively, however, even positive changes such as a move to a new home or an extended visit from a well-loved grandmother can be challenging to an infant or toddler. Too much excitement or too many changes over a period of time can make it difficult for a very young child to maintain a sense of equilibrium. This may result in behavior that is uncharacteristic of that child or that is a regression to an earlier developmental behavior (e.g., waking in the night for a baby who has been sleeping through the night or toileting accidents for a child who has previously been fully trained).

Ask participants if they can think of additional reasons that may contribute to a child engaging in challenging behavior. Possible responses may include:
Temperament: Temperament styles/traits are neither good nor bad in themselves; what matters is how the environment responds to them. Families and teachers who understand and accommodate temperamental traits will manage more successfully, gradually extending the child’s capacity to cope.

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

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

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

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

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

(a) Ask each table of participants to create a list of specific life circumstances that could negatively affect the behavior of an infant or toddler in their care.

(b) Then ask them to complete the handout by listing these circumstances, hypothesize about the child’s social emotional experience, the family’s likely feelings, and then possible ways to support the young child and family. This might include sharing information or resources.
(c) Families and children may have similar feelings and/or react similarly to very different experiences. Similarly, different families and children may have very different feelings and behaviors about similar life circumstances.

(d) Consider using one example to do with the entire group to illustrate how to use the chart.

(e) Elicit responses such as:

<table>
<thead>
<tr>
<th>Circumstances</th>
<th>Child’s Social Emotional Experience</th>
<th>Family’s Likely</th>
<th>Caregiver Actions that Could Possibly Help Support the Child and Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Poverty/inconsistent income</td>
<td>Insecure/Unsafe Unregulated Unnoticed Unacknowledged Lack of control Abandoned/Isolated Helpless Confused Worried Frightened/Fearful</td>
<td>Angry/frustrated Helplessness Fearful Confused Depressed/Self-absorbed Isolated Worried/anxious Abandoned</td>
<td>Responses to the child in these circumstances should also include: • Acknowledgement of distress • Comforting words • Attunement • Help in achieving the understood intention</td>
</tr>
<tr>
<td>• Lack of transportation • Poor housing/too many people/unsafe from community violence/loss of home/frequent moves • Immigration from another country/speak a different language/ • Social isolation/poor social support • Problem with substance use • Domestic violence/abuse • Parents or parent figures recently divorced or separated/away in the Armed Services or other job/incarceration • Chronic conflict in the home/extended family • Sick parent or sibling • Recent death of important family member/ • Miscarriage • Parent with mental illness/developmental disability</td>
<td>Unpredictable Tired Anxious Confused</td>
<td>Tired Distracted</td>
<td>Take time to meet with and listen to parents. Establish partnerships with community resources that could be helpful to families in finding housing, help for domestic violence, mental health services, translators, etc. Establish a protocol for how programs will become involved with difficult family circumstances; (e.g., only the director meets with the family about the issue.)</td>
</tr>
<tr>
<td>• Move to a new house • New Sibling • Visit from relatives</td>
<td></td>
<td></td>
<td>Caregiver may reassure the family that these changes, while welcome, can be stressful for babies.</td>
</tr>
</tbody>
</table>
Optional Activity B: Classroom Considerations Handout 3.3
(25 minutes)

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

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

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

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

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

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

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

A. Slide 15. A Relationship Based Approach to Challenging Behavior: Examining Behaviors. We listed young children’s behaviors that are challenging to us. We also discussed the CSEFEL definition of challenging behavior which represents behaviors that are a more serious challenge for a child and extend beyond typical issues that respond to appropriate socialization and guidance strategies.
B. The activity we just completed shows how various circumstances can impact children's experiences. The circumstances can create intense feelings on the part of everyone involved and the young child's behaviors, or forms of expression, can sometimes be difficult to understand and leave caregivers and families feeling helpless as they try to problem solve to help a young child toward well-being and away from distress.

C. Explain to participants that improving an infant's or toddler's behavior requires intervening with the adults who care for the child. Challenging behavior that is extreme impacts all the infant's or toddler's relationships including, but not limited to: caregiver, family, and peer relationships. The approach for addressing challenging behavior of infants and toddlers is a relational one that addresses the challenges that may exist within the relationships surrounding and including the infant and toddler.

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

E. **Slide 17. Behavior: The Tip of the Iceberg.** Ask participants to picture an iceberg. Encourage them to particularly focus on the “tip of the iceberg,” the part above the water. Draw a picture of a large iceberg (or a triangle shape) with a small part of the iceberg (the tip) above water and the majority of the iceberg under the water line.

a) The challenging behavior is what you see above the water, (i.e., the tip). The tip shows the behaviors infants and toddlers use when they are not able to:

- experience, express, and regulate emotions
- form close and secure interpersonal relationships, and
- explore the environment and learn, all
- within the context of family, community and culture.
b) The rest of the iceberg, which is hidden from sight below the surface, represents potential needs that are not being met and skills that need to be developed - what is going on that causes the behavior. Like the larger portion of the iceberg that is under the surface, the meaning of extreme behavior is often difficult to see and to understand. Ask participants to identify some of the key “essential needs” of infants and toddlers and write their ideas on the chart paper near the bottom of the iceberg. This list may include:

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

F. **Slide 18: Expression of Emotion.** When we think about the behavior of infants and toddlers, much of the behavior considered challenging is behavior that expresses strong emotion or little emotion at all. The behavior we are talking about is behavior that may be typical for a child’s developmental stage (e.g., tantrums) but it is the intensity, the frequency, or duration of the behavior that causes it to be challenging to caregivers and that distinguishes it from typical behavior.

G. **Slide 19. A 6 month old....** Use the example of a 6-month-old who cries for long periods of time unless he is held by his caregiver. Ask participants to use the comparison to the iceberg and ask the following questions:

a) What behavior, in this situation, would we consider the tip of the iceberg? Look for the following response: crying.
b) Which social emotional skills may the child not have developed or be able to use in this situation? Self-regulation (i.e., ability to self soothe by closing his eyes, sucking a finger, taking a deep breath (for older toddlers.)

c) What might be “underneath the surface”? Look for the following responses:

• He is scared when he is alone. The child care space is noisy and frightening to him. (Feeling safe)
• He is lonely. He is held a lot at home because his family believes that an infant should be held close or perhaps he lives in a large extended family where there is always a pair of arms and the floor is not a safe place for a baby. (Ongoing, responsive relationships with one or more adults)
• He is sensitive and is anxious about the room noise and the other children. (Environmental match to temperament)
• He does not feel good and may be getting sick. (Health)

d) Make the point that keeping the concept of the iceberg in mind can be helpful when thinking about human behavior.

e) Our efforts to understand the meaning of the behavior are the first steps in finding an appropriate response to the child. In other words, our understanding of the meaning of the behavior is critical in devising a strategy to address the situation that produces the challenging behavior. All behavior has a purpose and for young children, the challenging behavior it is not a form of manipulation. In other words, a young child is not purposefully behaving in a way that is meant to cause difficulty.

f) It takes time and effort to understand the intent of a child’s communication and then to find new ways to fulfill the need or teach the child other ways to communicate his or her needs.
H. Show **Slide 20, Video Clip 3.1. What is the Biting Trying to Tell Us?** Consider showing the video segment 2-3 times so that participants feel comfortable working together in small groups for activity. **Activity:** after reviewing Video Clip 3.1, ask participants to pair up or gather in small groups. Using a blank piece of paper, have participants draw a picture of an iceberg and consider the following three things:

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

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

b) What might be “underneath the surface”? Look for the following responses:

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

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

I. **Slide 21. Continuum of Emotional Expression.** Make the point that infants and toddlers have two primary styles of behavior that communicate distress.
J. **Slide 22: Acting-Out Behaviors.** The first group of behaviors has been termed “Acting-Out Behaviors”.

1. These behaviors have a driven quality that is expressed either in the intensity, the frequency, or the duration of the behavior.

2. Read through each of the behaviors one at a time. Ask participants if they have seen these behaviors in children in their care and take several comments from the group. Ask how these behaviors stand out from behavior that seems more typical. Ask participants if there are other acting out behaviors they think of that are not listed.

K. Show **Slide 23: Social Withdrawing Behaviors.** The second group of behaviors is termed “Withdrawing Behaviors” or “Social Withdrawing Behaviors.” (“Withdrawing behaviors” are also sometimes referred to as “internalizing behaviors.”)

1. These behaviors appear intense because the child uses them so frequently or so consistently. A child exhibiting this type of behavior may appear to have given up attempting to get his needs met and to have moved away from interaction with others. Nevertheless the infant or toddler is expressing his experience, and it may appear to be a preference. This type of challenging behavior is often overlooked in a busy childcare setting.

2. Read through the behaviors and ask participants if they have seen these behaviors and take several comments from the group. Ask participants if there are any withdrawing behaviors not listed.

L. Show **Slide 24: Activity: Where Do the Sticky Notes Go?**

**Trainer’s Note:** Using participant responses written on sticky notes from first part of training, (What Is Challenging Behavior, Slide 11), create two columns on a piece of chart paper. The first column heading should read “Acting-Out Behaviors” and the second column heading should read “Social Withdrawing Behaviors.” Read each sticky note one by one and ask participants if the behavior on the sticky note would be considered an “acting-out” or a “withdrawing” behavior. Place the sticky note under the appropriate column heading. Let participants know in the next activity they will explore
acting out behavior and withdrawing behaviors more deeply. Most times, the acting-out behaviors far outweigh the withdrawing ones because these behaviors get noticed more often as caregivers often feel the need to “put out those fires”.

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

M. **Slide 25: Activity: Acting Out and Withdrawing Behaviors**—Handout 3.5. Provide each table of participants with Handout 3.5. Each table will receive either the Birth to 9 months chart or the 8-18 month chart. Participants will use the scenarios on the chart to describe what an “acting out” behavior or a “withdrawing” behavior might look like in each of these developmental elements, within the identified age group. Remind participants we are thinking about behaviors that are intense, frequent, and enduring enough to be challenging.

Ask participants to use Handout 3.5 to note some ideas in response to the question, “What might be going on for the baby?” Use the “What might be going on for the baby” section to create more information to the scenario to explain the child’s behavior. In other words, have participants be creative to come up with circumstances that may contribute to the child’s behavior. Hypothesize about what the child may be experiencing or needing that may contribute to his or her behavior.

**Trainer’s Note:** The infants in these scenarios range from 2 months of age to 18 months of age. While it is critical to understand that infants under 2 months of age have acting out and withdrawing behaviors and
experience emotions, we have not included a scenario of a child under 2 months of age because typical child care settings do not usually care for children under 6 weeks of age. For the following activity we chose to include scenarios of infants up to 18 months because we believe the PreK CSEFEL modules have included scenarios applicable for older toddlers.

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

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

### Young Infants: Birth to 9 months

<table>
<thead>
<tr>
<th>Difficulty Experiencing emotions</th>
<th>Acting Out Behaviors</th>
<th>Withdrawing Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mom has left two month old baby Jenna in care for the first time. It's been a rough week so far and she really misses being close to mom all day.</td>
<td>Possible responses When mom leaves or at any moment during the day, Jenna will burst into tears and scream. She wants to be held all the time. The caregivers can tell that Jenna is having an unusually difficult time adjusting to child care.</td>
<td>Jenna seems quiet; she stares into space and sucks on her fingers. She doesn't seem especially interested in anything and refuses to make eye contact with any of the caregivers. She doesn't even really want to be held. She doesn't seem to be having a very difficult transition into child care.</td>
</tr>
<tr>
<td>Jenna really misses her mom. She is used to her home which is quiet with soft lighting and no other baby sounds (like crying). Jenna is far too young to understand what is going on – she just knows the feeling of security when mom is there and she can't quite get that safe feeling with these strangers yet.</td>
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### Young Infants: Birth to 9 months

<table>
<thead>
<tr>
<th>Difficulty Expressing emotions</th>
<th>Acting Out Behaviors</th>
<th>Withdrawing Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seven month old Isaiah sits with toys in front of him. For a good 7-10 minutes he is really happy and playing, babbling and making noises. Isaiah is great at playing by himself for quite some time, but eventually he gets bored and a little bit lonely.</td>
<td>When Isaiah becomes bored he looks around to see who is close to him, and he catches the eye of his caregiver. When he knows she is looking at him he begins to throw his toys and screams.</td>
<td>Isaiah seems to become quiet as he realizes he doesn’t really want to be where he is anymore. His muscle tone relaxes and he seems “droopy.” He sits quietly, no longer making playful noises. He makes no eye contact and just seems to be staring off into space.</td>
</tr>
<tr>
<td><strong>What might be going on for this baby?</strong></td>
<td><strong>Kayla is on the changing table screaming as though someone has hurt her. She thrashes around making it difficult to change her. When she is done, and it is time to wash her hands, things only get worse. She screams for nearly forty minutes after the diaper change. Everyone dreads Kayla’s diaper changes.</strong></td>
<td><strong>Kayla often averts her gaze. She seems to feel no pain. She has very little reaction if any to the diaper change and to the caregiver’s attempts to engage her. It seems as if nothing ever bothers her nor does much seem to excite her or make her smile. She doesn’t even react when other children approach or poke her.</strong></td>
</tr>
<tr>
<td>Difficulty Regulating Emotions</td>
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<tr>
<td>Five month old Kayla was born at 29 weeks. Right now it is time for a diaper change. Her caregiver reports most infants are usually calm yet responsive during this predictable routine – but it seems to disorient Kayla.</td>
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</tr>
<tr>
<td><strong>What might be going on for this baby?</strong></td>
<td>Kayla was born prematurely and seems to have some</td>
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</table>
### Young Infants: Birth to 9 months

<table>
<thead>
<tr>
<th>Difficulty Regulating (continued)</th>
<th>Acting Out Behaviors</th>
<th>Withdrawing Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>problems with certain sensory experiences like diaper changes, a caregiver’s touch, bright lights, surprising noises, etc. It is possible that things that would not bother another baby (e.g., diaper changes, bright lights, etc.) may physically hurt her. Or it possible that she is overwhelmed by stimulation and has little reaction and/or she disengages.</td>
<td><em>Trainers note: participants may ask about autism and/or other significant developmental delays. Ask participants to hold their concerns and thoughts until the next activity. Let participants know that you will discuss how staff might respond in the next activity. In the discussion about how staff may respond, you can talk about how responses may or may not be different based on if a child has a disability or a suspected disability.</em></td>
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<thead>
<tr>
<th>Difficulty Forming Close And Secure Relationships</th>
<th>Acting Out Behaviors</th>
<th>Withdrawing Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nine month old Aliyah came to child care six months ago and has very, very slowly come to have a relationship with one caregiver. This caregiver is now absent and multiple caregivers are subbing in her place</td>
<td>When Aliyah’s caregiver puts her down, Aliyah throws her body back on the mat where she was placed. She howls and cries forcefully. When caregivers attempt to pick her up and soothe her she arches her back and turns her head away, screaming even more.</td>
<td>Aliyah will not make eye contact with any of the caregivers and she shows very little emotion (neither happy or sad).</td>
</tr>
</tbody>
</table>

**What might be going on for this baby?**

Aliyah finds it difficult to bond, or attach to a caregiver. With great patience and slow, gentle steps her caregiver has built a relationship of trust with her. While this is wonderful, Aliyah has yet to form a bond with any of the other caregivers in her classroom.
# Module 3

## Individualized Intervention with Infants and Toddlers

### Young Infants: Birth to 9 months

<table>
<thead>
<tr>
<th>Difficulty Exploring and learning</th>
<th>Acting Out Behaviors</th>
<th>Withdrawing Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four month old Jackson absolutely will not tolerate lying on his stomach during “tummy time.” He does not like to be on his back much either. He would prefer to be held all of the time.</td>
<td>When Jackson’s caregivers put him down on his tummy he instantly cries. His face becomes red, his body becomes rigid, and he screams.</td>
<td>If Jackson is not being held, he falls asleep. The child care environment seems to be so over stimulating that he just closes his eyes.</td>
</tr>
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</table>

### What might be going on for this baby?

Tummy time may be uncomfortable to Jackson until he gains more muscle control. He may prefer being held if he is used to be held often.

### Mobile Infants: 8 – 18 months

<table>
<thead>
<tr>
<th>Difficulty Experiencing Emotions</th>
<th>Acting Out Behaviors</th>
<th>Withdrawing Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fifteen month old Jasmine sees her teacher set up the water table, her favorite activity.</td>
<td>Jasmine runs to the water table, bangs on it, runs over to her friend, bangs on him, leaves him screaming, and runs over to the dramatic play area and throws a plastic chair, narrowly missing another child. She does all of this gleefully with no recognition of the trail of tears she leaves behind her.</td>
<td>Jasmine loves the water table; however, she hovers near the table but does not engage in the table. She stands off to the side and watches as other children begin to play at the table. She spends a great deal of time standing still watching others enjoy pouring. The teachers only know this is her favorite activity because she always chooses it. She appears to really enjoy the water table yet she rarely smiles and even when she does put her hands in she doesn’t look up much or engage the other children.</td>
</tr>
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</table>

### What might be going on for this baby?

Jasmine really seems to love being at school, she loves the toys and sometimes enjoys playing with other children. Unfortunately, when she gets excited she expresses it in socially undesirable ways. Or when Jasmine becomes excited she doesn’t know what to do to engage in even her favorite activities. She may become overwhelmed by her emotions and be somewhat immobilized.
### Mobile Infants: 8 – 18 months

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Difficulty expressing emotions</strong></td>
<td>Josiah <strong>screams inconsolably</strong> for nearly an hour. He refuses to be held, crawls to toy shelves to <strong>throw things</strong>, and causes an intense morning for the caregivers and other babies.</td>
</tr>
</tbody>
</table>

**What might be going on for this baby?**

Josiah has settled in over the past few weeks with the introduction of a morning routine he can anticipate. When things change he is upset, confused and feels disrupted. Perhaps once he becomes upset it is extremely difficult for him to soothe himself and his emotions are intense and sometimes frightening even to himself. Or when he is upset he shows little reaction and instead remains quietly sad. He doesn’t know how to express himself in order to best get his needs met.
## Mobile Infants: 8 – 18 months

<table>
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<tr>
<td>Sixteen month old David cannot seem to adjust to his new classroom. He has gone from being the oldest in a calm, quiet classroom of babies to being the youngest in a room full of rambunctious toddlers.</td>
<td>David is surprisingly strong for his age and he is showing it. He is biting, hitting and pushing other children seemingly without provocation. His face is tight and strained. He has a difficult time engaging in any activity for more than a few seconds.</td>
<td>David has found a place for himself in his new classroom, unfortunately it is under a table in the corner of the room. He is quiet and withdrawn. If someone comes near him he pulls back and looks away. He seems frightened to be there and the other children ignore him so he is not forming friendships.</td>
</tr>
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</table>

### What might be going on for this baby?

David is not just shy or aggressive; he has a very difficult time regulating his emotions. He was able to manage as long as he was in a familiar, quiet environment but the comparative chaos of a toddler room to the infant room has tested his ability to cope.

### Difficulty Forming Close and Secure Relationships

Fifteen month old Arabelle has a significant reaction to anyone new who comes into her classroom.

### What might be going on for this baby?

Arabelle has spent her life in a transitional housing center for women and their children. The center considers child care a chore to be shared by the women like cooking or cleaning, but this has meant that when Arabelle goes home she has a different caregiver every day. She spends some time with her mom but mom is very focused on improving their life situation right now.

### Acting Out Behaviors

When a stranger comes into the classroom Arabelle runs up to them and throws herself into their arms. She is very clingy and wants to be held by any person even if she has never met them.

### Withdrawing Behaviors

When a stranger enters Arabelle’s classroom, Arabelle moves as far away from the door as she can. If a stranger comes very far into the room Arabelle hides behind the rocking chair, looking scared.
## Mobile Infants: 8 – 18 months

<table>
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<tr>
<td>Eighteen month old Cameron has low muscle tone. She cannot sit up without support and tires easily</td>
<td>Cameron will play when toys are brought to her. When she becomes tired or frustrated, she lets her caregivers know by falling over, crying and screaming. She cannot change positions without help.</td>
<td>When left on her own, Cameron would spend hours staring at the wall, not interacting with anything or anyone.</td>
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</table>

What might be going on for this baby?
Cameron may have an undiagnosed developmental disability. She has difficulty sitting and is immobile.

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

N. Show Slide 26: A Relationship Based Approach to Challenging Behavior: Responding to Infant and Toddler Distress. When an infant or toddler displays a pattern of challenging behavior of either type – acting out or withdrawing - the goal for adults must be to understand the child’s experience, respond to his needs, and help him use better strategies to meet his needs.

1. Make the point that it is sometimes easier (more tempting) to react to the behavior, particularly to acting-out behaviors, than to reflect on the meaning of the behavior. The child's emotion easily stirs up emotion in us. Of course, a quick reaction is necessary when a child might be about to do harm to himself or others.

2. When we react, we tend to focus on our own experience (e.g., frustration, anger) rather than the experience of the child (e.g., frightened, lonely).

3. Point out to participants that it is important that they tune in and pay attention to how they feel when a child is exhibiting behavior that they find challenging. Remind participants that behavior that may challenge one caregiver may not necessarily challenge another.
For example, a toddler with a loud voice and exuberant disposition may be difficult for one caregiver, but not another, to be around for long periods of time. That is not what we are talking about here. Rather, we are focusing on behavior that seems to be having a negative impact on the child’s development and that all caregivers can agree needs to be addressed.

4. It is worthwhile to keep in mind that an important clue to what the child is experiencing is our own emotional reactions to the child. For example, if we are frustrated than it is highly likely that the child is also frustrated. Often our emotions can help us tune in and empathize with the child’s experience.

5. Show Slide 27: Caregivers and Families Focusing on the Child. When we reflect on the meaning of the behavior, we are keeping our focus on the child’s experience. We are more likely to be able to respond with empathy for his needs and to be more intentional about problem solving.

   a) The goal for intervention must be to restore the child’s sense of well being and her developmental momentum.
   b) We want to use the opportunity to respond in a way that supports the child’s social emotional development and relieves him of the need to use his emotional energy to tell us something is wrong.
   c) When an infant or toddler is constantly feeling stress in his care environment, he uses a tremendous amount of emotional energy to protect himself from what might come next (e.g., some activity or event that is confusing, frightening, or otherwise overwhelming). Instead, that emotional energy should be spent on developmental growth. It is our job as caregivers to make sure that happens.

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

   • Acknowledge distress (e.g., name the feelings; “You seem so sad.” Or “You seem so upset.”)
   • Offer comfort (e.g. change holding position of an infant; say, “It will be o.k. We’ll help you feel better.”; offer comfort items likely special blankets or pacifiers)
• Be attuned to child’s individualized needs (Explain that being attuned is the ability to understand the child’s unique experience. Being attuned to a child is about being “at one” or in sync with the child. Give an example of a teacher who knows Elijah is particularly sensitive to other children’s crying. Before Elijah starts to react to the crying of another child the teacher knowingly approaches Elijah to offer her physical presence and comfort to the child.)

• Help the child achieve the understood intention (Help the child find another way he can get what he wants e.g., “You want more milk. You can point to the sippy cup; you don’t need to throw it”.)

• Be developmentally appropriate (Ensure that the strategies are appropriate for the individual child’s developmental age. For example picking up a 8 month old who is crying is appropriate, however, carrying a three year old may be a less developmentally appropriate first step to soothing a child).

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

P. Slides 29. and Video 3.2.Looking at Behavior that is of Concern. Show Video 3.2 and ask participants what acting-out and/or withdrawing behaviors they observed (tip of the iceberg). Show Slide 30. Activity: What is My Perspective. Ask table partners to use Handout 3.7: What is My Perspective? and respond to the questions. Ask the participants to write down as many “I” statements as they can think of for each individual noted on their handout. For example, after question one, “I am Michael. What is my perspective? I felt:;” participants might write, “I want to play with her but she wants the same toy I want.” Ask participants to share their statements.
1. Go on to develop the point that the problem with attempting to develop these “I” statements is that we really do not have much information about Michael or an understanding about what transpired before this snapshot in time.

2. Ask participants if they think it might be valuable to sometimes write these “I” statements from the perspective of a child who is troubling them. Ask participants if they have examples to share about a child in their care? Encourage the group to share examples of children’s challenging behavior and then try to use “I” statements that might speak for the child’s intention (e.g., for a child who bites the “I” statement might be, “I bite because I don’t know how else to tell children I’m frustrated and they are in my space. I want more space.”)

3. Encourage participants at their tables to use Handout 3.8 (Strategies for Responding to Infant and Toddlers’ Challenging Behavior) as a guideline to devise and select some additional possible responses to the acting-out and/or withdrawing behavior observed.

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

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

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

**Trainer’s Note:** Consider that there may be participants who struggled to identify strengths. Depending on your comfort level, you may want to ask participants to consider thinking about someone who might be able to support or encourage them if they are struggling to identify strengths and create a positive vision for a young child in their care.
Q. **Slide 31. A Relationship Based Approach to Challenging Behavior: Meaning of the Behavior.** As caregivers, our job is to carefully observe and gather information about a young child and his or her family in order to eventually generate a hypothesis (our best guess), test it out, and use what we learn to understand the meaning of the behavior in question. This process takes time and thought.

R. **Slide 32: Hypotheses.**

1. Our immediate job is always how to manage to care for a child (and other children who are affected) through an episode of behavior that is causing concern. Our first efforts focus on ensuring the child is safe. We then attempt to help the child develop increased abilities to cope and we foster the child’s abilities to use more acceptable strategies to experience, express, and regulate emotion; form close and secure interpersonal relationships; and explore the environment and learn.

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

3. Our creativity comes into play when we create a hypothesis, or best guess, about the meaning of the behavior to the child. We don’t always have access to the information about what is happening in a home. However, when we hypothesize about why a child is acting the way he or she is (in other words, what the meaning of the behavior is), we are using what we know about that child to make a guess about why a child responds or behaves as he or she does.
S. **Slide 33. Our Approach.** When developing an approach to supporting and guiding young children's behavior, it is critical that young children feel safe within secure and caring relationships. Very young children need responsive interactions and opportunities to spend time in socially and emotionally supportive environments. The importance of caregivers and families meeting these needs has been discussed in previous modules. Review the points on the slide with participants.

1. Our approach to responding to challenging behavior is one that it is reflective, rather than reactive. Reflecting on what an experience is like for a young child; observing what a child is communicating through his behavior; and deciding what we would like the child to do establishes a process that meets a young child's emotional needs and helps support and teach new skills and behaviors.

2. The focus of this approach is on assisting the child in getting his needs met rather than eliminating the challenging behavior.

3. The goal is to assist the child with developmentally appropriate self-regulation so that the developmental momentum is not slowed down or disrupted.

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

- Watch children – careful observation is critical. Previous modules discussed the importance of the strategy careful observation.

- Behavior is a form of communication -children tell us their needs and wants, sometimes through challenging behavior.

- Focus on the child. Ask “What is the child trying to tell me?” and “I wonder…”

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

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

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

- What information did you gather? — see responses noted above
- What are the tip of the iceberg behaviors you see from Katie? - crying, shrieking, curling her head into caregiver’s neck, hitting
- What might Katie be trying to tell us? I wonder… - She may be trying to say “I don’t want my daddy to leave.”; or “I worry that my dad is going to come back.”; or “I don’t quite trust the center yet.”; etc.
Remind participants that in order to understand and respond to a young child’s behaviors, we also want to consider a young child’s development, temperament, and the environment(s) in which the child spends time.

V. Slides 37 and 38: Questions to Ask About the Meaning of the Behavior. Tell participants that we are going to spend some time further discussing the very important process of carefully gathering data to aid in understanding and addressing the behavior of a particular child. It needs to be a systematic and organized process.

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

Encourage participants to think about how they observe, track, and document their own and other children’s responses to the child’s behavior. For example, when a toddler grabs a toy from another child, does the child give up the toy so that the toddler learns that grabbing is an effective way to get a toy. Encourage participants to think about how they communicate behavior expectations to very young children and their families. How do caregivers let the children know what they want them to do? In the example of the toddler grabbing toys, how do his caregivers show and teach him how he can get a toy someone else has. The caregivers may also show him how he can ask for help. The caregivers might also show and teach the other children what they can do when a child grabs a toy from them. The other children might be encouraged to say, “No,” “mine,” “my turn now,” or “I don’t like that.”
W. Slide 39. and Video Clip 3.4 Muk. Tell participants that you are now going to watch another video clip regarding Katie and Muk. After showing the clip, discuss as a large group the approaches and strategies used by Muk to best support Katie and her family. Participants may identify the following strategies:

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

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

a) Show the video a second time and have participants record what happened by again using Handout 3.9 Observation Documentation.
b) Discuss the observation as a large group and ask participants to share and comment on their completed observation documentation form.

c) Provide participants with a copy of Handout 3.10 Getting to Know Michael. Ask participants to read through the handout. Using this information, along with the observation they just completed, have participants work in pairs or small groups to complete as much of Handout 3.11 Infant Toddler Behavior Review as possible.

d) Give participants 20-30 minutes to review, discuss and complete Handout 3.11. Debrief as a large group.

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

1. Early care and education programs, including those that are home-based, should have a process in place to gather ongoing observation and documentation of progress for each child in care on a regular basis. This may consist of short anecdotal notes, results of screening measures, information from parents, video of the child with adults and peers at different times of day, etc.

2. Observations can be used regularly by staff in group care and by home visitors in consultation with their supervisor as a part of the staff member’s ongoing professional development/supervision. This regularly scheduled time for reflection on the meaning of children’s behavior can be used to initiate inquiries into the behavior of a specific child who is exhibiting extreme or confusing behavior.

3. In the case of a child with challenging behavior, additional observations are required to collect detailed information.

4. Observations should be initiated quickly so that the child does not have to wait for help.

5. Observations should be conducted by more than one person and may include any person who interacts with the child. It may be helpful to have observations done by someone who does not typically interact with the child but has strong observation skills. It may also be useful for the care provider to do the observation side-by-side with a director, a more experienced caregiver, or a mental health consultant or a resource and referral agency.

6. Observations should be done at various times of the child’s day and across multiple days. They should focus on how the child functions in a variety of activities during the day with a variety of other people.

7. All documentation should be recorded in a similar way so that the information from multiple sources can be easily compared and analyzed.
Y. Make the point that parents are essential to the process of understanding a child’s experience and thinking through how to respond to behavior that is troubling in the child care setting. This is why it is so important to nurture the relationship with parents from the first days the child is in care. A trusting, respectful series of interactions over time will allow the child care provider to bring up concerns she has about a child and engage the full participation of the parent(s) in responding to the difficulties the child is having. If the provider/parent relationship is not seen as an important aspect of care and the parent is actively engaged only when there is a problem, there will be less of a foundation to build on to help the child.

Activity: Ask participants to think for a moment about an instance in which they had a strong relationship with a parent and found it relatively easy to bring up an issue of concern with a child. Ask several participants to share their experiences (prompt participants to describe how they formed the positive relationship with the parent and how the relationship contributed to their ability to discuss behaviors of concern.) Now ask them to think of an instance in which they had a concern about a child but did not feel as comfortable in bringing it up with parents. Why not? Ask for several participants to share their thoughts.

a) Point out that when there is a child with challenging behavior in a group setting, parents need to be brought into the process as quickly as possible. They may be asked to observe behavior with a staff person via video, through an observation window or they may share their thoughts through a parent interview.

b) Remind participants that parents may be very sensitive about hearing that their child’s behavior is considered challenging by staff. It may be the first time a parent is hearing concerns about their child or they may have repeatedly heard similar comments and become defensive or “shut down” when a caregiver begins such a conversation. Accepting that one’s child’s behavior is concerning may take a long time. Remind participants that sometimes we are just planting the seed for parents and the ideas and strategies we share could take a significant while to take root.
c) On the other hand, parents may be the first to identify a pattern of behavior that is challenging, at least for them, and to seek help from staff. This probably indicates the existence of a trusting relationship between the two.

d) Refer the group to Handout 3.12 Talking with Families about Problem Behavior: Do’s and Don’ts and take a few minutes to discuss it.

e) Show and discuss Slides 41, 42, and 43, Parent Interview Questions, which list some important questions to discuss with family members during one or more conversations. There will need to be some thought given to which staff member has the most comfortable relationship with the family in order to decide who should speak with them. Staff should be sensitive to and respectful of cultural issues and to the impact of culture on parenting behavior, perceptions about behavior problems, and perceptions about the helping professions. Ask participants if they have questions to add to this list and record them on chart paper. Answers that family members provide should be carefully documented, with their permission, and added to the process of determining the meaning behind the child’s behavior.

f) Activity: Ask participants to form pairs. One participant should role play being the caregiver and the other the family member. The caregiver should think of a child they care for that has displayed challenging behaviors. Ask the caregiver to conduct a family meeting where they share only positive attributes and strengths about the child for the first three minutes of the meeting prior to discussing challenging behaviors. Remind participants that their body language and the way they position themselves (side by side, not across from each other) will influence the tone of the interaction. Have participants switch roles once finished and go through the same process. Debrief as a larger group. Encourage participants to explore the benefits of sharing positive attributes first. Elicit the point that when positive attributes are shared first parents may understand that you are noticing their child’s strengths as well as
the areas in which the child needs to grow. Pointing out a child’s positive attributes may help parents feel less defensive.

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

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

**A. Slide 44. Developing an Individual Support Plan:**

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

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

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

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

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

   c) A protocol establishes the fact that all persons involved in the child’s life are included in the information gathering and are part of the decision-making process.

   d) It documents that there is consent from the family as well as from the staff who will be implementing the intervention plan to be developed.

   e) The protocol should establish a timeline for implementing the process and the person or persons responsible for each step.

   f) The protocol should establish a process for regularly reviewing progress, making changes in the intervention plan, if necessary, and deciding when and how a determination will be made to discontinue or modify the intervention.
depending on the response of the child to the intervention.
g) The information that is gathered and the decision-making process itself should be considered confidential. It will only be shared with the family and staff directly involved.

2. **Slides 46-48: Sample Protocol.** Tell participants that we will look together at a sample protocol for addressing challenging behavior in infants and toddlers. Tell participants that we are going to work with a case study to practice using the elements of a protocol. They have a copy of the forms in their Handouts that they will be using for the case study.

C. Now let’s talk about another very important step in the process – building a team. A collaborative team needs to be assembled. For a center-based program, the team should include, at a minimum, the caregiver(s) and the director who is in a position to approve additional staff time and resources. If a program has a mental health consultant, s/he should also attend. Other staff may be brought in to contribute their perspectives. Staff with the most established, trusting relationship with the family should be included on the team.

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

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

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

1. **Activity: Slide 49: Potential Team Members** and ask participants to identify what each team member might bring to the process. Record responses on chart paper. The team should include all relevant people, including the bus driver, for example, who is likely to be able to shed light on the child’s behavior during the trip to and from the center.
2. Make the point that it is very important to determine a convenient time for all parties to come together to review the information that has been gathered and to develop a plan that everyone can agree on.

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

a) Exactly when a mental health consultant is brought into the process will vary from program to program. Having access to a mental health professional has been shown to help reduce child expulsions in care. Public mental health clinics and resource and referral agencies may be able to provide that support to child care programs when it is not already part of the program. Mental health providers offer a third party perspective and have the primary focus of understanding the child's and/or family's perspective.

b) **Slide 50. and Video 3.6 A Full Response to Challenging Behavior.** Discuss as a whole group the following questions and add comments if they not brought up:

   • Why do you think the parent was willing to accept the help of a mental health consultant?
     - Staff had already discussed the child’s biting with her
     - Parent has a trusting relationship with staff
     - Parent is experiencing the problem at home

   • What did the mental health provider do to learn about the issue?
     - Observed the child in the child care setting
     - Met with staff and the parent to hear their perspectives

   • What effect did having a specialist and a support plan have on staff and parent?
- Enabled them to consider the meaning of the child's behavior
- Helped them notice things about the child that they had not noticed before
- Encouraged them to work together as partners to support the child
  - What would you do if you did not have access to a mental health specialist?
  - Ask the director, supervisor, or another staff member to confer with me about the child
  - Identify resources in the community (e.g., mental health center, resource & referral agency) that can be called on for consultation

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

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

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

**D. Slide 51:** What Goes into a Support Plan which describes the ways in which the intervention or support plan for the child is developed.

1. After gathering data to see what patterns emerge around the child's challenging behavior. The support plan begins with a hypothesis about the behavior and its meaning for the child.
2. The team may decide during the first meeting that there are some specific changes they would like to make in the environment (e.g., creating a quiet space for that child in the book corner) or the way in which caregivers relate to the child (rescheduling a specific staff member so that she is there to greet the child every morning).

3. The team may ask the parent to take the child to the doctor to rule out physical/health problems that may be contributing to the behavior (e.g., a persistent earache or allergies.)

4. The team may ask for a developmental and behavioral assessment if initial attempts to support the child are not effective or if the child’s behavior is too confusing to the team to even plan an intervention.

5. Reference Handout 3.13 The Infant-Toddler Action Support Plan as an example of a document that can be used to identify the specific action steps that need to be taken before the support plan is implemented.

6. The team will need to decide who, what, when, where and how the support plan will be implemented so that the strategies and responses to the child will be consistent. For example, a two-year-old bites other children in the group and siblings at home. The team believes one of the causes of the biting is her frustration at having to share toys and space with other children all of the time. The family and the program staff agree that they will:

- Try to provide protected space and toys for her to use for periods of time
- Notice when she is feeling crowded or stressed
- Encourage her to say “no” when she wants other children to go away
- Teach her how to walk away and ask for help
- Read books about biting with her
- Show her something she can bite such as an apple slice
- Use words such as, “No biting. I know you want to play with this toy. I’ll help you keep your toy – but no biting. That hurts your friend (sister).”

All of this information should be documented on the plan.
7. The team will need to agree on how each person who interacts with the child will respond to the behavior once the support plan is implemented. The response section of a support plan should have specific responses identified for all to refer to so that consistency across caregivers is supported. For example; when Damon starts screaming when his mother leaves, Judy will hold him and then try to interest him in an activity. Sara will manage the needs of the other children and will allow Judy to support Damon until he is involved in play. When he cries again, Judy will respond immediately and Sara will take the lead with the other children.

8. The team will need to establish a defined timetable and process for reviewing how the support plan has impacted the child’s challenging behavior. The Infant-Toddler Support Plan we are using has a place for a team to rate the progress of the child at two points after the plan is implemented. If there is no mental health consultant on the team from the beginning, one should be called in if the intensity, frequency, and duration of the behavior is not improving. The team will need to determine if further community referrals are necessary to resolve the challenging behavior.

E. A simple protocol which addresses the issues we have noted will generally be appropriate for use with infants and young toddlers. A more detailed process such as Positive Behavior Support found in the Preschool CSEFEL Modules 3a and 3b may be more appropriate for older toddlers, especially when acting-out behaviors are the identified problem.

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

1. They are going to work as collaborative groups (teams) to practice a process designed to gain a better understanding of a child’s behavior and to devise a plan to address the situation.

2. The purpose of the case study activity is to provide them with an opportunity to think about how such a process might improve their practice. They should be encouraged to be creative about adapting the process so that it is useful to them in their work setting.
H. **Activity. Slide 52: Case Study Instructions.** Ask participants to divide into groups of 4 or 5 people or group together at their table. Within their groups, ask that they select the role each would like to play (teacher/s, supervisor, parent/s, mental health consultant, etc.). They will use **Handout 3.11 Infant-Toddler Behavior Review** and **Handout 3.13 Infant Toddler Action Support Plan** for this activity as well as **Handout 3.14 Maria: a Case Study.** *(Handout 3.15 – Trainer Discussion Points)*

1. Ask each group to read their case study materials, **Handout 3.14** and discuss the key information with their group.

2. Have participants use **Handouts 3.11 Infant-Toddler Behavior Review** and **Handout 3.13 Infant Toddler Action Support Plan** to gather information about Maria’s behavior and make a plan for supporting Maria. Instruct participants to use the information in the case study to complete the handouts as best as they can. If there are questions that they do not have an answer to, instruct participants to note the questions where they may need to obtain more information. Obtaining more specific information can be a valuable part of an action plan.

3. Encourage the participants not to move to the hypothesizing and planning stage until they have reviewed all the information. Tell them that their team can agree to add data to either the child description or the observations. They can embellish the context for the child or the behavior as they wish. The goal is that once they have the information identified, they will use that information to develop the support plan. Give the group approximately 30-35 minutes to work on this activity.

4. After 30-35 minutes, suggest that the groups move on to the planning step if they have not already done so. Ask that they use the Action Support Plan form to identify what will need to be done before a plan is put in place to eliminate or reduce the child’s distress.

5. Move among the tables to answer questions and facilitate team work. Record the time allotted and ending time for each section of the activity on chart paper. Give the groups a 10 minute warning before the end of a section and ask them to wrap up their work.
6. Bring the large group back together to talk about the case study and to share and compare their Action Support Plans.

7. Ask participants to provide some feedback about the activity and to report what they found helpful and difficult. Encourage them to take these materials back to their work settings and continue to use and modify them.

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

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

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

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

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

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

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


CSEFEL Module Three
Infant Toddler

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

Activity: Find Someone Who...
- Has the same first or last initial as you
- Discuss in pairs or small groups...
  - Previous experiences participating in training sessions related to challenging behavior
  - How many years of experience in the early childhood field you have

Learner Objectives
Participants will be able to:
- Define and identify the characteristics of challenging behavior for infants and toddlers
- Describe behaviors exhibited by infants and toddlers and the relationship between behavior and forms of communication

Learner Objectives
Participants will be able to:
- Identify ways to partner with families in understanding and addressing concerns about infant and toddler behavior
- Describe and use a process for developing and implementing a support plan to respond to challenging behavior

Agenda
- Setting the Stage
- What is Challenging Behavior?
- A Relationship Based Approach to Challenging Behavior
- Developing an Individual Support Plan
- Wrap-up, Reflection and Action Planning

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

The Words We Will Use

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

The Pyramid Model: Promoting Social Emotional Competence in Infants and Young Children

- Increase Interaction
- Targeted Social Emotional Supports
- High Quality Supportive Environments
- Nurturing and Responsive Relationships

Social Emotional Wellness

The ability to:

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

What Is Challenging Behavior?

CSEFEL Definition of Challenging Behavior

What we are referring to when we say “challenging behavior:”

- Any repeated pattern of behavior that interferes with learning or engagement in pro-social interactions with peers and adults
- Behaviors that are not responsive to the use of developmentally appropriate guidance procedures
Reasons for Challenging Behavior

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

Activity: Considering Circumstances

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

A Relationship Based Approach to Challenging Behavior

Examining Behaviors

Behavior Is a Form of Communication

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

Expression of Emotion

- Intensity
- Frequency
- Duration

Behavior Is Communicating...

Potential unmet need

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

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

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**Video 3.1 – What is the Biting Trying to Tell Us?**

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**Continuum of Emotional Expression**

Social Withdrawing...........................Acting Out

*Two different and extreme forms of emotional expression*

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**Acting-Out Behaviors**

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

---

**Social Withdrawing Behaviors**

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

---

**Where Do The Sticky Notes Go?**
Activity: Acting Out and Withdrawing Behaviors - Handout 3.5

Use Handout 3.5 to:
- Describe “acting out” and “withdrawing” behaviors for an age group
- Consider: What is intense, frequent, enduring?

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

A Relationship Based Approach to Challenging Behavior

Responding to Infant and Toddler Distress

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

Video 3.2

What Is My Perspective?
Partner Activity, Handout 3.7

1. I am Michael. What is my perspective? I felt... (write down as many “I” statements as possible)
2. I am the child playing with Michael. What is my perspective? I felt...
3. I am the caregiver. What is my perspective? I felt...
A Relationship Based Approach to Challenging Behavior

Meaning of the Behavior

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

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

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

Video 3.3 Katie and Muk

Activity: Small Group Discussion
- What information did you gather?
- What are the tip of the iceberg behaviors you see from Katie?
- What might Katie be trying to tell us? I wonder...
Questions to Ask About the Meaning of the Behavior

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

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

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

Video 3.4 Muk video

Video 3.5

Parent Interview Questions

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

Parent Interview Questions (cont’d)

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

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

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

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

Video 3.4 Muk video

Video 3.5

Parent Interview Questions

- What is your infant’s or toddler’s challenging behavior like for you?
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- When and where does the infant or toddler behave in this way and what has typically happened before or after?
- Is this behavior new or has the infant or toddler been acting this way for some time?

Parent Interview Questions (cont’d)

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

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

Video 3.6

What Goes Into a Support Plan?

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

Case Study Instructions

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

Wrap-up, Reflection and Action Planning

Reflection

- What questions do you have about the material we discussed?
- What additional strengths are you able to recognize in your work and practices? In the children you care for? Families you help support?
- What strategies did you see or hear that might be useful in your role and work?
Activity: Planning for Change

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

Major Messages to Take Home

- It is important to understand that behavioral problems in infants and toddlers are very often the child’s way of communicating emotional distress.
- A collaborative, reflective process leading to an understanding of the meaning of the individual infant’s or toddler’s challenging behavior followed by a plan of action is an effective intervention.
- A partnership with parents or other primary caregivers is an essential element of any effective intervention for infants or toddlers.
Module One: Social Emotional Development within the Context of Relationships

I. Setting the Stage
   Learner Objectives
   Agenda
   Training Environment
   Shared Agreements
   Words We Use
   Understanding the Pyramid

II. Understanding Social Emotional Development
   Why Focus on Social Emotional Development?
   CSEFEL Definition of Social Emotional Development
   ABC’s of Social Emotional Development
   Keys to School Readiness
   Strategies Caregivers Can Use to Support Social Emotional Development
   Self Regulation
   The Developing Brain and Strategies to Build Brain Connections
   Observation and Reflection as a Strategies
   Learning from Families

III. Understanding Behavior: Making Sense of What You See and Hear
   Reading Cues
   How do you Respond?
   Knowing Social Emotional Milestones
   Developmental Challenges and Opportunities
   Temperament
   The Relationship between Social Emotional Development and Behavior
   The Basics of Behavior
   Social Emotional Development and Values, Beliefs and Assumptions
   Examining Our Emotional Reactions
   Strategies for Responding to Feelings
   Cultural Influences

III. Forming and Sustaining Relationships with Young Children and Families
   What are Relationships?
   Strategies to Build Relationships with Young Children
   Attachment Relationships
   Strategies to Build Relationships with Families

IV. Nurturing and Supporting the Social and Emotional Development of Infants Toddlers and Their Families
   Understanding Families
   Risk Factors Affecting Families
   Maternal Depression
   Strategies to Respond to Maternal Depression
   Working with Families

V. Essential Positive Messages

VI. Major Take Home Messages
Module 2: Responsive Routines, Environments and Targeted Strategies to Support Social Emotional Development in Infants and Toddlers

I. Setting the Stage
   Learner Objectives
   Agenda
   Training Environment
   Shared Agreements
   Words We Use
   Ways Caregivers Promote Healthy Social Emotional Development (Pyramid Perspective)
   CSEFEL Definition of Social Emotional Development

II. Social Emotional Climate in Infant Toddler Care Settings
   Child Care in America Today
   What Social Emotional Climate Means to You
   Supporting the Social Emotional Needs of Infants and Toddlers

III. High Quality Supportive Environments
   Ways Schedules and Routines Support Social Emotional Development
   Strategies to Support Routines for Infants and Toddlers
   Individual Child Considerations for Caregiving Routines
   A Well-Designed Infant Toddler Environment
   Looking At Responsive Environments

IV. Targeted Strategies to Build Social Emotional Skills
   What is Emotional Literacy?
   Strategies to Develop Emotional Literacy in Infants and Toddlers
   Development of Play Skills for Infants and Toddlers
   Setting up the Environment to Support Play Skills
   Promoting the Development of Friendship Skills

V. Wrap-up, Reflection and Action Planning

Module 3: Individualized Intervention with Infants and Toddlers: Determining the Meaning of Behavior and Developing Appropriate Responses

I. Setting the Stage
   Learner Objectives
   Agenda
   Training Environment
   Shared Agreements
   Words We Use
   Social Emotional Wellness for Infants and Toddlers

II. What is Challenging Behavior?
   CSEFEL Definition of Challenging Behavior
   Reasons for Challenging Behavior
   Considering Child and Family Circumstances
III. A Relationship Based Approach to Challenging Behavior
   - Behavior as a Form of Communication
   - Expression of Emotion in Infants and Toddlers
   - A Continuum of Emotional Expression
   - Acting Out and Social Withdrawing Behaviors
   - Responding to Infant and Toddler Distress
   - Understanding the Young Child’s Perspective
   - Determining the Meaning of Behavior
   - Questions to Ask About the Meaning of Behavior

IV. Developing an Individual Support Plan
   - Sample Program Protocol for Addressing Challenging Behavior
   - Potential Team Members
   - What Goes Into a Support Plan?
   - Case Study

V. Wrap-up, Reflection and Action Planning
Optional Activity B

Ask participants to list challenging behaviors they experience in their classrooms in the first column. Next, have each participant complete the middle column, writing one way they could adapt their classroom practices or environment to help prevent the challenging behavior. Finally, have participants walk around the room, trying to fill in the final column by connecting with and writing in one suggestion a peer had that was different from their own.

<table>
<thead>
<tr>
<th>Challenging Behaviors Observed and Experienced</th>
<th>Modifications in the Environment to Assist in Preventing Challenging Behavior</th>
<th>Learning from One Another: Additional Ideas</th>
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Optional Activity: Examining My Own Behavior and Setting Goals

Ask participants to individually define and write down a challenging behavior they may engage in. Encourage participants to use clear, objective terms. For example, “During conversations, I start talking before the other person is finished.” Next, ask participants to consider a different behavior (new skill) to replace the challenging behavior. For example, “I will wait until the other person has finished speaking before I take my turn to talk.”

Participants should then identify the steps needed to take to reach the long-term goal, as well as any possible support that might be needed. For example, “One - count to three once you feel the other person has finished speaking. Two – repeat back to the person what you heard them say.”
## Infant-Toddler Home Environments or Circumstances

<table>
<thead>
<tr>
<th>Family Circumstances</th>
<th>Parent’s Likely Feelings</th>
<th>Identified Child’s Experience</th>
<th>Caregiver Actions that Could Relieve Child’s Distress</th>
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### Young Infants: Birth to 9 months

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<th>Difficulty Experiencing Emotions</th>
<th>Acting Out Behaviors</th>
<th>Withdrawing Behaviors</th>
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<tbody>
<tr>
<td>Mom has left two month old baby Jenna in care for the first time. It’s been a rough week so far and she really misses being close to mom all day.</td>
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<tr>
<td>What might be going on for this baby?</td>
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<thead>
<tr>
<th>Difficulty Expressing Emotions</th>
<th>Acting Out Behaviors</th>
<th>Withdrawing Behaviors</th>
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<tbody>
<tr>
<td>Seven month old Isaiah sits with toys in front of him. For a good 15 minutes he is really happy and playing, talking and making noises. Isaiah is great at playing by himself for quite some time, but eventually he gets bored and a little bit lonely.</td>
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<tr>
<td>What might be going on for this baby?</td>
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<thead>
<tr>
<th>Difficulty Regulating Emotions</th>
<th>Acting Out Behaviors</th>
<th>Withdrawing Behaviors</th>
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<tbody>
<tr>
<td>Five month old Kayla was born at 29 weeks. Right now it is time for a diaper. Her caregiver reports most infants are usually calm yet responsive during this predictable routine – but it seems to disorient Kayla.</td>
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<tr>
<td>What might be going on for this baby?</td>
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<tr>
<td>Difficulty Forming Close and Secure Relationships</td>
<td>Acting Out Behaviors</td>
<td>Withdrawing Behaviors</td>
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<td>-------------------------------------------------</td>
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<tr>
<td>Nine month old Aliyah came to child care six months ago and has very, very slowly come to have a relationship with one caregiver. She will not make eye contact with anyone else and she insists on being held all of the time.</td>
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<tr>
<td>What might be going on for this baby?</td>
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<tr>
<th>Difficulty Exploring and Learning</th>
<th>Acting Out Behaviors</th>
<th>Withdrawing Behaviors</th>
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<tbody>
<tr>
<td>Four month old Jackson absolutely will not tolerate lying on his stomach during “tummy time” (placing a baby on his stomach to provide the baby opportunity to strengthen is neck muscles). He does not like to be on his back much either. He would prefer to be held all of the time.</td>
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<td>What might be going on for this baby?</td>
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### Mobile Infants: 8 to 18 months

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<tr>
<th>Difficulty Experiencing Emotions</th>
<th>Acting Out Behaviors</th>
<th>Withdrawing Behaviors</th>
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<tbody>
<tr>
<td>Fifteen month old Jasmine sees her teacher set up the water table, her favorite activity.</td>
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<td>What might be going on for this baby?</td>
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<tr>
<td>Difficulty Expressing Emotions</td>
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<tr>
<td>Ten month old Josiah’s oldest sister dropped him off this morning. Usually mom is the one who brings him. She generally stays to chat with the teachers and read him a book but today his sister hands him off and leaves, in a hurry to get to her job. He frequently has a hard time with separation, so mom and the caregivers try to schedule the morning routine with predictable activities every day. While this helpful, on the days when the routine is disrupted Josiah (and everyone else) suffers.</td>
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<tr>
<td>What might be going on for this baby?</td>
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## Mobile Infants: 8 to 18 months

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<tr>
<td>Sixteen month old David cannot seem to adjust to his new classroom. He has gone from being the oldest in a calm, quiet classroom of babies to being the youngest in a room full of rambunctious toddlers.</td>
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<tr>
<td>What might be going on for this baby?</td>
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<tr>
<td>Difficulty Forming Close and Secure Relationships</td>
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<tr>
<td>Fifteen month old Arabelle has a significant reaction to anyone who comes into her classroom.</td>
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<td>What might be going on for this baby?</td>
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<tr>
<td>Difficulty Exploring and Learning</td>
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<tr>
<td>Eighteen month old Cameron has low muscle tone. She cannot sit up without support and tires</td>
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<tr>
<td>What might be going on for this baby?</td>
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### A Different Perspective

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<thead>
<tr>
<th>Challenging Behaviors Observed and Experienced</th>
<th>Learning from One Another: Additional Ideas</th>
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What is My Perspective

I am Michael. What is my perspective? I felt:

I am the child playing with Micheal ________________. What is my perspective? I felt.....

I am caregiver_________________________What is my perspective? I felt......
Strategies for Responding to Infant and Toddlers’ Challenging Behavior and Supporting Infant and Toddlers’ Social Emotional Development

Social Emotional Development Goal

Help Child to:
- Experience, regulate and express emotions
- Form close and secure interpersonal relationships
- Explore the environment and learn

All Strategies for Responding to Infant and Toddler Challenging Behavior Should Meet the Following Criteria:
- Acknowledge distress
- Offer comfort
- Use words
- Be attuned to (or in sync with) the child’s individualized needs
- Help the child achieve the understood intention
- Be developmentally appropriate

Example Strategies:

Systematic strategies
- Observe to understand the meaning of the behavior
- Track and document frequency, duration, and intensity
- Chart time of day behavior occurs
- Use self reflection to appropriately respond to behavior
- Share reflections/access thoughts and opinions of others
- Attempt to understand and empathize with the child’s experience
- Monitor progress of social emotional skill development and concerning behavior reduction

Strategies to soothe
- Shush (e.g. saying, “shhhhhhhhh, shhhhhhh”), white noise (e.g. running a vacuum cleaner, white noise machine, or hair dryer)
- Rock
- Hold, carry, use slings or carriers to keep child close to one’s body
- Hold baby on side or stomach
- Outside time, fresh air
- Sing
- Encourage sucking (pacifier, fingers)
- Swaddle
- Encourage transitional objects of comfort (e.g. blankets, dolls, stuffed toy, etc.)
- Stay calm
- Stay physically close
Module 3  Handout 3.8 Strategies for Challenging Behaviors

Modify Environment and Interactions
- Reduce and/or minimize number of caregivers
- Make adjustments based on child’s temperament (e.g. offer more time for a slow-to-warm up child; offer more physical activity for a active child)
- Make appropriate environmental changes (e.g. reduce stimulation, increase stimulation
- Shadow child (e.g. for a limited time provide as much one-on-one attention and monitoring as possible)
- Provide extra time and attention including touch

Provide increased predictability and consistency
- Stick to consistent routines (e.g. diaper the same way in the same place using the same language; read books before nap;)
- Use consistent simple words (e.g. “Food?; You want food?”; “Look with your eyes”)
- Develop a plan of action/responses and stick to plan
- Set limited clear consistent limits (e.g. “No biting”; “gentle touch”)

Model, coach, teach appropriate behavior (e.g. “This is a gentle touch”; “Feel the gentle touch”)
- Teach sign language or gesture for common words
- Validate child’s feelings and/or experience (use exaggerated facial expression, tone of voice and gestures to mirror the child’s emotion) ( 
- Phrase demands in the affirmative (“Bottom on the chair”; “Feet on the floor”)
- Notice when child is engaging in desired behavior (“You gave Sam a turn with that toy”)
- Recognize positive behavior (“That’s nice touching”; “You’re so calm now.” “You pointed to the toy”)
- Label child’s and others’ emotional experience (“You look sad.”; “Tyrus looks so angry”)
- Use books to illustrate emotions and social skills (e.g. Hands are Not for Hitting; Teeth Are Not for Biting; etc.)

Use distraction (“Let’s play with this toy instead”)
- Offer substitute behavior (“you can bite this apple” “you can bite this teething ring”;)
Infant-Toddler Observation Documentation

Date of Observation __________ Day ______ Time _______ Child’s Initials __________
Child’s Name ___________________________ Child’s DOB ___________ Age ________
Observer’s Name _________________________ Observer’s Role __________________
Location of Observation ________________________________

Adult or other children in the observation by order of appearance (note initials):
1 __________________  2 __________________  3 __________________  4 __________________

Describe the behavior you observe? (e.g. child turns away from caregiver)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
GETTING TO KNOW MICHAEL
Interview with Michael’s mother:

- I am a single mom.
- Michael is 30 months old
- Michael hits himself on his head sometimes when he gets upset.
- Michael has an older half-brother who lives with his father.
- Michael smiles.
- Michael has trouble using words to tell me what he needs.
- Michael likes to play outdoors and with trucks and balls.
- Michael sometimes spits when he gets mad.
- Michael does not get to be with other children very often. When he is not in childcare he is with our neighbor, his father or grandmother.

Child Care History

Michael attends a childcare right down the street from where his mother works. He has been going there for 7 months. She used to try and have lunch with him; however, it became difficult for Michael each time she would leave. Also, when Michael’s challenging behaviors occur, she was often called at work and asked to walk down and help.

Family Strengths, Resources, Supports

My father lives out of the state. Michael does spend time with my mother who lives about 20 minutes from us. Michael's father lives in a nearby neighborhood and he gets to see him each week. We spend a lot of time with our neighbor, but she is elderly and it's hard for her to have Michael around sometimes. Michael's father and I split about a year ago as there were marital and financial difficulties and problems with an older step-brother, Robert. This is when I started working. Before starting this childcare, Michael stayed with our neighbor or my mom.

Michael’s Strengths

He likes to play on the floor with me at home. He likes to be in control and often tells me how he wants me to play. He usually sleeps with me in my room at night because he likes to cuddle but only at bedtime. Sometimes he likes to read books and will sit on the couch with me.

Behavior Concerns and Needs

Michael has limited verbal skills. He smiles at home, but does not smile much at childcare with his teacher, Beth. He hits his head, throws toys and screams a lot when he gets upset. I’m not always sure how to help him.
Interview with teacher: Ms. Beth

Number of children in classroom: 7 children, 24 months to 42 months

Michael’s Strengths
When Michael first arrives, there are not many children here yet. He will often sit with me and read a book. He also likes to play with the balls and trucks. I wish he would read a book with me at naptime because he has a hard time settling down. Michael will play with us in the housekeeping area and watches other children.

Child’s Daily Functioning
When Michael first joined us, he was pretty quiet. He watched other children quite a bit, but seemed to like to play by himself.

He has always displayed self-destructive behaviors. He hits himself in the head sometimes and pulls on his ears. When it comes to the other children, he screams and sometimes singles out children and hits them. He grabs toys from them a lot. He also slaps a lot when he screams. He frowns a lot or it just seems like he rarely smiles.

He can point to things, but it’s hard for us to figure out what he needs. It’s like he always has to be in charge. He struggles focusing on any activities and anytime we start a new activity, he usually fusses and resists.

Behavior Concerns and Needs
I watched him yesterday run across the room and knock another child down and grabbed her toy. He is pretty physical and aggressive. It wasn’t always like this but the past four months or so have been hard.

Michael hits and slaps at other children who come near the area in which he is playing. The children are becoming afraid of him because he’s so quick to react and hits them a lot.
## TEMPERAMENT CONTINUUM

**MICHAEL'S TEMPERAMENT CHART  Completed by Parent (mother)**

Place the initials of each of the children in your care on the continuum for each trait based on your observations and discussions with the child’s family. Then, write your initials where you feel you fall on each trait in the continuum. Use this tool to analyze where your temperament is similar and different to the children you care for. Then, knowing that it is the adult who must adjust to make the “fit” good, use the suggestions above to create care strategies that provide the best possible experience for each child.

<table>
<thead>
<tr>
<th><strong>Activity Level:</strong></th>
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<tbody>
<tr>
<td><strong>Very Active</strong></td>
<td>wiggle and squirm, difficulty sitting</td>
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<table>
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<tr>
<th><strong>Distractibility:</strong></th>
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<tbody>
<tr>
<td><strong>Very Distractible</strong></td>
<td>Difficulty concentrating, easily distracted by sounds or sights during activities</td>
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<table>
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<tr>
<th><strong>Intensity:</strong></th>
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<tbody>
<tr>
<td><strong>Very Intense</strong></td>
<td>intense positive and negative emotions; strong reactions</td>
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<tr>
<th><strong>Regularity:</strong></th>
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<tbody>
<tr>
<td><strong>Very Regular</strong></td>
<td>predictable appetite, sleep patterns, elimination</td>
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<tr>
<th><strong>Sensory Threshold:</strong></th>
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<tr>
<td><strong>High Threshold</strong></td>
<td>not sensitive to physical stimuli including sounds, tastes, touch, temperature changes</td>
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<tr>
<td>Falls asleep anywhere, tries new foods, wears new clothing easily</td>
<td>Picky eater, difficulty sleeping in strange crib/bed</td>
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<tr>
<th><strong>Approach/Withdrawal:</strong></th>
<th></th>
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<tbody>
<tr>
<td><strong>Tendency to Approach</strong></td>
<td>eagerly approaches new situations or people</td>
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<tr>
<th><strong>Adaptability:</strong></th>
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<tbody>
<tr>
<td><strong>Very Adaptable</strong></td>
<td>transitions easily to new activities and situations</td>
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<tr>
<th><strong>Persistence:</strong></th>
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<tr>
<td><strong>Persistent Easily</strong></td>
<td>continues with a task or activity in the face of obstacles</td>
</tr>
<tr>
<td>Doesn’t become frustrated easily faced with obstacles</td>
<td>Gets frustrated easily</td>
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<tr>
<th><strong>Mood:</strong></th>
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<tbody>
<tr>
<td><strong>Positive Mood</strong></td>
<td>reacts to the world in a positive way, generally cheerful</td>
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1. **ZERO TO THREE,** Retrieved from worldwideweb http://www.zerotothree.org/site/PageServer?pagename=Key_temp June 11, 2009
2. Dimensions of temperament (found in several places and merged/adopted).
Infant-Toddler Behavior Review

Child’s Name: ___________________________ Date of Birth __________ Age __________

Review Contributors

1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________

Date of Review ___________________________

Information Gathering

1. What is the behavior of concern?

2. What happens? What are the frequency, intensity and duration of the behavior?

3. When does it happen? Consider writing out daily schedule.

4. Where does it happen?

5. With whom does it happen?

6. How long has the concerning behavior been going on?

7. How does the caregiver feel about the behavior?

8. Has the child had a recent physical? Are there any physical/medical concerns?

9. What happens (right before) before the behavior occurs? What are the triggers?
10. What happens after the behavior occurs?

11. What are some of the child’s strengths?

12. How does the parent/family feel about the behavior?

13. Have there been any changes and/or concerns in the home, child care, or other significant relationships and/or environments?

14. What are some of the parent/family strengths?

15. What are some of the caregiver/teachers/staff strengths?

Hypothesis

16. What is the child communicating that he wants or needs? What is the purpose of the child’s behavior?

17. What might be the child’s experience?

Begin Planning

18. What does the parent or the caregiver want? What does the parent or caregiver want the child to do?

19. What does the parent or the caregiver want the child to feel?

20. What strategies have already been tried?

21. What can the caregiver do to feel better?
## Talking with Families about Problem Behavior: Do’s and Don’ts

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
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<tbody>
<tr>
<td>1. Share strengths of child with the family</td>
<td>1. Begin the discussion by indicating that the child’s behavior is not tolerable.</td>
</tr>
<tr>
<td>2. Let the family know you are feeling concerned and want to do all you can to help their child feel safe, happy, and successful in your setting</td>
<td>2. Indicate that the child must be punished or “dealt with” by the parent.</td>
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<tr>
<td>3. Ask the parent if he or she has experienced similar situations and are concerned.</td>
<td>3. Ask the parent if something has happened at home to cause the behavior.</td>
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<tr>
<td>4. Tell the parent that you want to work with the family to help the child develop appropriate behavior and social skills.</td>
<td>4. Indicate that the parent should take action to resolve the problem at home.</td>
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<tr>
<td>5. Tell the parent about what is happening in the classroom but only after the parent understands that you are concerned about the child, not blaming the family.</td>
<td>5. Initiate the conversation by listing the child’s challenging behavior. Discussions about challenging behavior should be framed as “the child is having a difficult time” rather than losing control.</td>
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<tr>
<td>6. Offer to work with the parent in the development of a behavior support plan that can be used at home and in the classroom.</td>
<td>6. Leave it up to the parent to manage problems at home; develop a plan without inviting family participation.</td>
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<tr>
<td>7. Emphasize that your focus will be to help the child develop the skills needed to be successful in the classroom. The child needs instruction and support.</td>
<td>7. Let the parent believe that the child needs more discipline.</td>
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<tr>
<td>8. Stress that if you can work together, you are more likely to be successful in helping the child learn new skills.</td>
<td>8. Minimize the importance of helping the family understand and implement positive behavior support.</td>
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</table>
Infant-Toddler Action Support Plan

Child’s Name: ________________________________  Date Plan Developed ____________

Team Members:
1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

Parent’s Name ________________________________  Signature ________________________________

Behavior Hypothesis (the meaning of the behavior):

Prevention Strategies:

<table>
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<tr>
<th>Skill to Develop</th>
<th>Strategy to Support Development</th>
<th>Person Responsible</th>
<th>When</th>
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Responses to Behavior:

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<th>Concerning Behavior</th>
<th>Response</th>
<th>Person Responsible</th>
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On a scale of 1 to 10, how would you rate the child’s behavior?

1 2 3 4 5 6 7 8 9 10

Parent Signature _______________________________
Maria
Maria is a 16-month-old girl who attends the Happy Elephant Child Care Center. She is new (she began two weeks ago) to the class of 12 toddlers who range in age from 12 to 24 months. Maria has been biting and hitting the other children in the classroom and none of the efforts to stop her biting have been effective. In the morning Maria runs ahead of her foster mother and quickly grabs toys away from other children. She seems unaware that another child is playing with the toy. If the other child tugs back on the toy that Maria has grabbed, she will bite the child’s arm or hit the child on the head and shoulders. She has also bitten a caregiver when the caregiver attempted to intervene. This pattern of behavior may take place several times a day. Both the biting and hitting are done with intensity and have left bruises and marks on other children and staff. The caregivers in the classroom report that they have never had a child who bites as frequently as Maria. When she is unsuccessful in getting the object that interests her, she collapses on the floor and screams for up to 30 minutes at a time. During her tantrums she is inconsolable. She is difficult to hold and she will not allow herself to be cuddled. Eventually she calms down and is able to be distracted or engaged with an activity or toy. The staff at Happy Elephant have told Ms. Carter, Maria’s foster mother, that one of the other parents has threatened to withdraw her child if the staff cannot stop Maria from biting. The staff is very concerned about their ability to help Maria.

Information Gathered from Discussion with the Family
Ms. Carter has been Maria’s foster mother for 3 weeks. Ms. Carter is actually a cousin of Maria’s mother. She and 3 other family members have agreed to take Maria and her 7 siblings who were removed from the home of their mother by Children’s Protective Services because the mother failed to sever her ties to a boyfriend who is known to traffic in heroin. Maria’s mother was investigated by Children’s Protective Services regarding concerns about her neglect of her 8 minor children. The condition of the home, the presence of the boyfriend, the impending birth of another child, and her failure to attend parenting education classes resulted in the removal of the 8 children.

Ms. Carter works during the day. She is the single mother of five children of her own. She agreed to take Maria because the family did not want to see the children go into homes with strangers. Ms. Carter reports that her children are all in school now and she has never had a child that bit others. She is very worried that she will lose this child care placement for Maria. It is convenient and she is able to bring Maria by bus and drop her off on her way to her job in an office a few blocks away from the center.

During the intake interview Ms. Carter is concerned because Maria has used little or no language to date. Her primary communications seem to be grunts, inconsistent babble or screaming and frequent collapses to the floor if her wishes are thwarted. Ms. Carter notices that Maria watches her when she talks but does not try even simple words herself even when she is prompted. Ms. Carter reports that she had talked with the pediatrician about Maria’s lack of language in either her native language or English, but the pediatrician suggested that they give Maria at least 6 months to adjust to her new environment before “they put her through an assessment.”

Ms. Carter reports that Maria has had little contact with her siblings since she was placed with her. She has seen her mother once in the three weeks since she was removed. Her elderly grandmother has come by to visit but she does not seem to be able to contribute to Maria’s care and she does not have her own car so she has to be driven over by another daughter. This family is not sure what will happen to all of the children if their mother does not get them back. Ms. Carter doesn’t know how long she will provide care for Maria. She is hoping her cousin will follow through on the plan worked out with CPS so that she will get her children back. Ms. Carter reports that Maria has few toys at the house but that she does like her blanket and a soft baby doll. Ms. Carter has been leaving both at home during the day. Ms. Carter reports that Maria has not been biting in her home and she doesn’t believe she was biting in her previous day care.

Ms. Carter’s home is busy and Maria has a crib in a room with two older children. Ms. Carter has been letting her stay up until the other children go to bed and then she puts Maria to sleep in the living room on the couch, because she will not fall asleep in her crib. Maria is expected to feed herself in her high chair. She eats slowly with her fingers and still uses a bottle before she goes to sleep.
Date of Observation 5/17/07        Day _____  Time 7:30
Child’s Initials MS
Child’s Name Maria   Child’s DOB 1/4/2006   Age 16 months
Observer’s Name Tina   Observer’s Role Center Director
Location of Observation classroom

Adult or other children in the observation by order of appearance (note initials):
1 Sam (child)  2 Donna (child)  3 Andrea (teacher)

What do you see?

Maria walks into classroom ahead of her foster mom, Mrs. Carter.

Maria is smiling and seems happy to be in the room.

She runs over to Sam and looks at what is on the table.

She runs over to housekeeping. She goes over to Donna who has a baby doll she is trying to wrap in a blanket.

Maria takes the blanket from Donna and runs away.

Donna screams and Andrea comes over

Andrea explains to both children that the toys are to share and says to Maria that she hopes she is sorry.

Andrea asks Maria if she has had her diaper changed and then she takes her to the diaper table to change her.

Andrea talks to another child about getting breakfast ready.

She finishes changing Maria’s diaper and asks Sam if he is ready to have his changed.

She tells Maria to go to the table for breakfast.
Infant-Toddler Observation Documentation

Date of Observation _____5/10/07_____ Day ______Thurs______ Time _____4:30_____
Child’s Initials ______MS________
Child’s Name ______Maria________ Child’s DOB _____1/4/06_______ Age ______16 mon____
Observer’s Name _______Abby________ Observer’s Role ______teacher________
Location of Observation __________________________
Adult or other children in the observation by order of appearance (note initials):
1 ______YM_________ 2 ______LT__________ 3 _______RJ__adult______ 4 ___________

What do you see?

RJ approaches Maria as she is waking up from nap on cot.

Maria is crying

RJ asks Maria why she is crying

RJ takes Maria to changing table to change her.

She needs to completely undress her. Meanwhile LT wakes up crying.

RJ puts Maria down on the floor and tells her to go get a book

RJ goes to LT

Maria lies on the floor and starts crying and then escalates to tantrum

RJ lets her lie on the floor and tells her she had her turn to sleep

She tells Maria she needs to take care of LT

Maria kicks the cot YM is lying on until she wakes

She winds down

She pulls YM’s blanket off his cot and when he reaches for it she bites his arm. RJ picks up YM and tells Maria she cannot bite.
Sample Infant-Toddler Behavior Review

Child’s Name: Maria

Date of Birth
Age

Review Contributors

Date of Review

1. What is the behavior of concern?

Biting, hitting, tantrums, possible delayed language skills

2. What happens? What are the frequency, intensity and duration of the behavior?

Bites and hits several times a day; bites and hits caregivers and other children; biting and hitting is severe (leaves marks and bruises on others and frequent (multiple times a day); tantrums occur multiple times a day and are of long duration (approx. 30 minutes)

3. When does it happen? Consider writing out daily schedule.

Frequently:
when she wants to play with toys or other children
When caregivers try to intervene
*(need more specificity from staff/ a chart of times/daily schedule noting occurrences would be useful) (consider this as part of Action Support Plan)

4. Where does it happen?

@ child care center
Not at home

5. With whom does it happen?

Other children and caregivers @ child care center

6. How long has the concerning behavior been going on?

Foster mother reports the behavior was not happening in previous care center
We don’t know much about previous care arrangements or other environments
Behavior has been occurring since the beginning of starting this class in this center (2 weeks)
7. Have there been any changes and/or concerns in the home, child care, or other significant relationships and/or environments?

Moved to foster home (3 weeks prior)
Began new center/class (2 weeks prior)
Abuse/neglect issues
Drug dealing
No contact with siblings (3 weeks)

8. Has the child had a recent physical? Are there any physical/medical concerns?

We don’t know this information from the scenario. **This would be part of a Action/Support Plan.

9. What happens before the behavior occurs?

She wants to play with toys or engage other children
caregivers try to intervene, make a request, or give a direction
she is upset
*(need more specificity from staff/ a chart of times/daily schedule noting occurrences would be useful) (consider this as part of Action Support Plan)

10. What happens after the behavior occurs?

Maria often tantrums after being redirected or after an incident
Maria is hard to console
Eventually she calms down and is able to be distracted and engaged in an activity

11. What are some the child’s strengths? What does the child like?

Interested in toys and engaging others
Expresses self
Smiles
Enjoys her doll and blanket

12. How does the parent/family feel about the behavior?

Worried, concerned, frustrated, unsure what to do, overwhelmed, incompetent

13. How does the caregiver feel about the behavior?

Similar to parent’s feelings; worried, frustrated, concerned, overwhelmed, incompetent,

14. What are some of the parent/family strengths?

Caring, concerned and committed foster mother
Foster mother spoke with pediatrician
Foster mother is engaged and willing to meet and share information with team

15. What are some of the caregiver/teachers/staff strengths?

We don’t know much about this, however, we do know the teacher has done some observation and demonstrates concern.
Sample Infant-Toddler Behavior Review

Child’s Name: _____ Maria ______ Date of Birth ________ Age _________

Review Contributors Date of Review ______________________

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

**Behavior Hypothesis (the meaning of the behavior):**

*Maria seems to have difficulty expressing her emotions appropriately. She may not have the skills to express her feelings in different ways.*

*Maria has experienced many changes recently (as well as possible traumatic events) she may be feeling sad, insecure, scared, overwhelmed, etc.)*

*Maria may benefit from a predictable, close secure relationship with others, however, she has difficulty being able to engage in relationships.*

<table>
<thead>
<tr>
<th>Skill to Develop</th>
<th>Strategy to Support Development</th>
<th>Person Responsible</th>
<th>When</th>
</tr>
</thead>
</table>
| Communicate needs and feelings | • Teach a few sign language words  
• Monitor and possibly refer for speech/ lang. assessment  
• Acknowledge and reinforce when Maria uses gestures and appropriate social skills e.g. points to toy; waits for a turn; | Lead teacher  
Center Director  
Both teachers and parent | During one-on-one time after drop off  
Within 30 days (date)  
Throughout the day |
| Communicate needs and feelings | Increase Feelings of Security and Safety Through Nurturing Relationships  
• Reduce number of caregivers  
• Spend extra one on one time with the primary caregiver  
• Increase positive attention  
• Use transitional objects for soothing e.g. doll and blanket | Center Director and Parent  
Lead/primary teacher | Immediately  
After drop off in the AM  
When Maria is upset and when she is rocked and/or put to sleep use her objects |
<table>
<thead>
<tr>
<th>Concerning Behavior</th>
<th>Response</th>
<th>Person Responsible</th>
<th>When</th>
</tr>
</thead>
</table>
| Biting              | • Shadow (one-to one monitoring and observation as much as possible)  
                      • Consistent words ("No Biting")  
                      • Offer substitute behavior ("You can bite an apple") | Lead teacher | As often as possible  
                                When biting is attempted |
| Hitting             | • Use consistent words, “No hitting”  
                      “Gentle touch”  
                      • Show how to touch softly and gently  
                      • Offer specific praise for using gestures, playing near a peer safely, giving up a toy, following teachers directions (e.g. "you sat down when I asked you to. You are really listening!") | Both teachers  
                                Both teachers | When hitting is attempted  
                                Throughout the day as well as when hitting is attempted  
                                Throughout the day Tantrums |
| Tantrums            | • Time and track tantrums  
                      • Stay near during tantrums as much as possible  
                      • Offer comfort and/or frequent check in ("I’m here. I’m staying nearby)  
                      • Name feelings being exhibited ("You are SO MAD!")  
                      • Validate desire ("You really wanted that toy") | Both teachers  
                                Primary lead teacher as much as possible  
                                When tantrums occur | When tantrums occur |

On a scale of 1 to 10, how would you rate the child’s behavior?

1  2  3  4  5  6  7  8  9  10

Parent Signature______________________________
16. What is the child communicating that he wants or needs? What is the purpose of the child’s behavior?

Maria seems to have difficulty expressing her emotions appropriately. She may not have the skills to express her feelings in different ways. Maria has experienced many changes recently (as well as possible traumatic events) she may be feeling sad, insecure, scared, overwhelmed, etc.) Maria may benefit from a predictable, close secure relationship with others, however, she has difficulty being able to engage in relationships.

17. What might be the child’s experience?

Not secure, frustrated, uncertain, unsure, unpredictable, scared, overwhelmed, not belonging/missing close relationships; longing for attachment

18. What does the parent or the caregiver want? What does the parent or caregiver want the child to do?

Stop biting, stop or reduce severity of tantrums, stop hitting, improve language skills and ability express feelings, needs, and wants

19. What does the parent or the caregiver want the child to feel?

We don’t know from the scenario, we could guess she would want Maria to feel secure, competent, confident, able to get her needs met appropriately, have positive relationships

20. What strategies have already been tried?

We don’t know from the case study

21. What can the caregiver do to feel better?

Use reflection to think about how Maria’s behavior impacts the teacher’s own feelings
Follow and stick to a plan of action to support Maria
Seek out colleagues and/or a supervisor to share concerns, reflections, and gain new ideas and perspectives
Take care of self (e.g. engage in self care strategies such as sleep, drink water, exercise, etc.)
Planning for Change

What resources do you need?

What steps will you take to gain confidence in other areas?

In which parts of the Pyramid, Module 3, do you feel most confident in as a caregiver? List three things you will do as you consider ways to create supportive plans for individual children.
Module 3
Session Evaluation Form

Please take a moment to provide feedback on the training that you received. Check the box that corresponds in your opinion to each statement or check N/A if not applicable. Please add any additional comments that you may have at the bottom of the page. When the survey is completed, leave it with your trainer.

Location: _______________________________ Date: _______________________________

Program Affiliation (check one):
☐ Head Start    ☐ Early Head Start    ☐ Child Care    ☐ Other (please list)

Position (check one):
☐ Administrator    ☐ Education Coordinator    ☐ Disability Coordinator    ☐ Mental Health Consultant
☐ Teacher    ☐ Teacher Assistant    ☐ Other (please list) _______________________________

<table>
<thead>
<tr>
<th>Please put an “X” in the box that best describes your opinion as a result of attending this training…</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) I can describe the relationship between behavior and the communication of distress for infants and toddlers.</td>
<td></td>
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<td>(2) I can identify the characteristics of challenging behavior for infants and toddlers.</td>
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<tr>
<td>(3) I can describe the key elements of a process for understanding behavior that is confusing or may be disruptive of social emotional development.</td>
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<tr>
<td>(4) Identify key steps to developing an individual support plan for an infant or toddler.</td>
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</table>

Please respond to the following questions regarding this training:

(8) The best features of this training session were…. 

(9) My suggestions for improvement are…

(10) Other comments and reactions I wish to offer (please use the back of this form for extra space):
Leadership Strategies
for Supporting Children’s Social Emotional Development and Addressing Challenging Behavior

Barbara J. Smith, Ph.D., University of Colorado at Denver and Health Sciences Center
Jaqueline L. Dempsey, Ph.D., Pittsburgh, PA
Beth Rous, Ed.D., University of Kentucky
Philip Printz, Ph.D., Education Development Center

The Center on the Social and Emotional Foundations for Early Learning
Child Care Bureau
Head Start Bureau
Learner Objectives

- Participants will describe an evidence based framework for addressing social emotional development and challenging behavior.
- Participants will identify strategies to address common barriers to evidence based practices.
- Participants will identify effective leadership strategies including collaborative planning, program-wide planning, and professional development.
- Participants will apply collaborative action planning strategies for improving children’s social emotional and behavioral outcomes.

Suggested Agenda

I. Introduction to Topic 45 min.
II. Evidence based Practice & Resources 30 min.
III. The Pyramid Approach 15 min.
IV. Inventory of Practices and Activity 60 min.
VI. Role of Program Administrators 30 min.
VII. Evidence based Leadership Strategies 90 min.
   • Collaborative Action Planning
   • Enhancing Knowledge and Skills
VIII. Three Levels of Change: Child, Program, System 60 min.
IX. Summary/Optional Take-Home Activity 30 min.
Materials Needed

- Agenda
- PowerPoint
- 4 signs for 4 walls of room: “Knowledge & Skills of Professionals & Parents;”
  “Beliefs & Attitudes;” “Collaboration & Coordination;” “Other”
- Copies of the Reflection on Concerns and Vision questionnaire from the workbook (Handout 4.2) (for all participants)

Handouts

- 4.1 Participants’ PowerPoint Slides
- 4.2 Participants’ Workbook
- 4.3 Linking Social Development and Behavior to School Readiness
- 4.4 Facts about Young Children with Challenging Behaviors
- 4.5 Program Practices for Promoting the Social Development of Young Children and Addressing Challenging Behavior
- 4.6 Supporting Infants and Toddlers with Challenging Behavior
- 4.7 *Young Children* article, The Teaching Pyramid: A Model for Supporting Social Competence and Preventing Challenging Behaviors in Young Children
- 4.8 Inventory of Practices for Promoting Children’s Social Emotional Competence
- 4.9 DEC Concept Paper on the Identification of and Intervention with Challenging Behavior
- 4.10 Administrator’s Essentials
- 4.11 Resources for Leadership Strategies
- 4.12 Collaborative Planning Model for Program Improvement and Systems Change
- 4.13 Strategies for Transfer of Quality Practices
- 4.SE Session Evaluation Form
I. Introduction to Topic (45 minutes)

Slide 1. As the participants enter the room, give them a copy of the Reflection on Concerns and Vision Questionnaire, which is in the “Participants’ Workbook” (Handout 4.2), and ask them to complete the reflective questionnaire before the session begins.

Slide 2. As you begin the session, welcome everyone to the session (title), introduce the speakers, and say that the participants will be introducing themselves in a few minutes in conjunction with an activity.

Thank everyone for completing the questionnaire and tell them they can keep the questionnaire. Explain that this exercise was designed to help them quiet their busy minds and to take advantage of the luxury they have today to focus on one topic—supporting children’s social emotional development and preventing challenging behaviors—rather than on the myriad of other issues program leaders must deal with daily.

Point out to participants that they can use the Participants’ PowerPoint slides (Handout 4.1) to take notes.

Slide 3. Read the purposes of the workshop.

Go through all the workshop materials to familiarize the participants with them. Pay particular attention to those they will be using during the workshop: Participants’ Workbook, Young Children article, “Inventory of Practices for Promoting Children’s Social Emotional Competence,” and the “Collaborative Planning Model.”

Slide 4. Review the Learner Objectives.

• Describe an evidence based framework for addressing social emotional development and challenging behavior.
• Identify strategies to address common barriers to evidence based practices.
• Identify effective leadership strategies including collaborative planning, program-wide planning, and professional development.
• Apply collaborative action planning strategies for improving children’s social emotional and behavioral outcomes.

Slide 5. Go over the agenda and ask if there are any concerns or suggestions. Suggest that questions be asked throughout the session so that they can be addressed at the time they come up.

Slide 6. Activity: Have signs in four places in the room: “Knowledge and Skills of Professionals and Parents;” “Collaboration and Coordination;” “Beliefs and Attitudes;” “Other.” Ask the participants to stand by the sign that represents what they think is the biggest barrier to effectively addressing social development and challenging behavior in young children. Once there, ask them to discuss the issue with the others there.

Once they have spent 5 minutes talking, ask them to introduce themselves, their “role” (teacher, administrator, parent, etc.), and their agency to the larger group. Ask for one person at the sign to summarize their discussion. Then ask everyone to go back to their seat.

Slides 7-16. Sobering Facts. A review of the literature conducted by staff from the Center for Evidence-Based Practices: Young Children with Challenging Behaviors (CEBP) reveals some startling research. This research illustrates the critical importance of leaders ensuring that there is a primary focus on promoting healthy social emotional development in young children. Note that these slides are excerpted from a larger PowerPoint presentation by Timm and Fox, available at the CEBP Web site: www.challengingbehavior.org.
II. Evidence based Practice & Resources

(30 minutes)

17 Evidence-Based Practice: A Definition

Evidence-based practice refers to the use of interventions and practices that have research documenting their effectiveness. The implementation of evidence-based practices results in effective outcomes for young children that are based on research demonstrating what works. These practices have helped young children’s development in outcome studies that have been replicated studies.

19 What does “Evidence-Based Practice” Mean?

• Evidence: the data on which a conclusion or judgment may be based (Webster’s 3rd New College Dictionary/1990)
• Proven to work

20 What does “Evidence-Based Practice” Mean?

• Levels of evidence or levels of confidence that the practice will have the desired outcome
• Peer-reviewed published research findings
• Published syntheses of research
• Multi-authored position papers
• Consensus/values
• Opinion, etc. (low evidence)

21 Effective Practices

• Strengthening behavior and academic skills
• Providing a high program quality
• Using strategies such as establishing challenging tasks, implementing effective teacher-child relationships; and increasing positive adult-child interaction
• Teaching positive social behaviors
• Encouraging children to engage with others to encourage social and emotional development
• Training parents in skills, such as how to support and interact with their children
• Increasing social and emotional skills
• Using positive behavior support

22 What Are Evidence-Based Practices? (Examples)

• Positive behavior support
• Inclusive education
• Parent training
• Early intervention services
• Special education services

23 Evidence-Based Practices: Resources

• The Evidence for Effective Practices: Young Children with Challenging Behavior (Strain, Young, & Strain, 2006)
• What Works for Children with Behavioral and Emotional Problems? (Strain, Himle, & Young, 2006)
• Center for Evidence-Based Practice: Young Children with Behavioral and Emotional Problems (http://www.cebp.org/index.html)

II. Evidence based Practice & Resources (30 minutes)

Slides 17-19. Evidence Based Practice: Definition—

There are numerous approaches to children’s mental health or social emotional and behavioral development. However, to be a good consumer and to help ensure that children receive the best services and that resources are being used wisely, program leaders need to be able to select those that have evidence that they work.

Show the definition of evidence based practice, invite discussion around the concept of “evidence based” practices and the importance of promoting these effective practices in our programs to ensure that children are getting proven interventions and methods.

Slide 20. Review the different levels or types of evidence.

• Peer-reviewed published research findings (high evidence)
• Published synthesis of research
• Multi-authored position papers
• Government reports
• Consensus/values
• Opinion, etc. (low evidence)

Ask how program leaders use this framework of levels of evidence in supporting staff in their work supporting young children’s learning and development?

Slides 21-22. Share Handouts 4.3, 4.4, 4.5, and 4.6. These handouts highlight the impact of using interventions that are proven to be effective and the positive outcomes that can result from high-quality interventions.

Slide 23. Show the Web sites of the two national centers that provide information on evidence based practices related to young children’s social emotional development and challenging behavior (CSEFEL and CEBP). CEBP (Center for Evidence-Based Practice: Young Children with Challenging Behavior) has synthesized the research on evidence based practices in services, systems, and service utilization, and they are on the Web site: www.challengingbehavior.org.
Slide 24. Discuss the challenges that focus groups described in providing effective services to young children. These are described in the “Participants’ Workbook” (Handout 4.2).

Focus groups of administrators, teachers, family members, and training and technical assistance (T/TA) providers were held to find out what the challenges are to providing evidence based services to young children and what some strategies might be to overcome these challenges. Discuss the summaries of the focus group findings and the general categories of challenges on Slide 24.

a. Lack of knowledge of evidence based practices; where to get this information; and how to ensure that trainers, consultants, and supervisors are providing information and guidance that is based on evidence that the practice works.

b. Beliefs/attitudes about children, behavior, their families, and attitudes about philosophies and certain practices.

c. Lack of collaboration within programs, with families, and within the community, including the need for all stakeholders to be involved in decision making about practices, procedures, and individual child planning (e.g., families, teachers, administrators); as well as the need to collaborate at the community-wide level to address evidence based practices, fill in gaps in services, reduce duplication, and share limited resources such as shared training events, etc.

d. Lack of adequate fiscal resources and procedures, such as not enough money for on-site technical assistance (TA) or providing substitute teachers while staff go to training; fiscal procedures such as insurance or medicaid reimbursement procedures that do not allow for adequate service or family support approaches.

We will offer leadership strategies for addressing the first three...we all need more money and it’s beyond the scope of this workshop, so we won’t be directly addressing the fourth!
III. The Pyramid Approach (15 minutes)

Slides 25–26. Explain that the “Teaching Pyramid” is the framework guiding the work of the center: promotion of social emotional development in all children, prevention of challenging behavior, and intervention with persistent and serious challenging behavior.

Ask them to look over the Young Children article for 5 minutes (Handout 4.7). Ask a few participants to share a few key highlights that they saw in the article (chart responses).

Talk about the pyramid as it relates to promoting social emotional competence.

Promoting positive relationships (promotion) can be a form of prevention along with classroom preventive strategies. Social emotional teaching strategies (both prevention and intervention) are required for children to understand the behaviors necessary for healthy interactions. Individualized intensive interventions will only be needed by a smaller number of children if the base of the pyramid is present. Remember that adult behaviors impact the behaviors of the children. If adults use proven approaches, the behaviors of the children will be more positive (there will be fewer children at the top of the pyramid). If the adult behaviors are not effective, the behaviors of the children will become more challenging, requiring more intensive interventions.

Refer to the importance for early childhood programs to have a continuum of approaches from promoting social emotional well-being and building positive relationships in all the children to intensive interventions for a few.

Ask for discussion about how people either are or could embed this framework into their program. (Note: CSEFEL Modules 1, 2, 3a, and 3b address all of these levels.)
IV. Inventory of Practices and Activity (60 minutes)

Slide 27. Refer to the Inventory of Practices for Promoting Children’s Social Emotional Competence in their materials (Handout 4.8). The Inventory of Practices is a set of evidence based practices and was designed to be used by either individuals or by teams to help them reflect on their practice.

Discuss how the Inventory is associated with the Teaching Pyramid. Go over the notion of thinking about the practices in the program from universal (for all children and families) to intensive interventions (for only a few).

Slide 28. Discuss the Action Plan section of the Inventory and talk about how the second column asks for strategies, including those that would support others in their use of the practices. The last column (Supports and resources needed to accomplish these activities) would include leadership supports like staff development, help with getting information on evidence based practices, etc. Ask for discussion about further ways leadership can support the acquisition and use by program staff of these practices. (Note: many program leaders have found it more effective to break up the Inventory to look at smaller pieces at a time.)

Slide 29. Activity. Using the ACTION PLAN section of the Inventory, assign a group of practices to each table (no more than four or five in one category—but be sure all categories are addressed). Ask them to note the leadership strategies in the second column and the leadership supports in the last column that could support the acquisition and use of the practices by program staff and parents.
Module 4

Leadership Strategies

Tell them that, at the end of the activity, team spokespeople will be asked to: (1) describe the practices they were assigned, (2) the level of the Teaching Pyramid the practices relate to, and (3) share their ideas about leadership strategies and support related to the use of the practices by staff and parents. They can use the flip charts for their reports.

V. What Is Challenging Behavior? (30 minutes)

Slide 30. A key point in defining challenging behavior is that different adults find different behaviors “challenging” depending on their own experiences, culture, and expectations. Thus it is important for adults to explore their own feelings about behavior.

Note that all children exhibit challenging behavior at some time. Children who need the “Intensive Individualized Interventions” are children who have severe and persistent challenging behavior.

Slide 31. Children needing intensive individualized intervention are those who exhibit a “repeated pattern or perception of behavior that interferes with or is at risk of interfering with optimal learning or engagement in prosocial interactions with peers and adults that is persistent or unresponsive to evidence-based approaches. Challenging behavior is thus defined on the basis of its effects.”

In this way, challenging behavior is defined on the basis of its effects.

Point out that a key component in a working definition should be that the child is not blamed, and the focus should be on the effect of the behavior on learning and social development. Discuss the definition and the DEC Concept Paper, which is included in Handout 4.9.

Discuss the descriptors of serious challenging behaviors. Stress the fact that children who are withdrawn or isolated are also included and are often overlooked by the systems that should serve them. Leaders should make every effort to identify and serve this group.
Slide 32. Several examples of challenging behavior include the following:

- Physical and Verbal Aggression
- Noncompliance/Defiance
- Self-Injury
- Disruptive vocal/motor responses (screaming, stereotypic behavior)
- Destruction of property
- Withdrawal

Again, we are talking about children who have severe and persistent behavior, not simply a child who occasionally has one of these behaviors.

Slide 33. For infants and toddlers, these behaviors may include:

- Attachment difficulties
- Sleeping/eating difficulties
- Excessive crying
- Difficulty in soothing

Importantly, the evidence based strategies that are used with older toddlers and preschoolers are not the same as those used with infants and young toddlers. It is important that you consider the developmental levels of the children prior to selecting intervention approaches.

Slide 34. Young children need help when they have persistent and severe behaviors that

- Result in self-injury or injury to others
- Cause damage to the physical environment
- Interfere with the acquisition of new skills
- And/or socially isolate the child

We know that these serious behaviors seldom resolve themselves without systematic intervention. Additionally, if support is not provided to children with challenging behaviors, there is a great likelihood that they will progress through a predictable course of ever-escalating challenging behaviors.
While the estimate of prevalence of children who require focused interventions varies across studies, if effective prevention and promotion strategies are in place, we would generally expect that between 1 – 10% of children in a typical early childhood classroom may have significant and persistent challenging behaviors. For environments that have children with greater risk factors, this number may be higher. In general, though, there should not be more than one or two children in a typical classroom who would require this type of intervention. In many instances when there are higher percentages of children exhibiting challenging behaviors, it is the result of a lack of quality in the environment or lack of systematic teaching of social emotional skills.

The Promise: We do have evidence based practices. We know:
- Earlier is better
- Support for parents matters
- High-quality environments are key
- A comprehensive approach is necessary
- Behavior consultation makes a difference
- Parents and teachers can implement the practices in natural settings

The Challenge:
- How do we ensure that effective practices are accessible to all children and families?
- How do we build systems within programs and communities such that teachers and families have the support they need to implement the practices?

The remainder of this training is focused on helping us, as leaders in early childhood, address the challenges.
VI. Role of Program Administrators (30 minutes)

Slides 38-39. Read the following quotes about the link between administrative infrastructure, high-quality (evidence based) practices, and child and family outcomes:

“…an adequate infrastructure increases the likelihood that recommended practices will be used to deliver services and supports to young children and their families…”

“…When quality [evidence based] practices are used consistently it is more likely that children and their families will experience positive outcomes.”

“…The interdependent relationships between structure, services, supports, and outcomes are consistent with ecological theories of development…these theories suggest that the child’s development is influenced not only by the family, neighborhood, subculture, and community, but by the systems of services and supports that serve them as well.”

Ask the group why and how they think child and family outcomes are affected by the program’s administrative policies and procedures.

Slide 40. For teachers to provide evidence based direct services to children, administrators must provide the infrastructure or “indirect supports” like training and good working conditions. Other “indirect supports” like administrative policies and training are essential to implementing “direct-services” (teaching, therapies, etc.).

Ask for other examples of an “indirect support” and “direct service.” Continue the discussion about these important links. If the participants don’t mention these, make sure you cover the following points. The ability of direct service personnel to provide high-quality, evidence based practices is driven by:

- the vision of the leadership;
- the training, technical assistance, coaching, and supervision provided for staff;
- how the programs resources are used;
- their job descriptions (e.g., the job descriptions include time for planning and collaboration, etc.).
Slide 41. Additionally, leaders must be well trained in early childhood and in supervision or administration. The Division for Early Childhood (DEC) included this requirement in the DEC Recommended Practices in Early Intervention/Early Childhood Special Education (see Handout 4.10— Administrator’s Essentials), and the National Association for the Education of Young Children (NAEYC) has included key administrator competencies in their new program accreditation criteria (www.NAEYC.org). Both of these sets of recommendations are evidence based.

Slide 42. Kouzes and Posner suggest five key practices of Exemplary Leadership:

- Model the way
- Inspire a shared vision
- Challenge the process
- Enable others to act
- Encourage the heart

Ask the participants what each of these means to them.

Slide 43. Research on leadership describes the following roles of effective program leadership:

- Provide leadership and vision
- Ensure compliance with requirements
- Ensure child well-being and progress
- Resource deployment/budgeting
- Provide support staff knowledge and skills
- Collaborative leadership and planning

Ask if there are other key roles participants would add for program leadership.

VII. Evidence based Leadership Strategies (90 minutes)

Slide 44. There is a clear link between the program leader’s role and high-quality programs that utilize evidence based practices to support children’s social emotional development and prevent challenging behavior. Next, we are going to discuss the areas of:

- Leadership and Vision
- Collaborative Leadership and Planning
- Supporting Knowledge and Skills
Slide 45. Discuss providing leadership and vision. Ask participants how effective leaders that they have known provide leadership and vision related to supporting children’s social emotional development and challenging behavior. (chart responses)

Slide 46. Review the “Administrator’s Essentials” checklist (Handout 4.10). This checklist is drawn from the DEC Recommended Practices (Sandall et al., 2005), which is a set of recommended practices drawn from a synthesis of the research literature as well as focus groups of parents, teachers, administrators, and researchers. Although the checklist focuses on early intervention and early childhood special education, it encompasses the role of the administrator in any early childhood program that is striving to be evidence based and provide high-quality services. This checklist is free from the DEC Web site (www.dec-sped.org), which is on the List of Resources.

Slide 47. ACTIVITY: assign a set of practices from the “Administrator’s Checklist” and a different color marker to each table. Ask participants to write on the flip chart with that color marker (1) what the set of practices means and (2) ideas for how to use the practices in their programs to promote social emotional development and prevent and/or address challenging behavior (10 minutes).

Then do a “round robin”— have each group move to the next flip chart and using the color marker they started with, add to the original notes on the flip chart. Do this for 5 minutes. Repeat this until all groups have worked on all flip charts for 5 minutes each. When each group has returned to its original flip chart, ask for one person to report to the group what is now on the chart (total time for this activity is approximately 45 minutes).

The remainder of the workshop will focus on evidence based leadership practices for addressing challenges, particularly those related to collaborative leadership and knowledge and skills.
Module 4

Leadership Strategies

Slides 48-50. The “Collaborative Planning Model” is based on over 15 years of work with programs and communities and on the literature on effective program improvement. There is a wealth of literature from business, school reform, and children’s services about the effectiveness of collaborative planning. Collaborative planning and decision making mean involving people who will be affected by a change in a policy, procedure, or practice in the planning of that change. Involving these “stakeholders” results in their valuable input and ideas and therefore a better plan, and it results in their feeling ownership of the plan and change. Thus, there is a better plan, implementation, and results, and there is less resistance. The Collaborative Planning Model has been used with local programs and community teams in several states and communities to develop better services for young children and families (see Hayden, Frederick, and Smith, 2003, on the List of Resources, Handout 4.11).

Review with the group the steps of the “Collaborative Planning Model” (Handout 4.12), explaining each step that is in the handout on the model. It is important to go over each step.

Steps to the Collaborative Planning Model:

1. Make the commitment and provide leadership for collaborative decision making.
2. Share decision making with a team of stakeholders (staff, families, other agencies, consultants, etc.) to build commitment.
3. Build a vision with the stakeholder team related to supporting children’s social emotional development and addressing challenging behavior through evidence-based practices.
4. Identify challenges to the vision with the team (beliefs, policies, systems, knowledge/skills).
5. Engage in action planning with the team to address the challenges.
6. Cultivate leadership and risk taking.
7. Continue to build and expand the commitment through incentives, recognition, T/TA, fiscal, and other resources.
8. Continuously evaluate the process and the outcomes of the collaboration and action planning.

Put up Slides 51-52. Talk about the action planning steps and the materials in the “Participants’ Workbook” related to action planning. (Handout 4.2).

- Follow steps of the Collaborative Planning Model (commitment, team, vision, etc.).
- Develop team definitions and philosophy (Evidence based, Promotion, Prevention, Intervention, etc.).
- Brainstorm the statement: “We’d like to use evidence-based practices to promote social emotional development and address challenging behavior, but…
- List the challenges that emerge from brainstorming.
- Transfer to Action Planning Form.
- If a challenge is believed to be a written policy or procedure…GET A COPY! Don’t believe it ‘til you see it!

It has been our experience that in nearly all cases where a policy was thought to be a challenge, once the planning group obtained a written copy of the policy itself, it was more flexible than they had thought and, therefore, was not the challenge. Rather, the perception of the policy was the challenge. Therefore, do not rely on someone else’s interpretation of a policy; they may have never read it!

Review each step. Talk about the importance of the stakeholder team brainstorming the suggested statement then transferring the selected barrier or challenge to the Action Planning Form.

Slide 53. The stakeholder team would then brainstorm the question “We could remedy this challenge by...” and write the strategy on the Action Planning form.

Identifying strategies will include establishing criteria for trying possible strategies (like timeliness, cost, etc.).
Slide 54. Go over the components of the Action Planning Form. There are forms and instructions in the “Participants’ Workbook” (Handout 4.2).

The Action Planning form is designed to serve as a meeting agenda as well—that way every meeting of the team is focused on the action plan and progress on it.

Slide 55. Discuss the definition of professional development: Experiences designed to develop new knowledge, skills, and behaviors that are expected to be applied immediately on the job.

And discuss the purpose of professional development: change in behavior in the work environment.

Slide 56. Many current methods of staff development rely heavily on staff attending one-day training sessions. Discuss how the participants think these training sessions alone impact job performance.

Talk about the other methods mentioned (coaching, mentoring, supervision, etc.). Discuss the potential impact on job performance of these methods (Handout 4.13).

Slide 57. What is transfer of learning?

For behavior to change in the work environment, transfer of learning has to take place. Ask participants how they would describe transfer of learning.

Restate the goal—For the knowledge/competencies learned during the professional development experience to transfer back to the work environment so that a change of behavior can take place and lead to good-quality practices for children and families.

The key point of the definition is that learning is applied over time. Learning is not just tried out but is applied.
Slide 58. Discuss this statistic:

“While American industries annually spend up to $100 billion on training and development, not more than 10% of these expenditures actually result in transfer to the job.”

(Transfer of Training: A Review and Directions for Future Research in Personnel Psychology, 1988, 31, pg. 63)

Ask the participants if they think that about 10% of the current staff development activities they offer to their staff results in behavior change in practice. Is this number high or low? Talk about the “return for the dollar” being actualized in their budgets for training.

Slide 59. Discuss Transfer Strategies. Point out that there’s a lot involved in transfer. There are five basic ways to promote this, and we’re going to talk about each one. You can facilitate the transfer of learning if you:

1. Match professional development activities to the needs of your staff.
2. Communicate the importance and relevance of the activity to their jobs AND what you expect from staff after they complete the activity.
3. Help staff prepare for the professional development activity.
5. Give recognition to employees who do apply what they learned.

Slide 60. In order to match professional development to the needs of staff, you need to do two things.

The first is identifying the needs of your staff, and the second is insuring that staff choose relevant professional development activities that will address the identified needs.

Let’s talk about identifying needs first.
- We’ve already talked about the importance of conducting a staff needs assessment to identify opportunities for growth, such as the Inventory.
- It’s also important that you help trainers/instructors design their training to meet the needs of staff.
• When you contact a trainer about training your staff, be as specific as possible, i.e., what knowledge and skills do you want staff to have when they complete the training, and how will they use it in their work environment. You can use the specific practices from the Inventory. Tell them what’s going on in your program.
• You can also offer to help the trainer design “real-life work-related” scenarios, examples, etc.

Once you’ve worked with your staff to identify training needs, you need to insure that staff attends training that will address the identified training needs and that training is evidence based! How can you use the Inventory of Practice (Handout 4.8) in these steps?

Slide 61. When staff do attend training, you need to make sure that they attend relevant and appropriate trainings. There are several things you can do:

• Unfortunately, workshop titles don’t always tell you exactly what will be covered during a specific workshop. So the first step in selecting relevant training is to find out more about specific workshops; e.g., what is the actual content, what is the evidence that the knowledge/practices will have the intended effects on children’s social emotional and behavioral development?

• Then, select training that addresses the gaps you identified during the needs assessment. If it isn’t offered, let training organizations know what your staff needs as well as your expectation that it be evidence based.

Address the issue of sending all staff to the same training (e.g., school-age teacher to an infant/toddler training).

Research tells us that staff become more motivated about training they choose rather than training they are told to attend.

Instead of telling staff what training they will attend, whenever possible, allow staff to select training based on the needs they’ve identified and the evidence base of the practices to be covered. OR offer staff choices of relevant training and allow them to select from these choices.
It is also important to consider sending staff that work together to training together (to support each other when they come back). But this doesn’t mean to send ALL staff to the same training if it is not appropriate.

**Slide 62.** Communicate two things to your staff about training:
1. Importance and relevance of training to their job and the children they teach, and
2. Your expectations of staff when they return from training.

You can help staff see the importance and relevance of training by expressing your expectations during interviews, writing expectations as part of the job descriptions, including them in staff orientations, and requiring written professional development plans.

**Slide 63.** Help staff prepare for learning experiences.
The more that staff members think about what they want to get out of a training BEFORE they attend, the more likely they are to apply what they learn.

- **Set training goals** (included in professional development plans): Encourage staff to think about what he/she expects to learn and how this will be applied.
- **Complete pre-training activities:** Trainers are being encouraged to send trainees pre-training activities. Do you ever see something like that before a training?—something designed to get trainees to think about the training content before they arrive (e.g., something to read—director could have file on subject to share with trainees, etc.). Information that describes the evidence that the practice works?
- **Explore content before the training:** If the trainer doesn’t send a pre-training assignment, develop one yourself. Find a short article on the topic, ask staff to research topic on the Internet, etc.
- **Identify a follow-up activity:** Identify an activity the employee can undertake as a result of what he/she learns during training.
The most effective way to do any or all of these things is to conduct a pre-training meeting with staff. Staff members clearly need to understand you expect them to transfer what they’ve learned to the work environment. You can develop a pre-training plan as part of a professional development plan.

**Slide 64. Support application of new knowledge.**
Conduct post-training meetings:
- Help staff develop an individual action plan or post-training plan, and monitor progress—collect data on implementation and effect on child progress.
- Modify the work environment to support application.
- Provide opportunities to practice new skills.

**Slide 65. Give examples of points on the slide:**
- Provide resources needed for application: release time, funding, use of computer, samples.
- Schedule trainee briefings for co-workers: staff meetings, write abstracts, team practice.
- Support the use of job aids: pre-training plans, post-training action plan, articles to read, pre-training assessment/questionnaire.
- Coaching/mentoring—note that you will talk about this in a few minutes.

What other supports can program leadership provide?

**Slide 66. Discuss the coaching process.**

**Planning Conference**—During a planning conference, the coach and staff person (1) discuss a new skill the teacher would like to become better at, (2) discuss the staff person’s plan for using the new skill, (3) make plans for the coach to observe the staff person using the new skill; and (4) discuss the exact kind of feedback the staff person wants from the coach.

**Observation/Teaching Performance**—Coach observes staff person using the new skill in the program, or staff person may observe the coach performing the skill.
Reflection Time—After the observation, both the coach and staff person individually take time to think about what was expected to happen and compare this to what actually happened—what they need to do differently and possible ways to deal with the discrepancy.

Debriefing Conference—During a debriefing conference, review what the coach observed (objectively) and the teacher’s thoughts about trying the new skill and any other issues surrounding the activity. Plan for any change to minimize discrepancies between planned behavior and actual behavior. Staff person makes decisions of what to do next and what he/she wants the coach to do. Staff person is an equal partner in deciding what he/she wants to develop and how he/she wants to develop desired behaviors.

Slide 67. Recognize staff. Research shows that employees are more likely to apply newly learned knowledge and skills if their director
1. establishes the expectation that employees are to use knowledge and skills learned in training and
2. acknowledges the employees’ use of the new knowledge/skill in a positive way.

Start by catching employees applying the knowledge/skills learned during training and letting him/her know that you have noticed and appreciate the desired behavior.

Then, to the extent possible, tie application of training to tangible benefits.

Brainstorm what some of these benefits might be and record them on a flip chart.

Administrators could tie these kinds of recognitions to the end of a review period (e.g., six-month or yearly review). Application of new skills could result in a pay increase, etc.

Does anyone do this now? Any questions?
Discuss four critical areas of evaluation.

Reaction
- What was the general reaction to the professional development activity?

Learning
- What did the staff member learn as a result of the event?

Behavior Change
- Did the activity result in a change in behavior within the classroom or program?

Results
- Did the activity result in positive outcomes for:
  - the program
  - the children
  - the families

Discuss each of the areas of evaluation (reaction, learning, behavior change, results).

Are you currently incorporating each of these into your evaluation system?

Rewarding employees for a job well done is important. There are many ways to do this, both formal and informal.

- Informal rewards
  - No-cost recognitions
  - Low-cost recognitions
  - Activities
  - Public recognitions/Social rewards
  - Communication
  - Time-off
  - Cash/cash substitutes/gift certificates

- Awards for specific achievements and activities
  - Outstanding employee awards
  - Quality awards
  - Employee suggestion awards
  - Customer service awards
  - Group/team awards
  - Attendance and safety awards
• Formal Awards  
  – Contests  
  – Field trips/special events/travel  
  – Education/personal growth/visibility

Talk about the various ways listed and consider how easy or difficult it might be to use them.

**Slide 72.** Discuss the Individual Growth Plan (in Participants’ Workbook—Handout 4.2). This form or something like it can be used as a professional development plan, it can include pre-training as well as post-training plans. The important thing is to be specific about the knowledge and skills to be acquired, how they will be learned, how the use of them will be evaluated, and the resources needed for the staff person to carry out the plan.

**Slide 73.** **ACTIVITY:** Give each table a challenge (see the challenges in the Participants’ Workbook Handout 4.2, p. 3/12) and ask them to complete the steps on the slide and to have someone report to the group if there is time.

Debrief: How did the form work for you? Was it useful? Did it seem easy to use? Was it practical?

**GROUP DISCUSSION:** Ask how all these leadership practices: Leadership, Vision, Collaborative Planning, Action Planning, and Supporting Knowledge and Skills can address attitude and belief barriers to effective practices related to children’s social emotional development and challenging behavior (refer to the attitude and belief barriers in the Participants’ Workbook, Handout 4.2, p. 4/12).
VIII. Three Levels of Change (60 minutes)

Slide 74. Other ways to approach implementing the pyramid conceptual framework can be seen by exploring three levels of promoting social emotional development and addressing challenging behavior: child level, program level, and community or system level.

Slide 75. Review the Teaching Pyramid again.

Slide 76. At the child level, we can collaborate with families and direct services staff and consultants to use evidence based practices in the program and at home. We can apply the Teaching Pyramid as we have discussed.

Slides 77—80. While individual teachers can and do make changes that affect children, it is far more effective to consider adopting the Teaching Pyramid “program-wide.” The next several slides describe strategies and steps that programs in several communities have used to implement the Teaching Pyramid and the promotion-to-intervention framework throughout their program.

Critical elements include:

- Identification of program-wide vision and expectations that are developmentally appropriate
- Strategies for embedding the pyramid approach (promotion, prevention, intervention) throughout the program
- Curriculum approaches that promote vision and expectations and acknowledge children’s achievement of the expectations
- Strategies for responding to challenging behavior
- Team-based, individualized approach for addressing ongoing challenging behavior
- Professional development plans
- Strategies for supporting teachers
- Process for monitoring outcomes—data collection

These strategies are developed collaboratively by a stakeholder team of leaders, direct service staff, families, and others that would be key to the success of the effort. The goal is for: all staff and families to know the behavioral expectations of the children and how the program (1) promotes prosocial behavior, (2) prevents challenging behavior, and (3) addresses challenging behavior through individualized intensive interventions.
Resources and supports are needed to make the approach successful. A key to success is a data system for monitoring outcomes (child behaviors, teacher and family satisfaction, etc.). Basically this process involves applying the pyramid, the staff development/supervision/evaluation, and collaborative planning throughout the program rather than focusing on isolated problems.

Discuss how buy-in from various staff might be garnered.

Stress that successful achievement of these elements can only occur through an ongoing process and not a one-day training. Further, various planning activities for individualized approaches, staff support, and monitoring outcomes require a serious commitment, rooted not only in training and practice but also in policy.

**Slide 81.** The next series of slides describe the steps used by one program in Kansas to adopt the Teaching Pyramid throughout its program.

**Slide 82.** The Southeast Kansas Community Action Program (SEK-CAP) Head Start program began implementing the Teaching Pyramid with some level of exposure to behavior management techniques. Even with this background, the Head Start staff reported:

- leaving work in tears
- inability to deal with all children
- high levels of stress and burnout
- looking to outside “experts” to solve problems in the classroom

**Slide 83.** The administration made a commitment to a program-wide adoption of the Teaching Pyramid and the use of data-based planning. To pull the pieces together, they also realized they would need not only a commitment from all levels of leadership, but also a commitment of resources, a commitment to ongoing staff development, and a commitment to the process of shared decision making across all members of the staff and families.

**Slide 84.** The roles that leadership of SEK-CAP defined for themselves were as follows:

- Leader as resource & support to staff
- Leader as listener and data collector
- Shared decision making: Build a team and shared vision, foster a climate of taking
- I.D. consultant: evidence-based practices
- Develop collaborative plan
- Deploy resources & as dictated by plan
- Shared decision making: Build a team and shared vision; foster a climate of risk-taking
- I.D. consultant re: evidence based practices
- Develop collaborative plan
- Deploy resources/$ as dictated by plan

**Slides 85-86.** Several components of the plan required deploying financial resources and altering the budget. Major shifts in the budget were required to ensure:

- Resources were re-focused to support promotion and prevention, e.g., MH consultants assisted with promotion and prevention not just intervention.
- Resources were allocated for staff development and support, transfer of knowledge activities, and continuing education.
- Resources were targeted for data collection, management, consultants for ongoing analysis and evaluation.
- Resources were used for consultants to i.d. evidence based practices, training, facilitation.
- Resources and time were allocated for acknowledging staff work.
- Resources were allocated for staff well-being, benefits.
- Resources were allocated for teaming.
- Satisfied, trained staff equals less turnover, better outcomes.

**Slides 87-88.** A staff development plan that included ongoing support was created. Key features of the plan were ensuring that:

1. the Teaching Pyramid would be embedded throughout the program;
2. existing staff and new hires understood the expectations;
3. initial training would be provided;
4. following initial training, each center would work as a team to identify needs;
5. leadership would meet with supervisory staff person to develop an implementation plan across the program; and
6. program, staff, and site professional development plans would be created.
Importantly, the leadership at SEK-CAP attend to transfer of knowledge by:

- Mentoring: staff and sites can mentor based on assessed strengths
- Acknowledging work
- Employing “substitutes”
- Continuing education support

Discuss planning and accountability. A strong commitment was made to evaluation and making data-based decisions in their planning meetings.

Data were collected through:

- Classroom Observations
- Staff Interviews and Satisfaction Surveys
- Referral Data
- Staff self-assessments and development plans

Through the evaluation, a data system was created to manage information on child and family outcomes. This data system was used by the SEK-CAP program for both short- and long-term planning. As needed, a consultant was hired to analyze data trends and create additional reports.

It was critical to collaborate and share decisions and ideas with all stakeholders. Challenges to collaboration included differing philosophies and beliefs, turf guarding, and financial and other resource constraints.

Describe the outcomes. Several significant outcomes were achieved by SEK-CAP. These outcomes included:

- Staff view themselves as having the skills to better support children in classrooms.
- Staff look to each other as sources of additional information and support.
- Staff can demonstrate the fundamental elements in their classrooms.
- A culture of support is created throughout the program.
- Staff become intentional and purposeful in interactions with children in order to build on their strengths.
- Staff turnover is reduced; staff satisfaction is increased.
Module 4

Leadership Strategies

- Staff ask for fewer suggestions from mental health professionals.
- The number of children receiving individual counseling from psychologists decreased.
- The number of children identified as having challenging behavior and referred for mental health services decreased.
- Program spends less time and resources on intervention level and more on prevention level of the Pyramid.

Slides 96-97. Discuss community or system-wide change. The Center for Evidence-Based Practices: Young Children with Challenging Behavior (CEBP) reviewed the research literature on community and system-wide change. The following slides contain the recommendations from the literature synthesis for systems that would support young children’s social emotional development and address challenging behavior through evidence based practices. These recommendations include:

- Systems must provide a range or continuum of service promotion to prevention to intervention.
- Systems must provide a comprehensive array of services. Services must be individualized, related to child and family needs, culture, and language.
- Systems should be family centered and include both child-focused services and family supports.
- Personnel need the resources and working conditions to provide evidence based services.

See the Synthesis at www.challengingbehavior.org

Slide 98. One recommendation from the synthesis of literature is the “systems of care.” The “systems of care” concept used in mental health offers promising guidelines and refers to the weaving together of multiple existing services or programs into a cohesive, collaborative system. The Collaborative Planning Model would be a strategy for advancing that notion in the community.

Slide 99. Discuss how the pyramid approach applies to the community/system level.
IX. Summary/Optional Take Home Activity
(30 minutes)

Slide 100. Talk about the resources available to the participants and the Web sites:
- www.csefel.uiuc.edu Center on the Social and Emotional Foundations for Early Learning (CSEFEL)
- www.challengingbehavior.org Center for Evidence-Based Practices: Young Children with Challenging Behavior

Slide 101. TAKE-HOME ACTIVITY. Ask the group to do the activity as individuals or, if they have a partner from their program, ask them to work with a partner. Take 10 minutes.

They should take this work home to facilitate their continued work on action planning to overcome challenges to evidence based practice for children’s social emotional development and challenging behavior.

There are other Take-Home Activities in the Participants’ Workbook (Handout 4.2).

Slide 102. Gandhi said, “Be the change you wish to see.” The best leadership is often communicated through modeling.

Thank the participants for their attention and hard work throughout the day and ask them to complete the evaluation.
WELCOME!

Please complete the “Reflection on Concerns and Vision” Questionnaire before the session begins.

Thank you!
Leadership Strategies for Supporting Children’s Social Emotional Development and Addressing Challenging Behavior

Module 4 Handout
Purpose of Workshop

• Provide time to reflect and focus
• Present an evidence based framework
• Provide evidence based leadership tools
• Provide resources on evidence based practices
Learner Objectives

- Participants will:
  - Describe an evidence based framework for addressing social emotional development and challenging behavior.
  - Identify strategies to address common barriers to evidence based practices.
  - Identify effective leadership strategies including collaborative planning, program-wide planning, and professional development.
  - Apply collaborative action planning strategies for improving children’s social emotional and behavioral outcomes.
Agenda

• Introduction to Topic
• Evidence Based Practices and Resources
• The Pyramid Approach
• Inventory of Practices and Activity
• What is Challenging Behavior?
• Role of Program Administrators
• Evidence Based Leadership Strategies
• Three Levels of Change
• Summary
Introductory Activity

Which of the following do you think is the most significant barrier to effectively addressing social emotional development and challenging behavior in young children?

1. Knowledge and skills of professionals and parents
2. Collaboration and coordination
3. Beliefs and attitudes
4. Other

* Introduce yourself: name and role, agency, etc.
Some Sobering Facts
An estimated 9 to 13% of American children and adolescents between ages 9 to 17 have serious diagnosable emotional or behavioral health disorders resulting in substantial to extreme impairment.

(Friedman, 2002)
Students with SED miss more days of school than do students in all other disability categories (U.S. Department of Education, 1994)

More than half of students with SED drop out of grades 9-12, the highest rate for all disability categories. (U.S. Department of Education, 2002)

Of those students with SED who drop out of school, 73% are arrested within five years of leaving school (Jay & Padilla, 1987)
Children who are identified as hard to manage at ages 3 and 4 have a high probability (50:50) of continuing to have difficulties into adolescence (Campbell & Ewing, 1990; Egeland et al., 1990; Fischer, Rolf, Hasazi, & Cummings, 1984).
It begins early...
Early appearing aggressive behaviors are the best predictor of juvenile gang membership and violence.

(Reid, 1993)
When aggressive and antisocial behavior has persisted to age 9, further intervention has a poor chance of success.

(Dodge, 1993)
Of the young children who show early signs of challenging behavior, it has been estimated that fewer than 10% receive services for these difficulties.

(Kazdin & Kendall, 1998)
Preschool children are three times more likely to be “expelled” than children in grades K-12

(Gilliam, 2005)
There are evidence based practices that are effective in changing this developmental trajectory...the problem is not what to do, but rests in where and how we can support children and help families access services.
Evidence based practice refers to the use of interventions and supports that have research documenting their effectiveness. The identification of evidence based practices promotes the use of approaches that are linked to positive outcomes for children and families. Practices that are considered evidence based are ones that have been demonstrated as effective within multiple research studies that document similar outcomes.

Available at http://www.evidencebasedpractices.org/centerscope
Evidence Based Practice: A Definition

Dunst, Trivette, and Cutspec (2002) offer the following operational definition of evidence based practice that is particularly meaningful for the field of early education and intervention.

Evidence based practices are “Practices that are informed by research, in which the characteristics and consequences of environmental variables are empirically established and the relationship directly informs what a practitioner can do to produce a desired outcome.”

What Does “Evidence Based Practice” Mean?

- Evidence: the data on which a conclusion or judgment may be based (Webster’s II New College Dictionary, 1995)
- Proven to work
What Does “Evidence Based Practice” Mean?

Levels of evidence or levels of confidence that the practice will have the desired outcome:
- Peer-reviewed published research findings (high)
- Published synthesis of research
- Multi-authored position papers
- Government reports
- Consensus/values
- Opinion, etc. (low)
Effective Practices

- Changing adult behavior and expectations
- Promoting overall high program quality
- **Promoting** social skills, *preventing* & *addressing* challenging behavior (pyramid model)
- Teaching parents effective techniques
- Using empirically validated interventions which include:
  - Comprehensive strategies e.g., adaptations to environment and activities, learning class rules, role-playing alternative behaviors, arranging for peer models & reinforcing desirable behaviors
  - Individualizing approaches
  - Positive programming, e.g., Positive Behavior Support (PBS)
  - Team-based and multidisciplinary approaches
  - Using data-based strategies and decision making
What Positive Social Emotional Outcomes Can Be Expected from Evidence Based Practices?

• **Decrease in:**
  – Withdrawal, aggression, noncompliance, and disruption
  – Teen pregnancy, juvenile delinquency, and special education placement

• **Increase in:**
  – Positive peer relationships including understanding of friendship, cooperation, and sharing
  – Self-control, self-monitoring, self-correction, and improved social emotional health
  – Academic success
Evidence Based Practices: Resources

- Evidence based practices in:
  - services
  - systems/programs
  - service utilization

- The Center for Evidence Based Practices: Young Children with Challenging Behavior (CEBP) Research Syntheses, PowerPoint, “Recommended Practices”
  - (www.challengingbehavior.org)

  - (www.csefel.uiuc.edu)
Challenges to Effective Practices

Focus groups with T/TA providers, state policy makers, program personnel, and families identified

*Four Categories of Challenges:*

- Lack of knowledge/skill
- Beliefs/Attitudes
- Lack of collaboration within programs, with families, and within communities
- Lack of adequate fiscal resources and procedures
An Evidence Based Framework: The Pyramid Approach

- PROMOTION
- PREVENTION
- INTERVENTION
Teaching Pyramid

- **Intensive Individualized Interventions**
  - Children with persistent challenges
  - Positive Behavior Support

- **Social Emotional Teaching Strategies**
  - Children at-risk
  - Social Skills Curricula

- **Designing Supportive Environments**
  - All children
  - High quality Early Education

- **Building Positive Relationships**
Inventory of Practices & Action Plan

Designed to be used by individuals and/or teams to identify training needs related to four areas:

1. Building Positive Relationships
2. Designing Supportive Environments
3. Social Emotional Teaching Strategies
4. Individualized Intensive Interventions
Inventory of Practices for Promoting Social Competence

• Best used in a manner to generate reflection and discussion
• Allows for development of an Action Plan that:
  – Targets skills for training
  – Identifies strategies to support the team in implementing the new practices
  – Identifies resources and supports needed to complete the activities or strategies
Activity

• As a group, discuss a set of practices from the Inventory’s action plan.
• What can you, as a leader, do in your work with direct service personnel and families that would lead to the use of these practices? Note these under “Supports and Resources”
• Have one member of your team be prepared to report to the entire group: 1) the practices and what they mean, 2) the level of the “Teaching Pyramid” they relate to, and 3) the leadership supports and resources needed.
What is Meant by Challenging Behaviors?

- They are defined by adult within the context of his/her culture.
- Sometimes the behaviors decrease with age and use of appropriate guidance strategies.
- Sometimes they are developmentally expected behaviors.

DEC Concept Paper on Identification of and Intervention with Challenging Behavior, 1999
What Are Challenging Behaviors Needing Intensive Individualized Intervention?

Any repeated pattern or perception of behavior that interferes with or is at risk of interfering with optimal learning or engagement in prosocial interactions with peers and adults that is persistent or unresponsive to evidence based approaches. Challenging behavior is thus defined on the basis of its effects.
Examples of Challenging Behaviors

- Physical and Verbal Aggression
- Noncompliance/Defiance
- Self-Injury
- Disruptive vocal/motor responses (screaming, stereotypic behavior)
- Destruction of property
- Withdrawal
Examples of Challenging Behaviors

For Infants and Toddlers

- Attachment difficulties
- Sleeping/eating difficulties
- Excessive crying
- Difficulty in soothing
Challenging Behaviors

• Behaviors may:
  – Result in self-injury or injury to others
  – Cause damage to the physical environment
  – Interfere with the acquisition of new skills
  – And/or socially isolate the child

• Serious behaviors seldom resolve themselves without systematic intervention
  – Usually children progress through a predictable course of ever-escalating challenging behaviors

DEC Concept Paper on Identification of and Intervention with Challenging Behavior, 1999
Prevalence Pyramid

1-10% Children with Persistent Challenges
Focused Interventions

5-15% Children At-Risk
Intervention and Support

All Children
Universal Interventions
The Promise, The Challenge

• The Promise:
  – We have evidence based practices
    • Earlier is better
    • Support for parents matters
    • High-quality environments are key
    • A comprehensive approach is necessary
    • Behavior consultation makes a difference
  – Parents and teachers can implement the practices in natural settings
The Promise, The Challenge

• The Challenge
  – How do we ensure that effective practices are accessible to all children and families?
  – How do we build systems within programs and communities such that teachers and families have the support they need to implement the practices?
“…an adequate infrastructure increases the likelihood that recommended practices will be used to deliver services and supports to young children and their families…”

“…When quality [evidence based] practices are used consistently it is more likely that children and their families will experience positive outcomes.”
Link between Program Administration and Child & Family Outcomes (Cont.)

- “...The interdependent relationships between structure, services, supports, and outcomes are consistent with ecological theories of development....these theories suggest that the child’s development is influenced not only by the family, neighborhood, subculture, and community, but by the systems of services and supports that serve them as well.”

-- Harbin & Salisbury, in Sandall, McLean & Smith, 2000
Evidence Based “Direct Services” Require:

- Evidence Based Direct Services
- Staff Development & Support
- Shared Vision/Collaborative Leadership
- Adm. Policies/Resources

Evidence Based “Indirect Supports” (policies, vision, support, etc.)
Leaders Must Be Well Trained

Program administrators should have training in early childhood education, early intervention, child development, or early childhood special education; and administration, supervision.

5 Practices of Exemplary Leadership

- Model the way
- Inspire a shared vision
- Challenge the process
- Enable others to act
- Encourage the heart

Evidence Based Practices: Role of Program Leadership

- Provide Leadership and Vision
- Monitor Compliance with Requirements
- Ensure Child Well-being/Progress
- Ensure Appropriate Deployment of Resources/Budget
- Support Staff Knowledge and Skills
- Provide Collaborative Leadership and Planning
- Others?
3 Evidence Based Strategies

- Leadership & Vision
- Collaborative Leadership and Planning
- Supporting Personnel Knowledge & Skills
Leadership/Vision

- Leaders model developmentally and culturally appropriate expectations for children’s behavior.
- Leaders help staff reflect on the relationship of their behavior and children’s behavior.
- Leaders set a vision that expectations and practices are evidence based.
- Leaders view all stakeholders (program personnel, families, community) as partners.
- Other?
DEC Recommended Practices:
Creating Policies and Procedures that Support Recommended Practices in Early Childhood

There is a link between program quality and child outcomes. Therefore, programs that employ best practices will positively impact the outcomes of children and families they serve.

1. Ensure that leaders and staff have knowledge, training, and credentials.
2. Ensure that families are partners.
3. Promote the use of standards (foundations).
4. Promote interagency and interdisciplinary collaboration.
5. Plan for program evaluation and systems changes.
Activity

Working with the DEC Administrator Essentials Checklist
Collaborative Leadership, Planning and Decision Making: A Model

1. Make the commitment and provide leadership.

2. Share decision making with stakeholders (staff, families, other agencies, consultants, etc.) to build commitment: create a decision making stakeholder team.
Steps for Collaborative Planning (Cont.)

3. Build a vision with the Stakeholder Team related to supporting children’s social emotional development and addressing challenging behavior through evidence based practices.

4. Identify challenges to the vision with the Team (beliefs, policies, systems, knowledge/skills).

5. Engage in action planning with the Team to address the challenges.
Steps for Collaborative Planning (Cont.)

6. Cultivate leadership and risk taking.

7. Continue to build and expand the commitment through incentives, recognition, T/TA, fiscal, and other resources.

8. Continuously evaluate the process and the outcomes of the collaboration and action planning.
Action Planning:
Identify Challenges

• Follow steps of Collaborative Planning Model (commitment, team, vision, etc.).

• Develop Team Definitions and Philosophy (Evidence based, Promotion, Prevention, Intervention, etc.).

• Brainstorm the Statement: “We’d like to use evidence based practices to promote social emotional development and address challenging behavior, but…”
Action Planning: Identify Challenges (Cont.)

• List the challenges that emerge from brainstorming.

• Transfer to Action Plan Form.

• If a challenge is believed to be a written policy or procedure…GET A COPY!

• Don’t believe it ‘til you see it!
Action Planning: Identify Strategies (Objectives)

• Establish criteria for trying possible strategies (ease, timelines, durability, etc.).

• For each challenge, brainstorm this statement: “We could remedy this challenge by…”

• Select strategies from the brainstorming.

• Transfer to Action Plan Form.
**ACTION PLANNING FORM**

Team Members: ____________________________________________

Challenge to be addressed: ____________________________________________

<table>
<thead>
<tr>
<th>Objective/ Strategy</th>
<th>Action Steps to be Taken</th>
<th>Date to be completed &amp; Persons Responsible</th>
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Leadership Strategies, 2003
Knowledge and Skills: Professional Development

Experiences designed to develop new knowledge, skills, and behaviors that are expected to be applied immediately on the job

Purpose of Professional Development: Change behavior in the work environment
Methods for Professional Development

• Direct in-service or pre-service training
• Use of professional materials – (e.g., books, journals)
• Coaching
• Supervision
• Evaluation and recognition
What Is Transfer of Learning?

Effective and continuing application of knowledge, skills, and behaviors gained through instructional experiences by staff to their job over a period of time.
Research Says:

“While American industries annually spend up to $100 billion on training and development, not more than 10% of these expenditures actually result in transfer to the job.”

Transfer of Training: A Review and Directions for Future Research in Personnel Psychology, 1988, 31, pg. 63
Transfer Strategies

• Match professional development to needs.
• Communicate importance and expectations.
• Help staff prepare for training/instruction.
• Support application of new knowledge/skills.
• Recognize staff for applying new knowledge/skills.

Kentucky Training into Practice Project, Director’s Seminar, 2003
Match Professional Development to Need

- Identify needs
  - Conduct staff needs assessment to identify opportunities for growth.
  - Respond to needs assessment and pre-instruction activities (director/trainee).
  - Help instructor design “real-life work-related” scenarios, examples, etc.
  - Determine post activity outcomes that need to be measured.
- How can the Inventory of Practices be used to identify need?
Match Professional Development to Need

- Ensure a link between practices/methods being promoted and supportive evidence.
- Determine the link between program philosophy and practice being promoted.
- Select instruction based on gaps in knowledge base and competency levels.
- Offer staff choices of relevant instruction
- Support peer-to-peer learning (i.e., send co-workers to training together).
Communicate

• Expectations related to the application of new knowledge/skills during and through:
  ✓ Interviews
  ✓ Job descriptions
  ✓ New/old staff orientation
  ✓ Professional development plans

• Build transfer of learning into performance standards.
Help Staff Prepare for Learning Experiences

• Encourage staff to:
  ✓ Set professional development goals.
  ✓ Explore content beforehand (is it based on evidence of effectiveness?).
  ✓ Complete pre-training/instruction activities.
  ✓ Identify current situation related to instruction that needs a solution.
  ✓ Identify a follow-up activity.

• Conduct a pre-training/instruction meeting.
Support Application of New Knowledge/Skills

• Conduct post-instructional meetings.

• Help staff develop an individual action plan and monitor/supervise progress.

• Modify the work environment to support application.

• Provide opportunities to practice new skills.
Support Application of New Knowledge/Skills (Cont.)

- Provide resources and supervision needed for application.

- Schedule briefings for co-workers.

- Provide coach/mentor and/or establish peer/coaching program.
The Coaching Process

- Planning Conference
- Observation Teaching Performance
- Debriefing Conference
- Reflection Time
Recognize Staff for Applying New Knowledge/Skills

- Acknowledge and recognize successes:
  - Hats-off bulletin board
  - Special certificates
  - “Pats on the back” notes

- Create incentives:
  - Promotions
  - Pay increases
  - Rewards
Four Critical Levels of Evaluation

• Reaction
  – What was the general reaction to the professional development activity

• Learning
  – What did the staff member learn as a result of the event

• Behavior Change
  – Did the activity result in a change in behavior within the classroom or program

• Results
  – Did the activity result in positive outcomes for:
    • the program
    • the children
    • the families

How Can You Reward Employees?

• Informal rewards
  – No-cost recognitions
  – Low-cost recognitions
  – Activities
  – Public recognitions/Social rewards
  – Communication
  – Time-off
  – Cash/cash substitutes/gift certificates

How Can You Reward Employees?

• Informal rewards, continued
  – Merchandise/Apparel/Food
  – Recognition items/Trophies/Plaques
  – Fun/Celebrations

• Awards for specific achievements and activities
  – Outstanding employee awards
  – Quality awards
  – Employee suggestion awards

How Can You Reward Employees?

• Awards for specific achievements and activities, continued
  – Customer service awards
  – Group/team awards
  – Attendance and safety awards

• Formal awards
  – Contests
  – Field trips/special events/travel
  – Education/personal growth/visibility

# Individual Growth Plan

<table>
<thead>
<tr>
<th>AREA</th>
<th>GOAL</th>
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<thead>
<tr>
<th>Activities</th>
<th>Evaluation</th>
<th>Resources Needed</th>
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Table Activity

For the challenge assigned to your table:

• Identify a strategy for solving the challenge (see sample in “Participant’s Workbook”).

• Name team members for collaborative planning.

• Draft an action plan (action plans are in the workbook).
Three Levels of Promoting Social Emotional Development and Addressing Challenging Behavior:

- Child level
- Program or Center-wide level
- Community or System level
Teaching Pyramid

- **All children**
- **Designing Supportive Environments**
- **Building Positive Relationships**
- **Social Emotional Teaching Strategies**
- **Intensive Individualized Interventions**
  - **Positive Behavior Support**
  - **Social Skills Curricula**
  - **High quality Early Education**

- **Children at-risk**
- **Children with persistent challenges**
Child Level

• Create team of administrators, families, direct services, staff members, and consultants.

• Commit to evidence based promotion, prevention, and intervention practices in class or home-visiting services.

• Use the teaching pyramid.
Program- or Center-wide Level

What is a program-wide model for preventing/addressing challenging behavior?

* Builds on the Teaching Pyramid by designing intervention from the whole (universal) program to the individual child
Program- or Center-wide Level

- Uses collaboration to ensure:
  - Administrative support and buy-in
  - Buy-in from staff
  - Family involvement

Program-or Center-wide Level (Cont.)

* Critical Elements:
  - Identification of program-wide vision and expectations that are developmentally appropriate
  - Strategies for embedding the pyramid approach (promotion, prevention, intervention) throughout the program
  - Curriculum approaches that promote vision and expectations and acknowledge children’s achievement of the expectations
Program- or Center-wide Level (Cont.)

* Critical Elements:
  • Strategies for responding to challenging behavior
  • Team based, individualized approach for addressing ongoing challenging behavior
  • Professional development plans
  • Strategies for supporting teachers
  • Process for monitoring outcomes- data collection

Example: SEK-CAP Head Start

- Rural program in southeast Kansas
- Covers over 7,000 square miles in 12 counties
- Serves 768 children and families
- Employs 174 staff in the Early Childhood Services
- 14 centers, 17 classrooms, 25 home visitors, and 19 child care partners
Why They Chose Program-wide Adoption

Background:

Even with training in behavior management techniques, Head Start staff reported:

- leaving work in tears
- inability to deal with all children
- high levels of stress and burnout
- looking to outside “experts” to solve problems in the classroom
Administrative Support for Program-Wide Adoption

Leadership Commitment

Resource Deployment

Data-based, Intentional Planning

Shared Decision making, Collaboration

Staff Development
Leadership

• Leader as resource & support to staff
• Leader as listener and data collector
• Shared decision making: Build a team and shared vision; foster a climate of risk-taking
• I.D. consultant re: evidence based practices
• Develop collaborative plan
• Deploy resources/$ as dictated by plan
Resource Deployment/Budget

• Resources re-focused to support promotion and prevention, e.g., MH consultants assisted with promotion & prevention not just intervention

• Resources for staff development & support; transfer of knowledge activities; and continuing education

• Resources were targeted for data collection, management, consultants for ongoing analysis and evaluation
Resource Deployment/Budget

- Resources were used for consultants to i.d. evidence based practices, training, facilitation
- Resources and time were allocated for acknowledging staff work
- Resources for staff well-being, benefits
- Resources were allocated for teaming
- Satisfied, trained staff = less turnover, better outcomes
Staff Development & Support

- Embed Pyramid throughout the program
- Staff/interviewees learn expectations
- Initial training provided
Staff Development & Support

• Following initial training, each center worked as a team to identify needs

• Met with supervisory staff person to develop an Implementation Plan

• Program, staff, and site professional development plans
Staff Development & Support

Attend to transfer of knowledge by:

- Mentoring: staff and sites can mentor based on assessed strengths
- Acknowledging work
- Employing “substitutes”
- Continuing education support
Planning & Accountability

Ongoing evaluation and Data-based planning meetings. Data collected through:

- Classroom Observations
- Staff Interviews & Satisfaction Surveys
- Referral Data
- Staff self-assessments and development plans
Planning & Accountability

• Build a data management system

• Child and family outcome data

• All data used by Team for short and long range planning and evaluation

• Consultant hired to analyze data and develop reports
Collaboration

• *Collaboration!* Takes time, effort, and patience.
• With families: Partner from beginning. What are their objectives? What does the child like? Policy Council approved initiative.
• With staff: Core and staff teams collaborate in planning and decision making; home-visitor program is transdisciplinary.
• With community: Share training opportunities; collaborate with higher education (courses, field placements); ensure child care and other community programs at table when planning for a child.
• Challenges: Philosophies, beliefs, turf, and finances.
Program-wide Adoption: Outcomes

• Staff view themselves as having the skills to better support children in classrooms.

• Staff look to each other as sources of additional information and support.

• Staff can demonstrate the fundamental elements in their classrooms.
Outcomes

• A culture of support is created throughout the program.

• Staff become intentional and purposeful in interactions with children in order to build on their strengths.

• Staff turn over is reduced; staff satisfaction is increased.
Outcomes

• Staff ask for fewer suggestions from mental health professionals.

• The number of children receiving individual counseling from psychologists decreased.

• The number of children identified as having challenging behavior and referred for mental health services decreased.

• Program spends less time and resources on intervention level and more on prevention level of the Pyramid.
Community or System-wide

• Systems must provide *range or continuum* of service: promotion to prevention to intervention.

• Systems must provide a *comprehensive* array of services.

• Services must be *individualized.*
Community or System-wide (Cont.)

• Systems should be *family-centered* and include both child-focused services and family supports.

• *Personnel* need resources and working conditions to provide evidence based services: adequate funding, caseloads, collaborative arrangements, professional development opportunities, wages, and benefits, etc.
Community or System-wide (Cont.)

- The “systems of care” concept used in mental health offers promising guidelines.

- “System of care”:
  - The weaving together of multiple existing services or programs into a cohesive, collaborative system that reduces overlap, fills gaps, and addresses transition issues for children moving from one service to another or needing to access multiple services.
Community/System Pyramid

- **Children with Delays & Persistent Challenges**
  (Family-Centered Intervention Focused on Targeted Outcomes)

- **Children At-Risk**
  (Parenting Support and Education, Health Care, Home Visiting, High Quality Early Care, Family Supports and Services, Screening and Assessment, Service Coordination and Case Management, Mental Health Consultation, etc.)

- **All Children**
  (Nurturing Relationships, Health Care, Parent Education, Screening, High Quality Early Care, etc.)
Resources for Evidence Based Practices

• Center on the Social Emotional Foundations for Early Learning (CSEFEL)
  • www.csefel.uiuc.edu

• Center for Evidence-Based Practices: Young Children with Challenging Behavior
  • www.challengingbehavior.org
Take-Home Activity

• Write one idea for using Collaborative Action Planning:
  • 1. For a child-level issue
  • 2. For program-wide planning, and
  • 3. For a systems/community-level issue

• Write: who should be on the team, how you might get started, and a few objectives and activities.
BE THE CHANGE
YOU WISH TO SEE

Mahatma Gandhi
Participants’ Workbook
Reflection on Concerns and Vision

1. My concerns about the social emotional development and behavior of the young children in my community are:

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

2. My vision for the social emotional development and behavior of the young children in my community is:

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________
Focus groups of early childhood training and technical assistance providers, direct service personnel, program leadership, and family members revealed challenges to using evidence based practices to promote young children’s social emotional development and address challenging behavior. The categories of challenges and corresponding examples are listed below.

<table>
<thead>
<tr>
<th>Category of Challenge</th>
<th>Examples of Challenge</th>
</tr>
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</table>
| Lack of Knowledge/Skill| • Limited awareness of evidence based practices/resources by staff/consultants  
• Insufficient preservice and inservice training for early childhood educators, staff, pediatricians, and mental health professionals in topics such as positive behavior support or developmentally appropriate practices  
• Inconsistent beliefs about what works  
• Referrals/expulsions that could have been avoided with more knowledge/skills  
• Confusion over roles/responsibilities among programs, staff, consultants  
• Confusion about terms: mental health, challenging behavior, social emotional development, intervention, prevention, promotion, etc.  
• Lack of trained providers  
• High turnover in staff  
• Inadequate parent materials and education opportunities  
• Inappropriate use of medications  
• Lack of a diagnostic, assessment, referral, intervention link  
• Poor quality of programs resulting in challenging behavior  
• Lack of understanding about link between literacy and social emotional skills  
• Insufficient administrative support for evidence based practices (priorities, knowledge, infrastructure)  
• Lack of attention to social emotional development in programs  
• Lack of supervision (follow-through, etc.)  
• Lack of supervisor training information in evidence based practices and supervision skills  
• Inadequate and inaccessible professional development mechanisms  
• Lack of knowledge by mental health providers about young children  
• Lack of understanding that social development needs to be taught  
• Lack of resources for substitute teachers, etc.  
• Inappropriate use of mental health consultants  
• Lack of effective teaming skills |
## Category of Challenge

<table>
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<tr>
<td><strong>Beliefs and Attitudes</strong></td>
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<tr>
<td>• Inappropriate expectations for young children; personal beliefs about children, families, behavior</td>
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<tr>
<td>• Stigma of labels</td>
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<tr>
<td>• Inconsistent beliefs about what works</td>
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<tr>
<td>• Insufficient partnering with parents</td>
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<td>• Lack of administrative support for evidence based practices (priorities, knowledge, infrastructure)</td>
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<tr>
<td>• Lack of attention to social emotional development in programs</td>
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<tr>
<td>• No long-range commitment to improving practice and systems</td>
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<tr>
<td>• Inappropriate blame placed on children and families</td>
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<tr>
<td>• Lack of understanding that social development needs to be taught</td>
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<tr>
<td>• Inappropriate use of mental health consultants</td>
</tr>
<tr>
<td><strong>Lack of Adequate Fiscal Resources and Procedures</strong></td>
</tr>
<tr>
<td>• Insufficient staff development resources</td>
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<tr>
<td>• Insufficient money and time</td>
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<tr>
<td>• Insufficient resources in the community for children and families</td>
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<tr>
<td>• Ineffective reimbursement/payment procedures</td>
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<tr>
<td>• Too many families in poverty and not enough resources and supports for them</td>
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<tr>
<td>• Restricted access to high-quality programs for families</td>
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<tr>
<td>• Lack of resources for substitute teachers, etc.</td>
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<tr>
<td><strong>Lack of Collaboration within the Program, with Families, and within the Community</strong></td>
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<tr>
<td>• Lack of collaboration in the community resulting in gaps and duplication</td>
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<tr>
<td>• Lack of a single point of entry and a collaborative system for families</td>
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<tr>
<td>• Inadequate partnering/coordination between programs/agencies, staff and families, forms, procedures, etc.</td>
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<tr>
<td>• Staff not participating in decision making</td>
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Leadership Strategies for Addressing Challenges to Using Evidence Based Practices to Promote Young Children’s Social Emotional Development and Address Challenging Behaviors

You can use the following strategies to help overcome challenges that may prevent you from implementing an evidence based practice. Evidence based practices are important because they promote young children’s social emotional development and address challenging behaviors.

**Challenge: Lack of Knowledge and Skills**

**Strategies**
- Identify resources on evidence based strategies
- Develop staff development plans
- Provide ongoing supervision and mentoring
- Implement collaborative training and TA with staff families, consultants, trainers, and leadership
- Develop vision and commitment to using evidence based practices and resources

**Challenge: Beliefs and Attitudes**

**Strategies**
- Conduct frequent, structured meetings to discuss beliefs and attitudes
- Enlist the support of someone proficient in facilitating discussions about beliefs
- Ensure that concerns are not tied to misunderstanding of terms (establish consensual terms)
- Recognize that beliefs are affected by information
- Provide resources and opportunities to talk with people who have implemented the practice
- Provide incentives and recognition for attempts at using evidence based practices

**Challenge: Inadequate Fiscal Resources and Procedures**

**Strategies**
- See “Administrator’s Essentials” (http://www.dec-sped.org/recommendedpractices/adminessen.pdf)
- Establish resource-sharing with other programs to reduce duplication
- Establish community-wide collaboration to address resource and fiscal policy issues (see below)

**Challenge: Need for Collaboration with Programs, Families, and Communities**

**Strategies**
- Implement Collaborative Planning Model (Smith, 2003). Use stakeholder teams to make program decisions—include staff, families, etc.
- Engage in collaborative planning with the community
- Develop a community-wide system of care for young children and their families
- Action Planning Form
**Action Planning Form**

**Team Members:** Sarah, John, Mary and Brenda

**Challenge to be addressed:** Confusion re: Meaning of “evidence based practice”

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<th>Date Accomplished</th>
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<tbody>
<tr>
<td>1a. Establish a definition</td>
<td>1a. Definition used by The Center for Evidence-based Practice used to establish our definitions: Level and type of evidence to support a practice (considerations: research data, published in peer-reviewed journal, etc.)</td>
<td>3/06- Sarah will coordinate</td>
<td>Sample Definitions</td>
<td>3/06</td>
<td>Program has a definition and focus for staff development options; need to meet with trainers and consultants to share definition and resources</td>
</tr>
<tr>
<td>1b. Identify resources that meet definition</td>
<td>NAEYC Accreditation criteria, DEC Recommended Practices, CSEFEL (<a href="http://www.csefel.uiuc.edu">www.csefel.uiuc.edu</a>), Center for Evidence-based Practices (<a href="http://www.challengingbehavior.org">www.challengingbehavior.org</a>)</td>
<td>4/06- John will coordinate</td>
<td>Time to explore resources</td>
<td>4/06</td>
<td></td>
</tr>
</tbody>
</table>

**Group Meeting Record: Notes**

- **Date:** 2/10/06  **Status:** team meeting, reviewed concept of “evidence based practice,” reviewed materials
- **Date:** 2/22/10  **Status:** team meeting, decided on a definition and next steps for resources
- **Date:** 3/12/10  **Status:** team meeting, reviewed resources and other places to look
- **Date:** 4/2/10  **Status:** team meeting, prepared a packet on the definition and resources to share
Action Planning

**Identifying Challenges**

- Follow steps of Collaborative Planning Model (commitment, team, vision, etc.).
- Develop Team Definitions and Philosophy (Evidence based, Promotion, Prevention, Intervention, etc.).
- Brainstorm the statement: “We’d like to use evidence based practices to promote social emotional development and address challenging behavior, but…
- List the challenges that emerge from brainstorming
- Transfer to Action Planning Form as appropriate
- If a challenge is believed to be a written policy or procedure…GET A COPY! *Don’t believe it ‘til you see it!* Many perceived policy barriers are in fact misinterpretations of the policy!

**Identifying Strategies**

- Establish criteria for trying possible strategies (ease, timelines, durability, etc.).
- For each challenge, brainstorm this statement: “We could remedy this challenge by…”
- Select strategies from the brainstorming.
- Transfer to Action Planning Form as appropriate.

**Other Steps**

- List the steps to be taken to achieve the **strategy(ies)**.
- Estimate the **dates the steps and strategy will be accomplished** and **who will coordinate the work or strategy**.
- List **resources** needed to carry out the steps and strategy (e.g., coordination, training, materials, etc.).
- List the **date the strategy was accomplished/put into place**.
- Describe the **impact** of the strategy (Did it overcome the challenge? Other?).
**Action Planning Form**

Team Members: ________________________________________________

Challenge to be addressed: ____________________________________

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<th>Objective/Strategy</th>
<th>Action Steps to be Taken</th>
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**Challenge to be addressed:**

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Action Planning Form

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## Individual Growth Plan

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*Rev. 2/10*
Take-Home Activities

I. Draft an action plan that would address two challenges (one administrative, one skill development/supervisory).

   • Challenge:
   
   • Strategies:
   
   • Team Members:
   
   • Action Plan (use blank form in this packet)

II. Write steps for establishing a community collaborative planning team for developing a system of care to support young children’s social emotional development and address challenging behavior.

   • Steps:
   
   • Team Members:
   
   • Purpose:
   
   • How to get started:
   
   • Others:
“From the last two decades of research, it is unequivocally clear that children's emotional and behavioral adjustment is important for their chances of early school success.” (Raver, 2002)

There is mounting evidence showing that young children with challenging behavior are more likely to experience early and persistent peer rejection, mostly punitive contacts with teachers, family interaction patterns that are unpleasant for all participants, and school failure (Center for Evidence-Based Practice: Young Children with Challenging Behavior, 2003). Conversely, children who are emotionally well-adjusted have a greater chance of early school success (Raver, 2002). Social and behavioral competence in young children predicts their academic performance in the first grade over and above their cognitive skills and family backgrounds (Raver & Knitzer, 2002).

Science has established a compelling link between social/emotional development and behavior and school success (Raver, 2002; Zins, Bloodworth, Weissberg, & Walberg, 2004). Indeed, longitudinal studies suggest that the link may be causal....academic achievement in the first few years of schooling appears to be built on a foundation of children’s emotional and social skills (Raver, 2002). Young children cannot learn to read if they have problems that distract them from educational activities, problems following directions, problems getting along with others and controlling negative emotions, and problems that interfere with relationships with peers, teachers, and parents. “Learning is a social process” (Zins et al., 2004).

The National Education Goals Panel (1996) recognized that a young child must be ready to learn, e.g., possess the pre-requisite skills for learning in order to meet the vision and accountability mandates of academic achievement and school success. Academic readiness includes the prosocial skills that are essential to school success. Research has demonstrated the link between social competence and positive intellectual outcomes as well as the link between antisocial conduct and poor academic performance (Zins et al., 2004). Programs that have a focus on social skills have been shown to have improved outcomes related to drop out and attendance, grade retention, and special education referrals. They also have improved grades, test scores, and reading, math, and writing skills (Zins etal., 2004).

Social skills that have been identified as essential for academic success include:

- getting along with others (parents, teachers, and peers),
- following directions,
- identifying and regulating one’s emotions and behavior,
- thinking of appropriate solutions to conflict,
- persisting on task,
engaging in social conversation and cooperative play,
correctly interpreting other’s behavior and emotions,
feeling good about oneself and others.

And yet, many children are entering kindergarten and first grade without the social, emotional, and behavioral skills that are necessary for learning and success in school. One survey of over 3000 kindergarten teachers found that 30% claimed at least half of the children in their classes lacked academic skills, had difficulty following directions and working as part of a group; and 20% reported that at least half of the class had problems in social skills (Rimm-Kaufman, Pianta, & Cox, 2000).

Research indicates that children who display disruptive behavior in school receive less positive feedback from teachers, spend less time on tasks, and receive less instruction. They lose opportunities to learn from their classmates in group-learning activities and receive less encouragement from their peers. Finally, children who are disliked by their teachers and peers grow to dislike school and eventually have lower school attendance (Raver, 2002).

What can we do to increase school readiness in young children?

Policy – Federal and state policies need to reflect the importance of these foundational skills by removing barriers and providing incentives and resources to communities and programs: (1) to improve the overall quality of early care settings; (2) to support families so they are able to promote positive relationships and social competence in their infants and young children; (3) to prevent problem behavior by addressing social and educational factors that put children at risk for challenging behavior; and (4) to provide effective services and interventions to address social/emotional problems and challenging behavior when they occur.

Public Awareness – Federal, state, and local governments and community agencies need to raise the visibility of importance of social competence in school success.

Knowledge and Skills – Early care and education professionals need training and on-site technical assistance in evidence-based practices for: (1) promoting social skills (e.g., identifying and regulating emotions, playing cooperatively, following directions, getting along with others, persisting with tasks, problem solving, etc.); (2) preventing problem behavior (through classroom arrangements, individualizing to children’s interests and abilities, etc.); and (3) providing effective intervention strategies when needed (e.g., positive behavior support, peer mediated strategies, etc.) (Fox et al., 2003). Early childhood education professionals need to know how to integrate social/emotional learning with literacy, language, and other curricular areas. Professionals need to know how to provide parents with information and support around parenting practices that prevent problems and effectively address challenging behavior.

Research – Studies are needed on specific promotion, prevention, and intervention strategies to establish their efficacy for specific groups of children in particular settings. Research is also needed on policy and programmatic features that result in more effective services for children and families related to social development.

“The emotional, social, and behavioral competence of young children is a strong predictor of academic performance in early elementary school.” (Zero to Three, 2003)
Facts About Young Children with Challenging Behaviors

What is the SIGNIFICANCE of the issue?
• These children have a tremendous risk of school failure and adult lives characterized by violence, abuse, loneliness, and anxiety (McCord, 1978; Olweus, 1991).
• The developmental course is predictably negative for those who are "non-treated" or "poorly-treated" (Lipsey & Derzon, 1998; Patterson & Fleishman, 1979; Wahler & Dumas, 1986).
• Early appearing behavior problems in a child's preschool career are the single best predictor of delinquency in adolescence, gang membership, and adult incarceration (Dishion, French, & Patterson, 1995; Reid, 1993).
• If challenging behaviors are not altered by the end of the third grade, it appears that they should be treated as a chronic condition, hopefully kept somewhat in check by continuing and ever more costly intervention (Dodge, 1993).
• The absence of one comprehensive service delivery system dictates the need for systems of care - weaving together multiple existing services or programs into a cohesive, collaborative system. Evidence exists to show that interlocking and interconnected systems of care have been effective with older children and adults (Smith & Fox, 2003).
• The database on service utilization is sparse making it difficult to compare and contrast different approaches to identification, screening, referral and access to service (Fixsen, Powell & Dunlap, 2003).

What are the COSTS of failing to address these challenging behaviors?
• Children who grow into adolescence with challenging behaviors are likely to drop out of school, be arrested, abuse drugs and alcohol, have marginalized adult lives, and die young (Lipsey & Derzon, 1998; Walker, Colvin, & Ramsey, 1995).
• There is evidence to show that young children with challenging behavior are more likely to experience:
  • early and persistent peer rejection (Coie & Dodge, 1998);
  • mostly punitive contacts with teachers (Strain et al., 1983);
  • family interaction patterns that are unpleasant for all participants (Patterson & Fleishman, 1979);
  • school failure (Tremblay, 2000; Kazdin, 1993), and;
  • high risk of fatal accidents, substance abuse, divorce, unemployment, psychiatric illness, and early death (Coie & Dodge, 1998; Kazdin, 1985).

What POSITIVE OUTCOMES can be expected from early intervention services that address these challenging behaviors?
• Decreased risk of withdrawal, aggression, non-compliance, and disruption (Strain & Timm, 2001).
• Treatment impact on fears, phobias, depression, anxiety, hyperactivity, conduct, and obsessive-compulsive disorders.
• Positive peer relationships including understanding of friendship, cooperation, and sharing (Denham & Burton, 1996).
• Increased self-control, self-monitoring, and self-correction and improved social-emotional health (Webster-Stratton, 1990).
• Academic success (Walker, et al., 1998).
• Reduced risk for teen pregnancy, juvenile delinquency, and special education placement (Strain & Timm, 2001).


November, 2004
There is clear evidence that beginning intervention early makes a big difference in the cost of intervention and in its probable success (Dodge, 1993; Kazdin, 1995; Strain & Timm, 2001).

High quality early education environments are related to positive outcomes in children’s social and emotional development and reduced problem behavior. While providing a high quality early education environment is not a stand-alone intervention practice, it is an essential foundation for the implementation of development promotion and intervention practices (Burchinal, Peisner-Feinberg, Bryant, & Clifford, 2000; Helburn et al., 1995; Love, Meckstroth, & Sprachman, 1997; National Research Council, 2001; NICHD, 1999; Peisner-Feinberg et al., 1999; Phillips, McCartney, & Scarr, 1987).

Research indicates that a responsive, sensitive, and nurturing caregiver style of interaction is supportive of young children’s social and emotional development. Children of mothers who are depressed and have less maternal sensitivity are more likely to have children who have problem behavior. In addition, there is a relationship among the use of harsh and punitive discipline and a negative or controlling style of parenting and the development of challenging behavior. Interventions that target improvement in parental sensitivity to children’s behavior are effective in changing caregiver interaction style (see review: Dunst & Kassow, 2004).

Programs that provide high-risk families and their infants with home visiting, parent training, and the enrollment of children in high quality early childhood settings (when toddlers) show promising outcomes. (Brooks-Gunn, Berlin, & Fuligni, 2000; Love et al., 2002; Yoshikawa, 1995). Parents who receive these services are more emotionally supportive, less detached, and have more positive interactions with their children than control group families (Love et al., 2002).

Effective early education programs include a parent-training component. Parent instruction focuses on behavior management skills, increasing positive interactions, increasing children’s prosocial behavior, and child guidance procedures (Feil, Severson, & Walker, 1998; Forness et al., 2000; Strain & Timm, 2001; Strain, Young, & Horowitz, 1981; Walker et al., 1998; Webster-Stratton, 1998; Webster-Stratton, Reid, & Hammond, 2001).
Early education environments should be structured to provide universal, secondary, and indicated prevention and intervention practices. There are promising data indicating that the adoption of this model as a program-wide approach results in positive outcomes for children, families, and the programs that support them (Dunlap, Fox, & Hemmeter, 2004).

At the universal level, all children should receive sufficient density of positive feedback from their caregivers (Shores, Gunter, & Jack, 1993; Shores, Jack, Gunter, Ellis, Debrine, & Wehby, 1993). Early educators should maintain a predictable schedule, minimize transitions, provide visual reminders of rules, give time and attention for appropriate behavior, use positive reinforcement to promote appropriate behavior, provide choices where appropriate, and maximize child engagement to minimize problem behaviors (Lau, Danko, Lawry, Strain, & Smith, 1999; Lawry, Danko, & Strain, 1999; Strain & Hemmeter, 1999).

At the secondary level, a social skills curriculum should be adopted and implemented. Research indicates that systematic efforts to promote children's social competence can have both preventive and remedial effects (Walker et al., 1998; Webster-Stratton & Reid, 2004).

At the tertiary (or intervention) level, assessment-based interventions that are developed through the process of Positive Behavior Support (PBS) have been shown to be effective (Blair, Umbreit, & Bos, 1999; Blair, Umbreit, & Eck, 2000; Dunlap & Fox, 1999; Galensky, Miltenberger, Stricker, & Garlinghouse, 2001; Moes & Frea, 2000; Reeve & Carr, 2000). In PBS, early educators team with families to determine the function of problem behavior through functional behavior assessment and then develop a behavior support plan that is implemented across all environments.

While we have good evidence that the trajectory of a child's social and emotional development and challenging behavior can be changed, the field lacks the necessary information to ensure the adoption and sustainability of these program practices. Our current knowledge comes from model programs or research endeavors. Little information exists on how to ensure the widespread adoption and sustainability of these practices within community-based programs. Given the wealth of knowledge of what practices will work, the priority should be on supporting the demand for, adoption of, and funding for evidence-based approaches.

References


Continued on page 3...
References (continued)


In the last decade researchers, policy-makers, educators, practitioners, and families have become increasingly aware of the importance of the emotional and social development of infants and toddlers. Research has shown that development in these early years provides the foundation for the child’s future emotional, social, and cognitive development. Research has also indicated that problems that occur in the infant’s or toddler’s social or behavioral development are likely to be early indicators of more difficult and persistent challenging behavior as the child grows older.

The public health model of universal, secondary, and tertiary prevention and intervention practices provide a helpful framework for considering the types of supports that may be provided to very young children and their families. At the universal level of prevention, all young children and their families need regular and adequate health care, screening and the monitoring of their child’s development, nurturing relationships with caregivers, parenting advice and support, anticipatory guidance from health care providers, high quality early education and care, and child guidance as the baby begins to interact with others and develop relationships. Secondary prevention efforts may include community programs, such as parenting classes, monitoring and home visiting for high-risk parents, community education about child development through pamphlets, videos, television programs, resource and referral support for families who have multiple risk factors, professionally guided play groups, etc. At the tertiary level, when children are showing evidence that there are delays in their social or behavioral development, focused intervention efforts should be provided.

Focused intervention may be delivered by home visitors who support families in learning the critical skills needed to support their children’s development and by professionals who work directly with the children to demonstrate to family members and other caregivers strategies and techniques that may be used to support them. The following are considerations that should be addressed when supporting very young children and their families:

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**Recommended Practices**

Supporting Infants and Toddlers with Challenging Behavior

Lise Fox, Ph.D. – University of South Florida

www.challengingbehavior.org
Early intervention for infants and toddlers with challenging behavior is essential. It is never too early to begin to address concerns about a child’s problem behavior although a major task will be to identify if the behavior is developmentally expected or of a level of intensity or persistence that exceeds normal development.

It is important to have a full understanding of the infant’s/toddler’s physical/medical status, developmental status, and medical/ intervention history before developing interventions. In addition to information on the child, the interventionist should seek to understand the family system and factors that may affect the child’s relationship with others.

Intervention approaches for infants and toddlers must be focused on the parent and/or caregiver interaction and the child. Intervention approaches typically include teaching the parent interaction skills to assist the infant and toddler in coping with difficult situations, regulating sensory input, understanding routines, and supporting the child’s language and social development.

A highly effective approach to intervention is for the interventionist to identify routines or activities that are difficult for the caregiver and child and to support the caregiver in developing new skills or implementing strategies that reduce the child’s discomfort or problem behavior.

The natural environment is an optimal location for intervention. The natural environment includes both home and community settings that the child is likely to access (e.g., parks, home, child care, stores, etc.) Treatment offices or clinic settings do not allow the interventionist to observe and analyze the complex factors that occur in the natural environment and affect children’s behavior.

Intervention approaches should be family-centered and focus on building the capacity of the child’s caregivers to read the child’s social and emotional cues and facilitate the development of self-regulatory behavior, emotional expression, and social problem-solving.

Intervention approaches must consider the cultural context of the family. Social development and behavior expectations are culturally defined and may differ across families. Interventionists should be trained in cultural competence and strategies for providing culturally responsive supports.

Intervention services and supports should be coordinated with other supports and services the family receives. Interventionists should seek to collaborate with other providers to ensure a comprehensive and coordinated approach.
Behaviors That Challenge Children and Adults

Many early educators report feeling ill equipped to meet the needs of children with challenging behavior and frustrated in their attempts to develop safe and nurturing classroom environments. These teachers spend much of their time addressing the behaviors of a few children, leaving little time to support the development and learning of the other children.

Increasing evidence suggests that an effective approach to addressing problem behavior is the adoption of a model that focuses on promoting social-emotional development, providing support for children’s appropriate behavior, and preventing challenging behavior (Sugai et al. 2000). In this article we describe a framework for addressing the social and emotional development and challenging behavior of young children. This pyramid framework includes four levels of practice to address the needs of all children, including children with persistent challenging behavior (see “Teaching Pyramid”).

The following example demonstrates how to implement this model in a preschool classroom.

Emma, a preschool teacher of two- and three-year-olds, takes time to greet every child and parent on arrival. She talks to the child briefly about the upcoming day or events at home. Emma is committed to building a nurturing and supportive relationship with every child in her class [Level 1].

The classroom is carefully arranged to promote children’s engagement and social interaction. When children have difficulty, Emma first examines the environment to make sure that the

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Glen Dunlap, Ph.D., is a professor of child and family studies and director of the Division of Applied Research and Educational Support at the Florida Mental Health Institute.

Mary Louise Hemmeter, Ph.D., is an associate professor in the Department of Special Education at the University of Illinois in Urbana-Champaign and the principal investigator of a five-year project to enhance the capacity of Head Start and child care providers to address the social and emotional needs of young children.

Gail E. Joseph, Ph.D., assistant research professor at the University of Colorado at Denver, has been engaged in several national projects focused on professionals working with children with challenging behaviors.

Phillip S. Strain, Ph.D., professor in educational psychology at the University of Colorado at Denver, has designed comprehensive early intervention programs for children with autism or severe problem behaviors.

Development of this article was supported by the Center for Evidence-Based Practice: Young Children with Challenging Behavior (Office of Special Education Programs, U.S. Department of Education, Cooperative Agreement #H324Z010001) and the Center on the Social and Emotional Foundations for Early Learning (Administration for Children and Families, U.S. Department of Health and Human Services, Cooperative Agreement #90YD0119/01).
Implementing classroom preventive practices

The critical importance of the classroom environment, including adult-child interaction, is well established in early education (Dodge & Colker 2002). Many early childhood educators are aware of the relationship of classroom design to challenging behavior. They use classroom preventive practices, including specific adult-child interactions and classroom design, to support development and use of appropriate behavior. The combination of giving children positive attention for their prosocial behavior, teaching them about routines and expectations, and making changes in the physical environment, schedule, and materials may encourage children’s engagement in daily activities and prevent or decrease the likelihood of challenging behavior (Strain & Hemmeter 1997). A teacher who examines the impact of the environment may make simple changes that reduce the frequency of challenging behavior (for example, by providing children with choices, creating well-organized learning centers, eliminating wide-open spaces, limiting the number of children in learning centers, and so on).

Using social and emotional teaching strategies

Many children need explicit instruction to ensure they develop competence in emotional literacy, anger and impulse control, interpersonal problem solving, and friendship skills (Webster-Stratton 1999). Key emotional literacy skills include being able to identify feelings in self and others and act upon feelings in appropriate ways.

Discriminating among emotions such as anger, sadness, frustration, and happiness requires a vocabulary of feeling words. Young children can be taught new and complex feeling words directly through pairing...
Behaviors That Challenge Children and Adults

Practical Strategies for Building Positive Relationships

- Play, following the child’s lead.
- Have families complete interest surveys about their child.
- Greet every child at the door by name.
- Have a conversation over snack.
- Conduct home visits several times a year.
- Listen to a child’s ideas and stories and be an appreciative audience.
- Send home positive notes.
- Offer praise and encouragement.
- Share information about yourself, and find something in common with the child.
- Ask children to bring in family photos, and give them an opportunity to share them with you and their peers.
- Post children’s work at their eye level.
- Have a Star of the Week who brings in special things from home and gets to share them during circle time. Make sure everyone has a turn.
- Acknowledge children’s efforts.
- Give compliments liberally.
- In front of a child, call the family to say what a great day she or he is having.
- Find out what a child’s favorite book is and read it to the whole class.
- Let the children make personal “All about Me” books, and share them at circle time.
- Write on a T-shirt all the special things about a given child and let him or her wear it around.
- Play a game with a child.
- Play outside with a child on the playground equipment.
- Ride the bus with a child.
- Go to an extracurricular activity with the child.
- Learn some of the key phrases in each child’s home language.
- Give hugs, high-fives, and a thumbs-up for accomplishing tasks.
- Hold a child’s hand.
- Call aside a child who has had a bad day and say, “I’m sorry we had a bad day today. I know tomorrow is going to be better!”
- Tell children how much they were missed when they are absent for a day of school.

pictures of emotional expressions with the feeling word and reading children’s literature featuring feeling words. Playing games provides practice, as in Feeling Face Bingo, in which children find the picture of an emotion on a bingo card that matches the emotion named by the game leader. Children also learn when family and teachers label the children’s emotions as well as their own throughout the day. Over time, children will match feeling words with their physiological sensations and the emotions of others.

Controlling anger and impulse includes being able to recognize anger, understand that anger can interfere with problem solving, and use strategies to calm down instead of acting out. Problem solving includes recognizing when a problem exists, generating multiple alternative solutions, evaluating the consequences of solutions, acting on a solution, and then evaluating how effective the solution was. Friendship skills include sharing and turn taking, making suggestions in play, requesting and receiving help, giving compliments, and dealing effectively with common peer problems such as teasing or bullying.

As in all areas of instruction, effective teaching in this domain requires careful planning, individualization, provision of many and diverse learning opportunities throughout the day, and attention to children when they are engaged in socially competent behavior such as following directions, helping their friends, participating in dramatic play with peers, and sharing.

Planning intensive individualized interventions

Even when teachers establish positive relationships, implement classroom preventive practices, and use explicit teaching strategies, a few children are likely to continue to display challenging behavior. In the last decade, research has demonstrated that positive behavior
Positive behavior support (PBS) is a highly effective intervention approach for addressing severe and persistent challenging behavior.

As an approach for addressing a child’s problem behavior, PBS is based on research and humanistic values. It offers a method for identifying the environmental events, circumstances, and interactions that trigger problem behavior, the purpose of problem behavior, and the development of support strategies for preventing problem behavior and teaching new skills (Fox, Dunlap, & Cushing 2002). The focus of PBS is to help the child develop new social and communication skills, enhance relationships with peers and adults, and experience an improved quality of life.

Intensive individualized interventions are planned and implemented by a team for application in home, early education, and community environments. The team includes classroom staff, the child’s family, and other professionals who may be supporting the teacher, child, or family (for example, mental health consultant or social worker). Once established, the team completes a functional assessment (a process of observing the child in key situations, reviewing the child’s records, interviewing caregivers and teachers, and analyzing the collected information) to identify the factors related to the child’s challenging behavior.

The functional assessment leads to the development of a behavior support plan that includes prevention strategies, techniques for teaching new skills, and changes in responses to the challenging behavior. The team implements the plan at home and in the classroom and monitors changes in the problem behavior and the development of social skills and other child outcomes.

**A systemic approach**

The teaching pyramid represents a hierarchy of strategies. Implementing successive levels solves more of the social and behavioral problems experienced in classroom settings. Providing a warm and responsive environment in which teachers work hard to build positive relationships with all children can prevent many problem behaviors and provides the foundation for the next levels of the pyramid (see the model “Teaching Pyramid”). To support other children’s meaningful participation in daily routines and activities, teachers may need to put in place classroom preventive practices involving more structure and feedback. A few children may need a well-planned, focused, and intensive approach to learning emotional literacy, controlling anger and impulse, interpersonal problem solving, and friendship skills.

When the three lower levels of the pyramid are in place, only about four percent of the children in a classroom or program will require more intensive support (Sugai et al. 2000). The key implication here is that most solutions to challenging behaviors are likely to be found by examining adult behavior and overall classroom practice, not by singling out individual children for specialized intervention. This is good news for teachers who are eager to provide all children with a high-quality early education experience.

**References**


Purpose of the Inventory: *The Inventory of Practices for Promoting Social Emotional Competence* is designed to be used by individuals and/or teams to identify training needs and plan a course of action to address those needs related to four general areas: (a) building positive relationships, (b) creating supportive environments, (c) social emotional teaching strategies, and (d) individualized intensive interventions. The *Inventory* encourages individual self-reflection, opportunities for teaming between classroom teachers, mentor coaches, supervisors, site directors, and other administrators, and promotes effective practices for direct service staff. There are two sections to this tool: the Inventory of Practices and the Action Plan.

Use of the Inventory: This tool is best utilized in a manner that encourages reflection and discussion. Each of the four general areas includes several *Skills and Indicators* reflective of practices that promote social emotional competence in young children. The Indicators are detailed phrases that enable the user to “dig a little deeper” in identifying and pinpointing skills that may or may not be present. A column entitled *Observations/Evidence* allows the user to write thoughts, suggestions, strengths, and needs concerning either the specific *Skills or Indicators*. Three levels of skill, *Consistently, Occasionally, and Seldom*, permit users to record their perceived skill level for each Indicator by checking the appropriate box. Users should be consistent in their appraisal of skills across the three levels, *Consistently, Occasionally, and Seldom* (i.e., across all children in the classroom, target child or specific groups of children, environment of all classrooms, etc.). The final column allows the team to indicate whether or not an indicator should be a *Target for Training*. Following each section is a space for writing additional comments. The team or individual may wish to delineate specific training requests, professional development opportunities, or encouragement in the *Comments* box.

Use of the Action Plan: The *Action Plan* takes the users to the next step once they have determined what specific *Skills and Indicators* from the *Inventory* they want to target for training. In the first column of the *Action Plan*, users should check those Skills or Indicators they previously identified as targets for training. In the second column, teachers and support personnel (e.g., trainers, mentor coaches, administrators) should work together to identify what strategies they will each use to help the teaching team implement the new practices. The third column allows users to identify *Resources and Supports* that will be necessary to successfully complete the activities or strategies listed in the second column.

Completion Dates: Users may complete the *Inventory* and *Action Plan* at different times as a way of determining their progress toward addressing specific skills targeted for training. Different color inks corresponding to the dates completed can be used when completing the tool in order to highlight changes over time.
## Building Positive Relationships

### Skills and Indicators

<table>
<thead>
<tr>
<th>Skills and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develops meaningful relationships with children and families</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>❑ Greets children on arrival; calls by name</td>
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<tr>
<td>❑ Communicates with children at eye level</td>
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<tr>
<td>❑ Verbally interacts with individual children during routines and activities</td>
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<tr>
<td>❑ Participates in children’s play when appropriate</td>
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<tr>
<td>❑ Shows respect, consideration, warmth to all children</td>
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<tr>
<td>❑ Speaks calmly to children</td>
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<tr>
<td>❑ Uses a variety of strategies for building relationships with all children</td>
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<tr>
<td>❑ Attends to children in positive ways at times when the children are not engaging in challenging behavior</td>
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<tr>
<td>❑ Uses a variety of strategies for building relationships with all families</td>
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<tr>
<td>❑ Creates a classroom that is a place that children and families like to be (i.e., feel comfortable, welcome, and safe)</td>
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Comments:

<table>
<thead>
<tr>
<th>2. Examines personal, family, and cultural views of child's challenging behavior</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for training?</th>
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<tbody>
<tr>
<td>❑ Considers personal beliefs regarding the acceptability and unacceptability of specific types of child behavior</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>❑ Considers personal beliefs regarding the causes of specific types of unacceptable child behavior</td>
<td></td>
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<tr>
<td>❑ Acknowledges contrasting or conflicting beliefs held by others regarding acceptable and unacceptable types of child behavior</td>
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<tbody>
<tr>
<td>3. Examines own attitudes toward challenging behavior</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>❑ Understands the relationship between children’s social emotional development and challenging behaviors</td>
<td></td>
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<tr>
<td>❑ Understands that children’s challenging behaviors are conveying some type of message</td>
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<tr>
<td>❑ Understands there are many things that can be done to prevent challenging behaviors</td>
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<tr>
<td>❑ Identifies what behaviors “push my buttons”</td>
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<tr>
<td>❑ Develops strategies for dealing with situations when children’s behaviors “push my buttons”</td>
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<tr>
<td>❑ Works together with a team to problem solve around issues related to challenging behaviors</td>
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<tbody>
<tr>
<td><strong>4. Designs the physical environment</strong></td>
<td>3 2 1</td>
<td>YES</td>
<td>NO</td>
<td></td>
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<tr>
<td>❑ Arranges traffic patterns in classroom so there are no wide open spaces</td>
<td></td>
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<tr>
<td>❑ Removes obstacles that make it difficult for children with physical disabilities to move around the room</td>
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<tr>
<td>❑ Clearly defines boundaries in learning centers</td>
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<tr>
<td>❑ Arranges learning centers to allow room for multiple children</td>
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<tr>
<td>❑ Provides a variety of materials in all learning centers</td>
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<tr>
<td>❑ Designs learning centers so that children spend time evenly across centers</td>
<td></td>
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<tr>
<td>❑ Considers children's interests when deciding what to put in learning centers</td>
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<tr>
<td>❑ Makes changes and additions to learning centers on a regular basis</td>
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<tr>
<td>❑ Visually closes learning centers when they are not an option for children to use</td>
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**Comments:**


### 5. Develops schedules and routines

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</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Develops schedules and routines</strong></td>
<td>3 2 1</td>
<td>YES</td>
<td>NO</td>
<td></td>
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<tr>
<td>❑ Designs schedule to include a balance of large group and small group activities</td>
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<tr>
<td>❑ Designs schedule to minimize the amount of time children spend making transitions between activities</td>
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<tr>
<td>❑ Implements schedule consistently</td>
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<tr>
<td>❑ Teaches children about the schedule</td>
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<tr>
<td>❑ Provides explanations when changes in the schedule are necessary</td>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>6. Ensures smooth transitions</strong></td>
<td>3  2  1</td>
<td>YES  NO</td>
<td></td>
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<tr>
<td>❑ Structures transitions so children do not have to spend excessive time waiting with nothing to do</td>
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<tr>
<td>❑ Teaches children the expectations associated with transitions</td>
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<tr>
<td>❑ Provides warnings to children prior to transitions</td>
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<tr>
<td>❑ Individualizes the warnings prior to transitions so that all children understand them</td>
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<tr>
<td><strong>Comments:</strong></td>
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<tr>
<td><strong>7. Designs activities to promote engagement</strong></td>
<td>3  2  1</td>
<td>YES  NO</td>
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<tr>
<td>❑ Plans and conducts large group activities with specific goals in mind for the children</td>
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<tr>
<td>❑ Varies the topics and activities in the large group from day to day</td>
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<tr>
<td>❑ Provides opportunities for children to be actively involved in large group activities</td>
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<tr>
<td>❑ Varies speech and intonation to maintain the children's interests in the large group activity</td>
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<tr>
<td>❑ Monitors children's behavior and modifies plans when children lose interest in large group activities</td>
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<tr>
<td>❑ Plans and conducts small group activities with specific goals in mind for each child</td>
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<tr>
<td>❑ Plans and conducts fun small group activities</td>
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<tr>
<td>❑ Uses peers as models during small group activities</td>
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<tr>
<td>❑ Monitors children's behavior and modifies plans when children lose interest in small group activities</td>
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<tr>
<td>❑ Makes adaptations and modifications to ensure that all children can be involved in a meaningful way in any activity</td>
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<tr>
<td>❑ Uses a variety of ways to teach the expectations of specific activities so that all children understand them</td>
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<tr>
<td><strong>Comments:</strong></td>
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<th>Target for training?</th>
<th>Observations/Evidence</th>
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</thead>
<tbody>
<tr>
<td>8. Giving Directions</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>- Gains child's attention before giving directions</td>
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<tr>
<td>- Minimizes the number of directions</td>
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<tr>
<td>- Individualizes the way directions are given</td>
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<tr>
<td>- Gives clear directions</td>
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<tr>
<td>- Gives directions that are positive</td>
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<tr>
<td>- Gives children time to respond to directions</td>
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<tr>
<td>- Gives children choices and options when appropriate</td>
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<tr>
<td>- Follows through with positive acknowledgments of children’s behavior</td>
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<tr>
<td>Comments:</td>
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<table>
<thead>
<tr>
<th>9. Establishes and enforces clear rules, limits, and consequences for behavior</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for training?</th>
<th>Observations/Evidence</th>
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</thead>
<tbody>
<tr>
<td>- Identifies appropriate classroom rules with children</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>- Teaches rules in developmentally appropriate ways</td>
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<tr>
<td>- Provides opportunities for children to practice classroom rules</td>
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<tr>
<td>- States rules positively and specifically (avoids words “no” and “don’t” as much as possible)</td>
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<tr>
<td>- Keeps rules to manageable number (3-6)</td>
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<tr>
<td>- Frequently reinforces children for appropriate behavior</td>
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<tr>
<td>- Identifies consequences for both following and not following rules</td>
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<tr>
<td>- Makes sure all adults in classroom know rules and consequences</td>
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<tr>
<td>- Enforces rules and consequences consistently and fairly</td>
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<tbody>
<tr>
<td><strong>10. Engages in ongoing monitoring and positive attention</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>❑ Gives children time and attention when engaging in appropriate behavior</td>
<td></td>
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<tr>
<td>❑ Monitors adults’ interactions with children throughout the day</td>
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<tr>
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<tbody>
<tr>
<td><strong>11. Uses positive feedback and encouragement</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>❑ Uses positive feedback and encouragement contingent on appropriate behavior</td>
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<tr>
<td>❑ Provides descriptive feedback and encouragement</td>
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<tr>
<td>❑ Conveys enthusiasm while giving positive feedback and encouragement</td>
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<tr>
<td>❑ Uses positive feedback and encouragement contingent on child’s efforts.</td>
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<tr>
<td>❑ Provides nonverbal cues of appreciation</td>
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<tr>
<td>❑ Recognizes that there are individual variations in what forms of acknowledgment are interpreted as positive by children</td>
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<tr>
<td>❑ Involves other adults in acknowledging children</td>
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<tr>
<td>❑ Models positive feedback and encouragement frequently</td>
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## Social Emotional Teaching Strategies

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<tbody>
<tr>
<td>12. Interacts with children to develop their self-esteem</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>❑ Demonstrates active listening with children</td>
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<td>❑ Avoids judgmental statements</td>
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<tr>
<td>❑ Responds to children's ideas</td>
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<tr>
<td>❑ Recognizes children's efforts</td>
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<tr>
<td>❑ Shows empathy and acceptance of children's feelings</td>
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</tbody>
</table>

Comments:

| 13. Shows sensitivity to individual children's needs                                  | 3            | 2            | 1      | YES                  | NO                    |
| ❑ Respects and accommodates individual needs, personalities, and characteristics    |              |              |        |                      |                       |
| ❑ Adapts and adjusts accordingly (instruction, curriculum, materials, etc.)         |              |              |        |                      |                       |
| ❑ Conveys acceptance of individual differences (culture, gender, sensory needs,    |              |              |        |                      |                       |
|     language, abilities) through planning, material selection, and discussion of    |              |              |        |                      |                       |
|     topics                                                                        |              |              |        |                      |                       |

Comments:

| 14. Encourages autonomy                                                              | 3            | 2            | 1      | YES                  | NO                    |
| ❑ Provides children with opportunities to make choices                               |              |              |        |                      |                       |
| ❑ Allows children time to respond and/or complete task independently before        |              |              |        |                      |                       |
|     offering assistance                                                             |              |              |        |                      |                       |
| ❑ Creates opportunities for decision making, problem solving, and working           |              |              |        |                      |                       |
|     together                                                                       |              |              |        |                      |                       |
| ❑ Teaches children strategies for self-regulating and/or self-monitoring behaviors  |              |              |        |                      |                       |

Comments:

Date 1 Completed: ___________________  
Date 2 Completed: ___________________
## Social Emotional Teaching Strategies

<table>
<thead>
<tr>
<th>Skills and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Capitalizes on the presence of typically developing peers</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Utilizes peers as models of desirable social behavior</td>
<td></td>
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<tr>
<td>Encourages peer partners/buddies (i.e., hold hands during transitions, play partner, clean-up buddy, etc.)</td>
<td></td>
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<tr>
<td>Demonstrates sensitivity to peer preferences and personalities</td>
<td></td>
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<tr>
<td>Shows an understanding of developmental levels of interactions and play skills</td>
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</tr>
<tr>
<td>Comments:</td>
<td></td>
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</tr>
</tbody>
</table>

| 16. Utilizes effective environmental arrangements to encourage social interactions   | 3            | 2            | 1      | YES                  | NO                    |
| Considers peer placement during classroom activities                                 |              |              |        |                      |                       |
| Effectively selects, arranges, and utilizes materials that promote interactions (high interest, novel, culturally meaningful) |              |              |        |                      |                       |
| Effectively selects, arranges, and implements activities that promote interactions (high interest, novel, culturally meaningful) |              |              |        |                      |                       |
| Develops interaction opportunities within classroom routines (i.e., table captain, clean-up partner, snack set-up, etc.) |              |              |        |                      |                       |
| Comments:                                                                            |              |              |        |                      |                       |

Date 1 Completed: _________________  
Date 2 Completed: _________________
### Inventory of Practices for Promoting Social Emotional Competence

### Social Emotional Teaching Strategies

<table>
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<tr>
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<th>Seldom</th>
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<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Uses prompting and reinforcement of interactions effectively</td>
<td>3 2 1</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Provides sincere, enthusiastic feedback to promote and maintain social interactions</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>❑ Waits until interactions are finished before reinforcing; does not interrupt interactions</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>❑ Models phrases children can use to initiate and encourage interactions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Gives general reminders to &quot;play with your friends&quot;</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>❑ Facilitates interactions by supporting and suggesting play ideas</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>❑ Ensures that interactions are mostly child-directed not teacher-directed during free play</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Comments:**

<table>
<thead>
<tr>
<th>18. Provides instruction to aid in the development of social skills</th>
<th>3 2 1</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Includes social interaction goals on the IEP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Teaches appropriate social skills through lessons and role-playing opportunities</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>❑ Incorporates cooperative games, lessons, stories, and activities that promote altruistic behavior into planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Structures activities to encourage and teach sharing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Structures activities to encourage and teach turn taking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Structures activities to encourage and teach requesting and distributing items</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Structures activities to encourage and teach working cooperatively</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

Date 1 Completed: ___________________  Date 2 Completed: ___________________
### Social and Emotional Teaching Strategies

#### Skills and Indicators

<table>
<thead>
<tr>
<th>Skills and Indicators</th>
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<th>Occasionally</th>
<th>Seldom</th>
<th>Target for training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Promotes identification and labeling of emotions in self and others</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>- Uses photographs, pictures, and posters that portray people in various emotional states</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Uses validation, acknowledgment, mirroring back, labeling feelings, voice tones, or gestures to show an understanding of children's feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assists children in recognizing and understanding how a classmate might be feeling by pointing out facial expressions, voice tone, body language, or words</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Uses real-life situations to practice problem solving, beginning with defining the problem and emotions involved</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Comments:

#### 20. Explores the nature of feelings and the appropriate ways they can be expressed

<table>
<thead>
<tr>
<th>Skills and Indicators</th>
<th>Consistently</th>
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<th>Seldom</th>
<th>Target for training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Teaches that all emotions are okay, but not all expressions are okay</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>- Labels own emotional states and provides an action statement (e.g., I am feeling frustrated so I better take some deep breaths and calm down)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Uses opportunities to comment on occasions when children state they are feeling upset or angry but are remaining calm</td>
<td></td>
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</tr>
</tbody>
</table>

Comments:

Date 1 Completed: ___________________

Date 2 Completed: ________________
# Inventory of Practices for Promoting Social Emotional Competence

## Social Emotional Teaching Strategies

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<tr>
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<th>Seldom</th>
<th>Target for training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Models appropriate expressions and labeling of their own emotions and self-regulation throughout the course of the day</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>- Labels positive feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Labels negative feelings paired with actions to regulate</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
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</tr>
<tr>
<td>22. Creates a planned approach for problem solving processes within the classroom</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>- Individualizes the planned approach to the appropriate level of the child</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Systematically teaches the problem solving steps:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. What is my problem?</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>b. What are some solutions?</td>
<td></td>
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<tr>
<td>c. What would happen next?</td>
<td></td>
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<tr>
<td>d. Try out the solution.</td>
<td></td>
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</tr>
<tr>
<td>- &quot;Problematizes&quot; situations throughout the day to allow children opportunities to generate solutions</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Takes time to support children through the problem solving process during heated moments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Comments on and reinforces children's problem solving efforts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>23. Promotes children's individualized emotional regulation that will enhance positive social interactions within the classroom</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>- Helps children recognize cues of emotional escalation</td>
<td></td>
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<tr>
<td>- Helps children identify appropriate choices</td>
<td></td>
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<tr>
<td>- Helps children try solutions until the situation is appropriately resolved</td>
<td></td>
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<tr>
<td>- Displays photographs of children working out situations</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
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</tr>
</tbody>
</table>

Date 1 Completed: ___________________  Date 2 Completed: ___________________
# Individualized Intensive Interventions

<table>
<thead>
<tr>
<th>Skills and Indicators</th>
<th>Consistently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Target for training?</th>
<th>Observations/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Teams with family to develop support plans</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>❑ Invites family to participate in behavior support process from the beginning</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>❑ Accommodates family schedule</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>❑ Encourages family to assist in the development of plan</td>
<td></td>
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</tr>
<tr>
<td>❑ Ensures that the plan addresses family and child care issues</td>
<td></td>
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</tr>
</tbody>
</table>

Comments:

| 25. Teams use functional assessment                        | 3            | 2            | 1      | YES                   | NO                    |
| ❑ Conducts observations                                   |              |              |        |                       |                       |
| ❑ Completes interviews                                    |              |              |        |                       |                       |
| ❑ Develops hypothesis                                     |              |              |        |                       |                       |

Comments:

| 26. Develops and implements behavior support plan          | 3            | 2            | 1      | YES                   | NO                    |
| ❑ Includes replacement skills                              |              |              |        |                       |                       |
| ❑ Includes prevention strategies                           |              |              |        |                       |                       |
| ❑ Includes new responses                                   |              |              |        |                       |                       |

Comments:

| 27. Teaches replacement skills                             | 3            | 2            | 1      | YES                   | NO                    |
| ❑ Replacement skills are taught throughout the day         |              |              |        |                       |                       |
| ❑ Replacement skills are taught when challenging behavior is not occurring |              |              |        |                       |                       |
| ❑ Consistently provides positive reinforcement for appropriate behavior |              |              |        |                       |                       |

Comments:

Date 1 Completed: ___________________

Date 2 Completed: ___________________
## Individualized Intensive Interventions

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>28. Monitors progress</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>❑ Measures and monitors changes in challenging behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>❑ Measures and monitors acquisition of replacement skills</td>
<td></td>
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<tr>
<td>❑ Team meets periodically to review child progress, plan implementation, and to develop new support strategies</td>
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</tbody>
</table>

Comments:

Date 1 Completed: ___________________

Date 2 Completed: ___________________
# Action Plan for Promoting Social Emotional Competence

## Building Positive Relationships

<table>
<thead>
<tr>
<th>Skills and Indicators</th>
<th>Strategies I will use to implement new practices or support others in implementing new practices</th>
<th>Supports and resources needed to accomplish these activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Develops meaningful relationships with children and families</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Greets children on arrival; calls by name</td>
<td></td>
<td></td>
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<tr>
<td>❑ Communicates with children at eye level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Verbally interacts with individual children during routines and activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Participates in children's play when appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Shows respect, consideration, warmth to all children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Speaks calmly to children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Uses a variety of strategies for building relationships with all children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Attends to children in positive ways at times when children are not engaging in challenging behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Uses a variety of strategies for building relationships with all families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Creates a classroom that is a place that children and families like to be (i.e., feel comfortable, welcome, and safe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Examines personal, family, and cultural views of child’s challenging behavior</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Considers personal beliefs regarding the acceptability and unacceptability of specific types of child behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Considers personal beliefs regarding the causes of specific types of unacceptable child behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Acknowledges contrasting or conflicting beliefs held by others regarding acceptable and unacceptable types of child behavior</td>
<td></td>
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</tr>
</tbody>
</table>

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Date 2 Completed: ___________________
**Building Positive Relationships**

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<th>Skills and Indicators</th>
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<tbody>
<tr>
<td>3. Examines own attitudes toward challenging behavior</td>
<td></td>
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</tr>
<tr>
<td>❑ Understands the relationship between children's social emotional development and challenging behaviors</td>
<td></td>
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<tr>
<td>❑ Understands that children's challenging behaviors are conveying some type of message</td>
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<td></td>
</tr>
<tr>
<td>❑ Understands there are many things that can be done to prevent challenging behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Identifies what children's behaviors “push my buttons”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Develops strategies for dealing with situations when children’s behaviors “push my buttons”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Works together with a team to problem solve around issues related to challenging behaviors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date 1 Completed: ___________________  Date 2 Completed: _________________
## Action Plan for Promoting Social Emotional Competence

### Designing Supportive Environments

<table>
<thead>
<tr>
<th>Skills and Indicators</th>
<th>Strategies I will use to implement new practices or support others in implementing new practices</th>
<th>Supports and resources needed to accomplish these activities</th>
</tr>
</thead>
</table>

4. **Designs the physical environment**
   - Arranges traffic patterns in classroom so that there are not wide open spaces that allow children to run
   - Removes obstacles that make it difficult for children with physical disabilities to move around the room
   - Clearly defines boundaries in learning centers
   - Arranges learning centers to allow room for multiple children
   - Provides a variety of materials in all learning centers
   - Designs learning centers so that children spend time evenly across centers
   - Considers children's interests when deciding what to put in learning centers
   - Makes changes and additions to learning centers on a regular basis
   - Visually closes learning centers when they are not an option

5. **Develops schedules and routines**
   - Designs schedule to include a balance of large group and small group activities
   - Designs schedule to minimize the amount of time children spend making transitions between activities
   - Implements schedule consistently
   - Teaches children about the schedule
   - Provides explanations when changes in the schedule are necessary

| Date 1 Completed: ___________________ | Date 2 Completed: ___________________ |
### Designing Supportive Environments

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<th>Supports and resources needed to accomplish these activities</th>
</tr>
</thead>
</table>
| **6. Ensures smooth transitions**  
- Structures transitions so children do not have to spend excessive time waiting with nothing to do  
- Teaches children the expectations associated with transitions  
- Provides warnings to children prior to transitions  
- Individualizes the warnings prior to transitions so that all children understand them | | |
| **7. Designs activities to promote engagement**  
- Plans and conducts large group activities with specific goals in mind for the children  
- Varies the topics and activities in the large group from day to day  
- Provides opportunities for children to be actively involved in large group activities  
- Varies speech and intonation to maintain the children’s interests in the large group activity  
- Monitors children’s behavior and modifies plans when children lose interest in large group activities  
- Plans and conducts small group activities with specific goals in mind for each child  
- Plans and conducts fun small group activities  
- Uses peers as models during small group activities  
- Monitors children’s behavior and modifies plans when children lose interest in small group activities  
- Makes adaptations and modifications to ensure that all children can be involved in a meaningful way in any activity  
- Uses a variety of ways to teach the expectations of specific activities so that all children understand them | | |

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### Designing Supportive Environments

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</tr>
</thead>
<tbody>
<tr>
<td><strong>8. Giving Directions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ Gains child’s attention before giving directions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ Minimizes the number of directions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ Individualizes the way directions are given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ Gives clear directions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ Gives directions that are positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ Gives children time to respond to directions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ Gives children choices and options when appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ Follows through with positive acknowledgments of children’s behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9. Establishes and enforces clear rules, limits, and consequences for behavior</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ Identifies appropriate classroom rules with children</td>
<td></td>
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<tr>
<td>❖ Teaches rules in developmentally appropriate ways</td>
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<tr>
<td>❖ Provides opportunities for children to practice classroom rules</td>
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<tr>
<td>❖ States rules positively and specifically (avoids words “no” and “don’t” as much as possible)</td>
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<tr>
<td>❖ Keeps rules to manageable number (3-6)</td>
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</tr>
<tr>
<td>❖ Frequently reinforces children for appropriate behavior</td>
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<tr>
<td>❖ Identifies consequences for both following and not following rules</td>
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<tr>
<td>❖ Makes sure all adults in classroom know rules and consequences</td>
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<tr>
<td>❖ Enforces rules and consequences consistently and fairly</td>
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Date 2 Completed: ________________
### Designing Supportive Environments

<table>
<thead>
<tr>
<th>Skills and Indicators</th>
<th>Strategies I will use to implement new practices or support others in implementing new practices</th>
<th>Supports and resources needed to accomplish these activities</th>
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</thead>
<tbody>
<tr>
<td><strong>10. Engages in ongoing monitoring and positive attention</strong></td>
<td></td>
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<tr>
<td>❑ Gives children time and attention when engaging in appropriate behavior</td>
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<tr>
<td>❑ Monitors adults’ interactions with children throughout the day</td>
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<tr>
<td><strong>11. Uses positive feedback and encouragement</strong></td>
<td></td>
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<tr>
<td>❑ Uses positive feedback and encouragement contingent on appropriate behavior</td>
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<tr>
<td>❑ Provides descriptive feedback and encouragement</td>
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<tr>
<td>❑ Conveys enthusiasm while giving positive feedback and encouragement</td>
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<tr>
<td>❑ Uses positive feedback and encouragement contingent on child’s efforts.</td>
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<tr>
<td>❑ Provides nonverbal cues of appreciation</td>
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<tr>
<td>❑ Recognizes that there are individual variations in what forms of acknowledgment are interpreted as positive by children</td>
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<tr>
<td>❑ Involves other adults in acknowledging children</td>
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<tr>
<td>❑ Models positive feedback and encouragement frequently</td>
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Date 1 Completed: ___________________

Date 2 Completed: ___________________
# Action Plan for Promoting Social Emotional Competence

## Social Emotional Teaching Strategies

<table>
<thead>
<tr>
<th>Skills and Indicators</th>
<th>Strategies I will use to implement new practices or support others in implementing new practices</th>
<th>Supports and resources needed to accomplish these activities</th>
</tr>
</thead>
</table>
| 12. Interacts with children to develop their self-esteem | ❑ Demonstrates active listening with children  
❑ Avoids judgmental statements  
❑ Responds to children’s ideas  
❑ Recognizes children’s efforts  
❑ Shows empathy and acceptance of children’s feelings | |
| 13. Shows sensitivity to individual children’s needs | ❑ Respects and accommodates individual needs, personalities, and characteristics  
❑ Adapts and adjusts accordingly (instruction, curriculum, materials, etc.)  
❑ Conveys acceptance of individual differences (culture, gender, sensory needs, language, abilities) through planning, material selection, and discussion of topics | |
| 14. Encourages autonomy | ❑ Provides children with opportunities to make choices  
❑ Allows children time to respond and/or complete task independently before offering assistance  
❑ Creates opportunities for decision making, problem solving, and working together  
❑ Teaches children strategies for self-regulating and/or self-monitoring behaviors | |

Date 1 Completed: ___________________  
Date 2 Completed: ___________________
### Skills and Indicators

<table>
<thead>
<tr>
<th>Strategies I will use to implement new practices or support others in implementing new practices</th>
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</thead>
<tbody>
<tr>
<td><strong>15. Capitalizes on the presence of typically developing peers</strong></td>
<td></td>
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<tr>
<td>- Utilizes peers as models of desirable social behavior</td>
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<tr>
<td>- Encourages peer partners/buddies (i.e., hold hands during transitions, play partner, clean-up buddy, etc.)</td>
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<tr>
<td>- Demonstrates sensitivity to peer preferences and personalities</td>
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<tr>
<td>- Shows an understanding of developmental levels of interactions and play skills</td>
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<tr>
<td><strong>16. Utilizes effective environmental arrangements to encourage social interactions</strong></td>
<td></td>
</tr>
<tr>
<td>- Considers peer placement during classroom activities</td>
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</tr>
<tr>
<td>- Effectively selects, arranges, and utilizes materials that promote interactions (high interest, novel, culturally meaningful)</td>
<td></td>
</tr>
<tr>
<td>- Effectively selects, arranges, and implements activities that promote interactions (high interest, novel, culturally meaningful)</td>
<td></td>
</tr>
<tr>
<td>- Develops interaction opportunities within classroom routines (i.e., table captain, clean-up partner, snack set-up, etc.)</td>
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Date 2 Completed: ___________________
### Social Emotional Teaching Strategies

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</tr>
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</table>
| **17. Uses prompting and reinforcement of interactions effectively**  
- Provides sincere, enthusiastic feedback to promote and maintain social interactions  
- Waits until interactions are finished before reinforcing; does not interrupt interactions  
- Models phrases children can use to initiate and encourage interactions  
- Gives general reminders to “play with your friends”  
- Facilitates interactions by supporting and suggesting play ideas  
- Ensures that interactions are mostly child-directed not teacher-directed during free play | | |
| **18. Provides instruction to aid in the development of social skills**  
- Includes social interaction goals on the IEP  
- Teaches appropriate social skills through lessons and role-playing opportunities  
- Incorporates cooperative games, lessons, stories, and activities that promote altruistic behavior into planning  
- Structures activities to encourage and teach sharing  
- Structures activities to encourage and teach turn taking  
- Structures activities to encourage and teach requesting and distributing items  
- Structures activities to encourage and teach working cooperatively | | |

**Date 1 Completed:** ___________________  
**Date 2 Completed:** ___________________
### Social Emotional Teaching Strategies

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</table>
| 19. Promotes identification and labeling of emotions in self and others | ❑ Uses photographs, pictures, and posters that portray people in various emotional states  
❑ Uses validation, acknowledgment, mirroring back, labeling feelings, voice tones, or gestures to show an understanding of children's feelings  
❑ Assists children in recognizing and understanding how a classmate might be feeling by pointing out facial expressions, voice tone, body language, or words  
❑ Uses real-life situations to practice problem solving, beginning with defining the problem and emotions involved |                                                                                        |
| 20. Explores the nature of feelings and the appropriate ways they can be expressed | ❑ Teaches that all emotions are okay, but not all expressions are okay  
❑ Labels own emotional states and provides an action statement (e.g., I am feeling frustrated so I better take some deep breaths and calm down)  
❑ Uses opportunities to comment on occasions when children state they are feeling upset or angry but are remaining calm |                                                                                        |

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## Social Emotional Teaching Strategies

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<tbody>
<tr>
<td>21. <strong>Models appropriate expressions and labeling of their own emotions and self-regulation throughout the course of the day</strong></td>
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<tr>
<td>❑ Labels positive feelings</td>
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<tr>
<td>❑ Labels negative feelings paired with actions to regulate</td>
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<tr>
<td>22. <strong>Creates a planned approach for problem solving processes within the classroom</strong></td>
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</tr>
<tr>
<td>❑ Individualizes the planned approach to the appropriate level of the child</td>
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<tr>
<td>❑ Systematically teaches the problem solving steps:</td>
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<td></td>
</tr>
<tr>
<td>(a) What is my problem?</td>
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<td></td>
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<tr>
<td>(b) What are some solutions?</td>
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<td></td>
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<tr>
<td>(c) What would happen next?</td>
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<tr>
<td>(d) Try out the solution.</td>
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<tr>
<td>❑ “Problematizes” situations throughout the day to allow children opportunities to generate solutions</td>
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<tr>
<td>❑ Takes time to support children through the problem solving process during heated moments</td>
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<tr>
<td>❑ Comments on and reinforces children’s problem solving efforts</td>
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### Social Emotional Teaching Strategies

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</table>
| 23. Promotes children's individualized emotional regulation that will enhance positive social interactions within the classroom | ❑ Helps children recognize cues of emotional escalation  
❑ Helps children identify appropriate choices  
❑ Helps children try solutions until the situation is appropriately resolved  
❑ Displays photographs of children working out situations | |
# Action Plan for Promoting Social Emotional Competence

## Individualized Intensive Interventions

<table>
<thead>
<tr>
<th>Skills and Indicators</th>
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<th>Supports and resources needed to accomplish these activities</th>
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</thead>
<tbody>
<tr>
<td><strong>24. Teams with family to develop support plans</strong></td>
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<tr>
<td>❑ Invites family to participate in behavior support process from the beginning</td>
<td></td>
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<tr>
<td>❑ Accommodates family schedule</td>
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<tr>
<td>❑ Encourages family to assist in the development of plan</td>
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<tr>
<td>❑ Ensures that the plan addresses family and child care issues</td>
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<tr>
<td><strong>25. Teams use functional assessment</strong></td>
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<tr>
<td>❑ Conducts observations</td>
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<tr>
<td>❑ Completes interviews</td>
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<tr>
<td>❑ Develops hypothesis</td>
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<tr>
<td><strong>26. Develops and implements behavior support plan</strong></td>
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<td></td>
</tr>
<tr>
<td>❑ Includes replacement skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Includes prevention strategies</td>
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<td></td>
</tr>
<tr>
<td>❑ Includes new responses</td>
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<tr>
<td><strong>27. Teaches replacement skills</strong></td>
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<td></td>
</tr>
<tr>
<td>❑ Replacement skills are taught throughout the day</td>
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<td></td>
</tr>
<tr>
<td>❑ Replacement skills are taught when challenging behavior is not occurring</td>
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<tr>
<td>❑ Consistently provides positive reinforcement for appropriate behavior</td>
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Date 2 Completed: _______________
## Individualized Intensive Interventions

<table>
<thead>
<tr>
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<th>Supports and resources needed to accomplish these activities</th>
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</thead>
<tbody>
<tr>
<td><strong>28. Monitors progress</strong></td>
<td>□ Measures and monitors changes in challenging behavior □ Measures and monitors acquisition of replacement skills □ Team meets periodically to review child progress, plan implementation, and to develop new support strategies</td>
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Date 1 Completed: ___________________  
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Many young children engage in challenging behavior in the course of early development. The majority of these children respond to developmentally appropriate management techniques.

Many young children, including children with disabilities, engage in behavior that is labeled by adults as “challenging”. Sometimes, this behavior is short-term and decreases with age and use of appropriate guidance strategies. Additionally, what is “challenging” to one person may not be to another. It is critical for professionals to be aware of and sensitive to how families, cultural groups and communities define appropriate and inappropriate behavior in young children. Different communities have varying expectations for child behavior. Professionals must respect family, cultural and community expectations in identifying problems and designing interventions. However, sometimes families or professionals may have inappropriate expectations for young children’s behavior. It is important to understand what behaviors are typically associated with particular age groups. For instance, adults need to understand that young children engage in behaviors that older children do not, such as throwing toys or sitting for only short periods of time. With guidance and instruction most children will learn appropriate alternative behavior. Adults must also explore their own beliefs and emotions about certain behaviors (e.g., cursing or hurting others) in order to respond objectively to children. In summary, care must be taken to consider cultural and community beliefs, developmentally appropriate expectations and one’s own beliefs about behavior, in the identification of children’s behavior as “challenging”.

Regrettably, some children’s challenging behaviors are not effectively addressed by adult vigilance and use of appropriate guidance strategies. For these children, the challenging behavior may result in injury to themselves or others, cause damage to the physical environment, interfere with the acquisition of new skills, and/or socially isolate the child (Doss & Reichle, 1989; Kaiser & Rasminsky, 1999). It is clear that challenging behaviors such as these seldom resolve themselves without systematic intervention (Kazdin, 1987; Olweus, 1979; Wahler & Dumas, 1986). Relatedly, there is growing evidence that many young children who engage in chronic, highly challenging behaviors proceed through a predictable course of ever-escalating challenging behaviors (Patterson & Bank, 1989; Reid, 1993). What intervention efforts are available for a child who engages in serious challenging behavior?

DEC believes strongly that many types of services and intervention strategies are available to address challenging behavior.

Children may well engage in challenging behavior that quite often can be eliminated by a change in adult behavior. It is possible that the child is reacting to adult behaviors such as lack of attention or unrealistic expectations. By changing adult behavior, we may prevent a child’s need to engage in challenging behavior. Prevention is the best form of intervention (Poulsen, 1993; Zirpoli & Melloy, 1993). It is time and cost-efficient, and appears to be a major avenue by which to eliminate, not merely reduce, the incidence of challenging behaviors (Strain, Steele, Ellis, & Timm, 1982). Prevention means that the important adults in the child’s life
have to look at their behavior in the classroom, home or community setting that might be maintaining the child’s challenging behaviors (McEvoy, Fox & Rosenberg, 1991; Strain & Hemmeter, 1997). For example, are toddlers expected to sit through a 30-minute circle time? Is a child getting a cookie when he screams? Effective prevention strategies that have been applied to the challenging behaviors of young children have included systematic efforts to teach parents to use child behavior management skills (Timm, 1993) and efforts to teach alternative, appropriate behaviors that are coordinated between programs and home (Walker, Stiller, & Golly, 1998).

Given the nature of most challenging behavior, we believe that there is a vast array of supplemental services that can be added to the home and early education environment to increase the likelihood that children will learn appropriate behavior. A variety of intervention strategies can be implemented with either formal or informal support. Services and strategies could include, but are not limited to: (a) designing environments and activities to prevent challenging behavior and to help all children develop appropriate behavior; (b) utilizing effective behavioral interventions that are positive and address both the form and function of a young child’s challenging behavior; (c) adopting curricular modification and accommodation strategies designed to help young children learn behaviors appropriate to their settings; and (d) providing external consultation and technical assistance or additional staff support, e.g. with appropriately trained early childhood special educators. In addition, all professionals who work with children in implementing individualized education programs (IEPs) or individualized family service plans (IFSPs) must have opportunities to acquire knowledge and skills necessary for effective implementation of prevention and intervention programs.

Family members and professionals should work together to identify the challenging behavior, assess it in the settings where it occurs, and design interventions that are realistic to implement and empirically sound. There are literally dozens of empirically validated interventions designed to decrease the challenging behaviors of young children. Effective interventions include the following features:

**Comprehensive** – it is seldom the case that one intervention strategy will be sufficiently powerful to yield a satisfactory change in challenging behaviors. Therefore, a comprehensive approach is highly recommended. For example, a preschool teacher may find that a comprehensive intervention package comprised of the following strategies for teaching children to share will yield far more favorable outcomes than any one strategy used in isolation: a) Adaptations to activities – a part of opening circle and storytime is devoted to teaching sharing skills; b) Rehearsal of class rules – sharing is added to class rules and children are reminded of all rules prior to each class transition; c) Role-playing alternative behaviors – from a prevention perspective, all children are given opportunities to practice sharing and other class rules at the end of opening circle and at the beginning of storytime. From an intervention perspective, squabbles over toys and materials are responded to by having the parties practice appropriate sharing; d) Arranging for peer models/reinforcing desirable behaviors – many times throughout the day, all children could be found following all class rules, including sharing. When sharing is observed, the teacher communicates in a very positive and public fashion about who is sharing and how they are sharing.

**Individualized** – Like all other areas of intervention programming, individualization is key to success with challenging behaviors. While there is great appeal to the simple formula approach to challenging behaviors (e.g., if Sally does this behavior, you do this), it is a formula doomed to failure. There is overwhelming evidence that children do the same challenging behaviors (e.g., screaming) for fundamentally different reasons and that they may also engage in completely different
challenging behaviors (e.g., running away; hitting peers) for the same reason (Carr & Durand, 1985). Therefore, it is imperative to know, at the individual child and specific behavior level, the probable motivations or functions for the challenging acts. For example, a child may scream and cry because she wants more attention, or because she does not want to do something asked of her. The “form” of the behavior is crying. But there are two “functions” described above (attention and escape) that would require different interventions. When choosing an intervention it is critical to assess both what (form) the behavior is and why (function) the child is exhibiting the behavior [see O’Neill, Horner, Albin, Storey, & Sprague (1990) for in-depth descriptions of methods used to identify the specific communicative intent or function of challenging behaviors]. Once this assessment process is complete, an individualized set of strategies can be developed and implemented.

**Positive Programming** – Because many challenging behaviors elicit such strong emotional responses and at times poor behavior choices by caregivers and teachers, it is essential to focus on the positive aspects of programming (Neilson, Olive, Donovan & McEvoy, 1998). Positive programming refers to: (a) teaching appropriate social skills (e.g., entering play groups), (b) teaching children to self-evaluate and self-monitor their behavior (e.g., am I saying nice things?), and (c) teaching specific communicative alternatives to challenging behaviors (teaching a child who tantrums at clean up time to sign or say “more”). This positive, teaching focus also reflects the now accepted and empirically-validated notion that many challenging behaviors stem directly from lack of skill in the social and communicative domains.

**Multi-Disciplinary** – It is also the case that the challenging behaviors of some children clearly demand the input and expertise of multiple disciplines. Early childhood special educators, early childhood educators and psychologists are typical members of a team. Pediatricians, neurologists, and child psychiatrists, for example, can also play useful roles in those complex instances where the child’s challenging behaviors have a known or suspected neurobiological basis (Hirshberg, 1997/1998). The speech therapist is an essential member of the intervention team when the behavior may be a result of frustration with speech/language difficulties. The role of a team approach is crucial. Just as it is unlikely that a singular educational intervention will be sufficient to manage serious challenging behaviors, it is also unlikely that a biomedical or pharmacological or some other intervention alone will be sufficient.

**Data-based** – A reliable, viable, and useful system of data collection is essential to the success of any intervention plan (Kaiser & Rasminsky, 1999). Data collection can serve many purposes specifically related to challenging behavior. As we indicated above, challenging behaviors often elicit strong, emotional responses from the adults in a child’s life. These responses make it difficult for us to be objective about the severity or frequency of a challenging behavior and also can prevent us from recognizing a child’s progress related to the challenging behavior. For example, a teacher or parent may be struggling to reduce the spitting behavior of a young boy. The child spits when apparently happy, upset, angry, when hugged, when scolded. When the behavioral consultant asks how often the child spits, the answer is “all the time”. In fact, the child is observed to spit 70 to 100 times per day, or put differently, he spits for less than 2 minutes in the four-hour data collection period. To adults this level of spitting indeed feels like “all the time”. In fact, the child is observed to spit 70 to 100 times per day, or put differently, he spits for less than 2 minutes in the four-hour data collection period. To adults this level of spitting indeed feels like “all the time”. However, the data collection details the actual frequency as well as other important facts. Data collection can assist us in identifying the frequency of the challenging behavior, contextual variables that may be supporting the child’s challenging behavior, and changes that may be needed in the environment to reduce the occurrences of the challenging behavior. In addition, data collection can be used to determine the extent to which an intervention or change in the environment is having a positive effect on the child’s behavior. Finally, a
data collection system, if designed correctly, increases the likelihood that the adults across the child’s environments are addressing the challenging behavior in a consistent way.

**DEC believes strongly that families play a critical role in designing and carrying out effective interventions for challenging behavior.**

Given the family-focused nature of early childhood education, we acknowledge the central role that families play in addressing challenging behavior. Often times, challenging behavior occurs across places, people and time; thus families are critical members of the intervention team. A coordinated effort between family members and professionals is needed to assure that interventions are effective and efficient and address both child and family needs and strengths. All decisions regarding the identification of a challenging behavior, possible interventions, placement, and ongoing evaluation must be made in accordance with the family through the IEP, IFSP, or other team decision-making processes.

Often, families are blamed for a child’s problem behavior. In an extensive review of the literature concerning families of preschool children with conduct problems, Webster-Stratton (1997) confirmed that certain parental/family factors including depression, substance abuse, aggression, antisocial behavior, intense marital conflict, insularity, and ineffective parenting skills appear related to the presence of behavior problems for some children. However, a growing body of evidence was cited in which other factors such as child physiological/neurological/neuropsychological attributes, communication competence, child social problem-solving skill deficiencies, family poverty, and school setting characteristics also appear directly related to the presence or absence of challenging behavior in children. The most promising emerging perspective within this literature emphasizes the complex interplay among risk factors leading to the formation and perpetuation of problem behaviors.

While the family may or may not have contributed directly to the creation of the challenging behavior, family members are almost always significantly affected by the behavior. Webster-Stratton (1990) found that families of children with serious behavioral problems reported the presence of major stressors in their lives two to four times more frequently than did families with typically developing children. Family members are likely to receive unsolicited advice with every tantrum, outburst and misbehavior. Activities that other families seem to enjoy as a matter of course are unattainable or are in constant jeopardy. Isolation becomes a fact of life.

As described earlier, families of children with challenging behavior require access to a range of intervention services that are coordinated to meet their specific needs. Nicholas Hobbs (1982) observed that “The way one defines a problem will determine in substantial measure the strategies that can be used to solve it” (p. 182). Obviously, if a preponderance of researchers, policy-makers, and practitioners are convinced that families deserve blame for the existence of most challenging behavior, then available services will be structured accordingly. But even if the question of blame is eliminated, there is reason to be concerned that other differences in professional beliefs regarding challenging behavior can create comparable difficulties for families. Advocates of psychopharmacological versus behavioral interventions, homeopathic versus traditional medical treatments, family-centered versus child-centered approaches, or center-based versus home-based service delivery systems collectively produce a bewildering array of disjointed information and difficult choices. Many families of children with challenging behavior have astounding stories to tell regarding their journeys through this landscape of conflicting diagnoses, bickering professionals, and expensive mistakes. There are some children whose problematic behavior is controlled most immediately by physiological factors. There are some individuals who might benefit from appropriate psychopharmacological treatment in order to respond to complementary environmental, curricular, or behavioral needs.
interventions. Therefore, as noted earlier, professionals must be aware of the various disciplines and services that might serve as appropriate resources to the family (Reichle, McEvoy, Davis, Feeley, Johnston & Wolff, 1996). All professionals have a fundamental obligation to provide accurate information and support to families as multiple approaches and options are considered.

Finally, families need partners. Dunst, Trivette, and Deal (1988) proposed that within the working relationship involving families and early intervention professionals “It is not simply a matter of whether family needs are met, but rather the manner in which needs are met that is likely to be both enabling and empowering” (p. 4). Parents of children with challenging behavior are often frustrated with the child, other family members, and themselves. The understanding and support of professionals can have a profound and positive impact. They need effective tools to use, appropriate resources for support, and assurance that they and their child are accepted.

Professionals and families must carefully evaluate a child’s behavior. The focus must be on promoting positive behavior and preventing challenging behaviors. In the appropriate identification of challenging behaviors, consideration must be taken of cultural and community beliefs, developmentally appropriate expectations, and an examination of one’s own belief about behavior. When intervention is needed, such interventions must be developmentally, individually and culturally appropriate. They should be comprehensive, individualized, positive, multi-disciplinary and consider families as integral to all decisions related to the planning and implementation of the strategies and services.

REFERENCES


Handout 4.9: Leadership Strategies

Acknowledgements

This concept paper is the result of a work group of DEC members: Linda Brault, Judy Carta, Mary Louise Hemmeter, Mary McEvo, Shelley Neilsen, Beth Rous, Barbara Smith, Phil Strain and Matt Timm.

DEC Website:
http://www.dec-sped.org/


There is a link between program quality and child outcomes. Therefore, programs that employ best practices will positively impact the outcomes of children and families they serve.

Implementing recommended practices in services for young children with disabilities and their families requires administrative policies, procedures, and structures that will support such practice. For instance, providing family-based resources and supports or child-focused services in natural settings requires flexible personnel job descriptions and hours of work that promote service provision in the home or community setting during hours convenient for the family or community program. Recommended practices also require cutting-edge knowledge and skills through on-going, job-related training and technical assistance supports. This richness of policies, procedures, and supports will occur only if administrators (a) are knowledgeable of recommended practice in EI/ECSE, (b) share resources with other programs and agencies, and (c) engage in systems change and planning.

This checklist contains relevant recommended practices from the seven strands of the DEC Recommended Practices in Early Intervention/Early Childhood Special Education (Sandall, McLean, & Smith, 2000) that give specific direction to administrators. Most of these recommendations are found in the Policies, Procedures, and Systems Change chapter of the DEC Recommended Practices. This checklist of selected practices can be used by administrators to reflect on their policies. However, administrators are encouraged to become familiar with all of the practices in DEC Recommended Practices in Early Intervention/Early Childhood Special Education (Sandall, McLean, & Smith, 2000) in order to appropriately serve young children with disabilities and their families.
Chapter 10: Administrator’s Essentials Checklist

Administrators, other professionals, and families shape policy at the national, state, and local levels that promote the use of recommended practices in early intervention/early childhood special education.

Examples/Notes:

<table>
<thead>
<tr>
<th>Is this practice evident in policy/procedure?</th>
<th>Yes</th>
<th>Emerging</th>
<th>No</th>
</tr>
</thead>
</table>

Administrators ensure that they and their staff have the knowledge, training, and credentials necessary to implement the DEC Recommended Practices in early intervention/early childhood special education.

- Program coordinators/supervisors have training in early childhood education, early intervention, early childhood special education, and supervision.

Examples/Notes:

<table>
<thead>
<tr>
<th>Is this practice evident in policy/procedure?</th>
<th>Yes</th>
<th>Emerging</th>
<th>No</th>
</tr>
</thead>
</table>

- Administrators are affiliated with professional early childhood/early childhood special education organizations and encourage staff to maintain their affiliations. Continuing education such as staff attendance at meetings and conferences to enhance professional growth is supported.

Examples/Notes:

<table>
<thead>
<tr>
<th>Is this practice evident in policy/procedure?</th>
<th>Yes</th>
<th>Emerging</th>
<th>No</th>
</tr>
</thead>
</table>

- Program policies provide clear job descriptions and provide for personnel competencies and on-going staff development, technical assistance, supervision, and evaluation to inform and improve the skills of practitioners and administrators.

Examples/Notes:

<table>
<thead>
<tr>
<th>Is this practice evident in policy/procedure?</th>
<th>Yes</th>
<th>Emerging</th>
<th>No</th>
</tr>
</thead>
</table>
Program policies and administration promote families as partners in the planning and delivery of services, supports, and resources.

- When creating program policies and procedures, strategies are employed to capture family and community voices and to support the active and meaningful participation of families and community groups including those that are traditionally underrepresented.
  
  Examples/Notes:

  Is this practice evident in policy/procedure?  ❑ Yes  ❑ Emerging  ❑ No

- Program policies create a participatory decision-making process of all stakeholders including individuals with disabilities. Training in teaming is provided as needed.
  
  Examples/Notes:

  Is this practice evident in policy/procedure?  ❑ Yes  ❑ Emerging  ❑ No

- Program policies ensure that families understand their rights including conflict resolution, confidentiality, and other matters.
  
  Examples/Notes:

  Is this practice evident in policy/procedure?  ❑ Yes  ❑ Emerging  ❑ No

- Program policies are examined and revised as needed to ensure that they reflect and respect the diversity of children, families, and personnel.
  
  Examples/Notes:

  Is this practice evident in policy/procedure?  ❑ Yes  ❑ Emerging  ❑ No
Chapter 10: Administrator’s Essentials Checklist

- Program policies are provided in sufficient detail and formats so that all stakeholders understand what the policy means.

  Examples/Notes:

  Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No

- Program policies require a family-centered approach in all decisions and phases of service delivery (system entry, assessment procedures, Individualized Family Service Plan (IFSP)/Individualized Education Program (IEP), intervention, transition, etc.) including presenting families with flexible and individualized options for the location, timing, and types of services, supports, and resources that are not disruptive of family life.

  Examples/Notes:

  Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No

- Program policies provide for the dissemination of information about program initiatives and outcomes to stakeholders.

  Examples/Notes:

  Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No

Program policies and administration promote the use of DEC’s and other recommended practices.

- Program policies reflect recommended practices including personnel standards, child-staff ratios, group size, case loads, safety, assistive technology, and EI/ECSE services and practices. Incentives, training, and technical assistance to promote the use of recommended practices in all settings are provided.

  Examples/Notes:

  Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No
• Program policies establish accountability systems that provide resources, supports, and clear action steps to ensure compliance with regulations and to ensure that recommended practices are adopted, utilized, maintained, and evaluated resulting in high quality services.

Examples/Notes:

Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No

• Program policies support the provision of services in inclusive or natural learning environments (places in which typical children participate such as the home or community settings, public and private preschools, child care, recreation groups, etc.). Strategies are used to overcome challenges to inclusion.

Examples/Notes:

Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No

• Program policies ensure that the IFSP/IEP is used on a regular and frequent basis to determine the type and amounts of services, the location of services and desired outcomes.

Examples/Notes:

Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No

• Program policies ensure that family supports, service coordination, transitions, and other practices occur in response to child and family needs rather than being determined by the age of the child (e.g., b-2, 3-5).

Examples/Notes:

Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No
• Program policies ensure that multiple instructional models are available to meet the individual needs of children (e.g., less structure to more structure; child-driven to teacher-driven; peer-mediated to teacher-mediated, etc.).

Examples/Notes:

Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No

• Administrators provide for a supportive work environment (e.g., hiring and retention policies, compensation and benefits, safety, workspace, etc.).

Examples/Notes:

Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No

Program policies and administration promote interagency and interdisciplinary collaboration.

• Program policies include structures and mechanisms such as job descriptions, planning time, training, and resources for teaming resulting in meaningful participation for on-going coordination among professionals, families, and programs related to service delivery including transition.

Examples/Notes:

Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No

• Program policies facilitate and provide for comprehensive and coordinated systems of services through interagency collaboration by clearly delineating the components, activities, and responsibilities of all agencies (e.g., joint policies across agencies; collaborative planning on a system, child, and family basis; shared forms and plans; etc.).

Examples/Notes:

Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No
• Program policies result in families and professionals from different disciplines working as a team developing and implementing IFSPs/IEPs that integrate their expertise into common goals.

  Examples/Notes:

  Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No

Program policies, administration, and leadership promote program evaluation and systems change efforts at the community level.

• A shared vision (of all stakeholders), clear values/beliefs, and an understanding of the culture and context to be changed guide efforts to restructure and reform systems. Decisions about what to change result from regular analysis and evaluation of discrepancies among the vision, beliefs, knowledge, and current practices.

  Examples/Notes:

  Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No

• Assessment of the interests, issues, and priorities of constituent groups guides the selection and direction of leadership and systems change strategies.

  Examples/Notes:

  Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No

• Leadership and systems change efforts produce positive outcomes for children, families, and communities that are responsive to their needs. Evaluation data are used to ensure: (a) service utilization, (b) more efficient and effective supports for children, families, and staff, and (c) appropriate systems change leadership and strategies.

  Examples/Notes:

  Is this practice evident in policy/procedure?  □ Yes  □ Emerging  □ No
Chapter 10: Administrator’s Essentials Checklist

- Leadership capacity, risk taking, and shared decision-making among professionals and families at all levels of the organization are cultivated.

Examples/Notes:

Is this practice evident in policy/procedure? □ Yes □ Emerging □ No

- Leadership and systems change efforts include attention to: timely job-embedded professional development, funding, program evaluation, accountability, governance, program accreditation, curriculum and naturalistic instruction/supports.

Examples/Notes:

Is this practice evident in policy/procedure? □ Yes □ Emerging □ No

- Leadership and systems change efforts rely on strong relationships and collaboration within and across systems: between consumer and system, across systems that deal with children and families, among components within a system, and among professionals from diverse disciplines.

Examples/Notes:

Is this practice evident in policy/procedure? □ Yes □ Emerging □ No

- Leadership is committed and willing to change organizational structures (staffing, schedules, teaming) to be responsive to individual needs.

Examples/Notes:

Is this practice evident in policy/procedure? □ Yes □ Emerging □ No
• Change is institutionalized through the development of coordinated management and accountability systems.
   Examples/Notes:

   Is this practice evident in policy/procedure?  ❑ Yes  ❑ Emerging  ❑ No

• Resources are provided for program evaluation that occurs along established time points, incorporating appropriate measurable indicators of progress including child and family outcomes and preferences.
   Examples/Notes:

   Is this practice evident in policy/procedure?  ❑ Yes  ❑ Emerging  ❑ No

• Program evaluation is comprehensive, is multi-dimensional, and incorporates a variety of methods for assessing the progress and outcomes of change. Evaluation efforts take into account differing cultural, contextual, demographic, and experiential perspectives including those of parents and of individuals with disabilities.
   Examples/Notes:

   Is this practice evident in policy/procedure?  ❑ Yes  ❑ Emerging  ❑ No

• Program policies delineate all components of service delivery and provide for tracking and evaluation of all components, including child and family outcomes, to ensure that recommended practices are implemented as intended.
   Examples/Notes:

   Is this practice evident in policy/procedure?  ❑ Yes  ❑ Emerging  ❑ No
Chapter 10: Administrator’s Essentials Checklist

Reference


Note

This checklist is also available free of charge from the DEC website: www.dec-sped.org

For more information on DEC Recommended Practices in Early Intervention/Early Childhood Special Education:

Division for Early Childhood/Council for Exceptional Children
1380 Lawrence St., Suite 650, Denver, CO 80204
Phone: (303) 556-3328 Fax: (303) 556-3310
Email: dec@ceo.cudenver.edu
Website: www.dec-sped.org

To order a copy of DEC Recommended Practices in Early Intervention/Early Childhood Special Education contact:

Sopris West
4093 Specialty Place
Phone: (800) 547-6747 Fax: (888) 819-7767
Website: www.sopriswest.com

Disclaimer

Funding for this publication came in part from a grant to the University of Colorado at Denver and the Division for Early Childhood from the U.S. Department of Education, Office of Special Education Programs (grant no. H324D.980033). The contents of this book do not necessarily reflect the views or policies of the U.S. Department of Education or the University of Colorado at Denver.

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Resources for Leadership Strategies

National Association for the Education of Young Children (NAEYC)


This book spells out the principles underlying developmentally appropriate practice and guidelines for classroom decision making. The revised edition is explicit about the importance of the social and cultural context in considering appropriateness of practices. For all engaged in the care and education of infants and toddlers, 3- through 5-year-olds, or primary-grade children, this book offers an overview of each period of development and extensive examples of practices appropriate and inappropriate with children in that age group.

Order online at www.naeyc.org/resources/catalog/ or call NAEYC at 1-800-424-2460


This reader-friendly book offers easily understandable ideas and strategies proven to work for children with the most challenging behaviors and to benefit every child in the setting. Published by the Canadian Child Care Federation

Order online at www.naeyc.org/resources/catalog/ or call NAEYC at 1-800-424-2460


Improve your program with these standards—set by the early childhood profession. Programs that apply for accreditation through NAEYC will receive this book in their self-study packet.

Order online at www.naeyc.org/resources/catalog/ or call NAEYC at 1-800-424-2460

Division for Early Childhood of the Council for Exceptional Children (DEC)


Based on an extensive literature review and focus groups of parents, teachers, and administrators, these practices offer much-needed guidance to parents and professionals who work with young children with disabilities. Recommended Practices outlines how families and educators can improve the development and learning outcomes for children including improved social competence, independence, problem solving, and enhanced family functioning. Recommended Practices covers the following seven topic areas:

- Assessment - Neisworth & Bagnato
- Child-Focused Practices - Wolery
- Family-Based Practices - Trivette & Durst
- Interdisciplinary Models - McWilliam
- Technology Applications – Stremel
- Policies, Procedures, and Systems Change - Harbin & Salisbury
- Personnel Preparation - Stayton & Miller
Module 4  Handout 4.11: Leadership Strategies

Order online at www.sopriswest.com or call Sopris West at 800-547-6747.


A companion to DEC Recommended Practices in Early Intervention/Early Childhood Special Education, this resource will help you assess and improve the quality of services you provide to young children with disabilities and to their families. The assessment is appropriate for Head Start, child-care centers, public schools, or other early childhood programs that implement developmentally appropriate classrooms and curricula.

Use this assessment to:
• Evaluate direct services and indirect supports, based on the recommended practices.
• Determine the strengths and needs of your program.
• Evaluate the impact of training, technical assistance, and other interventions.
• Identify professional development needs of staff.

Includes reproducible Program Assessment, Summary, and Action Planning forms.

Order online at www.sopriswest.com or call Sopris West at 800-547-6747


Published by the Division for Early Childhood of the Council for Exceptional Children, this book also includes the DEC's position statement on interventions for challenging behaviors. Leading experts contribute chapters on topics such as environment and teaching strategies for the classroom and working with parents to address challenging behaviors at home.

Order online at www.sopriswest.com or call Sopris West at 800-547-6747.


This manual provides reasons and resources for creating collaborative teams to promote meaningful change in local early childhood systems. It was developed based on research on effective practice related to systems change and teaming/collaboration and the experiences of the Collaborative Planning Project (CPP) for Comprehensive Early Childhood Systems. This project provided training and technical assistance (TA) to eight local interagency/CPP teams across four states.

This resource will help state administrative and TA staff, local administrators, local Interagency Coordinating Councils (ICCs), and other local collaborative teams:
• create a coordinated system of early care and education services to young children birth through five (or up to age eight) and their families;
• improve relationships and communication among the agencies that compose the system;
• maximize and blend resources; and
• improve the likelihood that ALL children can have positive child outcomes as a result of family-friendly services in quality, inclusive settings

Order online at www.sopriswest.com or call Sopris West at 800-547-6747

Also available at www.csefel.uiuc.edu
Module 4 Handout 4.11: Leadership Strategies

➢ Head Start Performance Standards


➢ Other Resources


Websites

The Center for Evidence-Based Practices for Young Children with Challenging Behavior
www.challengingbehavior.org

Center on the Social and Emotional Foundations for Early Learning
www.csefel.uiuc.edu

Division for Early Childhood of the Council for Exceptional Children
www.dec-sped.org

National Association for the Education of Young Children
www.naeyc.org

National Association of Child Care Resource and Referral Agencies
www.naccrra.org

National Association for Bilingual Education
www.nabe.org

National Black Child Development Institute
www.nbcdi.org

Zero to Three
www.zerotothree.org
Collaborative Planning Model for Program Improvement and Systems Change

Barbara J. Smith, Ph.D.
Collaborative Planning Model for Program Improvement and Systems Change

Information → Commitment

Leadership:
• Administration
• Stakeholder Team → Vision Setting

Experiences → Evaluation:
• Process
• Outcome

Action Planning:
• Objectives
• Action Steps
• Resources
• Timelines
• Outcome/Impact → Assessment of Challenges to Vision

Collaborative Planning Model For Program Improvement and Systems Change

Barbara J. Smith, Ph.D.
University of Colorado at Denver
2003

Our systems change model for program improvement and systems change is based on what people have told us for over 10 years works for them as well as on the systems change and school reform literature (Smith & Rose, 1993; Smith & Rose, 1994; Hayden, Frederick, & Smith, 2003). The steps in the process are described below:

> **Make a commitment and provide leadership**: it is important for the administrator to provide leadership by setting a positive tone, establishing a team approach to decision making, and allocating resources; commitment and leadership are facilitated by the kinds of information and personal experiences available to administrators and members of the team.

> **Implement team decision making**: making decisions through a team process comprising of stakeholders (parents, teachers, administrators, community program personnel, etc.) is key to both ownership of the decisions as well as exploring new ideas and strategies; all members of the team must feel equal and that decisions are collaborative.

> **Establish a vision**: each team must develop a written “vision” of the outcomes it is striving toward. This will guide the work and direction of the team.

> **Assess the challenges to the vision**: the team’s next step is to identify the challenges to meeting the vision. The challenges may be policy/procedure, resources, knowledge base, or belief and values.

> **Write an Action Plan**: once the team has established its vision, its then sets measurable goals, objectives, and strategies related to addressing the challenges to the vision, i.e., an “action plan” is written.

> **Cultivate leadership and risk taking**: administrators should reward and acknowledge those individuals who provide leadership and are willing to take risks for initial experimental efforts.

> **Provide technical assistance, fiscal, and other resources**: the individuals involved with program improvement efforts may need training, technical assistance, and other supports. Time and other resources also will need to be allocated for collaboration, team meetings, and inservice training.

> **Evaluate the change**: it is important to evaluate the process and product of the planning effort and to make corrections based on the evaluation data.

References


Strategies for Transfer of Quality Practices
Beth Rous, Ed.D.
University of Kentucky

STAGES OF TRANSFER PROCESS¹

Intention to Transfer
This is the motivation of staff to apply new skills and knowledge to his/her workplace. If staff leave the learning environments with little or no intention to apply what was learned, then it is highly unlikely they will demonstrate a high degree of transfer.

Initiation
Refers to attempts to apply any aspect of what was learned. However, just because application of new knowledge/skills is attempted, application of new knowledge/skills will not necessarily be maintained.

Partial Transfer
Partial transfer occurs when 1) only some of the knowledge/skills learned are applied and/or 2) when some or all of the newly learned knowledge/skills are applied inconsistently, from time to time.

Conscious Maintenance
During this stage, the learner makes a conscious decision to apply what was learned on the job over a period of time so that job performance is permanently enhanced.

Unconscious Maintenance
During this last stage of the transfer process, the learner has fully incorporated the new skills/knowledge into his/her repertoire of work behaviors and therefore applies the new skills/knowledge unconsciously without making a conscious decision to do so. At this stage, transfer has been successfully completed.

TRANSFER PARTNERSHIP

Trainee:
Recognizes need for new skills/information

Trainer or Instructor:
• Designs and/or delivers learning experiences
• Manager of Transfer

Director or Administrator:
Supports learning and application on the job

TRANSFER STRATEGIES FOR ADMINISTRATORS AND TRAINEES

Before Professional Development Activities  Transfer Strategies
• Build transfer into performance standards.
• Administrators and staff collaboratively complete needs assessment to identify opportunities for growth.
• Use gaps in knowledge and competency as a basis for selecting professional development opportunities.
• Develop a contract for learning and applying new skills and knowledge with staff.
• Take advantage of opportunities to learn more about specific training sessions prior to sending staff.
• Review instructional content, outcomes, materials and WII-FM for the program.
• Involve both administrators and staff in the design of professional development activities by helping to develop real-life work-related scenarios/examples, etc.
• Brief staff on the importance of the professional development activities including training and course objectives, content, process and application to the job and the established link between practices promoted and evidence of effectiveness.
• Clarify program expectations of the staff member after the professional development activities.
• Determine overall outcomes to be achieved through the professional development activity including ultimate impact on children, families and the program.
• Use pre-training materials such as background reading, self-assessment exercises, pre-training projects, etc., to help staff get ready for training and think about ways they might use the training back at the workplace.
• Discuss how the administrators or supervisor will help staff apply new knowledge/skills after returning from training.
• Offer rewards, special acknowledgments and promotional preference to trainees who demonstrate new behaviors.
• Allow staff to participate in professional development activities together.
• Provide a positive learning environment (timing, location, and facilities).
• Plan to participate in professional development activities if at all possible.

During Professional Development Activities  Transfer Strategies
• Prevent interruptions of the process or event.
• Support the transfer of work assignments to others.
• Communicate support for the activity.
• Monitor attendance and attention to the professional development activity.
• Recognize staff participation.
• Point out conditions under which a specific skill can be applied back at the job.
• Participate in transfer action planning.
• Plan assessment of transfer of new skills to the job.

Following Professional Development Activities  Transfer Strategies

3 Source: Kentucky Training into Practice Project, Director’s Seminar, 2003
• Plan for staff reentry after an event or activity
• Debrief staff.
• Set mutual expectations for improvements.
• Physically and psychologically support transfer.
• Provide opportunities to practice new skills.
• Provide supports for measuring behavior change and impact
• Reduce job pressures initially.
• Provide a reality check.
• Compare action plan with progress
• Have staff participate in transfer-related decisions.
• Give positive reinforcement, encouragement and rewards.
• Publicize successes.
• Give promotional preferences.
• Provide role models.
• Schedule staff briefings for co-workers.
• Arrange practice (refresher) sessions.
• Provide and support the use of job aids.
• Provide coaching and mentoring.
• Provide positive, constructive feedback.
• Provide a safe environment and enough time for practicing new skills.
• Provide resources needed for application of new knowledge/skills.

SAMPLE AFTER TRAINING ACTION PLAN

1. Two transfer strategies I plan to incorporate into my work environment are:

•

2. The individual steps I will need to take to use these strategies as well as any obstacles I may face and resources I might need include:

<table>
<thead>
<tr>
<th>Individual Steps</th>
<th>Potential Obstacles &amp; Ways To Overcome</th>
<th>Resources &amp; Assistance Needed</th>
</tr>
</thead>
</table>

I am committed to achieving my goals by ________________________ (date).
I will contact a buddy to encourage and assist them in accomplishing these goals.

Signature:  __________________________________ Current Date: _____________
EVALUATING PROFESSIONAL DEVELOPMENT ACTIVITIES

In planning professional development to improve student learning the order of these levels must be reversed. You must plan backward staring where you want to end and then working back. - Gusky

The purpose of a professional development evaluation is to measure and describe outcomes at a scheduled point in time. There are four critical levels of evaluation

Reactions
• Can collect immediately following the professional development activity
• Determine what you want to find out
  ✓ Perceived usefulness of what was learned
  ✓ Physical environment
  ✓ Participant materials
  ✓ Learning aids
  ✓ Learning activities
  ✓ Trainer/Instructor competency
  ✓ Learning environment
  ✓ Content
  ✓ Does it meet the stated outcomes?
  ✓ Is it as efficient as possible?
  ✓ Is it as engaging as possible?

Learning
✓ Can collect immediately following the professional development event
✓ Measure the learning so that quantitative results can be determined
✓ Use a before-and-after approach so that learning can be related to the program
✓ Compare knowledge to the written learner outcomes for the learner as measures of learning
✓ Where possible, use a control group (e.g., not receiving training) to compare with the experimental group that participates in the professional development opportunity

Behavior Change
• Measures learner s use of new knowledge and skills
• To what extent has the professional development activity actually resulted in the new behaviors
• Have the new skills been translated into behaviors on the job
• Isolate and focus on the variables that professional development has control over, not variables such as support in the workplace, reward, supervision, etc.
• Conduct a systematic appraisal of on-the-job performance on a before-and-after basis

---

• Conduct a post appraisal three months or more after the professional development activity
✓ To change job behavior, you must have the following:
  ✓ Desire to improve
  ✓ Recognize weaknesses
  ✓ Work in a permissive environment
  ✓ Have help from someone who is interested and skilled
  ✓ Have an opportunity to try out new ideas

Results
✓ What is the impact of the professional development activity on organizational objectives?
✓ Does the behavior change make a difference in the children’s learning outcomes? Into family outcomes?
  ✓ Match professional development to child outcomes, standards and assessment processes.
**Module 4**  
**Session Evaluation Form**

**DIRECTIONS:** Please take a moment to provide feedback on the training that you received. Check the box that corresponds to your opinion for each statement or check N/A if not applicable. Please add any additional comments that you may have at the bottom of the page. When the survey is completed, leave it with your trainer.

**Location:** _______________________________  
**Date:** _______________________________

**Program Affiliation (check one):**
- [ ] Head Start  
- [ ] Early Head Start  
- [ ] Child Care  
- [ ] Other (please list)

**Position (check one):**
- [ ] Administrator  
- [ ] Education Coordinator  
- [ ] Disability Coordinator  
- [ ] Mental Health Consultant  
- [ ] Teacher  
- [ ] Teacher Assistant  
- [ ] Other (please list)  

---

Please put an “X” in the box that best describes your opinion as a result of attending this training…

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

(1) I can describe an evidenced based framework for addressing challenging behavior and social emotional development.

(2) I learned strategies to remedy the challenges of implementing evidence based practices in local programs.

(3) I can describe leadership strategies including collaborating, planning, staff development, and program-wide planning.

(4) I can identify steps to collaborative planning for programs and systems that support all young children’s social and emotional development.

---

**Please respond to the following questions regarding this training:**

(5) The best features of this training session were...

(6) Suggestions for improvement...

(7) Other comments and reactions I wish to offer *(please use the back of this form for extra space):*