

Summary of Learning Activities – Due before Day 2

Please note that all learning activities are available on the Facebook Group:
<https://www.facebook.com/groups/EITPUsingPyramidModel/>


Activity 1. Read the article “*Addressing Challenging Behavior in Infants & Toddlers*”
<http://csefel.vanderbilt.edu/resources/inftodd/mod1/1.4.pdf>

Activity 2. Observe & reflect on 3 Practice Based Coaching Videos

a) Watch the 3 videos found at <https://eclkc.ohs.acf.hhs.gov/professional-development/article/practice-based-coaching-pbc>

1. *Collaborative Partnerships Shared Goals and Action Planning*
2. *Shared Goals and Action Planning*
3. *Focused Observation*

b) Complete the “*Practice-Based Coaching Videos Reflection*” 

Activity 3. Complete the “*Nurturing & Responsive Relationships Activity*” 

Activity 4. Facebook Post NO LATER than Thursday, March 21st about the following:

After completing the “Nurturing & Responsive Relationship Practices Reflection”, what is your goal related to nurturing & responsive relationships as a coach?

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 she 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 interactional experiences. Although there is increasing consensus that social-emotional and behavioral problems exist in infancy and toddlerhood (Zeanah, 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,

Abstract

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) is a federally funded national resource center designed to support early care and education (ECE) providers in addressing the social-emotional needs of children birth through age 5 years. Recent research has found that an extraordinarily high number of young children are being asked to leave early childhood settings because of their behavior. The authors describe the Pyramid Model, a framework of recommended practices to help ECE programs support the social-emotional competence of young children and address challenging behavior.

reported that 67% of referrals they received in 2006–2007 were for children birth through age 3 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, 2001; 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, Decouflé, & Yeargin-Allsoop, 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 children’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 2 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



ILLUSTRATION: WWW.VANDERBILT.EDU/CSEFEL

(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 (Hemmeter, 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.

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



PHOTO: MARILEY NOET

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

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 chil-

dren 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, & Parlakian, 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, & Friederic, 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.

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 loft 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)

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., tense, 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.

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 for 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 CSEFEL 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 (Effective 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 missed 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 warn 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 can 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 done 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 readily Sarah has been hitting and biting to try 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 operation 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.



PHOTO: DEBBIE RAPAPORT

Caregivers can use routines such as diapering for one-on-one interaction and bonding.

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.ehsrc.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 # HHSP23320042900YC, by the Early Head Start National Resource Center @ ZERO TO THREE.

Digging Deeper: Looking Beyond Behavior to Discover Meaning, A Unit of Three Lessons, http://eclkc.ohs.acf.hhs.gov/hslc/Professional%20Development/On-line%20Lessons/Digging%20Deeper%20-%20Looking%20Beyond%20Behavior%20to%20Discover%20Meaning/Digging_Deep_intro.html

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-aimh.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.

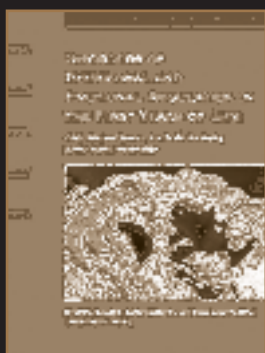
Program for Infant/Toddler Caregivers

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.

References

- BOYLE, C. A., DECOUFLÉ, P., & YEARGIN-ALLSOOP, M. Y. (1994). Prevalence and health impact of developmental disabilities. *Pediatrics*, 93, 863–865.
- BRIGGS-GOWAN, M. J., CARTER, A. S., BOSSON-HEENAN, J., GUYER, A., & HORWITZ, S. Are infant and toddler social-emotional and behavioral problems transient? *Journal of American Academy of Child and Adolescent Psychiatry*, 45(7): 849–858.
- BRIGGS-GOWAN, M. J., CARTER, A. S., IRWIN, J. R., WACHTTEL, K., CICCHETTI, D. V. (2004). The brief infant-toddler social and emotional assessment: Screening for social-emotional problems and delays in competence. *Journal of Pediatric Psychology*, 29(2), 143–155.
- BRIGGS-GOWAN, M., CARTER, A., SKUBAN, E. M., & HORWITZ, S. (2001). Prevalence of social-emotional and behavioral problems in a community sample of 1- and 2-year-old children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(7), 811–819.
- CAMPBELL, S. B. (1995). Behavior problems in preschool children: A review of recent research. *Journal of Child Psychology and Psychiatry*, 36(1), 113–149.
- DANAHER, J., GOODE, S., & LAZARA, A. (Eds.). (2007). *Part C updates* (9th ed.). Chapel Hill: University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center.
- DUNLAP, G., ESTER, T., LANGHANS, S., & FOX, L. (2006). Functional communication training with toddlers in home environments. *Journal of Early Intervention*, 29, 81–97.
- DUNLAP, G., & FOX, L. (1999). A demonstration of behavioral support for young children with autism. *Journal of Positive Behavior Interventions*, 1(2), 77–87.
- FOX, L., & CLARKE, S. (2006). Aggression? Using positive behavior support to address challenging behavior. *Young Exceptional Children Monograph Series*, 8, 42–56.
- FOX, L., DUNLAP, G., & CUSHING, L. (2002). Early intervention, positive behavior support, and transition to school. *Journal of Emotional and Behavior Disorders*, 10, 149–157.
- FOX, L., DUNLAP, G., HEMMETER, M. L., JOSEPH, G. E., & STRAIN, P. S. (2003). The teaching pyramid: A model for supporting social competence and preventing challenging behavior in young children. *Young Children*, 58, 48–52. www.challengingbehavior.org/do/resources/documents/yc_article_7_2003.pdf
- GILLIAM, W., (2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten programs*. Retrieved October 10, 2008, from www.med.yale.edu/chldstody/faculty/pdf/Gilliam05.pdf
- GOWEN, J., & NEBRIG, J. (2002). *Enhancing early emotional development: Guiding parents of young children*. Baltimore: Brookes.
- GROSSMAN, T., STRIANO, T., & FRIEDERIC, A. (2006). Crossmodal integration of emotional information from face and voice in the infant brain. *Developmental Science*, 9(3): 309–315.
- HEMMETER, M. L., CORSO, R., & CHEATHAM, G. (2006, FEBRUARY). *Addressing social emotional development and challenging behavior: A national survey of early childhood educators*. Poster presented at the Conference on Research Innovations in Early Intervention, San Diego.
- HEMMETER, M. L., FOX, L., JACK, S., & BROYLES, L. (2007). A program-wide model of positive behavior support in early childhood settings. *Journal of Early Intervention*, 29, 337–355.
- KAGAN, S., TARRANT, K., CARSON, A., & KAUEZ, K. (2006). *The Early Care and Education Teaching Workforce: At the Fulcrum*. Houston, TX: Cornerstones for Kids National Center for Children and Families: Teachers College, Columbia University www.cornerstones4kids.org/images/teachers_report_0107.pdf
- MACKRAIN, M. (2008). *Michigan's Child Care Expulsion Prevention Project*. Retrieved October 10, 2008, from http://gucchd.georgetown.edu/files/conference_calls/TACenter/17Apr08/Michigan%20CCEP.ppt
- NATIONAL RESEARCH COUNCIL & INSTITUTE OF MEDICINE. (2000). *From neurons to neighborhoods: The science of early childhood development*. J. P. Shonkoff & D. A. Phillips, (Eds.), Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.
- POWELL, D., DUNLAP, G., & FOX, L. (2006). Prevention and intervention for the challenging behaviors of toddlers and preschoolers. *Infants and Young Children*, 19(1), 25–35.
- ROBERTS, R., ATTKISSON, C., & ROSENBLATT, A., (1998). Prevalence of psychopathology among children and adolescents. *American Journal of Psychiatry*, 155, 715–725.
- SEIBEL, N., BRITT, D., GILLESPIE, L. G., & PARLAKIAN, R. (2006). *Preventing child abuse and neglect: Parent-provider partnerships in child care*. Washington, DC: ZERO TO THREE.
- WORCESTER, J., NESMAN, J., RAFFAELE MENDEZ, L. M., & KELLER, H. R. (IN PRESS). Giving voice to parents of young children with challenging behavior. *Exceptional Children*.
- ZEANAH, C. H. (2000). Disturbances of attachment in young children adopted from institutions. *Journal of Developmental Behavior Pediatrics*, 21(3), 230–236.



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Name: _____ Date: _____

Practice-Based Coaching Videos Reflection

After watching the 3 Practice-Based Coaching Videos on the following website, please reflect and respond to each question in the space below:

<https://eclkc.ohs.acf.hhs.gov/professional-development/article/practice-based-coaching-pbc>

1. Please write one thing that stood out to you from each of the following videos?

Collaborative Partnerships Shared Goals and Action Planning

Shared Goals and Action Planning

Focused Observation

2. How can you use the IFSP outcomes as a conversation to start *Shared Goals & Action* planning with a child care provider or teacher?
3. What practices do you currently feel confident about related to Practice-Based Coaching?
4. What are you excited to learning more about related to Practice-Based Coaching?



Practice Implementation Checklist: Responsive Caregiving

With Children

- Greet each child at the door every morning
- When addressing children always use their names and get at their eye level
- Use a calm, positive, and supportive tone of voice
- Use specific and descriptive encouragement for children's skills, behavior and activities (e.g., "I like how you are sitting criss-cross in circle.")
- Join children's play and support/expand their interactions
- Share something personal about yourself with children
- Give directions that are short, simple, and specific. Make sure children understand the directions you have given
- Give positive and specific encouragement to children. Comment frequently on children's appropriate behavior
- Respond to children's comments by asking questions and elaborating on what they say
- Have ongoing conversations with children about their ideas and interests
- Identify ways to have conversations with children who are non-verbal, language delayed, or speak English as a second language

With Families

- Find different ways to involve parents and families
- Send notes home and make phone calls to share information about the good things their child is doing
- Make home visits
- Send home practical suggestions for supporting children's social emotional development at home and in the community
- Include families on the team when developing behavior support plans
- Share information about community resources related to social emotional development and challenging behavior
- Use a variety of methods to communicate with parents (home visits, phone calls, notes home, newsletter, school websites, email, classroom visits, etc.)

With staff and other service providers

- Have regular meetings with your classroom staff and have regular contact with other service providers
- Make teaming and collaboration a priority for your classroom
- Plan with classroom staff on how to work as a team in your classroom
- Provide encouragement and support to the colleagues with whom you work



Name: _____ Date: _____

Pyramid Model - Nurturing & Responsive Relationships Activity

1. Identify Strategies that YOU BOTH are using to support nurturing & responsive relationships with each other as Early Intervention and Child Care Provider: **BE SPECIFIC**

Child Care-

Early Intervention -

2. Identify Strategies that each of you are using to support nurturing & responsive relationships with families in the child care setting: **BE SPECIFIC**

Child Care-

Early Intervention -

3. Identify strategies that each of you are using to provide nurturing & responsive relationships with the child you are supporting in Early Intervention:

Child Care-

Early Intervention -

Name: _____ Date: _____

4. Identify strategies each of you are using to provide nurturing & responsive relationships between the child in Early Intervention & their peers:

Child Care-

Early Intervention –

5. Ask the child care provider “If you could improve one thing in a relationship with a child in your care, what would it be?”
6. In thinking about your nurturing & responsive relationship with this caregiver, what could you as an Early Interventionist do to enhance your relationship?