



Respect, Reflect, and Relate

The 3 R Approach to Guidance

At the beginning of this chapter we discuss the eighth component to planning a curriculum: a relationship-based approach to guiding infants' and toddlers' behavior while meeting their emotional needs. In planning the guidance component, we use the 3 R approach (respecting, reflecting, and relating)—a way of thinking about children's development, the reasons for their behavior, and how adults can respond in ways that build children's social and emotional skills and relationships with family, teachers, and peers. The 3 R approach to guidance builds on the relationship-based model presented in chapter 1. This model reminds us to consider how the individual child's attributes, capacities, and uniqueness as well as the child's family, culture, and ecology affect the quality of the child's relationships, which then influence a child's development and behavior.

We will apply the 3 R approach to developmental issues—topics such as separation anxiety, biting, tantrums, and toilet learning. These are everyday challenges that teachers, family specialists, and early interventionists experience with children at home and in programs. Adults, who have increased knowledge of what the child is experiencing during these times of emotional change, and sometimes turbulence, are more likely to use empathic responses that promote children's capacities.



Unfortunately, sometimes children who are experiencing problems in their lives engage in challenging behaviors to get their needs met. In the last part of the chapter we discuss ideas for understanding and helping children who are angry, aggressive, sad, anxious, or who have experienced **traumatic events**. Let's begin with a discussion of the difference between guidance and discipline and why we use the word *guidance* in this chapter.

traumatic events

Events that are upsetting, distressful, and emotionally or physically painful.

THE DIFFERENCE BETWEEN GUIDANCE AND DISCIPLINE

Jose takes off his diaper during playtime. William starts playing with his food. Lynn bites peers who get too near to her when she is tired. Laura grabs toys from other children when she wants them. Before the teacher can stop them, Deanna and John quickly jump up on a chair in order to see better, but the chair topples over and they tumble to the floor.

What do these examples have in common? They are *opportunities* for adults to *socialize* children to the ways of a culture, to *guide* them to try different strategies of relating and getting their needs met, and to *teach* them in order for them to be successful in a world that requires social and emotional competence.

The term **discipline** has traditionally been used to mean adult control, restraint, and authority as well as child obedience—but another meaning of the term discipline is *to teach* infants and toddlers new behavior. Because of the confusion between the two meanings of the term *discipline*, we will use the term **guidance** to indicate a developmental, relationship-based, problem-solving approach to supporting young children's social and emotional competence.

discipline

1: (n) Adult control, restraint, and authority. 2: (v) To teach.

guidance

The act of helping and assisting.

A guide shows the way and supports those she guides on the journey. A guide encourages, models, and structures a journey so that everyone can be successful. *Guiding* means that infants and toddlers are supported as they learn an enormous amount of information in such a short period of time—how to use a spoon or why they shouldn't take off their own diaper in the middle of the room in the middle of the day. They learn the important guidelines for their culture, such as when it is acceptable to laugh and how to help another person in distress. They can also learn how to get what they need without using aggression. *Guidance* implies the use of a positive philosophy and strategies for supporting children as they become **socialized** in the cultures in which they live. Guidance includes assistance, facilitation, and setting limits. It is ongoing throughout the day and doesn't occur just when children "misbehave." In fact, it describes a way for teachers and parents to help children become capable and caring human beings who can guide their own behavior.

socialized

Made social; able to live in one's society, culture, or group.

COMPONENT 8: A RELATIONSHIP-BASED APPROACH TO GUIDANCE

Respect

Respect for infants and toddlers includes respect for their emotional needs, respect for individual differences and strengths, and respect for the power of development.

Respect for Children's Emotional Needs and Their Goals

When developing an approach to guiding young children's behavior we begin with an understanding that infants and toddlers need protection, secure and caring relationships, responsive interactions, and a sense of self-worth. The importance of adults meeting these needs has been discussed in previous chapters, and we mention those needs here to remind you that they are the foundation for how we think about guidance as well as how children learn in all domains of development.

Infants and toddlers need to *feel* that you really care about them. If they are securely attached and feel a positive emotional connection to you, they are more likely to be cooperative with you. They need to know that you care enough to stop them if they are hurting themselves or others. They trust that they can bury their head in your shoulder when they are sad. They know that you will comfort them when they are hurt. They know that you are emotionally present when they are struggling to learn to walk or climb or talk, empathizing with them. They know that you are there to protect them when they run into your arms when a stranger comes into the room. They trust that you will respond with affection so that they can see their own self-worth in your eyes and voice. They feel as if you are there *for them*.

Respect for Individual Differences in Children

Respect for infants and toddlers also entails appreciation for what children bring to a relationship in terms of capacities, attributes, and individual styles of interacting and learning. When we recognize that each child is unique, we will reflect on how their temperament, personality, needs, and strengths influence what and how we are guiding them. We will *individualize* our guidance strategies for each child's unique personality.

Tune into children's illness, temperament, energy levels, fatigue, and **sensory challenges**. This concept has been emphasized throughout this book, and the following example demonstrates how a teacher is accepting of Tim sucking his thumb, knowing that he uses it to self-regulate before he courageously crawls into the midst of play.

sensory challenges
Difficulty with any of the senses—touch, vision, hearing, taste, or smell.

Tim sat on the floor sucking his thumb contently while watching all of the action in his child care home. Martha, his teacher, watched Tim and reflected on how Tim liked to observe before crawling into the midst of the other infants playing on the floor. She admired his ability to regulate and calm himself by sucking his thumb. Martha smiled at Tim, Tim smiled back, and he began to crawl toward another baby.

Tim has found a unique way to ready himself for peer play by jumping into the fray *only* after he is ready, and sucking his thumb helps him self-regulate and gain strength and confidence. Martha's respect for Tim's style of playing allows him to develop at his pace and in his own way.

Perceptive adults also focus on children's strengths and what they *can* do rather than what they *can't* do. Build on what the child can do and think of each child in terms of his or her competencies. Avoid labeling a child as, for example, an "aggressive child," which defines the very essence of who this child is. For example, Sal is a helper, builder, or a climber rather than a biter. He happens to be biting right now, but biting doesn't define his character. When teachers think of the strengths of each child, they are building the identity and spirit of the child. Thinking about strengths also provides a road map for strategies that will help the child focus on what he can do rather than what he can't do.

Gonzalez-Mena (2006, 2008) emphasizes that we need to show respect for cultural differences in children's families, and that recognizing these differences will influence the strategies we use. Some children require more personal space around them while others require less; some children smile to be friendly while others smile only when they are happy. Some children may have learned that they convey respect by looking downward rather than into an adult's eyes. If we recognize these differences in ourselves and others we can value them rather than misinterpret them.

Respect for the Power of Development

We understand that children are developing their emotional and social skills, that it takes time to learn new skills and ways of being. During some periods of their life, for example, when they are first separating from their parents or when they are using to learn the toilet, life is even

more challenging for them. What do we need to understand about child development in relation to guidance strategies?

An infant cries when he sees someone new, and a mobile infant sucks her thumb when she gets tired. A young child just learning to use a spoon will get tired and start picking up food with his hands. A toddler suddenly starts saying “No” to everything and has to have his bib tied just the right way to be happy.

As discussed in previous chapters, as infants and toddlers mature in all domains of development—emotional, social, cognitive, language, and motor—they go through different stages. These stages of achievement can also be times of disquiet and disequilibrium for both infants or toddlers *and* their parents and teachers (for example, when an infant begins to experience stranger anxiety). If teachers don’t understand the forces of development, they may have unrealistic expectations that contribute to demanding too much of children (such as expecting a toddler to eat without spilling food). When this happens, infants and toddlers become very frustrated or feel increasingly *incompetent*. Conversely, if a teacher does not notice a certain behavior, such as a 9-month-old patting his hands together, the teacher may not provide interesting, developmentally appropriate interactions such as playing pat-a-cake. Teachers can use the Developmental Trends and Responsive Interactions charts at the end of chapters 6 through 10 and in the appendices in this book to observe the development of the child, gain realistic expectations, and provide experiences that are responsive to child development.

If an infant or toddler has a developmental delay or disability in one area of development, a second area of development may be affected as well. You will remember from previous chapters that a *developmental delay* is a lag or difference in development that is caused by a variety of genetic or environmental factors. Several researchers have discovered that when young children, especially toddlers, are experiencing language delay, they are more likely to also be experiencing social and emotional delays (Carson, Klee, Perry, Muskina, & Donaghy, 1998; Irwin, Carter, & Briggs-Gowan, 2002). Teachers and parents must give infants and toddlers with language delay extra support to help them learn to communicate their needs in socially appropriate ways. Observe for these types of connections between delays in other domains of development.

Respect for Self

Know yourself. What has your culture taught you about how children should behave? How does this influence the way you guide young children? Think about what makes you angry, sad, frustrated, and anxious when you are with children. The more you know yourself and why you respond as you do, the more you will use reflective practice—a concept that we will discuss in chapter 16.

Reflect

Reflection includes thinking about what an experience is like for a child, observing what children are communicating through their behavior, and deciding what you would like the child to do instead. The following reflection strategies pave the way for relating in a way that meets the child’s emotional needs and teaches them a new behavior.

1. Ask: “What is the child experiencing? What is the child’s perspective on the situation?” Tasha cries every morning when her mother says good-bye and Richard has a hard time transitioning from lunch to nap time. What is each child experiencing? It may be difficult to think about what they are experiencing rather than what we, as adults, are experiencing with them. When we understand what the experience is like from the child’s perspective, then we are much more likely to empathize and offer support in ways that are helpful to

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Go to the Activities and Applications section in Chapter 14 of MyEducationLab to watch the video *Stranger Anxiety*. Notice how the child tries to disengage from the stranger.

the child. Tasha may really miss her mother, and Richard may be afraid to be alone on his cot when he can't see his favorite teacher.

Take the example of Serena, cited by Van De Zande (1995). Although her thought processes are not this sophisticated, she is experimenting with what happens when she spits in various places and at different times with different people:

"How interesting," Serena seems to think. "Mommy gets mad if I spit on the table! . . . Was that just at breakfast or also at lunch? . . . What about dinner? . . . Just yesterday, or also today? . . . It seems okay to spit in the bathtub. . . . She made me spit out a bug . . . what if I spit on these papers on her desk?" (p. 15)

After thinking *with* Serena and taking her perspective, an understanding adult will give Serena more information about where and when it is okay to spit rather than punish her without explanation.

2. Ask: "What, when, where, how, and with whom does the behavior occur?"
Observe frequently to try to understand when, where, and with whom a child may be behaving in a certain way. For example, after observing that Peter, a toddler, seemed upset on Mondays, the teacher realized that when he came into the toddler room on those days, he needed several hours to readjust to the room, his peers, and his teachers after a weekend with his mom, who was experiencing stress in her life. Tara, the teacher, tried to make him feel welcome to stay by her side as she checked the classroom pets. Soon, Peter was off playing and checking back with her occasionally when he needed a hug. The information that the teacher gathered was a guide to the strategies she chose.
3. Ask: "What is the child communicating that he wants or needs? What is the purpose of the child's behavior? What is the meaning of the child's behavior?"
Young children communicate their needs in a variety of ways. Infants yawn or turn away when they need a break from an interaction. When they are extremely upset, they may arch their back or kick their feet. Mobile infants may crawl away or cling to you to tell you they are upset or afraid. They may throw a toy down on the floor to tell you that they are frustrated. Toddlers fall into a heap crying when they are trying to tell you that they intensely want something or are trying to assert their independence and separateness from you. Some children may try to distract you with cute faces and antics to avoid having to do something they don't want to do, and some children may hit other children to either get what they want or to tell you, "I'm not feeling safe and I have to protect myself." Some children may even want you to leave them alone—they have learned that adults aren't to be trusted. Children can't usually tell us verbally, but they tell us with their behavior what it is they need or want. We can often decide what they need or the purpose of their behavior by using the observation system depicted in Table 14.1.
4. Ask: "What do I want the child to do?"
What do the family and teachers and peers want the child to do *instead* of the behavior the child is using to communicate her needs? Will the new behavior help the child meet her needs? Once you have determined what it is that you want the child to do, then you can begin to support the child to learn new ways to meet her needs. In the example in Table 14.1, the parents and teachers decided that they wanted Julie to learn to say "Stop" to other children when they try to take something away from her or interfere with her play.

Relate

Respecting and *reflecting* may give adults insight that needs no further response on their part to support the child. However, they will often *relate* (use strategies) to help children learn and

Table 14.1 Observation of Julie

Date	What Happens Before	The Child's Behavior	What Happens After	Possible Purposes of the Behavior
12/1	Tasha took Julie's crayon out of Julie's hand.	Julie hit Tasha with an open hand on Tasha's side.	Tasha cried and dropped the crayon. Julie picked it up and started using it.	To get her crayon back
12/5	Dale stepped on Julie's block structure.	Julie hit at Dale's leg when Dale went by her.	Dale left the area and Julie continued playing.	To get Dale to leave her alone

express their individual personalities and develop positive and healthy relationships. Box 14.1 summarizes the relate strategies that are described in detail in this section.

For each of the three general ways to relate that are listed in Box 14.1, there are specific guidance strategies that can be used to meet children's emotional needs and support them as they become competent and caring individuals. These strategies create children who have internal guides to behavior and who can uniquely contribute to the well-being of themselves and others through engaging in positive relationships. Let's start with building relationships.

(1) Relate: Support Children's Healthy Relationships with All of the Important People in Their Lives

In other chapters we have emphasized the importance of teachers supporting the family–child relationships as the key ongoing foundation in a child's life. We also know that the quality of other relationships that the child might observe or experience affects the relationships that the child has, for example, with teachers or peers. In their studies of aggression in toddlers, Brook and colleagues (2001) found that there were associations with parenting style and marital relations. When the relationships between the mother and father were strained, toddlers were more likely to exhibit aggressive behavior with their peers. This is a good example of how important it is to consider the ecological and relationship factors that influence a very young child's behavior. Let's think about how a teacher might support the parent–child relationship.

- **Support the child's relationship with his or her family.**

Karin seemed happy all day at the care center, but when her father came to the door each evening, she fell apart.

In this example, how can teachers use a relationship-based approach as a framework to think about solutions to this challenge for Karin? The teacher wonders how to handle it so that her relationship with Karin *and* Karin's relationship with her father are both strengthened. It is tempting to think that Karin likes her teacher better than her father, but this could be a mistake. Brazelton (1992) talks about how children can “hold it together” emotionally during the day, but that they can literally “fall apart” as the day ends and transitions occur. The teacher can acknowledge how hard the end of a day is for both Dad and Karin and do what she can to support them both. She decides to ask Dad if he could call ahead when he left work and then the teacher could prepare Karin that Dad was coming and help her get ready to go. This strategy of respecting the importance of *all the relationships in Karin's life* influences how the teacher promotes and supports parent–child relationships as well as the teacher's relationship with Karin. Also, if an infant or toddler is unhappy, aggressive, or fearful, the teacher can reflect on how to build a better relationship with the child using all of the strategies for building emotional development that we have been discussing so far. The teacher can also partner with everyone

Box 14.1*A Summary of Relate Strategies*

1. Support Children's Healthy *Relationships* with All of the Important People in Their Lives:
 - Support the child's relationship with his or her family.
 - Constantly communicate with families and other staff to learn about their culture, wishes, and guidance practices.
 - Use a problem-solving approach with families.
 - Build a strong, positive relationship with each child—a truly caring relationship.
 - Use primary care and continuity of care systems to promote ongoing, secure teacher-child and peer relationships.
2. Focus on Adult-Child *Responsive Interaction* Strategies That Promote Children's Capacities:
 - Empathize with the child's goals, struggles, and feelings.
 - Build emotional vocabulary—acknowledge and help children express strong feelings.
 - Patiently guide children toward controlling their own impulses and behavior.
 - Recognize behavior as communication, and teach children to communicate.
 - Explain and teach the child what to do. Make clear, positive statements to children.
 - Provide limits that keep the child safe, others safe, and materials safe.
 - Help children take the perspective of others through other-oriented guidance.
 - Help children learn how to problem solve and handle conflicts.
 - Give children choices that you can live with.
 - Create routines to provide security for mobile infants and toddlers.
 - Gradually build toddlers' ability to wait or to handle disappointment.
 - Use time-in rather than time-out.
3. Create and Change the Environment:
 - Create an environment that contributes to children's engagement and relationships—cozy corners, private spaces, spaces for two, and interesting things to do.
 - Change the environment as needed to ensure positive behavior and help children be successful.

who has a relationship with the child—including parents, siblings, grandparents, and other teachers.

- Constantly communicate with families and other staff to learn about their culture, wishes, and guidance practices.
- Use a problem-solving approach with families.

Bromwich (1997) recommends a six-step problem-solving approach that teachers, home visitors, and other infant-toddler professionals can use when talking with families about guidance issues:

1. *Listen Empathetically to the Parent* (pp. 114–115). Try to see things from her perspective, and try to understand her perceptions of her child and of herself in the context of the family. Listen carefully and convey that what she says, does, and feels is important to you. Comment on the parent's feelings—for example, to a parent who is concerned about her child screaming, say, "It must have felt pretty frustrating to have him continue screaming after you picked him up and tried to cuddle him." However, be careful about not encouraging the parent to talk about issues and feelings before she indicates that she wants to talk about them. Try not to become involved in highly personal matters for which you do not have the knowledge and skills to help the parent. Discuss with other staff when to refer the family to a therapist or human services agency.
2. *Observe* (pp. 114–115). Help the parent become a sensitive observer in order to read his infant's or toddler's cues and respond to them. Observe with the parent to call the parent's attention to the details of behavior that reveal important developmental changes in the child, no matter how small. Observing *with* the parent means that parent and staff share with each other what they have observed.
3. *Ask* (pp. 118–119). Ask the parent to share what she knows about her child that you do not know, recognizing that the parent knows the child best. Build on the parent's strengths by asking her to describe her successful handling of the child in one situation. For example, ask a mother how she calms her child so successfully when he is fussy on week-ends. These ideas can be applied to other times when the parent is having difficulty with her baby when she fusses and also when you are trying to

calm the baby. Ask parents specific questions as a first step in the cooperative problem-solving process, such as, “What situations seem to happen right before the child has a tantrum?” or “When did the behavior start?”

4. *Comment Positively* (pp. 116–117). Comment positively on what you see that the parent is doing that seems to work with her child. Be specific—for example, “Your baby really lights up when she sees you smiling at her.”
5. *Discuss* (pp. 117–118). Discussion usually includes sharing information on typical development. For example, you might say to a parent who is concerned because her child drops things off her high chair, “Many children in this age range drop things from the high chair to experiment with what happens to them and to play.” Focus on the observations of the child’s current behavior and relate the discussion to those observations. The developmental information may help the parent respond more effectively or anticipate the next stage in development.
6. *Experiment* (p. 122). Problem solve with the parent to determine a variety of ways to interact with the child. With the baby who was fussy, the parent may notice that the baby is calmer when wrapped snugly in a blanket. You may have noticed that the baby is calmer when it is quieter in the room. One solution will not work forever and some may not work at all. If you talk with the parent about experimenting, then you don’t set up the parent for failure. This encourages both you and the parent to try new things and share information about how the solutions worked. If they don’t work, then you can begin the six-step process over again—all in the spirit of collaboration.
 - Build a strong, positive relationship with each child—a truly caring relationship.
 - Use primary care and continuity of care systems to promote ongoing, secure teacher–child and peer relationships.

These recommendations for strengthening the relationship between the professional and child have been discussed in previous chapters, but are important reminders to professionals to recognize the power of these relationships for the child.

(2) Relate: Focus on Adult–Child Responsive Interaction Strategies That Promote Children’s Capacities

All of the strategies discussed in chapter 12 on how to support infants’ and toddlers’ emotional and social development—such as “noticing and encouraging strengths and positive behavior” or “showing affection”—provide the foundation upon which guidance interaction strategies are based. Now would be a good time to review those strategies, as they are critical to remember as the underpinnings to building children’s capacities. Approaches that you can use to guide children are discussed here, but they are not likely to be effective if you are not using the basic strategies. Following are the 12 additional strategies that teachers and parents can use to guide adult–child interactions with mobile infants and toddlers.

- **Empathize with the child’s goals, struggles, and feelings.**

Eight-month-old Marku seemed tired and crabby all day. He cried easily and wouldn’t sit by himself on the floor. He wanted to be in the teacher’s lap and sobbed whenever she had to put him down to help another child.

What is Marku feeling? We don’t know for sure, but we can tell that he is not happy. The teacher said to Marku over and over, “I can tell you are unhappy today. What can I do to make you feel better?” Although Marku couldn’t understand all of the teacher’s words, he could feel that she really cared and empathized with him. She didn’t think he was spoiled or “just trying

to get attention.” Instead, she trusted that Marku had special emotional needs today and that there was a reason, which she didn’t understand yet, for why he was clingy. She knew that today was a “care for the spirit of Marku” day, that her special care would help him learn to trust her, and that their positive relationship would provide a foundation for Marku both to feel safe to express and regulate his emotions.

Always start by trying to state what you think the child may be feeling, trying to communicate to you, or trying to achieve. This will help you “tune in” to the child and take the child’s perspective in the situation. Then ask, “What can I do to help?”

Honig (personal communication, January 6, 2005) recommends saying, “You wish . . .” to the child to help yourself tune into the child’s feelings and acknowledge that you are listening to the messages that the child is communicating to you. For example, you could say, “I know you wish you could have that toy. Tina Marie has it now.”

- **Build emotional vocabulary—acknowledge and help children express strong feelings.**

This strategy is similar to the first one, but focuses on helping children describe their own emotions. For infants, teachers describe the emotions that they think the child *might* be feeling. Teachers are making their best guess as they read the child’s facial expressions and body movements. For mobile infants, teachers frequently use emotion words to describe the child’s feelings and encourage the child to say a word—for example, “You can tell me you feel *sad*.” Teachers continue describing a broader range of feelings for toddlers—for example, “You look disappointed”—and continue encouraging the child to express his feelings in a variety of situations.

- **Patiently guide children toward controlling their own impulses and behavior.**

Nate stood at the sand table, gleefully throwing sand on the floor and then listening to the sounds he could make. Cara, the teacher, got down on his level and said, “Sand stays in the sand table. Let’s see if we can make noises with the shovel in the table,” recognizing his interest in cause and effect and making different sounds.

Because of the teacher’s patience, Nate is learning that he can control his own behavior as he starts making noises with his shovel in the table.

- **Recognize behavior as communication, and teach children to communicate.**

The toddler who runs over and kicks another toddler’s blocks is possibly communicating that he wants to play but doesn’t know how to do so. He needs help learning new strategies of communication for entering play with another child, because his present strategy certainly isn’t working very well!

In chapter 9, sign language was discussed as a useful means of communicating with infants and toddlers. Parents and teachers are reporting that when they use a few signs, such as those for *milk* or *more*, then infants and toddlers learn these signs from the modeling of the adult, begin to use them around 9 months of age, and are less frustrated because they can communicate their needs. Michigan State University (nd) provides a demonstration of many signs an older infant or toddler might learn.

“Use your words” is a phrase that is often repeated by teachers of toddlers as they try to teach children to use words rather than aggression to obtain a prized toy from another child, or protect themselves or a toy that another toddler covets (de Hann & Singer, 2003). Saying “use your words” is helpful only if the mobile infant or toddler knows the words to use. It is more helpful in the beginning to tell the mobile infants or toddlers the *specific* words that can be used, such as “please” (often said as “peas”) when they want a toy, or “no” or “later” when they don’t want someone to take a toy from them. When words are modeled by adults, then mobile infants and toddlers soon begin to use them—a step toward becoming a communicator in social situations.

- **Explain and teach the child what to do. Make clear, positive statements to children.**

Give short reasons and explanations to help young children begin to internalize the rules and their reasons. To help infants and toddlers begin to understand why they should touch a breakable item very gently, give simple explanations such as “Touch gently, it is fragile.”

To Verina who just bit Sarah, say, “No biting; that hurt Sarah. Look, she’s crying. You can say, ‘No’ to Sarah instead.”

Make positive statements about what to do—for example, instead of saying “Don’t run,” say “Please walk.” When a teacher says “Don’t run,” a young child may just hear the word “run.”

When Mario, 28 months old, picked up an interesting piece of dirt and started putting it in his mouth for a taste, he said aloud to himself, “I put it in my mouth. I shouldn’t do it. It dirty.”

The words that he heard by his teachers and parents now became an internal guide to behavior. At the moment and more likely in the future, he will not need someone telling him not to put strange things in his mouth. When infants and toddlers hear the reason for doing or not doing a certain behavior, then that reason becomes a part of them. They will then have self-control rather than always needing external control from adults.

- **Provide limits that keep the child safe, others safe, and materials safe.**

Dina climbed up on the chair and looked at the teacher to see what she would do. The teacher helped Dina down, held her in her arms, and said, “I will keep you safe. I don’t want you to climb on the chair because you could get hurt.” After several days of this, Dina seemed more relaxed and could concentrate on playing in a more focused way.

Follow through when a child hurts himself, another child, or materials.

Andrew, 18 months old, pushed Julie hard on his way to get the box of blocks. The teacher took him gently in her arms and said firmly, “You pushed Julie. That hurt Julie. I want to keep everyone in the room safe. You can go around her like this . . . ,” taking his hand and showing him the way.

- **Help children take the perspective of others through other-oriented guidance.**

Joshua stepped over Jerry as he toddled fast to the new blocks. The teacher walked over to Joshua, bent down to Joshua’s level, and helped him look back at Jerry, who was crying. “Look, he’s crying. You stepped on him. That hurt his hand. Let’s go help Jerry,” as the teacher gently took Joshua’s hand and led him over to Jerry.

When teachers use **other-oriented guidance**, they steer children to begin to think about how others feel. Guiding mobile infants and toddlers to look at the face of another child, interpreting the feeling of the other child, and then thinking aloud about how to help a child who is hurt, for example, starts a child on the challenging and often bumpy road of taking other people’s perspective.

- **Help children learn how to problem solve and handle conflicts.**

Thirty-month-old children of mothers who used **justification** (use of reason), **resolution** (trying to bring the conflict to a solution agreeable to all), and **mitigation** (trying to lessen the conflict) during conflict with their children had higher levels of social and emotional development at 36 months of age (Laible & Thompson, 2002). Conflict is inevitable; for example, a toddler might decide that he doesn’t want to get dressed or put on a coat. When teachers and parents talk with toddlers and negotiate solutions, toddlers learn important lessons about the give and take of making decisions (Laible & Thompson, 2002).

other-oriented guidance

Guidance that helps children take the perspective of others.

justification

Use of reason.

resolution

Trying to bring the conflict to a solution agreeable to all.

mitigation

Trying to lessen the conflict.

Toddlers and twos can learn to problem solve. When a teacher asks, “What could we do to help Amy?” or “What could you do if you want the toy?” then toddlers *begin* to understand the nature of problem solving. They will need continuous help to think of possible answers, but if teachers keep asking and modeling answers, then toddlers become great problem solvers as they grow.

- **Give children choices that you can live with.**

Give more choices to mobile infants and toddlers with each passing month. Carmen, the toddler teacher, knows that Lulu’s diaper needs to be changed, but Lulu is very busy putting blocks in and out of a can. The teacher approaches Lulu, bends down to her level, and asks, “I see you need to have your diaper changed?” Lulu loudly says, “No!” “I can see that you are enjoying your blocks,” replies Carmen. “I’ll be back in a few minutes to change your diaper.” After a few minutes, Carmen approaches Lulu again. “It is time to have your diaper changed; would you like to walk or would you like me to carry you?” Lulu holds her hands up to be carried.

- **Create routines to provide security for mobile infants and toddlers.**

A routine becomes a habit and provides emotional security to the child. Children can predict what will happen when routines are consistent. Details of how to proceed do not have to be explained each day. Use a cleanup song when it is time to put away toys: “It’s cleanup time. It’s cleanup time. It’s time to put our toys away.” Use routines for saying good-bye and a routine for going outside. Sing songs if you have to wait for lunch to arrive. Use a routine for moving from lunch to nap time, so toddlers know that when they are done eating they can get their “blankie” or “lovie” and a teacher will read to them on their cots.

- **Gradually build toddlers’ ability to wait or to handle disappointment.**

Toddlers who don’t learn gradually about disappointment lose their resilience through lack of practice in give-and-take with other people’s needs. They can become self-centered, demanding, and difficult to like or to be with. (Lieberman, 1993, p. 52)

As infants become toddlers they can *gradually* learn about waiting for the food to be warm enough to eat or to go outside, for example. Children are more likely to learn patience and to take the perspective of others if adults talk in a soothing voice to children while they are waiting. Disappointment may occur when children can’t go outside because of the weather or because a favorite teacher is absent for a day. Thinking about how you feel when you are disappointed will remind you of how important it is for adults to explain what is happening, acknowledge toddlers’ disappointed feelings, and demonstrate coping strategies for how to handle frustration and sadness.

- **Use time-in rather than time-out.**

Time-out is a strategy that has often been used by parents and teachers to punish children by placing them in a time-out chair, a cubby, or a place alone away from everyone else after the child has “misbehaved.” Schreiber (1999) discusses the issue of time-outs for toddlers and asks, “Is our goal punishment or education?” When teachers use time-out it is often in a punitive way; the teacher angrily places the child in a separate place and tells the child to stay there until he can “learn not to bite.” The child usually focuses on protecting himself in a time-out situation rather than focusing on what happened, why it happened, how he and the other child feels, and what else he could have done instead. **Time-in** is a strategy that involves a parent or teacher spending time with a child who, for example, bit another child—calming the child and teaching the child what to do instead of biting. If a cozy area of the room with soft toys and pillows is always available as a “cozy corner,” toddlers, when upset, may go there by themselves to calm themselves or they may ask or pull a teacher to come with them to the cozy corner.

time-out

A brief period during which a child is removed from the action or situation when the adult thinks that there is a “discipline” problem.

time-in

Time that children spend with an adult teacher after the child feels challenged emotionally and socially.

(3) *Relate: Create and Change the Environment*

The mobile infants in the child care home began to crawl up the stairs, so Melissa put a baby gate across the bottom of the stairs. The toddlers were continually running at full speed through the room until the teachers placed a small climber in the center. Instead of blaming the children for the challenges, the teacher examined what she could do to change the environment to be more developmentally appropriate.

Create an environment that contributes to children's engagement, self-regulation, and relationships—cozy corners, spaces for two, and interesting things to do. If the environment includes caring people and interesting equipment, toys, and materials with which the child can be successful, then children are more likely to be engaged. If an environment is attractive and calm, then children are more likely to be able to self-regulate.

Change the environment as needed to ensure positive behavior and help children be successful. Always ask, “How can I change the environment to help this child be successful?” For example, if an infant seems to have difficulty falling asleep, try creating a more private space in the room so that you can rock the infant to sleep without distractions. A small change in the environment can make a big difference for a child.



These toddlers are enjoying play with clay on a light table.

RELATIONSHIP REALIGNMENTS

Separation Anxiety

For months, Karin's dad had been dropping off his 10-month-old daughter at the same family child care home without seeing so much as a tear from her. But lately, after the usual good-bye hugs and kisses, Karin has started wailing, clinging fast to Dad's leg. Martha, Karin's special teacher, was surprised by this sudden change in behavior and tried to distract the baby with a favorite toy. As the crying continued, however, she and Karin's dad wondered, “What are we doing wrong?”

With new knowledge comes the fear of being abandoned, unloved, or physically damaged. (Lieberman)

A young baby may cry when a parent leaves, but at about 7 months of age infants may actively show **separation anxiety**, searching for their loved one, scowling, crying, pushing away others who offer comfort, and having difficulty saying good-bye. Knowing that a person exists when out of sight (person permanence), a cognitive understanding contributes to the infant's growing awareness of “out of sight, but not out of mind.” Often infants don't want their favorite teacher to disappear, even behind the bathroom door. Separation anxiety can occur for several months, but the length of this stage varies in children. There are children who by 18 months feel very comfortable saying good-bye to parents, but there are also children who have difficulty with separation all of their life. Teachers can hold an infant, allow her to stay as close as she wants, talk to her in nurturing tones, and appreciate the emotional struggle that the infant is experiencing.

When children enter an early care and education program between 1 and 2 years of age, they may take several weeks to several months to adjust to the new situation. The first several days may go smoothly, but as the toddler begins to realize that the new setting is where he is

myeducationlab



Go to the Activities and Applications section in Chapter 14 of MyEducationLab to watch the video *Separation Anxiety* and see an example of an infant demonstrating separation anxiety.

separation anxiety

A child's fear and worry about being separated from favorite adults.



Tory is upset when her mother leaves.

going to be each day, he may begin to protest more. Other children are frightened from the beginning of this new separation from parents and they protest vehemently, yet they don't have the language skills to express themselves clearly. Children of this age have a difficult time cognitively understanding where the parent is going and when he or she will return. Many children this age seem very sad after their parents leave and in the midst of their play, they may turn to the door with a hopeful "Mommy?" when they hear someone enter, only to get sad all over again when it isn't their loved one returning. When adults understand that cognitive development affects social and emotional development, and vice versa, they can help young children during this scary time by being emotionally and physically available and commenting on the

child's (even a young baby's) feelings—for example, by saying, "I know you thought that was Mommy. Mommy will be here after your nap."

A child can also experience separation anxiety as she leaves the program at the end of the day—crying and fussing at having to make another transition. Teachers can support children and parents in as many ways as possible to ease the transition from program to home with the parent. Teachers can make sure the child is ready to transition with a clean diaper and a full tummy, or if the parent wants to feed the child, the teacher supports the parent–child relationship by timing the feedings (while still being responsive to the child) so that the parent can experience bonding time with the child. If a baby fusses at leaving his favorite teacher, it is important that teachers help build the parent–child relationship through interpreting the feelings of the baby. Teachers can say to the parent, "She is happy to see you; she just wasn't ready to have her coat put on" or "She just seems tired today—I think she needs some cuddle time with her dad."

Toddler Resistance

Teachers and parents of toddlers often feel as if they are on an emotional roller coaster with their children, who are sometimes pushing for independence and at other times want to be taken care of as if they were still infants. A toddler is learning how to be autonomous, or self-directing. They often attempt to gain control, but become frustrated at their lack of control. A toddler can feel mixed up, sometimes wanting to be a grownup and the next minute feeling scared, lonely, or just out of energy and wanting to sit in your lap. Toddler teachers often experience the full range of emotions that toddlers feel in the course of a day—from pure delight and contagious giggles to overwhelming frustration.

Toddlers can get frightened when a parent or teacher doesn't stop them from doing something dangerous; they can feel that there is no one there to hold, help, restrain, or contain them (Lieberman, 1993). They say "No" to tell you that they are a person who can express feelings and to test the safe limits and boundaries of the world. It helps teachers and parents if they appreciate that developmental changes can occur rapidly between 18 months and 3 years of age. It is the teacher of this age group who masterfully gives toddlers opportunities to be self-directing while providing the boundaries for behavior that keep children feeling safe and emotionally secure.

Tantrums

Mobile infants and toddlers may have what adults call **tantrums**—times of distress when they literally seem to fall apart. Some children cry loudly, scream, whine, flail, fall to the floor, stomp their feet, or become stiff or floppy. A teacher may not have put a bib on a child in quite the right way or the teacher may have denied a child a second banana. It is difficult to predict when a young child might have a tantrum. They are very taxing and challenging to both the child and the teachers. Let's now take a look at Keri, who has started having tantrums, to see how many of the guidance strategies discussed in this chapter can be applied to a real-life situation, one that teachers often face in their work with children aged 15 months to 3 years:

Keri, 2 years old, is in a family child care home for 3 days a week. She eats her banana with great delight. After swallowing the last [delicious crumb, and with banana still dribbling out of her mouth], she gestures to her care provider that she would like another one, only to hear, "I'm sorry, Keri, just one banana today. It sometimes gives you a tummy-ache if you eat two bananas." Keri scowls, jumps up from her chair, stomps her feet, and puts her hands on her hips. As her teacher approaches, Keri suddenly falls to the floor in a heap, crying as loudly as she can.

As toddlers begin to assert themselves, strong emotions and resistance—**negativism**—can occur out of the blue. As Lieberman (1993) explains, "When toddlers are unable to speak about urgent matters, they must resort to crying or screaming. This happens even with adults. The voice is the carrier of emotion, and when speech fails us, we need to cry out in whatever form we can to convey our meaning. Often, what passes for negativism is really the toddler's desperate effort to make herself understood" (p. 38).

What is Keri feeling, and what is she trying to say? Is she more likely to have a tantrum on certain days or times of the day? What are Keri's language skills? Very young children are starting to use words and voice intonation to express strong feelings—but since their language skills are still developing, they often fall back on using tears and tantrums. Recording the observations of Keri can result in strategies that meet her needs. The strategies that adults use in these situations can either set up negative communication patterns between adults and children or support children emotionally as they learn new ways of expressing strong feelings.

Accentuate the Child's Strengths

Instead of thinking of Keri as the little girl who has tantrums, think of Keri's strengths and what she loves to do. She is enthusiastic about everything that she does and she loves it when she can make a choice. Keri's teachers decided to build on this enthusiasm and Keri's desire to make choices by offering her more choices throughout the day—for example, asking her if she would like a blue bib or a white bib as they move toward the table, or if she wants to have her diaper changed before or after a favorite puzzle.

Use Responsive Interactions: In the Moment

Will responding to children's tantrums encourage their negative behavior and spoil them—or can we, as adults, respond to tantrums in a way that helps children learn to use words to communicate their feelings? When deciding how to react, think of outbursts as part of a developmental stage most toddlers go through. Your job is to teach children new ways to express strong emotions, not to discourage these feelings by ignoring them. Your support through this difficult stage will help children learn to communicate more maturely. Following are some ways that you can encourage this process:

1. Validate children's feelings. Even though you won't give Keri another banana, you can let her know you understand why she's upset. By saying in a soothing voice, "Keri, you seem

tantrums

Times of distress when children literally seem to fall apart emotionally.

negativism

Attitude of refusing, or resisting.

very frustrated. I realize you want another banana,” you’re sending the message that she’s been heard and that it’s okay to have strong feelings.

2. Build children’s emotional vocabulary. Children can learn, from you, the words to express how they feel. So, when you comment on a child’s emotions, model words she can use. You might say, with feeling, “Keri, you seem sad. You’re crying. You can tell me, ‘I’m sad.’ ”
3. Share children’s books about emotions. As you read together, discuss what the characters are feeling, and make connections to events in the child’s life. You might read *Miss Spider’s Tea Party* by David Kirk and then say, “Keri, Miss Spider was sad because she thought nobody would come to her party. You were sad the other day because you wanted two bananas. Let’s see what she did when she was sad.” Use books as springboards to discussions about emotions and different ways people handle them.
4. Observe facial expressions, gestures, and body movements to learn when a toddler might be getting ready to tantrum. Catching the toddler *before* she tantrums is one of the keys to preventing tantrums and helping her learn new ways to express disappointment, frustration, and anger.
5. Encourage problem solving by offering choices. Providing options helps toddlers discover new solutions to old problems. For example, giving Keri a choice of more juice or more milk (instead of another banana) will help her feel as if she has some power in the situation. It will give her a sense of control over herself and her environment, while letting her know that a loving adult is watching out for her well-being.
6. Model ways to express strong feelings. To let Keri know she isn’t the only person who has feelings, share how you feel with her. You might say, with the appropriate expression, “Keri, it makes me worried to see you upset. I feel upset, too, when you scream at me.”

Discussing feelings is neither *giving in to children* nor *giving them everything they want* (common adult fears). Rather, when you show children how to communicate through words and gestures, you’re helping them take the next developmental step toward becoming good communicators and problem solvers while providing them safe and healthy boundaries in which to build relationships and learn.

Build Relationships: Beyond the Moment

While many toddlers tantrum because they are overwhelmed in the moment, there may be events that happened at home or in the child care and education program that have affected Keri. Teachers and parents should aim to have a strong, positive relationship so that there can be an open discussion about whether there has been any change in Keri’s life that may be affecting her emotionally, such as sudden changes in who is taking care of her at home.

Create and Change the Environment in Responsive Ways

If adults find themselves saying “No,” “Stop that,” “You can’t do that,” or constantly removing children from dangerous situations, then the environment *definitely* needs to be improved so that children, peers, and adults are safe and engaged in many fulfilling, interesting activities together. When there is a “No” environment, toddlers will feel quite frustrated and confused concerning what they can and cannot do. The environment can be changed to be more interesting, less stimulating, or more supportive of the child’s emotional and social development.

Children Who Bite

One of the biggest challenges in group programs is children biting each other and the teacher. So let’s explore the topic of why children bite and the strategies that adults can use to deal with the problem.

Jaheed's mother is coming to the door of the child care center to pick up Jaheed and take him home. About an hour ago, Jaheed bit Aaron. Jaheed didn't break the skin, but Aaron cried for a long time after Jaheed bit him. What are you going to say to Jaheed's mother? What are you going to say to Aaron's mother?

Before babies have teeth, they gum, mouth, and suck on any object they can get into their mouths. Babies are encouraged to “bite” their food and try new oral delights. It is no wonder that as they become motorically active and enter the stage of “true experimentations” between 12 and 18 months, people become one of the new objects that must be tested and tried to see how they taste.

Biting, then, provides babies with comfort (as they suck their fists, fingers, and food) and opportunities to learn (as they discover out what is soft, hard, chewy, tasty, or yucky). Yet, biting, which is so enjoyable and so necessary, can get the toddler into trouble when it extends into the world of adults, children, and animals.

Children may bite other people for various reasons. It will help you handle a biting child if you think about the many possible reasons toddlers bite others. You can then try the solutions based on the particular reason a particular child is biting people. Table 14.2 presents the reasons children bite, as well as possible solutions.

When an infant or toddler bites another person, show the biter with your voice and facial expression that you are very concerned. Speak in a serious voice with the child. Look directly into the child's eyes. Hold the child gently by the shoulders if necessary. For example, you might say, “You bit Candace” (state the behavior). “She doesn't like it. She's crying” (pointing out how the bite's behavior affected the other child). “You can bite this cloth” (food, biting toy, etc.), or “You can tell Candace how you feel” (what the child can do instead). Use words appropriate to the child's developmental level and try to restore relationships between the two children. With toddlers and twos, an adult can ask the victim to tell the biter what would make him feel better.

Help the victim of the bite. Keep ice packs on hand to place on the bite. If the skin is broken, wash it well with soap and water. If possible, bring the biter along to assist the victim (however, the victim may appropriately want the biter to stay far away). Call the parent of the child who received the bite. If the skin is broken, then the parent must take the child to a doctor.

Often the biter is as frightened about what happened as the victim. If punishment for the biter is too harsh, the young biter nurses her own hurt rather than concentrating on and helping the victim of the bite. If you punish or yell at the child or put her in time-out, she will try to protect herself, think only of herself, and will not be open to learning about alternatives to biting others.

If one child's biting continues after several days of repeating these techniques, meet with the family and other teachers to determine what might be causing the child to bite and plan together to provide consistency across home and the child education program. The infant or toddler deserves our best planning, caring, and teaching. Implement a more intense program of time-in and emotional connection with an adult. An adult stays near the child, meets the child's emotional needs, shows the child affection and encouragement, catches her *before* she bites, teaches her alternative behavior, and teaches her how to be gentle or use sign language or words to express her needs.

Keep in mind the following points:

- When adults hit or bite children for biting others, the child learns that biting is OK if you are bigger and stronger than the other person. The child will be *more* likely to bite peers (especially smaller ones).
- Observe when the biting and attempts to bite occur. Keep records. The biting may occur before lunch or when the child is crowded by others.

Table 14.2 Why children bite: relationship-based solutions

Why Children Bite Others (Reflect)	Program Solutions (Respond)
A. “Holding On and Letting Go”	
As children’s muscles mature, toddlers experiment with two simultaneous ways of handing experiences: <i>holding on</i> and <i>letting go</i> . Toddlers are learning to both hold on and let go of (1) parents and other adults, (2) toys, (3) bowel movements, etc. Thus, they are also learning to hang on/let go with their mouths. Often young children are not fully in <i>control</i> of their walking, running, handling small objects, bowel movements, urine, or speech. Sometimes the skin of the other child can “just happen” to get between the child’s teeth.	Help ease infant or toddler separations (letting go) from their parents. If the baby cries when the parent leaves, then say to the baby, “You’re feeling very sad that Mommy/Daddy has to leave. It’s hard to say good-bye. Mommy/Daddy will come back after lunch/nap” (some concrete event). Give toys to baby for hanging on/letting go, such as blocks to put into containers. Don’t pressure toilet training. Wait until the child shows that he or she can “let go” in other areas of life. Study your environment carefully to ensure opportunities for infants and toddlers to practice blossoming motor skills.
B. Autonomy	
Toddlers are developing autonomy: doing things for themselves, making <i>choices</i> , needing to <i>control</i> , making demands of adults and the environment, wanting power, moving out and away from adults. Biting can be an expression of a toddler’s separation from the adult; infants and toddlers are no longer one with adults if they can bite the adult. Infants and toddlers are showing control of the other person and the situation when they bite. Biting gives children power over others. Toddlers may be allowed to get “out of control” by loving adults who are hesitant to set limits for them.	Toddlers must be helped to achieve a balance between their need for control and their need for loving, firm limits to be placed on their often uncontrollable urges. Because there are so many situations in which adults must control toddlers, allow and provide as many situations as possible when they can <i>choose</i> and have <i>power</i> : “the red marker or the blue marker,” “the Cheerios or the Rice Krispies,” whether to have “milk or no milk” on their cereal. Set up the environment so that infants and toddlers can have long stretches of time to explore and learn in a relaxed manner.
C. Exploration	
Biting is a part of sensorimotor exploration. Toys, food, and people must be touched, smelled, and, of course, tasted if the toddler is to learn. Babies are sensuous creatures who learn through their senses and their motoric actions on things and around things.	Provide a variety of sensorimotor experiences. Infants and toddlers should experience closely supervised play with water, paints, play dough, and sand. Infants and toddlers can crawl and tumble over a variety of hard, soft, rough, and smooth surfaces. A colorful array of toys that can be mouthed and easily washed should be available.
D. Teething	
Teething can cause an infant or toddler’s mouth to hurt. Babies often need something or someone to gnaw on to comfort them.	Provide infants and toddlers with teething toys, frozen bagels, and chewy foods that disintegrate in the mouth and will not cause choking. Older toddlers can be <i>encouraged</i> to bite on apples and firm teething toys. Clean frozen cloths provide cooling relief for teething toddlers (and for the child who has been bitten).
E. Peer Interaction	
Infants and toddlers are just beginning to learn how to engage peers in positive ways. Infants usually do not understand they are hurting others when they bite them (older toddlers may). Infants and toddlers do not know how to approach their peers in acceptable ways. They often express their interest by biting, pulling hair, pushing, etc.	Children need lots of social experiences in order to learn how to interact with others. Take their hand as they reach out to others roughly and say, “Touch gently—that makes her feel happy.” Acknowledge their interest in other children by saying, “I know you like Darin—you can give him a toy.” Provide enough age-appropriate materials and equipment so children can play beside each other (parallel play). Notice positive peer interaction such as one child hugging another, giving a toy to another, and smiling to another.

Why Children Bite Others (Reflect)	Program Solutions (Respond)
F. Cause and Effect	
Infants and toddlers truly investigate cause-and-effect relationships beginning at approximately 12 months. It is as if they are saying, “What will happen if I bite Susie? What reaction will I get?” Biting gets a reaction—usually a very strong one! Baby often receives a loud scream from the other baby, and a yell of protest from an adult.	Provide extensive time for play. Provide toys that “do something” when the child acts on the toy. For example, when a button is pushed, a figure pops up, or when a knob is turned, music plays. Sand, dirt, water, paints, blocks, and crayons allow for creative, open-ended experiences that offer many opportunities for the child to make something happen. Help them notice the positive reaction they get when they pat, hug, or give a toy to another child.
G. Imitation	
Babies learn by imitating others, and biting is one behavior that is often learned from other young persons. After 15 months babies can observe a behavior (such as biting), store it in their memory, and perform the act later when conditions are right (this is called <i>deferred imitation</i>). Research has shown that children who are physically punished are much more likely than their peers to be aggressive with both adults and peers—especially younger, smaller peers. They learn that hitting and biting others is an acceptable way of handling their anger if they see adults responding in that way.	Model loving, nurturing, sharing, polite, positive behavior for young children to imitate. Develop a repertoire of responses for handling children’s negative behavior: redirecting to a positive activity, acknowledging their feelings (e.g., “You are feeling angry at Sarah—she took your toy and that made you feel angry”). Teach the child alternative positive behavior. Positive techniques do work! Children comply more readily and they learn positive ways of interacting with others.
H. Attention	
The young child may bite to get attention from others; it is true that “negative attention seems to be better to many toddlers than no attention at all.” Everyone hates to be ignored, and children under 3 are no exception. Some children may actually be receiving more negative attention from teachers and peers than positive attention, thus continuing the cycle of negative behavior.	Saturate the biter with positive, warm, nurturing attention. This can be difficult for infant-toddler professionals, especially when they are feeling exceedingly frustrated with the little biter. Remember, however, that when children’s positive, busy, curious, helpful, productive behaviors are noticed and rewarded, the children are much more likely to continue those behaviors and behave that way more often. Break into that negative cycle of child behavior with adult positive comments and hugs for desirable infant-toddler behavior.
I. Frustration	
Young children may bite others due to feelings of anger and frustration because of unmet needs or because of harsh discipline techniques. A child who cries or whose more positive bids for attention go unheard, or a child who is hit, slapped, yelled at, or bitten by adults may become an angry, biting child. Too many children, too high adult-to-child ratios, or not enough space can lead to frustrated, biting children.	Help young children to develop their own repertoire of behaviors for handling frustrations and angry feelings. Help children learn to say “Not now!” to another child who grabs a toy. Teach children to say “I feel angry (sad, happy, etc.)” to adults and peers. This is not “smarting-off” to adults—it is a healthy sharing of feelings. If infant-toddler professionals or parents are using punitive techniques, they need opportunities to <i>learn</i> about the effects of positive versus hostile discipline techniques. Children who have been severely punished will need time to develop trust in adults who use positive strategies. The environment for the young children may need to be changed before biting will be decreased. Smaller numbers of children can make a big difference in a classroom.
J. Anxiety	
Young children may be experiencing generalized anxiety about events happening to them or around them (such as parents’ divorcing or fighting, the loss of or separation from loved ones, etc.). Anxiety may lead to biting others to relieve tension (just as adults smoke cigarettes, chew gum, or bat a ball around).	Work with parents to determine the source of anxiety. Provide calming activities such as water or sand play. Allow children to suck a thumb and/or hold transitional objects (such as blankets or stuffed animals). Provide time for one-on-one with a special adult. Pat backs and sing songs at nap time to quiet toddlers into sleep. Use infant massage strategies to calm a child. Play soothing lullabies. Stay close to nurture children and explain and help them through transition times.

Box 14.2**Readiness for Toilet Learning****Parents**

- are willing to collaborate with teachers to provide consistency for the child.
- are willing to be encouraging and not punitive with the child.
- respect the child's timetable (for example, a child may start the process and then stop for a period of time).
- agree that the child is ready to learn.

Teachers

- have an adult-to-child ratio that is conducive to a teacher being available to the child learning to use the toilet.
- have a trusting relationship with the child.

The child

- has an interest in imitating adults when they use the toilet.
- can communicate his or her needs to adults.
- is not in a resistant stage of development.
- is willing to sit on the toilet with and without diapers.
- can pull pants off and on fairly easily.
- has sphincter (anal) muscles that are sufficiently developed to hold on and let go of a bowel movement.
- has a dry diaper for longer periods of time indicating that the child's bladder is maturing.

- Explore with the parents what the reasons for biting may be. Try a solution based on the possible reasons. Work with the parents of the biter so that the guidance techniques used at home and at the center are consistent with each other.
- Have a staff meeting. Review all the reasons that toddlers bite and all the techniques that can be used. Individualize strategies for each child and then work together to provide *consistency* for that child. Staff can help each other be consistent in the use of the techniques.
- *Before parents and family members become upset* about a biting problem, hold a parent meeting or send a newsletter home to let parents know what techniques they and the staff can use. Parents need to know *why* toddlers bite, that it is a *common* problem whenever toddlers are brought together in a group, and that the name of the biter will not be revealed. Tell parents that the staff will do *everything* possible to ensure the safety of the children.

If a solution works, give yourself a big pat on the back. If a solution does not work, provide the time-in approach. If the child continues biting, bites viciously, or bites and then smiles, seek professional help. Too many parents are asked to take their child out of a center for biting. This solves the problem for the program

but not for the child or the family. In collaboration with the parent you can seek support for the child from professionals in the local early intervention team in your school district (see chapter 15).

These professionals will provide an assessment and ongoing support if needed to parents and teachers. Children can learn that infant-toddler teachers are there to help them learn new positive ways of interacting with peers and adults.



Ailana at home involved in toilet learning.

Toilet Learning

Here's what children do in order to use a toilet. Children must (1) feel the urge to eliminate; (2) understand the urge is a signal to eliminate—"Hey, I gotta go, NOW!"; (3) suppress the immediate urge; (4) get to the toilet (quickly!); (5) pull clothing out of the way; (6) situate and balance on the potty; and (7) relax urinary or sphincter muscles to eliminate (Stephens, 1999, p. 78).

And, those are just the *physical* skills necessary for toddlers to be successful using a toilet. There are also emotional issues. As mentioned in our discussion of toddler resistance, toddlers do want to be grown up—but they often want to grow up on their own timetable.

Most child development specialists who have written about toilet learning recommend waiting until the child shows signs of readiness (see Box 14.2). They use the term *toilet learning* rather than *toilet training* to indicate that children are learning on their own terms, rather than adults training them on the adult's timetable. Learning to use the toilet is a "step up to independence" (Stephens, 1999). It is an opportunity for

the toddler to express his autonomy. If forced, he will express his autonomy by resisting the adult. We want the child to feel as if it is his idea, not ours, for him to use the toilet and it is his accomplishment, not ours, when he does.

Brazelton and Sparrow (2004) have written a book outlining Brazelton's method for helping toddlers learn to use the toilet. They recommend a relaxed method of taking the child to the toilet and letting him sit on it with his clothes on. If there is no resistance then take the child to the toilet without a diaper on. Always let the child get up and leave if he wants to. At some point you will "catch" the child's urine or stool and the child will begin to get the idea of how to use the toilet. If the child resists or the process does not seem to be working, wait at least a month before trying again. Be encouraging but be careful not to praise too loudly or too much. The child is doing this for himself, not just for you. To provide consistency for the child at home and in a program, it is best if the parents and teachers meet to discuss the toilet learning process.

Toddlers may touch their own genitals while they are learning to use the toilet, and infants may during diapering. This is typical behavior and should not be punished. If you ignore this normal behavior, their curiosity will be satisfied.

Toilet learning can be a frustrating time for parents if they would like to complete the process quickly to eliminate the costly expense of diapers and not have to clean up the sometimes "big messes" that toddlers can make in their diaper. In some cultures, parents may "train" children early (in the first 2 years of life) by learning to read the signs that a child gives when he is going to urinate or defecate and will ask you to do the same in the program. This can be challenging in a program where a teacher often has at least three infants to take care of, and even more if the teacher works with toddlers. Use the dialog methods recommended in chapter 12 for listening to parents and negotiating strategies with them. When they share their observations of the child, parents and teachers can usually agree on methods and a cooperative plan of action—especially if a relationship of mutual trust has been established.

The goal is that toddlers end up with a sense of pride in using the toilet—a very grown-up thing to do—rather than a sense of shame due to failure, or anger because he is being forced against his will. And finally, as Stephens (1999) cautions: "Anticipate accidents by asking parents to provide at least three pairs of extra LABELED underwear, pant/shorts, and an extra pair of shoes. When accidents occur, don't spank, threaten, ridicule, tease, or otherwise punish a child. Reassure them that every boy and girl has accidents when learning to use the toilet" (p. 80).

CHALLENGING BEHAVIOR AND MENTAL HEALTH ISSUES

Managing challenging behaviors in infants and toddlers is just that—a challenge! Infant and toddler teachers and parents have listed children's behaviors that are challenging to them: sadness; flat affect; distress or crying frequently; continuously hurting others (biting, pushing, grabbing, hitting); hurting self; *frequently* having tantrums and falling apart; not sleeping; excess clinginess; noncompliant, defensive, angry, anxious, or fearful behavior; and a general lack of response to guidance strategies. Note that these behaviors *more seriously affect and disrupt infants' and toddlers' sense of well-being, long-term behavior, and sense of self-worth*. They represent a more serious challenge for the child, family members, teachers, and peers and are beyond typical development issues that respond to socialization and guidance strategies. These expressions of a child's need engender intense feelings on the part of everyone involved and are often difficult to understand. Challenging behaviors can leave adults feeling powerless as they try to problem solve to help the child toward well-being and away from distress. In this section we will again emphasize that behavior is a way for young children to communicate their joys, needs, and frustrations. If we can "read" the behavior, then we have a key for unlocking the meaning of the behavior for the child. The child is clearly telling us that he or she needs help.

When adults talk about challenging behavior they usually mean that the child is challenging them—typical guidance strategies just aren't working. However, the *child* is feeling challenged, too. Infant mental health specialists have helped teachers and parents understand that infants and toddlers can and do have strong feelings in response to their experiences in life and that it is very important to intervene early.

What do children with behavioral challenges have in common? Often they are communicating their distress through their behavior rather than using language. They may be ill, tired, or overwhelmed by stimulation. A child who “doesn't listen” may not be hearing well. A child who falls apart frequently and with intensity when there is too much stimulation may be sensitive to noise. A child may be delayed in language development, which then affects how well she can communicate her needs. Children may not be able to tell you with their words, but they are telling you with their behavior that something doesn't feel right.

A child who is feeling challenged may feel overprotected or underprotected. If adults are watching every move and constantly warning the child of dangers, then the child may feel as if the world is a scary place. The child then feels afraid to venture out and explore the environment. This child may feel *overprotected*. Alternatively, if an adult is not setting limits for the toddler—such as “hitting hurts” or “jumping off of high furniture is not safe”—a toddler may feel as if he has too much power and thus will not feel safe. This toddler may do “daring” things as if to say “Doesn't someone care enough to stop me?” In these cases children may feel *underprotected*. Let's examine some emotions that infants and toddlers may express, what they mean, and what teachers can do to support the child and family.

Anxious, Fearful, Vigilant

A child who is anxious, fearful, or vigilant (on guard) may have multiple or specific fears; become agitated easily; or display uncontrollable crying or screaming, facial tics, and tension. The child may be easily upset, not explore, cling to an adult, or run and hide when something fearful happens. Children who are anxious may seem to be constantly watchful of others and the environment. Anxiety is increased by helplessness and lack of knowledge, which makes babies very prone to it (Lieberman, 1993, p. 124).

The child may have had overwhelming, frightening experiences or be experiencing sensory overload—too much stimulation for this particular child's temperament and ability to process information through several senses at once.

You can help these children by doing the following:

- Offer challenges gradually.
- Speak in a calm voice.
- Keep your promises to read a book or to help the child.
- Do not *send* the child over to a new situation. *Go* with her and draw her in. Stay with her until her mood has changed.
- Say often, “This is a safe place. I will keep you safe.”
- Provide a primary caregiver model where at least one caregiver “moves up” to the next classroom with the child.

Work closely with families. Researchers Crockenberg, Leerkes, and Lekka (2007) studied how families' marital relationships influence infant behavior. They found that aggressive marital conflicts predicted infant withdrawal at 6 months. The results of this study demonstrate how important it is for early educators to think about children's behavior within the context of the family from a bioecological perspective and provide as many family friendly policies

and opportunities as possible. When talking directly with families use the 6-step problem-solving approach discussed earlier and the 10-point problem-solving guide at the end of this chapter.

Angry and Defiant

Infants and toddlers can feel very angry. Infants may cry loudly and their faces may scrunch up and turn red as they express their rage. An angry mobile infant may throw things such as toys or scratch another child who gets too near, and an angry toddler may even throw chairs. Many angry words are screamed by a very upset toddler—words that you didn't know a young child could say. A defiant toddler might destroy materials or toys, throw things, and threaten others.

What might contribute to this behavior? Perhaps this child is easily overstimulated and has difficulty with self-regulation. Perhaps an adult in the child's life doesn't understand development, so scolds or punishes typical behavior. This child may have difficulty trusting others because she hasn't experienced predictable, kind, understanding, or responsive relationships. A child who is angry may have experienced a traumatic event or events. If you look closely you may actually see a very fearful child who is lashing out to protect himself—before someone hurts him.

An angry child can make the adults around her angry, too. It is hard to stay calm in the face of so much feeling from a child so young. Your anger, though, is not helpful to the child. The child may be trying hard to trigger your anger, because that is what the child expects from adults. When we understand the intention of the child we then can respond with the message (through words or actions) that "I'm not going to respond to you the way you have come to expect." Instead, value the feelings of the child. Help identify the child's feelings by saying, "You are very angry!" in a tone that tells the child you understand. You may need to repeat this several times. Tell the child what he can do instead of hurting others or destroying property. Say, "You can stomp when you are angry" and then show him how. Figure out what the child is trying to communicate and what the child needs; help the child learn appropriate ways to get those needs met. Adapt your solutions to the needs of the individual child. Some possible responses may include:

- Take time to be emotionally available—be a respite in the storm. Sit on the floor near the child. Hold and comfort the child as often as possible. Give the child one-on-one time each day.
- Be firm about not expressing anger through aggression. Say (depending on what the child can understand), "Hitting hurts and we need to keep everyone safe. You can say, 'I'm angry.'"
- Help the child feel safe.
- Be responsive so the child feels he can "make something happen" in socially acceptable ways.
- Give choices—for example, say, "Do you want juice, or milk?"
- Provide a quiet area (cozy corner) in the room where the child can go when he is angry. Do not force him to stay in that area, but rather encourage him to use it when he is angry.
- Provide places for boisterous play such as climbing and running.
- Provide a calm environment with places for cuddling, comforting, and caring.

Meet together with the family in a supportive way. The family may be experiencing stress that they do not want to share. Again, use the 6-step problem-solving approach and the 10-point problem-solving guide.

Children Who Behave Aggressively

An adult in an infant or toddler room may experience children, who bite, scratch, hit, kick, spit, or pull hair. Observe these children so that you can understand what they are communicating to you through their behavior. They may be communicating that they don't want other children to be near them or that they need to feel powerful. A toddler may have learned that she gets her needs met (attention, noticed, out of an activity) when she is aggressive or she is experimenting with new behaviors that she observed other toddlers' use.

Aggressive children may feel "out of control" and frightened because there are no clear or consistent rules or boundaries and they are not learning to regulate their behavior. Children who have delayed language development may not be able to communicate their needs, so they resort to physical aggression. Your observation and discussions with family members will help you determine what the child is trying to communicate.

In a longitudinal study of 10,658 Canadian children, one sixth of the children demonstrated a consistent pattern of high levels of aggression from toddlerhood to preadolescence. These children were primarily boys from low-income families whose parents used "hostile/ineffective parenting strategies" (Cote, Vaillancourt, LeBlanc, Nagin, & Tremblay, 2006, p. 71). This research supports the importance of listening and supporting families. Use the 6-step problem-solving approach, including referral of the family for extra assistance if needed. If parents are using hostile/ineffective parenting strategies provide them opportunities for home visits, parent-to-parent stress reduction classes, and guidance classes.

You can help these children by doing the following:

- Work hard to develop the child's trust in you and a positive relationship. Greet the child warmly each day and provide one-on-one teacher-child cozy, comforting time.
- Make 10 times more positive remarks than negative ones: Notice, notice, notice positive behavior.
- Keep teaching prosocial behavior. Help the child get his needs met in more positive ways.
- Talk to the child about his character in a positive way. Say, "You are the *kind of child* who helps others."
- Give the toddler a toy or stuffed animal and say, "This is your toy, and you can hold it all day if you'd like—you don't have to share it. The other toys are for all of the children to share and use."
- If the toddler hits you, hold the toddler's hand and say, "I don't like to be hit. It hurts. You can tell me, 'I'm mad.'"
- Help the child take the perspective of the other child. Say, "No biting, that hurt him—look, he's crying."
- Say "I know you are angry, but I do not want you to kick him."
- Reduce stimuli, create a calm and safe environment, provide cozy corners and a private place for the child (can be a box), so the child can be alone when needed (this is not a time-out spot).
- Create an interesting environment with cause-and-effect toys so the child can feel more powerful.
- Reduce spaces for running in a classroom, but provide places for large motor activities.

posttraumatic stress disorder

Anxiety and fear caused by experiencing a traumatic event.

Posttraumatic Stress Disorder

Unfortunately, some infants and toddlers experience extremely unpleasant events such as a car accident, hospitalization, abuse, or witnessing domestic abuse or even murder. **Posttraumatic stress disorder** can occur after an infant or toddler experiences a traumatic event. Gaensbauer

(2004), a professor of psychiatry who helps children who experience trauma in their lives, reports that young children usually relive the trauma through their actions rather than verbally. He reports that a child placed in foster care at 4 months of age had been severely traumatized by a mother with mental illness. She would undress him and wrap him in cold towels. At 9 months of age, when he was reunited with his mother for a supervised visit, she started to undress him. At that moment the infant started to scream and the visit was stopped. He seemed to have a memory of the trauma from when he was 4 months old.

A person, object, or event may trigger memories of the painful, disturbing, or upsetting experience. These memories of the experience may cause fear, anxiety, withdrawal, aggression, crying, or shock. The infant or toddler may become still with vacant eyes or hyperactive with frantic looks. A toddler who experienced cockroaches in his diaper while suffering neglect in his home became frenzied when he felt a prickly or crawling sensation on his skin (Lieberman, 1993). It may seem as if the toddler is having a tantrum, but he is expressing fear. A mobile infant may cling to a blanket or piece of clothing that reminds her of her deceased mother. A child may begin to panic when she sees a pair of scissors because this is what her mother used to protect herself during a domestic violence incident. An open hand raised to help a toddler may cause a child to “freeze” or panic because of parental abuse with an open hand. These children may want to over-control their environment and people or may withdraw in order to keep themselves safe. *The overwhelming feelings that a child (or an adult) seems to experience during the traumatic event is one of helplessness, inability to control the situation, and feelings of not being safe or protected.* Adapt your strategies to the individual child’s temperament and experience. The purpose of your strategies is to assure the child that you will keep him safe. You can do the following:

- Talk with a mental health specialist for support and strategies that meet this particular child’s need.
- Observe and document the child’s behavior.
- Help the child learn strategies when lost in a flood of anxiety—for instance, go to the teacher or a safe place at home or in classroom.
- Always tell when you are going out of the room—and say “I’m back” when you return.
- Help the child feel competent with toys and materials at her developmental level.
- Acknowledge the child’s feelings—say, “It looks as if you are feeling afraid. I’m here, I’ll keep you safe.” Say, “This is a safe place.”
- Use contingently responsive strategies—for instance, when a child pops up out of a box, say, “Oh, there you are.” The child may replay the scene over and over to feel as if he is “making something happen.”
- Provide a primary caregiver, continuity of care, and a consistent routine.
- Provide a cozy corner or “safe place” with boundaries and comforting toys (could be a box).
- Simplify things for the child—provide her own bin of water instead of a bin for two, so the child doesn’t have to share for a while.
- Provide water—it *may* be soothing to a child.
- Take obnoxiously loud toys out of the environment.

Work with a mental health specialist as you support the family. If the child has been removed from his home, you may be working with the foster parent(s). Help families understand, and learn *from* families how the child is expressing his or her reaction to trauma. Problem solve *with* the family on how to comfort the child. And, of course, if you suspect abuse you obviously must report it.