

Response to Biting Policy Resource

The new DHS regulatory requirement for a policy for responding to incidents of biting is expected to be effective on June 1, 2010. This requirement is intended to promote better outcomes when biting occurs, since biting often leads to children being injured and to child abuse assessments. This resource is designed to provide you with valuable information and links to other resources to assist you with developing the policy for your child care center.

IAC 441-109.4(2)g. Develop and implement a policy for responding to incidents of biting that includes the following elements:

- 1) An explanation of the center's perspective on biting
- 2) A description of how the center will respond to individual biting incidents and episodes of ongoing biting
- 3) A description of how the center will assess the adequacy of caregiver supervision and the context and the environment in which the biting occurred
- 4) A description of how the center will respond to the individual child or caregiver who was bitten
- 5) A description of the process of notification to parents of children involved in the incident
- 6) A description of how the incident will be documented
- 7) A description of how confidentiality will be protected
- 8) A description of first aid procedures that the center will use in response to biting incidents

1) An explanation of the center's perspective on biting

Biting is a very common behavior among children birth to three years. It is important to think positively of children who bite. Biting is a form of communication, as biting is almost always a response to the child's needs not being met or coping with a challenge or stressor. If we label children as 'biters,' we will harm children's self-perceptions and intensify biting behaviors (Zero to Three, 2010).

Proactively understanding the developmental stages of the children in your care, and their individual needs, can prevent biting behaviors. Centers should first respond proactively by providing caring relationships and supportive environments that prevent challenging behaviors. Supportive, nurturing and responsive relationships between caregivers and the children in care are critical, which is why DHS recommends the Iowa Program for Infant Toddler Care (IA PITC) training for infant and toddler caregivers as well as Positive Behavior Supports (PBS) training for infant and toddler and preschool caregivers. Also essential to preventing biting is developmentally appropriate environments including schedules, activities, routines, and transitions (e.g., enough toys for the group; not requiring group time).

"Toddlers require relationship-based care and education; group size and adult:child ratios should be limited to allow for the intimate, interpersonal atmosphere and high level of supervision that toddlers require." (Copple & Bredekamp, 2009)

The Program for Infant Toddler Care (PITC) provides an excellent resource for understanding children's behavior, including biting behaviors, titled *Toward a Better Understanding of Children's Behavior*. Five broad causes of behaviors include (1) the developmental stage of the child, (2) individual differences, (3) the environment, (4) the child does not know something yet, and (5) unmet emotional needs.

To put it simply, young children might bite if they:

- are not provided developmentally appropriate care and guidance
- do not have a strong attachment with a consistent, responsive caregiver
- have too many transitions throughout the day
- are cared for in large groups (maximum of 8 is recommended)
- are in large open/undefined spaces
- lack the language skills necessary for expressing needs or strong feelings
- are overwhelmed by the sounds, light or activity level in the setting
- are experimenting to see what will happen
- need more active playtime, choices, and access to materials
- are over-tired
- are teething
- have a need for oral stimulation (Zero to Three, 2010)

Primary care (the assignment of one caregiver to three or four children) offers the likelihood that a child and caregiver will develop a healthy relationship. Within small groups this system better enables the caregiver to recognize each child's needs and to adjust the routines of the day to individualized care. Caregivers can anticipate behaviors that are likely to occur and patiently redirect toddlers to help guide them toward controlling their own impulses and behavior (Copple & Bredekamp, 2009). Families and primary caregivers have better communication by sharing information about the child's well-being. Infants and toddlers feel more secure when they can easily see their primary caregiver and get a reassuring glance or hug.

2) A description of how the center will respond to individual biting incidents and episodes of ongoing biting

A responsive caregiver can begin to anticipate when a bite might occur. The Zero to Three resource and other resources on observing and recording behavior can assist you. When observing signs that a child might be on the verge of biting, the caregiver may be able to act immediately and prevent the biting behavior (e.g., distraction, redirection, close physical presence of caregiver). If a biting incident does occur, appropriate caregiver responses should include the following:

- Caregivers should keep their feelings in check and not express frustration or anger to the child
- Ensure all children are safe
- Caregivers should (in a firm, calm voice) address the child that bit in a short, simple and clear way

- Caregivers should shift their attention to the child who was bitten and show concern and support for that child
- Go back and talk with the child (if child is verbal and able to talk about the experience) and the different strategies s/he can use next time, instead of biting
- Help the children move on. Do not make them play with one another, unless they want to (Zero to Three, 2010).

Note: Discharging a child without first addressing the underlying causes of biting behaviors and meeting the needs of the child is not an appropriate response to biting or other challenging behaviors.

3) A description of how the center will assess the adequacy of caregiver supervision and the context and the environment in which the biting occurred

Children bite to fulfill a need or cope with a challenge (Zero to Three, 2010). Rather than focusing on the child as needing 'discipline,' it is the centers' responsibility to observe the child and determine the child's needs that are not being met. This can be done through assessing (Hunter & Hemmeter, 2009):

- Quality of relationships between child and primary caregivers
 - Does the primary caregiver have a nurturing relationship with the child?
 - Does the primary caregiver know the child's needs, interests, routines and preferences?
 - Does the primary caregiver need further professional development?
- Environmental influences on the child's behavior
 - Does the environment prevent large groups and reduce disorder?
 - Are there long waits and not enough duplicate toys?
 - Are the centers (dramatic play, quiet space, etc.) organized to minimize confusion and stress?
 - Is there a quiet place where children can go when overwhelmed?
- Targeted social-emotional supports
 - Are children provided safe and secure daily routines?
 - Are transitions managed effectively?
 - Do caregivers routinely assist children with identifying feelings and learning to calm themselves?

The purpose of the assessment is to identify the potential external causes for the challenging behavior, which in this case is biting, so that further incidents can be prevented. When biting occurs, the caregiver must seek "to understand the meaning of the child's behavior" and discover together with the child "more effective means for communicating needs, wishes, and desires" (Hunter & Hemmeter, 2009).

The caregivers should:

- Have a signed permission form from each child's family (as a part of the enrollment policy) for observations. Observations of all children should

- complement the child's portfolio for planning and assessment purposes.
- Observe the child and document observations, including behaviors and context (where, when, how, who – adults and children) both before and after biting occurs to identify functions of the behavior. It is also helpful to know when the behavior is absent.
 - Use the data to find patterns and potential solutions
 - Respond immediately to any unsafe behaviors
 - Meet with the family to collect information about the child's behavior at home, share information, and demonstrate a commitment to working together to address the child's needs (Hunter & Hemmeter, 2009)

Centers should maintain an emphasis on proactive purposeful planning of environments and opportunities to develop healthy relationships within the care environment through director support, staff teamwork, and professional development including both training and consultation. Centers are encouraged to seek consultation support from the Child Care Resource & Referral (CCR&R) Infant Toddler Specialists, Positive Behavior Supports (PBS) Coaches, or other appropriate consultants available in your local community.

4) A description of how the center will respond to the individual child or caregiver who was bitten

When a biting incident occurs, the child who was bitten should be immediately cared for and shown concern and support. The child with the challenging behavior should be taught in a caring and firm way that the behavior is not acceptable as well as alternative behaviors. The center should also examine the needs of the child, including potential changes to the environment and routines, to prevent future incidents. If a child is provided developmentally appropriate and individualized care in a purposefully planned environment, discharging a child is needed only in rare, extreme situations. Consultants and other resources are available to support you in meeting the needs of the children in your care.

5) A description of the process of notification to parents of children involved in the incident

Centers should provide confidential reports to parents of involved children. You may utilize "Incident Report" forms. Examples can be found in a variety of places, including the Healthy Child Care Iowa website (<http://www.idph.state.ia.us/hcci/>) and the Caring for our Children handbook. Your DHS Licensing Consultants have sample forms as well.

In addition to notification of specific incidents, parents may benefit from general information about biting. The Zero to Three resource referenced in this document may be useful. NAEYC has a "Family-Friendly Communication" resource available for purchase (<http://www.naeyc.org/store/node/84>). This resource covers many different

topics, including biting.

The Center on the Social and Emotional Foundations for Early Learning has valuable resources on their website as well: www.vanderbilt.edu/csefel
http://www.vanderbilt.edu/csefel/documents/biting-parenting_tool.pdf

6) A description of how the incident will be documented

Incidents should be documented to assist the staff with identifying patterns and preventing future incidents through changing the environment and intentional teaching strategies (e.g., socio-emotional supports). A confidential copy of the incident report should be maintained in child's file, and a confidential behavior chart would be useful if the biting is not an isolated incident. Further analysis of the environment is even more important if multiple children are exhibiting challenging behaviors.

7) A description of how confidentiality will be protected

When informing parents that their child has been bitten or bit another child, it is important for the center staff and volunteers to maintain the confidentiality of the other child (NAEYC, 2005).

8) A description of first aid procedures that the center will use in response to biting incidents

First aid training addresses appropriate care for injuries from human bites. Your description of first aid procedures should be consistent with the first aid procedures taught during certification. Your local first aid trainer or Red Cross Agency may assist you with this.

Contact Information

For consultation or technical assistance with developing and implementing your policy, please contact your DHS Licensing Consultant, CCR&R Infant Toddler Specialist, or Child Care Nurse Consultant.

Iowa Child Care Resource and Referral (CCR&R)

<http://www.iowaccrr.org/>

CCR&R Region 1 – 800-859-2025

CCR&R Region 2 – 800-475-0804

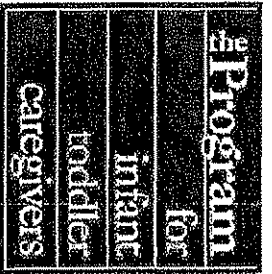
CCR&R Region 3 – 866-651-3420

CCR&R Region 4 – 800-722-7619

CCR&R Region 5 – 866-324-3236

References

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http://www.zerotothree.org/site/PageServer?pagename=ter_key_social_biting&printer_friendly=1#Respondbiting



Toward a Better Understanding of Children's Behavior

Adapted by Kadja Johnston and Lenore Thompson from James Hymes' *Understanding Your Child*
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First Possible Cause: THE DEVELOPMENTAL STAGE

| | | |
|--|---|--|
| <p>Why is this Happening?</p> | <p>How Can I Tell?</p> | <p>What Should I Do?</p> |
| <p>Possible Cause</p> <ol style="list-style-type: none"> 1. Maturation -- The Behavior is due to the child's developmental stage. 2. The behavior is the child's practicing, a necessary aspect of mastery and human development. | <p>Clues</p> <ol style="list-style-type: none"> 1. I have read about it in books. 2. I have seen children at the same stage behave this way. 3. I remember doing it myself when I was a child. <p>Always reflect on:</p> <ul style="list-style-type: none"> Sense of child's expectations. Sense of relationship with child. Child's sense of self. | <p>Action</p> <ol style="list-style-type: none"> 1. <u>Relax</u> -- All children do it. It will end/evolve. 2. <u>Tolerate</u> -- It is developmentally significant/useful. 3. <u>Channel</u> -- Allow the child a safe, tolerable way to practice. 4. <u>Stop</u> -- Stop behavior when it is disruptive or dangerous but remember it will return. |

Second Possible Cause: INDIVIDUAL DIFFERENCES

| Why is this Happening? | How Can I Tell? | What Should I Do? |
|--|---|---|
| <p>Possible Cause</p> <ol style="list-style-type: none"> 1. Not all children of a certain age act in exactly the same ways. 2. Temperamental or constitutional qualities account for differences in behavior. 3. All children experience the world according to their unique physiology. | <p>Clues</p> <ol style="list-style-type: none"> 1. Not due solely to developmental stage. 2. Information about child's unique qualities from birth. 3. Have read about it -- research on <ul style="list-style-type: none"> *temperament *constitution *sensory motor capacities *effects of intrauterine drug exposure. | <p>Action</p> <ol style="list-style-type: none"> 1. Observe and identify child's unique style. 2. Adapt expectations and interactions. 3. Offer options that allow for and appreciate children's unique expressions and responses to the world. 4. Continue asking parents for attributions and possible explanations. |

Third Possible Cause: THE ENVIRONMENT

| | | |
|--|---|--|
| <p>Why is this Happening?</p> | <p>How Can I Tell?</p> | <p>What Should I Do?</p> |
| <p>Possible Cause</p> <ol style="list-style-type: none"> 1. The specific environment: child care setting 2. The general environment: <ul style="list-style-type: none"> * The home setting * Family situation * Lifestyle * Culture | <p>Clues</p> <ol style="list-style-type: none"> 1. Behavior not due to developmental stage or individual difference. 2. In childcare setting, several children exhibiting similar behavior. 3. Home/childcare have different expectations. 4. Sudden change in behavior at home. | <p>Action</p> <ol style="list-style-type: none"> 1. In childcare setting, <u>do something</u> to ensure protection/attention stimulation/order/calm. 2. <u>Get more information</u> from parents/professionals. 3. <u>Don't focus on individual child</u> (who is not in control of conflict). 4. <u>Change or adapt</u> expectations to reduce conflict. |

Fourth Possible Cause: THE CHILD DOES NOT KNOW BUT IS READY TO LEARN

| | | |
|--|--|---|
| <p>Why is this Happening?</p> | <p>How Can I Tell?</p> | <p>What Should I Do?</p> |
| <p>Possible Cause</p> <p>1. The child does not know something but is ready to learn</p> | <p>Clues</p> <ol style="list-style-type: none"> 1. Behavior is not due to developmental stage individual differences or environment 2. The child is <u>young</u> and inexperienced 3. The child is in a <u>new/unfamiliar situation</u> 4. The child is facing a <u>new task</u> or problem | <p>Action</p> <ol style="list-style-type: none"> 1. Teach a <u>new skill</u> 2. Talk – <u>explain over</u> and over 3. Give reason 4. Give <u>encouragement</u> for small successes 5. Be <u>patient</u> with failures 6. Always <u>offer help</u> |

Fifth Possible Cause: UNMET EMOTIONAL NEED

| Why Is this Happening? | How Can I Tell | What Should I Do? |
|--|---|---|
| <p>Possible Cause</p> <ol style="list-style-type: none"> The child has missed out on something that is/was developmentally and emotionally important Instead of going away the need or hunger has intensified Child is searching for ways to meet the need. The behavior is the child's attempt to meet the need without being able to rely on adult assistance. | <p>Clues</p> <ol style="list-style-type: none"> The behavior is <u>developmentally inappropriate</u>. The child is not "acting his age". The behavior has a driven quality. The child <u>has</u> to do it. The behavior is <u>everywhere and always</u>. The behavior, even when channeled or stopped, <u>keeps popping up</u>. The usual ways of handling and helping most children with this behavior do not seem to help this child. | <p>Action</p> <ol style="list-style-type: none"> <u>Do something</u> – This behavior will not pass; it will get worse <u>Respond to the child's need</u> actively Through deeds – not words Through giving – not withholding Through support – not punishment. Sometimes you <u>stop the behavior</u>, when the child is hurting self or others. "No" is not a period – it is a pause Meet the needs as much as possible with <u>quiet firmness</u> and <u>patience</u> Remember the <u>child can't stop/control</u> behavior <u>Get additional support</u> for yourself, child and family |

The Center on the Social and Emotional Foundations for Early Learning

Addressing Challenging Behavior in Infants and Toddlers

AMY HUNTER

ZERO TO THREE

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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, Decoufflé, & 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

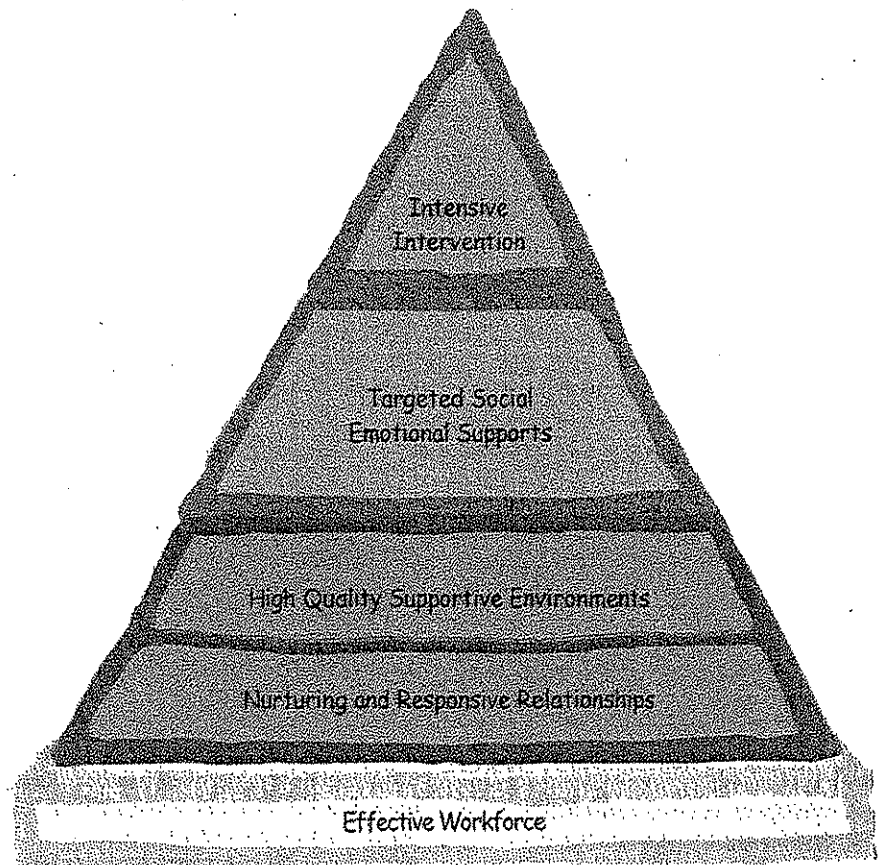


ILLUSTRATION: WWW.VANISHORTT.EDU/SYSEL

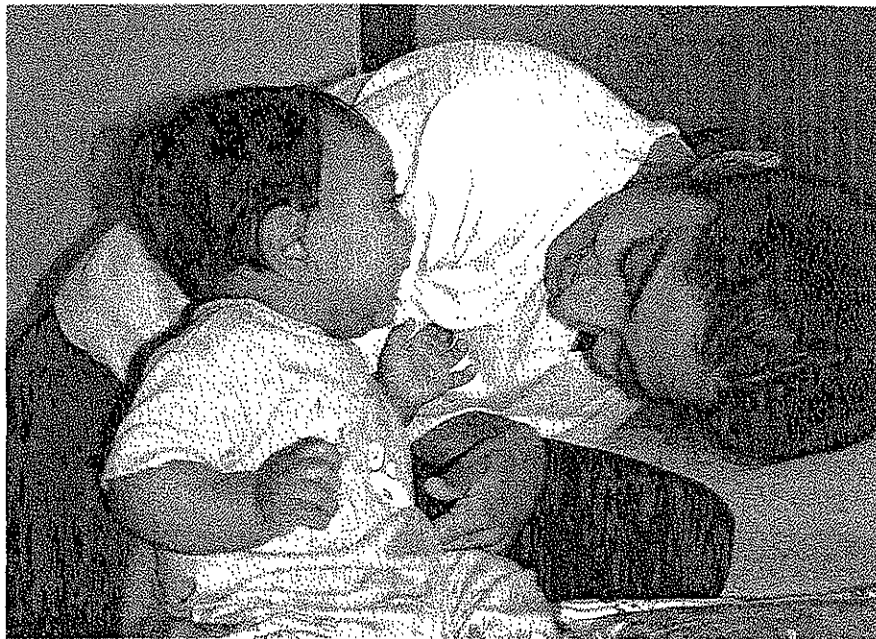
(Kagan, Tarrant, Carson, & Kauertz, (2006). Working to promote children's social-emotional development and to prevent and address challenging behaviors requires that programs have a number of systems and policies in place to support the adoption and maintenance of evidence-based practices (Hemmeter, 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



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.

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PHOTO: DEWEIK RAPPAPORT

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 CSEPEL modules.

Strategies for Understanding and Managing Challenging Behavior in Young Children: What Is Developmentally Appropriate—and What Is a Concern?
www.ehsnrc.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 # HHSP2320042900YC, 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_Deeper_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/

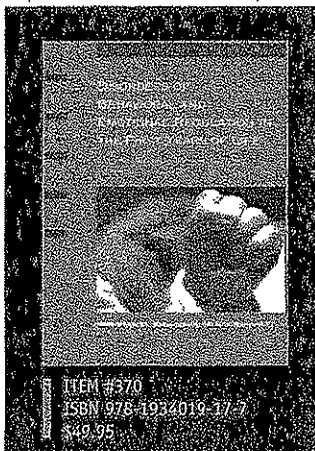
The mission of MI-AIMH is to promote and support nurturing relationships for all infants. The Web site provides up-to-date information on infant mental health and lists training, resources, and products related to supporting infant mental health.

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.

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FUSSY BABY OR BEHAVIORAL DISORDER?

Disorders of Behavioral and Emotional Regulation in the First Years of Life

Early Risks and Intervention in the Developing Parent-Infant Relationship

MECHTHILD PAPOUŠEK, MICHAEL SCHIECHE,
and HARALD WURMSER
Translated by KENNETH KRONENBERG

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