

## EHS Early Essentials-Webisode4

Amanda: Hey, I'm Amanda Perez with the Early Head Start National Resource Center, and welcome again to "Early Essentials." In this webisode, we're going to talk about the incredible growth and change that happens for kids during the first three years of life.

I'm here in a socialization space for an Early Head Start home-based program. Because this space serves children anywhere from birth to three years old and their families, it gives us lots to think about as we consider all that change and growth. But let's hear from staff, first. We asked Rashanda, an Early Head Start supervisor, what she thinks new staff working with infants and toddlers should know, and this is what she told us.

Rashanda Jenkins: What is important, whether you have a prenatal mom or a mom with a two-year-old, I think, is the stages of child development -- what happens when the baby's in the womb, up until the time where the baby comes out; I think that's very, very important.

Amanda: So, Rashanda reminds us that knowing those developmental stages is crucial, really, to this work. We can't cover all of development today, but I think we can get you excited about what's happening in infancy and toddlerhood.

This afternoon, I'm talking with Ross Thompson, a professor from the University of California-Davis. He's really focused his work on understanding and helping us understand and get excited about these critical early years.

Hey, Ross, thank you so much for being here. I'm just thrilled and I'm wondering if you can tell us: what is it -- what is it about these first three years that is so critical?

Ross Thompson: Well, what's critical is that it's a period of absolutely exciting growth. I mean, you can just turn around and the children that you're working with, the babies, the toddlers, are changing every day, and so it's a tremendously important time for the experiences that these children are having with the people around them.

Because this is also a period of great vulnerability; it's a period in which things can go wrong, in which the secure, supportive, helpful presence of other people makes all the difference in helping children get launched into a future of opportunity.

Amanda: So, we asked some providers to send in some questions for us and I wanted to share with you one that came in. Here's our first question.

Avis Moore: I've worked in preschool and, now, I'm working with infants and toddlers. They are so different. Sometimes, I wonder "Am I helping these children learn, at all?"

Amanda: So, Ross, I think you spoke a little bit to this, but how would you respond to this caregiver?

Ross: Well, I think one of the things that is so obvious and, yet, can be hidden about infants and toddlers is how active their minds are, how they're continuously trying to figure things out, and we can sometimes miss this, if we're not careful. We have to pay attention because they're thinking all the time. Let me just give you an example.

There was an experiment, once, where the adult had brought out, in front of an 18-month-old sitting on his mother's lap, a cup, and he brought out a bunch of beads. And he tried to drop the beads in the cup and they fell off to the right and then he tried a second time and then fell off to the left and then, he tried a third time, and they fell off to the back. And the experimenter then handed or pushed the cup over in the direction of the toddler and gave the child the beads. Now, the child didn't imitate what the adult did. He knew exactly what to do. He put the beads right in the cup. And what he was doing was kind of analyzing "What is this adult trying to do?" and, figuring out what the adult's intentions were, he knew exactly what to do: Put the beads right in the cup, and probably had some thoughts about how incompetent that adult was.

Amanda: So, it requires a lot of sort of observation and also sort of wondering: "What is it that this baby is showing me in the learning?" -- yeah?

Ross: That's exactly right, because, oftentimes, the ways that babies are responding to situations aren't the ways that we expect. It doesn't mean that the ways they're responding are wrong or irrational or incomprehensible. It means we've got to put on our thinking caps and figure out: "So, what's going on in that child's experience?" And, when we can sensitively observe and patiently reflect, then we're ready to respond appropriately.

Amanda: From your perspective, what are the most exciting developments that are coming out of the research about infants and toddlers, right now?

Ross: Well, I think there are really three things that are changing our understanding of very young children. The first thing -- and I think, in some respects, the most important one -- is that they're not egocentric. We used to think that was so, but we know now that very young children are extraordinarily socially perceptive. The second thing that is important is that they're developing self-regulatory skill; they're learning to manage their own impulses and their behavior, but they're at the beginning of a very, very long road and so we have to be careful about what we expect of them. And, I think, the third thing we're learning is how significantly stressful experiences can impact these children, not just in their emotional responding, but sometimes also in their thinking and their ability to learn.

Amanda: Well, and, as you share those, I mean, they all have real implications for the kind of work that folks are doing in Early Head Start and childcare programs, so I wonder if we can go through them and talk a little bit more about them. So, you talked about how infants are not as egocentric as we might have, at one time, thought. What does that mean?

Ross: Well, we used to believe that infants and toddlers and young children were wrapped up in their own worlds, that they saw the world only from their own perspective, only from the point of view of their own goals and intentions and feelings, and had trouble understanding how other people could see or experience the world differently from themselves. What we now understand is that, in contrast, very young children are socially sensitive, emotionally aware, and very tuned in to other people's experiences. Let me give you an example.

It's another experiment with 18-month-olds. In this case the child is sitting in mother's lap across the table from an adult experimenter and in between them are two bowls of food: A bowl of broccoli and a bowl of Goldfish crackers. Now, we both know what kind of food most toddlers like, but they're both sampling the food and the toddler is only eating the Goldfish crackers, of course, but the adult is sampling both the broccoli and the Goldfish crackers and responding in a very surprising way. Every time they eat the broccoli, they're showing they really like it and that they think it's just great and, every time they eat the Goldfish crackers, they're going, "Yuck, I hate Goldfish crackers!"

Now, the crucial moment occurs. The adult puts her hand right in between the two bowls and says to the child, "I want some more. Give me some more of what I want." Now, if the child were responding egocentrically, they would put the Goldfish crackers in the experimenter's hand, but what the children in this study did was they put the bits of broccoli there. Now, sometimes they did that with an expression of "Well, if that's what you want, fine for you," but what it showed was that they were responding in a very non-egocentric way. They were reading the adult's emotional reactions to the food; from that, they were deriving an understanding of what the adult wanted, and they were responding appropriately, and that's very non-egocentric.

Amanda: It's extraordinary, right?

Ross: Well, it's not only helping us understand children better, but it enables us, now, to help them derive that social and emotional understanding that they're seeking. We can help them understand why another child is feeling the way that they're doing and we can put labels to those emotions and we can help them explain and begin to predict how another child is going to react to a situation.

We can help them understand their own feelings and how to interact with a child who may want the same thing that they want. So, there's a lot that we can do, as adults, to help this non-egocentric child learn about the social world that they desperately want to understand better.

Amanda: Lots of opportunity for staff, there, for sure. So, let's move on to that second point that you had, which is on self-regulation. Can you talk to us a little bit about what self-regulation is: What you mean by that and sort of how it develops, then, in kids.

Ross: So, we think of self-regulation as the developing ability to be able to manage one's own behavior, one's impulses, one's emotion, but also, one's thinking and one's attention. And one of the things that the developmental brain research has shown us is that this story, this pathway, takes a very long time. Self-regulation begins to develop in certain brain areas as early as one year of age, but it continues to develop all the way through early adulthood. So, it means that the children in our care in Early Head Start are only taking their first baby steps in the development of self-regulation and that means two things: We have to be very careful about what we expect of them, to make sure that it's within their abilities, and we also know that we can provide them with a lot of help and support to enable them to regulate themselves as well as they're capable of at their age.

Amanda: Let's take a look at some video that can help us sort of track a little bit, both what staff can do and the development that occurs in self-regulation. This is a very quick clip, Ross, of a very young infant and I hope that you can look at this and tell us a little bit about what you see here.

[Video begins]

Teacher: We're all done. Put it away!

Teacher: Oh! No. Put it away.

Ross: So, this is a good example of the kind of self-regulation we might expect to see in a young infant. And, you know, if you didn't pay attention, you would not have noticed the fact that this is a child who was sucking on the bottle, having lunch but he also got distracted. He got distracted by the cameraperson and he was able to manage his own attention enough to turn back to the bottle and continue his meal. He was doing so, however, within the enveloping care of an adult So, the child was able to do that because there was an adult there who was providing secure and consistent support for him. And I think that's a really good example of what self-regulation looks like at this age very simple not complex not sophisticated, and assisted by the supportive care of an adult

Amanda: Wonderful. So, we have a longer clip now from a home visiting program This is a mobile infant who, I have to say, has just woken up from a nap that was much too short for her.

[Video begins]

Mother: La gallina y los pollitos. ¿Tú sabes? Los pollitos.

Girl: Mm-hmm.

Mother: ¿Dónde están los pollitos? ♪ Pio, pio, pio ♪

Girl: [Fussing]

Mother: ¿Qué?

Girl: [Keening]

Mother: ¿El qué... No quieres eso? Okay. ¿No? ¿Dónde están los pio pio? ¿Qué, se perdió? Ah, ya sé. Ya los encontré. Mira dónde están. Mira a los pollitos. ♪ Pio pio, pio pio pio ♪ ♪ Pio pio pio pio pio ♪ ♪ Pio pio, pio pio pio ♪ ♪

Visitor: Los pollitos.

Mother: ¿Tienes sueño?

Visitor: ¿Ya, te estás chupando el dedo?

Madre: No.

[Video ends]

Amanda: So, what did you see here from this mobile infant and also, what did you see here from this very skilled mom?

Ross: [laughs] So, this is a good example of self-regulation, for all of its multiple influences. This child has not had enough of a nap; she's slowly waking up and one thing we might assume which is true in this case is that this child's self-regulation is not going to be optimum. And you can see that in the way that she fussed a little bit in the middle of the story reading.

But one of the things that is remarkable is the way in which the adult responds and acknowledges the child's distress, when it occurs, but manages to reengage her back in the story reading, such that the child becomes involved in the story again. The thumb in the mouth, of course, was another effort to self-regulate at the end, and the mother accepted that and nurtured her back into her lap. So, it was a wonderful example of sort of the back-and-forth that self-regulation involves, at this age, involving a child who's capable of more than the earlier child was.

Amanda: It's amazing, really, the complexity of all that's happening in that moment with this little girl.

Ross: Well, especially so, because we often don't take that into account when we're working with kids and it's easy, it's very easy, for any caregiver to become frustrated that children are not more self-regulating, more emotionally in control that they're less fussy that they're able to follow instructions readily, and, oftentimes, those are not things that children of this age are capable of doing on their own. We've got to create an environment that enables them to manage their behaviors as well as they possibly can.

Amanda: Nice. We have one final video here. It's another short one, but it's a 3-year-old. He's just barely turned three and I wanted to show it to you, because I think it gives us a nice contrast to that first clip that we saw.

[Video begins]

[Boy riding a tricycle]

Mother: Say "hi!"

[Video ends]

Amanda: So, there he goes, riding off. So, what do you see in this little boy here, in terms of self-regulation?

Ross: So, this is a nice capstone to this developmental sequence we've been looking at, because here is a child who is willing to boldly go off where no toddler has gone before, and he's showing all the confidence of a child who has the security of knowing that "If I need help, if I get in trouble there'll be somebody there who'll take care of me." This is what we seek: A child who has the self-confidence that the support of others provides. And, of course, he's going far off, and that's reflecting some degree of self-confidence, but also self-regulation.

Amanda: Fantastic. A lot to think about, in terms of self-regulation. Let's go to that third point that you had, which is that stress can really impact infants and toddlers and I wonder if you'd say a little bit more about that

Ross: Well, I think one of the things that we have learned is that children who are under stress -- and stress in children's lives can come from lots and lots of different places; but, when they're experiencing stress in their lives they bring it with them to Early Head Start and it affects their behavior and it affects their behavior in ways that we sometimes don't expect.

So, we would expect that a child who's under stress would show greater emotionality and they might be a little bit more on-edge, but what we also know is that stress undermines their self-regulation. It makes it harder for them to focus their attention; it makes it harder for them to follow instructions. It makes it more difficult for them to cooperate and, indeed, it impairs brain areas having to do with their ability to learn and remember what they're learning. Understanding those effects helps us understand that sometimes children who are experiencing difficulty elsewhere in their lives are not being intentionally defiant; they're not striving to be uncooperative; they're not trying to fail to pay attention. It's that their brains are so preoccupied with what's going on elsewhere in their lives that it's having all these effects

The other story of stress is that there's a lot that we as caregivers, can do to help them cope with the kinds of stresses they experience in their lives. So, if we provide a setting for them that is child-centered, that is supportive, that is predictable, in which we can help them through the transitions that are often difficult for children in their early years of life, we can provide them a safe place in which they can be able to cope more successfully and have good experiences, whatever else is going on in their lives.



Amanda: Well, and I think it speaks, as you're describing that Ross, it speaks to the staff rule in this program, and it's not just the center-based staff, of course, but also home visitors have an opportunity here to support families in creating those kinds of environments and it really is both a story of vulnerability, again, and opportunity

Ross: That's exactly right.

Amanda: Very exciting. So, we're going to turn, now, to a question that came in from a new teacher working with a new baby.

Joseph Marshall: I'm working with a new baby. She's two months old. I know she's new to the center, but she cries all the time. I feel like she's taking all of my attention.

Amanda: And we have a couple of responses from seasoned folks in the field; the first one is from a teacher.

Hind Opied: Babies cry to communicate. I would make sure the baby is not hungry, diaper is clean. Communicate to the parents make sure if they have something special to use at home like a pacifier. I would ask permission from the parents, so we can use it in the classroom to soothe their baby. And you need to remember babies are crying in the new place, until they feel safe and adjust to the new environment

Amanda: And we have one more response from LaToya; let's hear from her.

LaToya Steptoe: Well, the first thing you can do is actually talk with the parents and see what do they do at home to soothe the baby. Sometimes, the same routines they do at home can help you while you're at school. Usually, breastfed babies, specifically, have a hard time adjusting to new environments; so, sometimes, having something from home from mom just that sense of smell, can help. And even if that doesn't work, you can also look for outside resources on websites or even ask seasoned teachers for help; though, they can sometimes help with that kind of situation.

But, when all else fails, just remember to be patient and use loving and calm tones and that can go a long way, in the meantime.

Amanda: Lots of strategies from those particular caregivers. So, is there anything you would add or anything you would say about that?

Ross: Well, I think those are excellent responses. And what I would do is simply illustrate how much they're showing the qualities of highly effective care for children at this age. The first response emphasized a lot of the importance of observation and reflecting on what you're observing in the child and information-gathering and the second one was talking about the ways of trying different kinds of strategies to see what would work. Keeping in mind that a young child can be fussy for lots of different reasons means that we have to think carefully and try to understand what the child's experience is, in order to figure out why this is happening and how we can be most helpful.

Amanda: So, Ross we have a last question from a new home visitor; let's hear what she's asking here.

Terina Taulogo: I know that a lot of kids have a lot of stress in their lives and the first three years are very important. Can I really help them in 90 minutes?

Amanda: Wow. So, that's a big question What would you say to that Ross?

Ross: One of the things that we can't do oftentimes is completely change the sources of stress, but we can provide a safe haven for children or as a home visitor we can help that adult figure out how they can be a safe haven and a secure base for a child experiencing stress. And sometimes this may involve exploring with the adult what kinds of things are affecting that child and the ways in which they can assist the child in coping. I think one of the things that research has shown us is that it's adults and adult relationships with children that help to buffer stress for children and that's one of the ways we can help children cope more effectively.

Amanda: I really want to thank everyone for the questions that they sent in today and I really want to thank those caregivers and staff for sending in those strategies and tips for us And, finally, Ross, I want to thank you. Thank you so much for spending this time with us today. I think what Ross shared today is not just about opportunities for babies, but opportunities for all of us who work with the youngest children. What potential you have to make a difference for children and families in the first three years.