My Bliss List...



Book:_____

After reading your selected book answer the following questions:

1. What feelings/emotions are discussed in the book?

2. How would you use this book with young children?

Instead of Saying...

"Don't cry"

"You're okay"

"That's enough now"

"It's alright, it's not that bad"

Acknowledge...

- Be non-judgmental
- Label the emotion
 - Ouch that looked like it hurt when you bumped into the wall."
- Offer a strategy
 - o "Would you like an ice pack or a hug?"
- Ask the child, "What might help you feel better?" and be ready to offer strategies if they can't think of one.
- When they are calm redirect
 - o "Let's go play with the blocks and remember to use our walking feet on the way there."

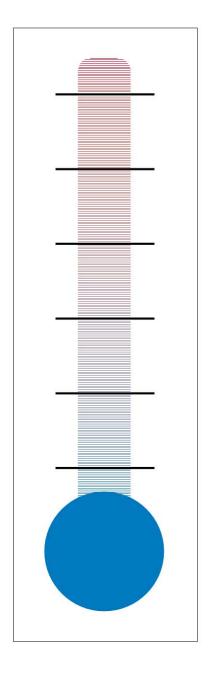
1. What did you see the baby doing?

2. What did you see the caregiver doing to help the young recognize feelings in himself?

3. What did you see the caregiver doing to help the child learn to calm himself?

4. Were her efforts successful?

Relaxation Thermometer





Mad

Take 3 deep breaths 1...2...3



Relaxed

Module 2

Pulling It All Together

What is the behavior?	Why might the child be doing this?	What can I do to prevent this behavior?	What new skills can we teach?
Jack knocks over blocks when others are building with them	He Likes to see the blocks fall (cause and effect)	 Make sure the block area is out of the way of traffic paths Help Jack build his own tower to knock 	Recognizing emotions in othersProblem Solving
		over	
	He wants to play with the blocks too	 Help Jack ask for some blocks Ask the other children if they could build with Jack 	How to ask to join in play

out 2.6	
Hand	
odule 2	
Σ	

What is the behavior?	Why might the child be doing this?	What can I do to prevent this behavior?	What new skills can we teach?
Chloe wanders around the room during free play without engaging in an activity for any length of time.			

Handout 2.6	
odule 2	
M	

What is the behavior?	Why might the child be doing this?	What can I do to prevent this behavior?	What new skills can we teach?
Malcom is always taking toys away from other children.			

What is My Perspective?

I am Michael. What is my perspective. I felt.....

I am the child playing with Michael,_____.
What is my perspective? I felt....

I am caregiver, ______. What is my perspective? I felt....

Observation Documentation

Date of Observation	Day	Time	Child's Initials
Child's Name		Child's DOB	Age
Observer's Name		Observer's Role_	
Location of Observation			
Adult or other children in t	the observation	by order of appeara	ince (note initials):
1	2	3	
Describe the behavior you	observe? (e.g. o	child turns away from	m caregiver)
		·	

Getting to Know Michael

Family Background

Interview with Michael's mother:

I am a single mom.

Michael is 30-months-old

Michael hits himself on his head sometimes when he gets upset.

Michael has an older half-brother who lives with his father.

Michael smiles.

Michael has trouble using words to tell me what he needs.

Michael likes to play outdoors and with trucks and balls.

Michael sometimes spits when he gets mad.

Michael does not get to be with other children very often. When he is not in child care he is with our neighbor, his father or grandmother.

Child Care History

Michael attends a childcare right down the street from where his mother works. He has been going there for 7 months. She used to try and have lunch with him; however, it became difficult for Michael each time she would leave. Also, when Michael's challenging behaviors occur, she was often called at work and asked to walk down and help.

Family Strengths, Resources, Supports

My father lives out of the state. Michael does spend time with my mother who lives about 20 minutes from us. Michael's father lives in a nearby neighborhood and he gets to see him each week. We spend a lot of time with our neighbor, but she is elderly and it's hard for her to have Michael around sometimes. Michael's father and I split about a year ago as there were marital and financial difficulties and problems with an older step-brother, Robert. This is when I started working. Before starting this childcare, Michael stayed home with our neighbor or my mom.

Michael's Strengths

He likes to play on the floor with me at home. He likes to be in control and often tells me how he wants me to play. He usually sleeps with me in my room at night because he likes to cuddle but only at bedtime. Sometimes he likes to read books and will sit on the couch with me.

Behavior Concerns and Needs

Michael has limited verbal skills. He smiles at home, but does not smile much at childcare with his provider, Beth. He hits his head, throws toys and screams a lot when he gets upset. I'm not always sure how to help him.

Child Care Background

Interview with Provider: Beth

Michael's Strengths

When Michael first arrives, there are not many children here yet. He will often sit with me and read a book. He also likes to play with balls and trucks. I wish he would read a book with me at naptime because he has a hard time settling down. Michael will play with us in the housekeeping area and watches other children.

Child's Daily Functioning

When Michael first joined us, he was pretty quiet. He watched other children quite a bit, but seemed to like to play by himself.

He has always displayed self-destructive behaviors. He hits himself in the head sometimes and pulls on his ears. When it comes to the other children, he screams and sometimes singles out children and hits them. He grabs toys from them a lot. He also slaps a lot when he screams. He frowns a lot or it just seems like he rarely smiles.

He can point to things but it's hard to figure out what he needs. It's like he always has to be in charge. He struggles focusing on any activities and anytime we start a new activity, he usually fusses and resists.

Behavior Concerns and Needs

I watched him yesterday run across the room and knock another child down and grabbed her toy. He is pretty physical and aggressive. It wasn't always like this but the past four months or so have been hard.

Michael hits and slaps at other children who come near the area in which he is playing. The children are becoming afraid of him because he's so quick to react and hits them a lot.

TEMPERAMENT CONTINUUM

MICHAEL'S TEMPERAMENT CHART Completed by Parent (mother)

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

C Activity Level:	
Very Active wiggle and squirm, difficulty sitting	Not Active still sit back quietly, prefer quiet sedentary activities
○ Distractibility:	
Very Distractible Difficulty concentrating Difficulty paying attention when engaged in an activity Easily distracted by sounds or sights during activities	Not Distractible High degree of concentration Pays attention when engaged in an activity Not easily distracted by sounds or sights during activities
Very Intense Intense positive and negative emotions; Strong reactions	Not Intense Muted emotional reactions
Characteristics Regularity:	
Very Regular Predictable appetite, sleep patterns, elimination	Not Regular Unpredictable appetite, sleep patterns, elimination
Sensory Threshold:	
High Threshold Not sensitive to physical stimuli including sounds, tastes, touch, temperature changes Falls asleep anywhere, tries new foods, wears new clothing easil	Low Threshold Sensitive to physical stimuli including sounds, tastes, touch, temperature changes Picky eater, difficulty sleeping in strange crib/bed
Approach/Withdrawal: Tendency to Approach Eagerly approaches new situations or people Hesitan	Tendency to Withdraw t and resistant when faced with new situations, people, or things.
Adaptability: Very Adaptable Transitions easily to new activities and situations	Difficulty Adapting Has difficulty transitioning to new activities or situations
Persistence:	M A
Persistent Easily Continues with a task or activity in the face of obstacles Doesn't become frustrated easily faced with obstacles.	Frustrated Moves on to a new task or activity when Gets frustrated easily
○ Mood:	MA
Positive Mood Reacts to the world in a positive way, generally cheerful	Serious Mood Reacts to situations negatively, mood is generally serious

¹ ZERO TO THREE, Retrieved from worldwideweb http://www.zerotothree.org/site/PageServer?pagename=key_temp June 11, 2009

² Dimensions of temperament (found in several places and merged/adapted).

³ WestEd. (1995). The Program for Infant Toddler Caregivers' (PITC) Trainers Manual, module 1: Social-emotional growth and socialization (p. 21). Sacramento, CA: California Department of Education.

⁴Thomas, Chess, Birch, Hertzig, & Korn, 1963.

Behavior Review

Child's Name:		_ DOR	Age
Review Contributors	Date of Re	view	
1			
2			
3			
4			
Information Gathering			
1. What is the behavior of	of concern?		
2. What happens? What	are the frequency, i	intensity and	duration of the behavior?
3. When does it happen?	Consider writing o	ut daily sche	dule.
4. Where does it happen	?		
5. With whom does it ha	ppen?		
6. How long has the cond	cerning behavior bee	en going on?	
7. How does the caregive	er feel about the beh	navior?	

8. Has the child had a recent physical? Are there any physical/medical concerns? 9. What happens (right before) before the behavior occurs? What are the triggers? 10. What happens after the behavior occurs? 11. What are some of the child's strengths? 12. How does the parent/family feel about the behavior? 13. Have there been any changes and/or concerns in the home, child care, or other significant relationships and/or environments? 14. What are some of the parent/family strengths? 15. What are some of the caregiver/teacher/staff strengths?

Hyothesis

- 16. What is the child communicating that he wants or needs? What is the purpose of the child's behavior?
- 17. What might be the child's experience?

Begin Planning

- 18. What does the parent or the caregiver want? What does the parent or caregiver wan the child to do?
- 19. What does the parent or the caregiver wan the child to feel?
- 20. What strategies have already been tried?
- 21. What can the caregiver do to feel better?

Behavior Review

Child's Nan	ne:	_ DOR	Age
Review Cor	ntributors Date of Rev	/iew	
1			
2			
3			
4			
Informatio	on Gathering		
1. Wha	t is the behavior of concern?		
2. Wha	it happens? What are the frequency, in	ntensity and dura	ation of the behavior?
3. Whe	en does it happen? Consider writing ou	ıt daily schedule.	
4. Whe	ere does it happen?		
5. With	n whom does it happen?		
6. How	long has the concerning behavior bee	n going on?	
7. How	does the caregiver feel about the beh	avior?	

8. Has the child had a recent physical? Are there any physical/medical concerns? 9. What happens (right before) before the behavior occurs? What are the triggers? 10. What happens after the behavior occurs? 11. What are some of the child's strengths? 12. How does the parent/family feel about the behavior? 13. Have there been any changes and/or concerns in the home, child care, or other significant relationships and/or environments? 14. What are some of the parent/family strengths? 15. What are some of the caregiver/teacher/staff strengths?

Hyothesis

- 16. What is the child communicating that he wants or needs? What is the purpose of the child's behavior?
- 17. What might be the child's experience?

Begin Planning

- 18. What does the parent or the caregiver want? What does the parent or caregiver wan the child to do?
- 19. What does the parent or the caregiver wan the child to feel?
- 20. What strategies have already been tried?
- 21. What can the caregiver do to feel better?

Talking with Families about Problem Behavior: Do's and Don'ts

	Do	Don't	
	Share strengths of child with the family Let the family know you are feeling	1. Begin the discussion by indicating that the child's behavior is not tolerable.	
	concerned and want to do all you can to help their child feel safe, happy, and successful in your setting.	2. Indicate that the child must be punished or "dealt with" by the parent	· ·
3.	Ask the parent if he or she has experienced similar situations and are concerned.	3. Ask the parent if something has happened at home to cause the behavior.	
4.	Tell the parent that you want to work with the family to help the child develop appropriate behavior and social skills.	4. Indicate that the parent should take action to resolve the problem at home	•
5.	Tell the parent about what is happening in at child care but only after the parent understands that you are concerned about the child, not blaming the family.	 Initiate the conversation by listing the child's challenging behavior. Discussions about challenging behavio should be framed as "the child is havin a difficult time: rather than losing control. 	
6.	Offer to work with the parent in the development of a behavior support plan that can be used at home and at child care.	6. Leave it up to the parent to manage problems at home; develop a plan without inviting family participation	
7.	Emphasize that your focus will be to help the child develop the skills needed to be successful. The child needs	7. Let the parent believe that the child needs more discipline.	
	instruction and support.	8. Minimize the importance of helping th family understand and implement	e
8.	Stress that if you can work together, you are more likely to be successful in helping the child learn new skills.	positive behavior support.	

Family Interview Questions

- What is your child's challenging behavior like for you?
- What have you done in response to his behavior?
- How do you feel when he acts this way?
- When and where does the child behave in this way and what has typically happened before or after?
- Is this behavior new or has the child been acting this way for some time?
- Does the child act this way with others (e.g. father, grandmother or others) and what does that person say about the behavior?
- How do you think the child feels when he is engaging in this behavior? Why do you think he feels that way?
- Do you have any ideas about why the child is acting this way?
- Have there been any changes at home that might help us understand how the child feels?
- How have these changes affected your relationship with the child?
- How has the behavior affected your relationship with the child?

Maria

Maria is a 16-month-old girl who attends Happy Elephant Child Care. She is new, she began two weeks ago. Maria has been biting and hitting the other children at child care and none of the efforts of the provider to stop her biting have been effective. In the morning Maria runs ahead of her foster mother and quickly grabs toys away from other children. She seems unaware that another child is playing with the toy. If the other child tugs back on the toy that Maria has grabbed, she will bite the child's arm or hit the child on the head and shoulders. She has also bitten the provider when the provider attempted to intervene. This pattern of behavior may take place several times a day. Both the biting and hitting are done with intensity and have left bruises and marks on other children and the provider. The provider reports that she has never had a child who bites as frequently as Maria. When she is unsuccessful in getting the object that interests her, she collapses on the floor and screams for up to 30 minutes at a time. During her tantrums she is inconsolable. She is difficult to hold and she will not allow herself to be cuddled. Eventually she calms down and is able to be distracted or engaged with an activity or toy. The provider has told Ms. Carter, Maria's foster mother, that one of the other parents has threatened to withdraw her child if she cannot stop Maria from biting. The provider is very concerned about her ability to help Maria.

Information Gathered from Discussion with the Family

Ms. Carter has been Maria's foster mother for 3 weeks. Ms. Carter is actually a cousin of Maria's mother. She and 3 other family members have agreed to take Maria and her 7 siblings who were removed from the home of their mother by Children's Protective Services because the mother failed to sever her ties to a boyfriend who is known to traffic in heroin. Maria's mother was investigated by Children's Protective Services regarding concerns about her neglect of her 8 minor children. The condition of the home, the presence of the boyfriend, the impending birth of another child, and her failure to attend parenting education classes resulted in the removal of the 8 children.

Ms. Carter works during the day. She is the single mother of five children of her own. She agreed to take Maria because the family did not want to see the children go into homes with strangers. Ms. Carter reports that her children are all in school now and she has never had a child that bit others. She is very worried that she will lose this child care for Maria. It is convenient and she is able to bring Maria by bus and drop her of on the way to her job in an office a few blocks away.

During the intake interview Ms. Carter is concerned because Maria has used little or no language to date. Her primary communications seem to be grunts, inconsistent babble or screaming and frequent collapses to the floor if her wishes are thwarted. Ms. Carter notices that Maria watches her when she talks but does not try even simple words herself when she is prompted. Ms. Carter reports that she had talked with the pediatrician about Maria's lack of language in either her native language or English, but the pediatrician suggested that they give Maria at least 6 months to adjust to her new environment before "they put her through an assessment."

Ms. Carter reports that Maria has had little contact with her siblings since she was placed with her. She has seen her mother once in the three weeks since she was removed. Her elderly grandmother has come by to visit but she does not seem to be able to contribute to Maria's care and she does not have her own car so she has to be driven over by another daughter. This family is not sure what will happen to all of the children if their mother does not get them back. Ms. Carter doesn't know how long she will provide care for Maria. She is hoping her cousin will follow through on the plan worked out with CPS so that she will get her children back. Ms. Carter reports that Maria has few toys at the house but that she does like her blanket and a soft baby doll. Ms. Carter has been leaving both at home during the day. Ms. Carter reports that Maria has not been biting in her home and she doesn't believe she was biting in her previous child care.

Ms. Carter's home is busy and Maria has a crib in a room with two older children. Ms. Carter has been letting her stay up until the other children go to bed and then she puts Maria to sleep in the living room on the couch, because she will not fall asleep in her crib. Maria is expected to feed herself in her high chair. She eats slowly with her fingers and still uses a bottle before she goes to sleep.

She tells Maria to go to the table for breakfast.

Observation Documentation

Date of Observation5/17/07Day Time7:30a Child's InitialsMS
Child's NameMaria Child's DOB1/4/06 Age16mo
Observer's NameAbby Observer's RoleConsultant
Location of Observationchild care home
Adult or other children in the observation by order of appearance (note initials):
1Sam (child) 2Donna (child) 3Andrea (provider)
Describe the behavior you observe? (e.g. child turns away from caregiver)
Maria walks into home ahead of her foster mother, Mrs. Carter.
Maria is smiling and seems happy to be in the room.
She runs over to Sam and looks at what is on the table.
She runs over to housekeeping. She goes over to Donna who has a baby doll she is trying to wrap in a blanket.
Maria takes the blanket from Donna and runs away.
Donna screams and Andrea comes over.
Andrea explains to bothe children that the toys are to share and says to Maria that she hopes she is sorry.
Andrea asks Maria if she has had her diaper changed and then she takes her to the diaper table to change her.
Andrea talks to another child about getting breakfast ready.
She finishes changing Maria's diaper and asks Sam if he is ready to have his changed.