Minnesota Round Table 1999

Observation and Assessment of Young Children: Issues in Research, Policy, and Practice

On Friday, October 1, 1999, four nationally distinguished early childhood scholars and 275 audience members convened at the Wyndham Garden Hotel in Bloomington, Minnesota to discuss the currently relevant topic of assessment and observation of young children. The purpose of the gathering? The 18th Minnesota Round Table — “Observation and Assessment of Young Children: Issues in Research, Policy, and Practice.” The audience at this lively discussion was comprised of University of Minnesota faculty and students as well as a myriad of other local, community, state, and regional educators, service providers, and leaders who share an interest in and involvement with infants, young children and their families.

Sitting at the Round Table

Marie E. Anzalone
Sc.D., OTR, Programs in Occupational Therapy, Neurological Institute, Columbia University, New York, NY

Scott R. McConnell
Ph.D., Department of Educational Psychology, College of Education and Human Development, University of Minnesota, Minneapolis, MN

Kathryn E. Barnard
RN, Ph.D., Parent-Child Nursing, Psychology and the Center for Child Development and Mental Retardation, University of Washington, Seattle, WA

Samuel J. Meisels
Ed.D., School of Education, University of Michigan, Ann Arbor, MI.
Richard A. Weinberg
Ph.D. (Moderator), Co-Director of the Irving B. Harris Training Center for Infant and Toddler Development and Professor at the Institute of Child Development, College of Education and Human Development, University of Minnesota, Minneapolis, MN.

The 1999 Minnesota Round Table was co-sponsored by the Center for Early Education and Development (CEED) and the Irving B. Harris Training Center for Infant and Toddler Development (University of Minnesota), The Maternal and Child Health Program in the School of Public Health, (University of Minnesota), and the Children, Youth and Family Consortium (CYFC, University of Minnesota). The CEED Round Table has a long history of providing a forum for scholars and practitioners alike to meet and formally discuss the current trends of thought on a topic relevant to early childhood development. As Dr. Weinberg noted in his opening remarks, this partnership between “distinguished educators, psychologists, sociologists, health care providers, and other scholars” is extremely important, and there is a vital need for such open discussion. Said Weinberg, “This fruitful partnership affirms the importance of the need for collaborative efforts to improve the lives of young children and their families” by bringing together speakers of differing backgrounds for a lively and fruitful discussion with questions which serve as catalysts for generating dialogue and for creating opportunities to clarify and challenge points of view. He noted that CEED has a history of “building bridges between research/scholarship and practice/policies that help shape the lives of young children and their families” with a goal of “sharing the vision of what is in the best interest of the next generation” with the hope of influencing public policy.

The 1999 Round Table consisted of two discussions, a morning discussion and an afternoon discussion, each followed by a question-and-answer period, at which point audience members were encouraged to become part of the conversation.

Presenter Introductions

Scott McConnell
I was trained as a school psychologist. I am interested in examining my roles as assessor vs. intervener in schools and am interested in assessment and observation practices that support the “intervention imperative” as an “obligation to act.” I prefer a “simple-minded” approach posing such questions as:
1) What are the interactions that children have with others that, in turn, promote their development? What are their type and frequency? 2) What are the factors in their lives or in their make-up that will affect their interactions with others? 3) What are the practices that will produce better outcomes for children and how can they be developed?

**Kathryn Barnard**
I have a nursing background and feel that my training as a nurse has intrinsically supplied me with refined observation skills. As a nurse, 70% of what one does are acts of observation. The problem of naturalistic observation vs. systematic (standardized) observation is overriding in nursing, as nurses tend to rebel against systematic observation. I believe that observation of the environment can supply many of the answers to what might be influencing the child’s behavior or symptomology.

**Marie Anzalone**
I am a clinician and a researcher, trained as an occupational therapist. I pose the question, “What is typical?” for children with disabilities such as autism, cerebral palsy, or high-risk infants. In my work, I look at children within different foci such as the health condition, the body, the complex activities that they do, and then look at their ability to participate in the environments, assessing how those physical and social environments modify the expectations for the child and the family. I am also concerned with how assessors may develop usable techniques for evidence-based practice and intervention.

**Sam Meisels**
Assessment is a means, but by no means an end. The primary goal of assessment is to answer specific questions about children’s knowledge, skills, personality, and accomplishments. Assessments should enable us to provide the most optimal services to the largest number of children. In conducting observational assessments, one first needs to ask: What do we want to know about the child. Some questions that I would pose are: How can we trust teachers’ judgments about children’s performance, especially when these judgments are made on observation assessments? Is it possible to develop an assessment for the 0–3 population that will enhance relationships instead of only documenting developmental milestones? How can we draw together parents and baby and include caregivers in the assessment process?
Discussion of the Issues

Issue One
Systematic observational techniques are an integral component of the complex process for understanding very young children and their families. How do naturalistic methods assist us in studying the development and behavior of infants, toddlers, and their families in various contexts? What kinds of issues and problems are most effectively addressed by observational strategies? What have we learned from various disciplines about observation that can guide the development of more effective observational techniques?

Q: In thinking about observation, how do you know what to observe? When do you use naturalistic vs. systematic and naturalistic observation? What guides you?

A: Sam Meisels
When I began to develop the Work Sampling System, the first thing we did was to examine existing curriculum standards. This is something we have in school age that we do not have in early childhood. Standards need to be set for preschool age children so we can know what to expect from a child at a certain age.

A: Marie Anzalone
Our standards for 0–3 have to be contextually and culturally driven, because what is meaningful to a family of an infant is not universal. It is not something we can set national, state or even city standards for. If we are always being driven by the need to have standards, are we saying we need to erase culture?

A: Kathryn Barnard
You need to study not only the infant, but the context of the environment because the infant can be entirely different in different contexts. I’m thinking of a young child whose mother has PTSD. The baby is very disorganized and, in the presence of her mother, her motor function falls apart. But when
the mother is not in the room, her motor development is much more organized and controlled. Babies do not exist in the world without caregivers. How an infant functions is very dependent on the meaning, the presence, and the interaction of that care provider, so any observational schema has to take that into account. A child I saw once in an attachment situation, I was sure had cerebral palsy. But it turned out that he didn’t.

A: Sam Meisels
In the case of that little boy, it was a relationship issue. This does not change the idea that one can have standards. It changes how you observe for those standards. If you observe in a single instance and a single setting and in a single context, you can be terribly misled. You have to have a multiplicity of data from which you can draw.

A: Scott McConnell
It starts with a contextualized focus, by asking what the child is doing and then looking at environment. One needs to look more than once and in an informed way. In order to observe, you need to be informed and educated, and developing a question in the observation. Once we have a measure of a particular activity, then we ask how does it change as a function of the mother present vs. not being present, or different aspects of the care environment.

Q: How does one observe a relationship?

A: Kathryn Barnard
First, you need to have the context of a question that you want to answer about the relationship. We conceptualized the interaction model as being reciprocal. The child influenced the interaction and the parent influenced the interaction, but our bias was that the parent had more responsibility for the interaction than the child. And then we began to identify what is important in the relationship in terms of learning and cognitive performance, etc. So, we conceptualized the categories of child behavior and parent behavior. For parent behavior, we thought it was important that parents read their babies’ cues, were sensitive to developmental stages, and arranged things in a context that was supportive of developmental performance of the child. We also thought it was the parents’ jobs in the interaction to respond to distress cues of a young infant and modify the environment in response to the distress cues.
A: Sam Meisels  
What about the positive cues of the babies: the gurgles and giggles, etc.?

A: Kathryn Barnard  
I have a theoretical bias that it is the caregiver’s role in the first three years of life to help children out of negative states. They can’t get out of them themselves. The predominant emotion during the first three years of life, of an infant who is thriving, should be positive.

Q: Do the effects of genetic personality/disposition of the infant play a role in assessment?

A: Marie Anzalone  
Yes, children contribute. They have neuromaturation, they have genetic susceptibilities, they have capabilities and deficits and dysfunction that interact with the social and physical environment and context. That complex system is what produces the dynamic that we look at as function. And so when we observe children, we are looking at the dyad, parent or primary caregiver and child, the goodness of fit between partners, and what is produced by that.

A: Scott McConnell  
However, kids are also developing. My hunch is, if we could do a good job of measuring development, that would also be related to their developmental outcome. It is the interactional substance that is the important thing to measure and what we want to study is the context that surrounds that interaction because that is a powerful predictor of developmental outcomes.

A: Kathryn Barnard  
I have come to the conclusion that the more dependent people are on the environment, the more influenced they are by it. There are babies that are more vulnerable and that need an environment that scaffolds their function. I think it is a particular quality of infants that most of them need and are very reliant on what the environment is like. There is no infant that exists alone.

A: Sam Meisels  
There is also no observational system that exists alone. It has a lot to do with what you look at. The camera has a lens and it has to be pointed at something. As observers and assessors, you have to go in with a framework. The task of those who create those assessments is to be able to justify the framework.
Q: How do behaviorists determine what should be observed?

A: **Scott McConnell**
I am interested in how the world organizes itself to help kids grow up. There are parts of biology and genetics that drive a part of development. But, from an educational intervention perspective, it is not terribly important. My job is to take a child and figure out what the developmental opportunities are and the goals that we are going to set for that child that are reasonable but ambitious and then how we’re going to organize that child’s life, both formally and informally, to help them move toward those goals. In doing that, what I want to understand is how experiences, opportunities, interactions and biology come together to in a fairly fancy and hard-to-understand dance. A child can be different from one day to the next, and I want to understand how I as a practitioner, researcher, and possibly policy influencer might contribute to that change.

A: **Sam Meisels**
I would never describe myself as a behaviorist, but my work is behavioral. It has to be behavioral if it is going to make sense to practitioners.

But it is hard to say what is a behaviorist’s perspective. Is it how you keep track or what you keep track of?

A: **Scott McConnell**
Perhaps the defining feature of this behaviorist approach is a focus on learning and a focus on how events and interactions surround kids’ behaviors in ways that produce clear, discriminable stimuli, things that help them understand how the environment is organized and clear discriminable responses to their behaviors.

A: **Kathryn Barnard**
One of the things that happens to me is that I switch into a behavioral mode when I see that there is a problem. I begin to narrow down and watch the process of action-reaction.

Q: If you had $10 million to spend in the areas of strategies and methods of observation and assessment, where would you go?

A: **Sam Meisels**
To me, the issue is where are you going with the observation, how are you going to use the observation, and what is the value of doing something with that observation? How can our observa-
tions be used to improve the lot of children and families with whom we are working? I would use it to focus on the fusion of assessment and intervention.

A: Kathryn Barnard
We have reached a new era in our society about early infancy. It used to be that we felt that the family was the unit where young infants grew and developed. Now over 60% of all infants are in the care of people other than their parents. This moves early child care out of the realm of the family into the role of institutions within our society. I think a very critical question is about the nature of caregiving environments and the characteristics of caregiving environments of children from infancy through three that foster their development, and how the relationship of the child to the parents can be fostered to make that relationship positive and stronger. We have a responsibility for developing standards in terms of early childrearing environments, much in the way that we develop standards for school curriculum.

A: Marie Anzalone
I feel that the world is moving to evidence-based practice, so that is where I would spend my $10 million — looking at whether our interventions actually work.

A: Scott McConnell
There are three things I would spend that money on. The first one is reliability and feasibility of making clinical decisions about kids. There are judgments that skilled clinicians can make that we ought to have trust in. What I want to be able to do is learn how they did it, so that I can make the same quality of decisions that they made, and I want to be able to reproduce that across lots of people. Another is electronic technology. Electronic technology is going to change how we do a lot of this work. There are lots of examples that we cannot even dream of yet that electronic technology will somehow beat what we did in the ‘70s. Third, as developers of assessment, we need to think about whether there are ways that we can collect information that is very important, that gives people critical information, but that doesn’t take them a lot of time to get.
Q: What are your thoughts about the bidirectional relationship between assessment and intervention in the birth to three range?

A: Sam Meisels
The conventional rule of testing and teaching is that the classroom and assessment are separate. Today, not only do we look to a linkage between assessment and intervention, but a fusion between assessment and intervention. Intervention without assessment is blind and purposeless. Assessment without intervention is static and of limited relevance and utility. If assessments are going to be of value, they will lead to action of some sort. Teachers are the data collectors for the assessment information, but they are also the source of intervention.

A: Kathryn Barnard
What I find is that although people do assessments, there is not a whole lot of evidence that they act on the assessment that they perform. If people are going to develop an assessment process, should one of the requirements be that they link the assessment process to actions? Often we fail to communicate to the provider about what you should try and where you should start. You don’t do a screening or an assessment unless you have a program or treatment in mind. Too often, assessments are done without follow-through.

A: Scott McConnell
Assessment is the systematic gathering of information to make a decision. Be very clear about the question to be answered.
**Issue Three**

What are the boundaries between science and social policy in relation to observation and assessment of young children? Consider the significance of gender, socioeconomic status, race, and ethnic background in establishing valid assessment procedures and policies. What are the critical unanswered questions that should be the focus of future research on observation and other assessment methods?

**Q: What forces drive assessors to use standardized methods of assessment?**

**A: Sam Meisels**

Standardization is our friend. Standardization is often associated in people’s minds with psychometrics, which has to do with a certain method of evaluating the accuracy and the consistency of information acquired by an assessment. But fundamentally, standardization refers to formal rules of application and interpretation, and that is important to any assessment. Today, people are moving beyond reliability and validity in the psychometric world and are looking at consequential validity, which is a way of looking at the impact of an assessment on those who have been assessed.

**A: Kathryn Barnard**

One of the things that, to me, is a benefit of standardization is passing on the knowledge of the experts to people who have less experience. For people who don’t have knowledge in the field, it helps to have techniques that are standardized and defined that they can read and see, and then go back to the criteria. Eventually they learn the system.

**A: Scott McConnell**

Standardization also has the potential to reduce bias in assessment practices broadly and increase access, particularly if the standardization is around when and how to use an assessment protocol. It reduces variance due to professional judgement. To some extent, if assessment is going to help, we have a responsibility to make sure that it is universally available to those children and those families for whom it might be beneficial.
**A: Marie Anzalone**
The value of standardization is that it imparts a small part of the clinical reasoning of an expert by giving the novice some rules on which to base interpretation of a given child's performance.

**Q: What is it about studying children birth to three within the context of the intimacy of the parent/child relationship that is different from assessing school-age children?**

**A: Sam Meisels**
With birth to three years old, there is a minimum of three players: a baby, a family member, and an assessor. The relationship is brought in automatically. There is no such thing as a baby; there is only a baby in relationship.

**Q: What is the relationship between demographic characteristics and families at risk? How do these relate to old versus new methodology?**

**A: Scott McConnell**
We as an early childhood community of researchers and providers have not really grappled with this dilemma of demographic or other characteristics that correlate with outcomes that may or may not be desirable. I don’t think we have good tools for discussing it. I don’t think we have good standards for evaluating what we find and how to know whether it is a desirable or undesirable outcome.

**A: Sam Meisels**
I had the opportunity to spend time with some colleagues who are here working in St. Paul public schools where more than half of the children are not English speakers. We were talking about how a holistic observational assessment can be useful in a setting like that, where teachers have to deal with so much diversity their classroom. They find that an observational assessment is much more useful than a set of closed-ended conventional test items.

**A: Kathryn Barnard**
I think that in terms of the issue of gender, socioeconomic status, race, and ethnic background, you don't observe a lot of difference between babies; what you observe is a difference in the
caretaking response. You may see differences in the baby later because of the caregiving response.

A: Marie Anzalone
I think we just don’t trust our ability to draw the line in terms of respecting cultural traditions. One of our attitudes about disability as a western culture is that we can influence or change the impact of a disability on function or that we can change the disability itself. Well, I’ve worked with cultural groups that accept the disability and their mandate is to love their child, take care of their child, nurture their child, and accept their child, and that means not going in and changing their child.

A: Scott McConnell
Whether I like it or not, as a white man it is very, very difficult to push this conversation along much. I can gather information and I can share information, respectfully and carefully, so that I am not opening myself up to being punished. However, the truth is that I cannot help much about what to do with that information. I have discovered that my opinions, for better or for worse, are not persuasive. I am struggling as a professional about trying to understand how to

embrace an area of research that touches on these issues, but I think it is very difficult for me to add the social meaning and importance to them and to enter them into the social discourse so that others might be able to make sense of them.

Q: What are your thoughts about the interface of science and policy in the area of early childhood?

A: Kathryn Barnard
What I find in terms of the public is that there is a general unawareness of the importance of infancy as a period of life which significant things take place. Part of it is knowing what message will persuade the policy makers who set the decisions about how we spend our money. So, I think that when you can provide relatively solid information to people and illustrate the importance of infant learning and brain development, that is enough for a lot of the influential leaders... getting the message out to them. Neuroscience has come out of the closet.
A: **Sam Meisels**  
But it can be oversold, which is the thesis of a new book by John Brewer, *The Myth of the First Three Years*. The myth that he talks about is the myth that what takes place in the first three years is irreversible and irreplaceable. I think we do need to be careful about the implications we draw from research on neuroscience.

A: **Scott McConnell**  
And I wonder if some of the overselling was due to the fact that we were so happy that someone was finally paying attention to the kids that we were concerned about...

A: **Sam Meisels**  
...But that is the policy issue. Why is it that we have the need to go and find some “hard science” that makes this period of life important? We don’t need to go and find neurological bases for the importance of these first three years. We always knew babies had brains.

A: **Marie Anzalone**  
But I don’t think that somebody who disagrees with the funding issues is going to disagree with the importance of the first three years of life. But do we as early childhood professionals know what to do about it? Do we know what policies we want? Do we as a society know what we want done? That is our challenge, to get some unity of message for the future of early childhood education.

Q: **What is your vision for assessment for the birth to three population?**

A: **Scott McConnell**  
Giving parents and early childhood providers a way to share a common perspective about a young child’s development in ways that help them assess a rate of growth and in a way that relates to long-term outcomes. The second part is a set of assessment practices that helps providers reduce the uncertainty in planning interventions for children when they need them.

A: **Kathryn Barnard**  
I have turned my attention to the childcare provider. We are working with members of the community to form a program in which they learn the content together and then in their own community setting provide enhanced consultation and more opportunities for training to the provider.
A: Marie Anzalone
My priorities in terms of looking at assessment is trying to influence the assessment process instead of the assessment tool, and the clinical reason process that underlies that which leads to ways of helping families and children.

A: Sam Meisels
The things that are animating my work are a focus on functional assessment —
• assessment that focuses on everyday, naturally occurring, practical behaviors
• the fusion of assessment and intervention in the first few years of life such that they inform and communicate with one another
• designing refined assessments and enhanced interventions.

Closing Remarks

Kathryn Barnard
Infants can’t wait.

Marie Anzalone
Embrace complexity.

Sam Meisels
Minnesota, you are so far ahead of a lot of other people that you should recognize how wonderful you are, and just keep trying to make it better.

Scott McConnell
We as a country have made great strides, and I think the challenge is to think about the accomplishments we have made and not to forget about the challenges that we have ahead of us, and figure out how we are going to maintain some degree of optimism and some degree of effort to move toward those challenges and try to resolve them.

Richard Weinberg
On a positive note, and in the tradition of being a Pollyanna, I will remind you of the quote that “Infants and young children are a dividend that comes from our ancestral faith in the future.”

This summary of the 1999 Round Table was written by Christina Robert, Irving B. Harris Center for Infant and Toddler Development, University of Minnesota.
Upcoming Courses Related to Observation and Assessment of Young Children

The following courses are being offered at the University of Minnesota, Twin Cities —

• CPSY 4310: Special Topics in Child Development
  82943: Mooney-McLoone, Ann., Iss/Tech: Systematic Observation, Offered 7/3/00 to 7/12/00

• EPSY 5849: Observation and Assessment of Young Children: Scott McConnell, Offered Spring 2001

Harris Center Summer Institute 2000

The Irving B. Harris Training Center for Infant and Toddler Development at the University of Minnesota is offering the following summer courses.


• CPSY 4310 Sec.2: Touchpoints: Building relationships with parents. (1 cr.) July 3-4, 2000.

• CPSY 4310 Sec.3: Issues and techniques in the systematic observation of infants and young children. (2 cr.) July 3, 5, 10, & 12, 2000.

• CPSY 4310 Sec.4: Early intervention from a Relationship-Based Perspective. (2 cr.) July 24-27, 2000.

• CPSY 4310 Sec.5: Understanding and promoting active fathering with young children. (1 cr.) August 3-4, 2000.

• CPSY 4310 Sec.6: Attachment disturbances and disorders. (1 cr.) August 1-2, 2000.

For more information about summer classes, call (612) 624-5886.
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