Today we’ll explore:

- Definitions: What we mean by Social-Emotional Development, Mental Health, Infant Mental Health and Challenging Behavior
- Our powerful role
- How we can improve our effectiveness in helping children succeed by using perspectives and strategies from education and mental health
- A case study that demonstrates application of relationship-based practice

What is it?

What have we learned?

What can we do about it?

What is it?
Social-Emotional Development

The developmentally and culturally appropriate ability to:

- Manage emotions
- Relate to adults
- Relate to peers
- Feel good about oneself

Connors-Tadros & Yates, 2004

Mental Health

Mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience and self-esteem.


Social-Emotional Development is the process

Mental Health is the state of being

How do we identify that there is a problem with social-emotional development or a mental health concern?

Infants & Toddlers
Infant Mental Health

…..Red Flags…..

Infant Mental Health

…..definitions…..

Infant Mental Health

1. Health
2. Risk Factors
3. Specific Disorders

Attachment

- We are biologically geared to attach for safety and survival
- Primary caregivers are first object of attachment
- Teachers and childcare providers can provide the safety and nurturing that young children need

Attachment is a mutual, reciprocal relationship in which the child becomes a knowing partner. It is a relationship that develops gradually during the early months and years of a child’s life.

Child-Adult Attachment - A Lens for Viewing Decisions that Affect Children and Families, Lyn Cline and Martha Farrell Erickson, Ph.D.
Relationships = Survival

What have we learned?

Young children need and use relationships with caring adults as a primary pathway to learning.

An estimated 80,000 Minnesota children have severe emotional problems.

Only 1 in 5 receive treatment for those problems.

73% of children with behavior disorders who drop out of school are arrested within 5 years.
Head & Heart

- Viewing children & ourselves holistically
- Our thoughts and emotions are intertwined

*We ask:*
- How can we work together to support children’s mental health?
- What do children and families need? What do early childhood professionals need?

“Children are not resilient, children are malleable.”

Bruce D. Perry, MD, Ph.D – *INCUBATED IN TERROR: Neurodevelopmental Factors in the “Cycle of Violence”*

Plasticity

- Plasticity is the ability of the brain to be shaped by experience and respond to continued experience.

Stress

Cortisol Production Becomes Dampened over the First Year

Contact with caregivers regulates cortisol production to stressors. By 6-12 months, security of the attachment relationship is related to buffering of the cortisol response.
Cortisol and Fearfulness

…we also have evidence that cortisol levels are lowered below baseline in high quality child care settings.

The Body’s Response to Stress

• Increase in heart rate
• Increase in blood pressure
• Increase in breathing rate
• Increase in muscular tone
• Release of stored sugar
• Hypervigilance
• Tuning out of all non-critical information

Under Any Type of Perceived Threat (Physical, Intellectual, or Emotional) the Brain:

• Loses ability to take in subtle cues
• Reverts to “tried and true” behaviors
• Becomes more automatic and over-reactive
• Is less able to use “higher order” thinking skills
• Loses some memory capacity

• Boy toddlers are more needy of affection and comfort than girls (Honig, 1983; Whittmer & Honig, 1987)
• Yet boys receive more physical punishment and are less likely to be shown tenderness by child care staff

What can we do about it?

Questions About Kids

Am I spoiling my baby?
What Does an Attachment Approach in a Child Care Setting Look Like?

1. Involved teaching and caregiving
2. Harmonious separations and reunions
3. A secure base for exploration of physical and social worlds
4. Stimulation
5. Physical comfort
6. Meeting physical needs
7. Successful peer relationships
8. Support during times of stress


Questions About Kids

How Can Trauma Affect My Young Child?

Strategies for Support

Infant Mental Health Services

• Emotional support
• Concrete resources
• Developmental Guidance
• Infant-parent psychotherapy

Deborah J. Weatherston, MA

3 Mantras from Jerre Pawl

“Don’t just do something – stand there and pay attention.”

“Do unto others as you would have others do unto others.” (Parallel Process)

“How you are is important to what you do.”

WHAT IS YOUR IDEAL CHILD?

ACTIVE APPROACHING CAUTIOUS
DEPENDABLE HEALTHY HONEST
INDEPENDENT INDUSTRIOUS INTELLIGENT
INTUITIVE WORKS ALONE WORKS IN OTHERS
LOYAL MENOR BORED NEGATIVISTIC
OBEDIENT PERSEVERANT ATTRACTIVE
STRENGTHS PREDICTABLE PROUD
QIET REBELLIOUS RECEPTIVE TO IDEAS
REFINED PLAYFUL REMEMBERS WELL
AGGRESSIVE CONFIDENT SATISFIED
SELF-SUFFICIENT HAS SENSE OF BEAUTY
SENSE OF HUMOR SENSITIVE SINCERE
SPIRITED STRIVE FOR GOALS STUBBORN
TALKATIVE THOROUGH TIMID
VERSATILE VISIONARY TAKE RISKS

Preschoolers
Teacher Expectations
Late Bloomers Study

What is it?

Challenging behaviors
(or problem behaviors)

“What’s it? Challenging behaviors (or problem behaviors)

-Challenging behaviors or problem behaviors

result in self-injury, injury to others, cause damage to the
physical environment and/or interfere with the acquisition of
new skills, and/or socially isolate the child”

(Doss & Reichle, 1991)

What have we learned?

Bridging Two Perspectives

Education
- Positive Behavior Support
- Origin: assisting children with disabilities
- Question: What is the motivation of the behavior? FUNCTION

Mental Health
- Psychodynamic Therapeutic Support
- Origin: assisting children who have experienced
difficult emotional environments
- Question: Why does the child behave in this way?
EMOTIONAL NEEDS
Bridging

Education
- Theoretical Orientation: Behavior problems are not abnormalities, but reasonable adaptations necessitated by the abilities of our children and the limitations of their environments

Mental Health
- Theoretical Orientation: Children are biologically set up to establish relationships with adult caregivers. As a result of early relationships, children develop a “mental model” of what they can expect from the world.

Changing Focus in Early Childhood

1. Child-Centered
2. Family-Focused
3. Reflective (Self-Focused)

Reflective Teaching

Reflect: to bend back, to give back as a mirror, to bring as a result, to ponder and meditate

Observation of your responses.

What thoughts do you have about this child, this family?

What feelings are you aware of when you are with this child, this family?

Reflective Teaching (cont.)

Does this child remind you of anyone else?

What do you think and feel about this child when she has gone home?

How do you work with this child?

Are there qualities you wish you could change in this child?

Reflective Teaching

Handout:
Observation of Your Responses
From a mental health perspective, we recognize that we experience the present in part through the past.

• Data suggest that after a series of positive teacher relationships the child acts as though all teachers are positive security figures
• Such an experience may be compensatory


• Children’s attachment security with their first child care provider predicted their perception of their relationships with their current teachers at age nine (Howes, Hamilton & Phillipsen, in press)

Telltale Signs of Stress in Young Children

Cause for Concern?
• Frequency
• Intensity
• Duration

What can we do about it?
The Teacher is the vehicle for the Curriculum

The child’s connection to:
- Goals
- Rules
- Activities
- Materials
- Facilities

Feelings First

How young children feel is as important as how they think, particularly with regard to school readiness.

Children’s Critical Questions

- Am I worthy of attention?
- Are you trustworthy?
- Am I safe enough here to play and learn?
- Will anybody take care of me?
- Do I have any power here?

How?

Offer meaningful, supplementary adult-child relationships in the classroom

Consistent over time

- Adult is attuned to and accepts child’s feelings (roots of empathy)
- Adult sustains an environment that is physically safe
- Adult protects child from emotional and physical “over stimulation”
- Adult teaches child acceptable ways to express frustration, anger and fear
Tip Sheet

Challenging Behavior and Children’s Mental Health

Tip Sheet

Therapeutic Language

.....from education....

Tip Sheet

Choice-Making
Decision-Making Model

A Case Study: Natalie

Natalie
• Robert: “She had empty eyes.”
• She was unpredictable.
• Are there patterns to her behavior?

Staff Feelings
• “We didn’t know what to do.”
• Teachers have feelings about children’s behavior and need time to reflect on these feelings as well as the behavior of the children.
• She was “aching to reach out” but when we did she couldn’t accept it.
• Limited language development
  – Couldn’t express herself
  – Couldn’t maintain relationships
• Overly possessive with things

We learn more about Natalie
• When enrolled, “she had a lot of problems.”
• “She could not speak well. She could not express herself.”
• “She didn’t understand much.”
• “…if her mother had helped her…Her mother is ill.”

What else do we need to know?
Why don’t we go straight to strategies?
• a “bag of tricks” that we randomly try is not the answer
• we need to decide what the child needs (the meaning of the behavior) before we can decide what to do

Sometimes we need to “reframe” problematic emotional responses and challenging behavior...

An example of reframing:

Anger is the flip side of fear.

If a child is acting “angry”…
It may be because she does not feel safe. Adults in her life may have not provided nurturing care for her or may have exercised scary power over her.

How does this change our response to a child who is “angry?”

A significant adult:
• Has a lot of patience
• Looks for clues
• Gives the child choices
• Is warm, caring and nurturing

• It became clear Natalie could benefit from a special buddy
• “Who does Natalie like?”
• “Robert, do you see her coming to you?”
Shared Emotional Experience

- Personalized, individual attention is critical.
- Adults are not interchangeable.
- One adult forms a relationship to support the child’s emotional and cognitive development.
- The child has a meaningful experience with a particular adult over time.
- It is shared emotional experience that can create a significant impact.

An experience that provides “repair” is about:

- changing the environment so that the child can grow socially and emotionally
- providing opportunities for the child to learn new social/emotional and educational skills.
- We may not be able to change the child's home environment.
- We can create an emotionally safe environment while the child is with us.

A significant adult:

- Is consistently available
- Sees the world from the child’s point of view
- Sets limits
- Structures the child’s experience

What we don’t often acknowledge:

- Some of us work better with certain children than with other children.
- Some of us like certain children better than other children.
- Some children like us better than other children.

Who likes this child? Who does this child like?

- Gave rise to a powerful intervention
- Gave staff an opportunity to reflect on
  - who they are as individuals and
  - what they bring to the educational setting

Changes in Natalie—a child who had been considered inappropriate for the setting

- Beginning to relate well to others
- Much more animated
- Developing a consistent personality
- Getting a lot of pleasure out of life
- Changes are still difficult
- She needs a certain amount of space
- She has learned to trust—and has developed skills that allow her to interact with others and to learn
Going Around the Circle

• What’s the concern?
• Why do you think it is happening?
• What do you think the behavior is communicating?
• How can we help? What’s the plan?
• How is it going?

We’ve explored:

• What we mean by Social-Emotional Development, Mental Health and Challenging Behavior
  – Definitions
  – How our thoughts (head) and emotions (heart) are intertwined
  – The prevalence of mental health issues in our society
• The powerful role we have in supporting young children’s mental health
  – How our perceptions & expectations impact young children

• How we can improve our effectiveness in helping children succeed by using perspectives and strategies from education and mental health
  – Reflect on our feelings about specific children
  – Discover the source of challenging behavior or other concerns (rather than going straight to a “bag of tricks”)
  – Decide what is under our control - a great deal!
  – “Feelings First”
  – The “Assessment Triangle”
  – Strategies from mental health & education

• A case study that demonstrates application of the above in an early childhood setting
  – Natalie’s story
  – The importance of a significant adult - a “buddy”
  – Attachment
  – Shared emotional experience and “repair”
  – Who likes this child?
  – “Going Around the Circle”

“…The goal is to see the child not as an object to be changed, but as a potential author of her own change.”

Carol Cole, Project Leader
Project Relationship

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UNIVERSITY OF MINNESOTA
ON-LINE TRAINING

- Introduction to Infant Mental Health
- Addressing the Needs of Children Who Engage in Challenging Behavior
- Relationship-Based Teaching with Young Children
- Bridging Education and Mental Health

Relationships

“... Virtually every study of human happiness reveals that satisfying, close relationships constitute the very best thing in life: there is nothing more meaningful and essential to their mental and physical well-being than their close relationships with other people.”

- Ellen Berscheid, PhD

Questions About Kids

How can parents and caregivers support a baby’s healthy development?

Questions About Kids

Do dads really make a difference?
• Through hours of interactions with caregivers, infants develop expectations about the caregiver’s responses and the infant’s role in producing those responses
• Over time, a relationship develops, supported by new emotional and cognitive capacities and a history of warm, responsive care
• By participating in a responsive relationship, the infant learns not only that the caregiver is available and responsive, but also that this is how relationships work

You can control the experience the child has with you.

You can change their life forever…and you probably won’t know for sure that you did.

What informs successful interventions for Natalie?

We consider the impact of:
1. Life circumstances/events
2. Setting events
3. Function and communication
4. Relationships

Language, Literacy and Social-Emotional Development

• Hearing words allows a baby to self-regulate.
• Saying words allows a toddler to self-regulate.
• Expressing ideas helps a preschooler to self-regulate.

Connors-Tadros & Yates, 2004

Guiding Principles for “Being” and “Doing” with Infants, Toddlers, and Families

• Behavior is meaningful
• Everyone wants things to be better
• You are yourself and your role
• Don’t just do something – stand there and pay attention
• Remember relationships!
• Do unto others as you would have others do unto others

30% of Minnesotans will seek help from a psychiatrist sometime during their lives.

MPR feature “A Bad State of Mind”
The Teacher
Challenges
Affirms
Listens…and Hears

Dr. Roberta Nelson

“To Listen” =
• Ear
• You
• Eye
• Undivided attention
• Heart

—Michael Trout, Parent-Infant Institute

Wonder...
Pause, observe – don’t assume.
Why is this child acting this way?
What story does this child – this family – have to tell me?
How does this behavior serve this child?

Michael Trout

The nature of a child’s relationship with teachers:
• transfers expectations from parent to teacher
• Needs to trust adults as “good enough” partners
• MAY offer the possibility of “repair” when the primary relationship has not been enough

Resilient
1. Marked by the ability to recover readily, as from misfortune.
2. Capable of returning to an original shape or position, as after having been compressed.

Bruce D. Perry, MD, PhD – INCUBATED IN TERROR: Neurodevelopmental Factors in the “Cycle of Violence”
Malleable

1. Capable of being shaped or formed, as by hammering or pressure: malleable metal.
2. Easily controlled or influenced: tractable.
3. Able to adjust to changing circumstances; adaptable.

Bruce D. Perry, MD, PhD – INCUBATED IN TERROR: Neurodevelopmental Factors in the “Cycle of Violence”

The Brain

- Changes in response to experience
- Responds differently than before the experience
- Continues to respond to the new experiences if encounters with continued brain changes

Problem-Solving:
Six Important Questions

1. Describe the problem interaction in detail.
2. How did it make you feel?
3. What did you do in response to the child’s behavior?
4. What was the child’s response to what you did?
5. What is your guess about the child’s mistaken goal?
6. What are some alternative suggestions you could try the next time the problem occurs?

What can we do to make a difference in this situation?

The major question…

What is under our control?

“Experiences that could be tolerated by a 12 year old child can literally destroy an infant (e.g., being untouched for two weeks).”

Bruce D. Perry, MD, PhD – INCUBATED IN TERROR: Neurodevelopmental Factors in the “Cycle of Violence”