Early Head Start National Resource Center

Technical Assistance Paper No. 10

Strategies for Understanding and Managing Challenging Behavior in Young Children:

What Is Developmentally Appropriate– and What Is a Concern?

U.S. Department of Health and Human Services
Administration for Children and Families
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Strategies for Understanding and Managing Challenging Behavior in Young Children:

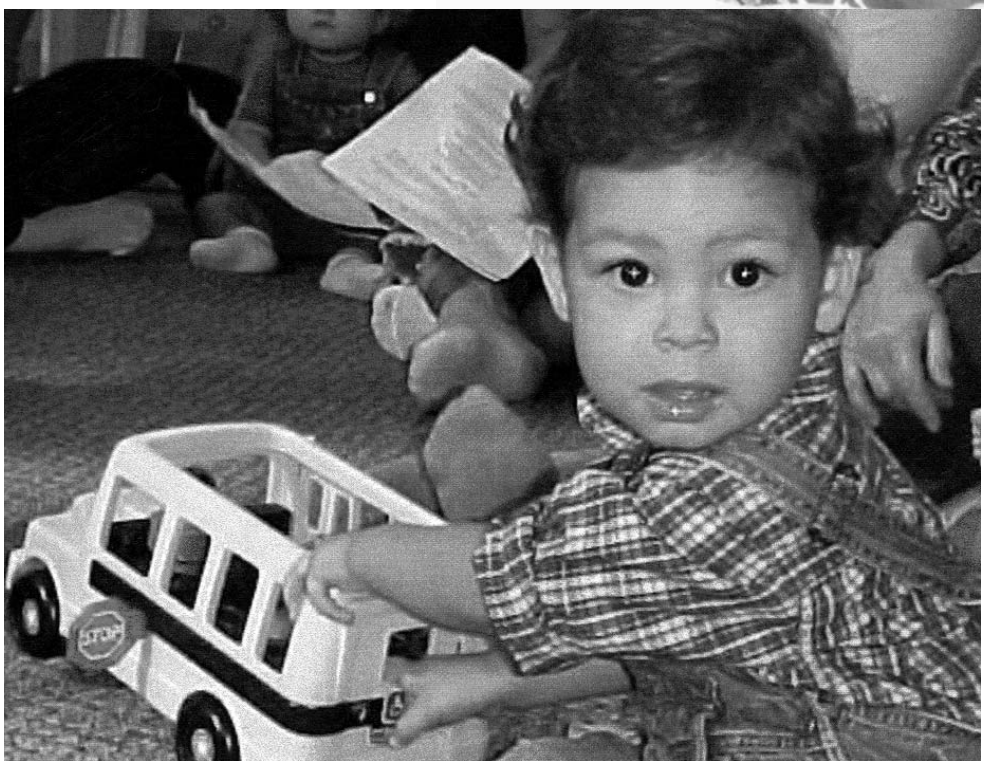
What Is Developmentally Appropriate–and What Is a Concern?

When Carol first came to the Early Head Start child-care program at 20 months, the other children loved her. She had endless energy, a hearty laugh, and was the "life" of her classroom. She would run and climb, inviting others to follow, and she would think of all sorts of funny things for the dolls to do such as go down the slide or ride in toy trucks. However, when another child had a toy she needed, she would take it—wasting no time on negotiation, but hitting or biting to get her own way.

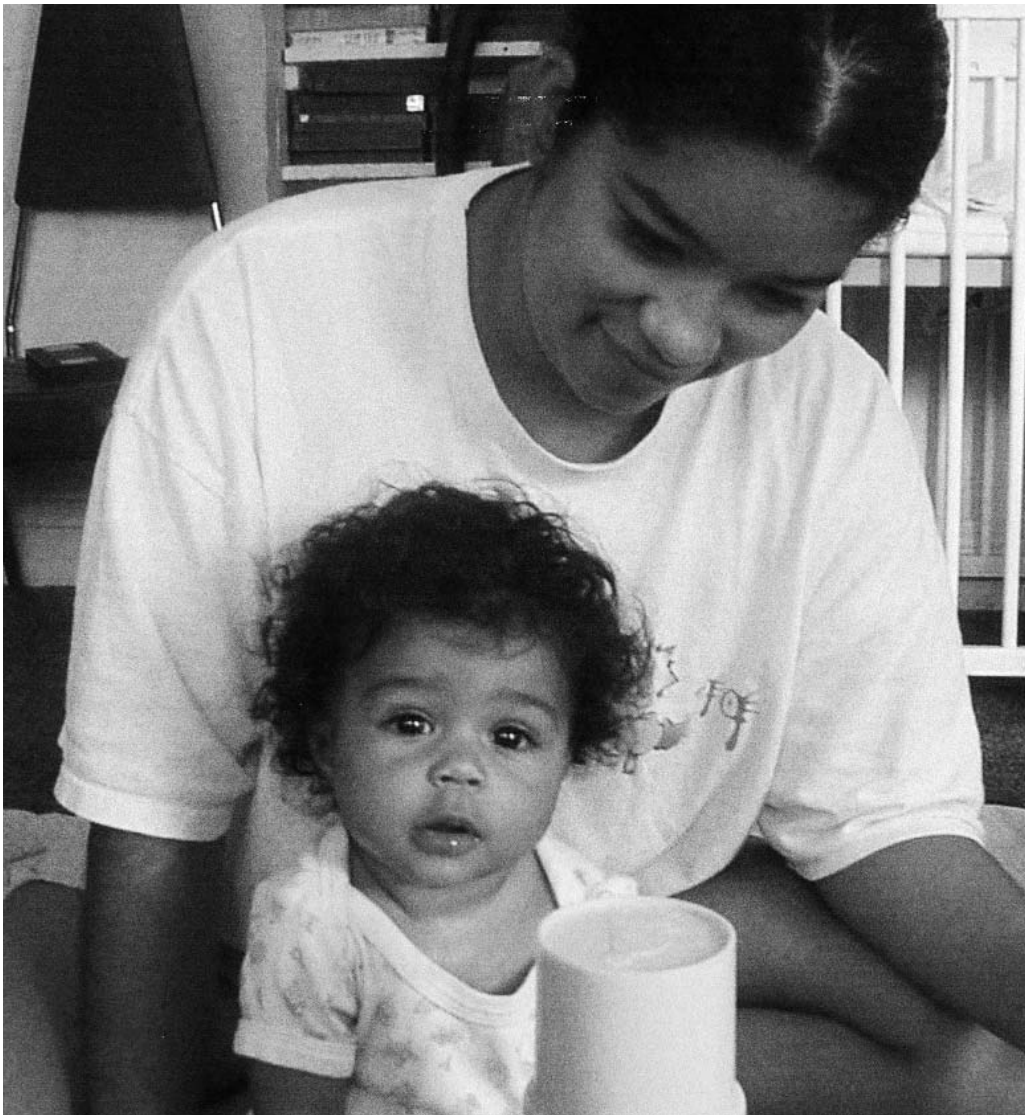
The other toddlers quickly became more frightened than intrigued. They started saying things such as "Carol bites." Even her primary teacher, Naomi, couldn't stop the temper tantrums that soon followed Carol's other behaviors. By naptime, Carol was far too excited to sleep or even rest, and her noises kept everyone else up, too. Soon, Carol had no friends, everyone was tired and tense, and the classroom felt like a minefield. Carol's grandmother was finding things equally difficult at home.

Very young children are learning a great deal in an incredibly short amount of time: They learn when we eat with our fingers and when we use spoons; when we wear clothing and when we wear pajamas. They learn all the rules of our culture: We share toys, but not toothbrushes; we laugh at some things, but not at others; sometimes adults tease, and sometimes they are serious. Infants and toddlers learn what is expected of them through their relationships with family members and teachers. However, when only limited guidance has been available, especially for a child's particular temperament, then a child such as Carol may present behaviors that feel challenging and overwhelming to teachers and parents. Early Head Start builds in a variety of approaches and supports to help teachers and families provide the guidance young children need for healthy social and emotional development **[1304.21 (3) (i and ii), 1304.24 (a)].**

Knowing how to help toddlers learn to manage their own behavior and get along well with others does not come naturally to everyone. Fortunately, teachers and parents can learn the skills they need to help toddlers become competent and capable members of their own culture. The first skills have to do with understanding the typical social and emotional behaviors throughout the infant and toddler years. When the behavior is confusing and appears to be contrary to achieving the child's own goals, then adults need a process to use to help them understand why the child is resorting to such troublesome activity. Finally, teachers and families sometimes need additional resources and strategies, especially to support their work with young children who require those caregivers to think creatively about how to serve them.



Understanding Infant and Toddler Behavior



Challenging behaviors may have many causes from basic biology to complex relationships. Many factors are useful in helping parents, teachers, and home visitors understand what infants and toddlers are telling us through their behavior. Adults need to know the typical progression of development, how children learn through relationships, how that learning influences each child through his or her personal history, and how individual differences such as temperament come into play.

Developmental Progressions

Long before babies can use words to tell us how they feel or what they need, they communicate through their actions: facial expressions, sounds, and body movements. At first, they react immediately to any change in their bodily experience or in their environment. They grimace, they cry, they squirm. As adults help them to manage (or regulate) their reactions, babies begin to gain increasing control over their own bodies. For example, babies mature from an initial behavior of screaming when they are hungry to a more developed behavior of gesturing toward the breast or bottle to still other strategic behaviors such as crawling to the refrigerator to eventually, at approximately the age of 1 year, initiating basic verbal behaviors such as asking for the "ba-ba." We expect to see increasingly complex and controlled behavior as infants grow older. If Carol were only 5 months old and cried when someone took a toy from her, we would not be concerned. It would be an appropriate response for her developmental age. As a toddler, though, Carol should have more play strategies than simply hitting and biting. She should be able to experience periods of calm, and she should be able to recover within a few minutes from crying or tantrums.

Aging alone is not what brings about children's increased ability to regulate their own reactions and find increasing success in communicating their own needs. As infants grow and develop, all of their abilities—cognitive, language, motor, social and emotional—are becoming more sophisticated and complex. Toddlers increasingly understand the effects of their actions on others as they become more aware of the peers and adults in their world. A well-adjusted toddler who takes a toy from a peer may then attempt to comfort her as the previous owner begins to cry or run to the teacher in distress. Toddlers may use words such as mine and no in claiming or protecting ownership of toys. Toddlers develop considerable social skills as they create and recover from conflicts in their play. Early Head Start programs provide the experiences that promote this social and emotional development through planned, individualized activities and through their work with families **[1304.21(3)(i and ii), 1304.24 (a)(1)].**

Some developmental shifts create periods of challenging behaviors. Between about 7 and 9 months, as babies are firmly establishing their sense of object permanence, they may develop anxiety around strangers and become fearful and upset when their parents leave them, even in very familiar child care. Between 18 and 21 months, as the central nervous system is undergoing developmental changes, even the calmest of babies may suddenly, and frequently, tantrum. During the second year, as toddlers have big ideas of what they can do and very few words to help them get it done, they may suddenly turn to biting as a strategy. These behaviors are challenging—but are part of normal development for that age.

As we care for babies in groups, we anticipate disagreements and scuffles, and we expect babies to be comforted by holding and to be easily redirected to other experiences. We expect toddlers to become upset and fuss and even to fight, but to recover and be able to return to play with the same friend who upset them moments before. Infants and toddlers will have unhappy moments, but they usually have the capacity to calm down and enjoy being with their peers. The establishment of this emerging social and emotional control depends in part on the child's early relationships and may be influenced by the child's temperament.

Early Head Start in Action

Our Early Head Start program uses a primary caregiver system in caring for infants and toddlers. This system is relationship based and is the foundation for providing guidance in all behavioral issues. Caregivers who can read children's cues, know the child best, and have built trusting relationships with their children can guide and redirect misbehavior most effectively. Children are assisted through consistency. Their age and the individually appropriate guidance they get from teachers provide children with the stability to control their own behaviors (e.g., biting, hitting, etc.).

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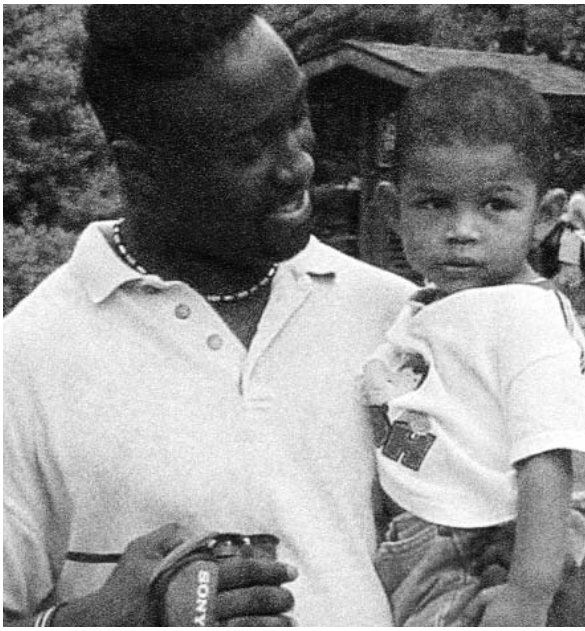
Opportunities for Learning About Behavior Within Relationships

Some researchers see babies' every expression of distress as an opportunity for interaction that will build relationships with an important adult (Robinson & Acevedo, 2001). Adults who respond quickly to soothe and comfort a crying infant are helping him to master his immediate physical reactions to events and begin to use self-calming, thinking, and eventually words as a way of coping. As infants and toddlers develop not only more diverse ways of telling adults about their interests and needs but also more capacity to act on the environment and on their friends, adults respond in increasingly sophisticated ways.

At best, adults are able both to support the complete dependency of the newborn and increasingly respect the growing autonomy of the toddler. At all times, however, the adult is showing the baby, "I notice what you do. I care about what you feel. I keep you safe. I help you to grow." Early Head Start staff members receive ongoing training in how to use their role as teachers and home visitors to support this positive development through relationships **[1304.52(k)(1 & 2)].**

Carol's earliest experiences did not help her learn to calm herself down. As a newborn, Carol lived in an apartment with her very young mother and a variety of her mother's friends who moved in and out. They sometimes played with her and fussed over her, but were as likely to get involved with watching television or listening to music and not even hear her cries. She was never certain if she would be fed or diapered or even noticed. As soon as she could maneuver around on her own, she learned to take what she needed. For her, it was the best strategy for survival.



Toddlers are constantly watching the people they trust to help them learn how they should behave. They look to a familiar adult for reassurance when a stranger walks into the room or as they hesitate at the top of a slide. They see how adults treat one another and other children to determine their own reactions. And they constantly assess adults' reactions to them for messages of love and their own worth. For babies, getting no response at all to their actions carries its own disturbing messages.

The deeper the adult's understanding of normal

development, the easier it will be to respond well. When a toddler looks the adult in the eye, says "no" to himself, and still reaches for the electric plug, the average adult may feel that she is dealing with defiance. The knowledgeable early childhood professional, however, will recognize that this toddler is figuring out that other people see things differently from him, and he is gathering evidence as to just what this discrepancy means. He is checking to see whether the "rule" about electric plugs that seems to matter so much to Daddy (but not to the toddler) can be circumvented if the toddler acknowledges that he knows the rule "No."

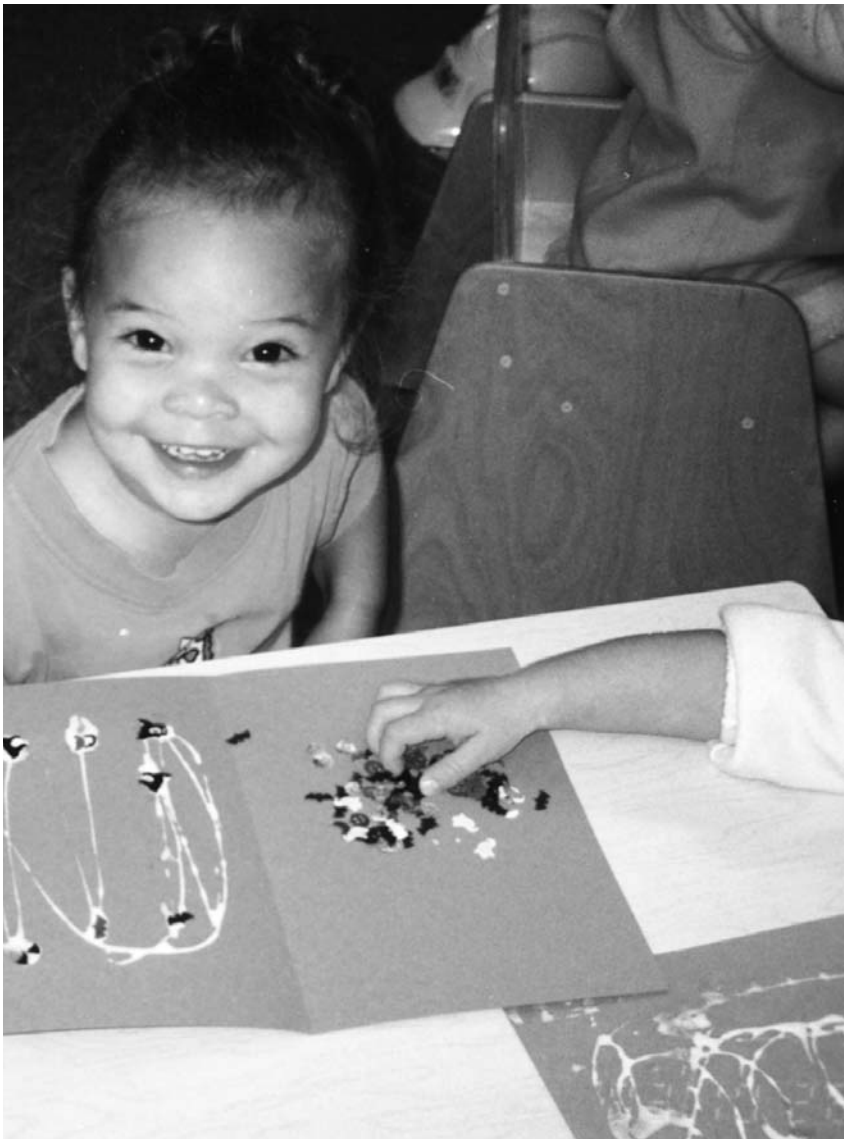
Of course, some behaviors are easier for adults to understand than others. Adults who can easily comfort an overtired young infant may feel exasperated when a toddler keeps biting the other children. Even when they understand that biting is typical toddler behavior, it is hurtful and upsetting, and it can make an adult angry. However, it is important to remember that the toddler who is biting is also watching and learning from the reaction of the teacher or parent.

Each child comes to Early Head Start with unique experiences and expectations, shaped by her very first moments with her family. Each child brings her own, personal history to each new moment of exploration or interaction.

Carol was 9 months old when her mother dropped her off at her grandmother's house for a couple of hours—and never came back. Although Gramma Jones was a familiar figure in her life, the disappearance of her own mother was very upsetting for Carol. Mrs. Jones wanted to take care of Carol but saw her as awfully independent for such a young baby. She wasn't sure what she should be doing.

Babies also learn even deeper lessons from relationships. Most babies learn that people who love them and care for them are always there for them. When loving parents must be away from their baby, they make sure the baby is cared for by someone who is responsible and responsive. Babies learn about the depth and continuity and reliability of relationships through their everyday experiences. They develop a personal history and personal expectations of relationships.

Some babies, however, have a personal history that provides very different lessons about life. Carol, for



Temperament Traits

1. Activity level: natural, child-initiated amounts of physical movement
2. Biological rhythms: regularity of child's eating, sleeping, elimination patterns
3. Approach and withdrawal: child's initial reactions to a new situation (Are they drawn to it or frightened by it?)
4. Mood: prevalence of calm, cheerful interest or sadness or irritability
5. Intensity of reaction: energy level or vitality of emotional expressions
6. Sensitivity: level of response to sensory experiences such as light, sound, textures, smells, tastes
7. Adaptability: the child's ease in adjusting to changes in routines or in recovering from being upset
8. Distractibility: how easily the child's attention is diverted from his previous focus
9. Persistence: how well a child can stay with an activity that becomes somewhat frustrating

example, had a mother who could not be counted on to feed her and care for her—and who then suddenly disappeared. When Carol was very little, she was vigilantly aware of her mother's location and her availability. As soon as she could crawl, she was equally aware of where food scraps and bottles were left lying around so she could help herself to food. Carol's personal history brings a quality of frantic urgency to current situations that other babies perceive as safe and comfortable.

Developing an understanding of what behavior means to the child is extremely important. Every child has his own social and emotional goals. He wants to feel protected, cared for, understood, and loved. Similarly, she wants to feel sure that she will have the food, warmth, nurturance, attention, and encouragement she needs. Babies will do whatever they need to do to ensure that their needs are met. If no adult willingly provides the attention and nurturance they need, most children will find ways to take care of themselves—at considerable cost.

Individual Differences—Temperament

Of course, the adult's knowledge, good intentions, and skills are only part of the complex behavior story. Even the most willing adults are sometimes confounded by the nature of a child's reactions to events. The construct of temperament has been helpful for many early childhood professionals in understanding the inborn, biological differences that seem to cause children to have such

unique responses to the world. Temperament does not predetermine behavior nor is it an excuse for behavior. However, being alert to temperament can help adults not only to understand why children react to events differently but also to provide individualized support in regulating those reactions.

Early personality researchers determined nine traits that appear to be biologically based, to remain fairly constant over time, and to affect a child's reactions to other people and the environment (Thomas, Chess, Birch, Hertzig, & Korn, 1963). Together, these nine traits are considered key components of the child's temperament. The traits are described here in the box "Temperament Traits."

The original researchers realized that traits tended to appear in groups, and they called these groupings temperament types. Easily adaptable children with regular biological rhythms, pleasant moods, average sensory thresholds, and good persistence are described as "flexible." Children with difficulty in approaching new situations are described as "fearful." Highly distractible children with irregular biological rhythms, intense reactions, and low sensory thresholds are described as "feisty."

Carol was a feisty child. She brought her energy and intense reactions into every relationship. In many ways it was this "gusto-filled" approach to life that made her so attractive to the other children at first. However, her intensity made it difficult for her to negotiate or pause and consider other people's feelings.

Feisty children can be joyous when their caregivers and the environment are responsive to the way they operate. Temperament alone is neither good nor bad, but the match between the child's temperament and the expectations of the environment may or may not serve the child. Active, energetic adults might adore a feisty child. Quieter adults may prefer flexible or even fearful children.

Carol's teacher, Naomi, was a quiet person. Even though she loved working with toddlers, she wished they would get along better with one another.

How Early Head Start Programs Support Infants and Toddlers Who Exhibit Challenging Behaviors

Mental health has always been one of the services of Head Start and Early Head Start. Dozens of Head Start Program Performance Standards address the mental health systems and the service requirements that a program must meet to promote mental wellness and ensure the timely identification and intervention of mental health issues **[1304.24(a)(3), 1304.21(a)(3), 1304.24(a)(2)].**

Although other early childhood care and education programs may respond to challenging behaviors by expelling the child (Gilliam, 2005), Early Head Start uses comprehensive planning first to identify social, emotional, and behavioral issues and then to help children resolve them.

Staff Training

All staff members benefit from ongoing training in issues concerning the meaning of behavior in very young children. That training helps them to understand typical development and the issues surrounding challenging behavior. These challenging behaviors could include biting, hitting, crying or fussing in a difficult to soothe infant, constant moving in a toddler, and irregular or frustrated feeding and sleeping in an infant. Additional training should be done during the year to focus on supporting staff members in their work with various infants and toddlers and the subsequent issues that may surface.

Reflective Supervision

Reflective supervision provides not only an avenue for learning from the work that has already been done but also a place to determine how the work can be focused in the future. Reflective supervision takes place between a supervisor and a supervisee and is characterized by active listening and thoughtful questioning by both parties; it happens on a regular schedule and can be done with individuals or groups, by supervisors or by peers (Parlakian, 2001). It provides an

opportunity to explore (a) the events in the classroom or on a home visit and (b) the teacher's or home visitor's internal reactions to the events.

Naomi is having a session with her supervisor around working with Carol in the classroom. Naomi bursts into tears and says, "I don't know what to do with this child. She has turned my whole class upside down and the other children are afraid of her. Carol starts in as soon as she hits the door and goes nonstop until she leaves. There is rarely any "down time" with her, and I am finding it difficult to focus on the other children. A good day is when Carol does not have a tantrum and those days are rare. It's like she knows just which of my 'buttons' to push to throw me off center."

The supervisor asks, "What specifically is Carol doing to push your buttons?"

Naomi replies, "It makes me angry that she can't just get along. She's ready to fight when she sees another child with her little stuffed bear. Carol is able to get along as long as none of the other children have her favorite toy. If she doesn't get the bear, Carol tantrums. She still makes noises during "quiet time," but we've gotten her to stay on her cot with the stuffed bear if one of us sits near her. We always have to make sure that she has plenty to do from the time she arrives. She actually has better days when she has activities to occupy her time. It takes a lot of energy to have Carol in our classroom and I am exhausted by the time she leaves."

A Sample Protocol for Resolving Challenging Behaviors

1. Maintain ongoing observation and documentation of every child.

2. In reflective supervision, review these questions *(Wittmer and Petersen, 2006)*:

- **a.** What is the child experiencing? What is the child's perspective on the situation?
- **b.** What, when, where, how, and with whom is the behavior occurring?
- **c.** What is the child communicating that he wants or needs? What is the purpose of the child's behavior? What is the meaning of the child's behavior?
- **d.** What do I want the child to do?

3. Meet with the family to deepen and share understanding.

4. Determine a consistent plan for intervention.

5. Continue observation and documentation to provide data for evaluating improvement and ensuring the consistency of the intervention.

6. Consult with a mental health professional if the child is not responding and the persistence, frequency, and duration of the behavior is not improving.

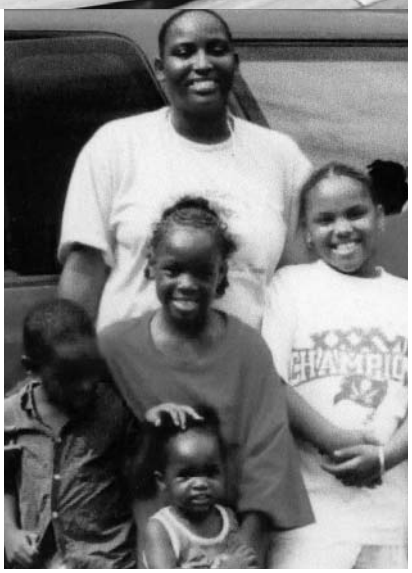
7. Determine whether further referral to community resources is necessary through discussion with family, the supervisor, and the mental health consultant.

This vignette demonstrates one of the strengths of reflective supervision, helping the supervisee to recognize improvements in the situation with Carol even though it is challenging. It also clearly supports the importance of individualization of services and strategies for making this improvement happen in the young child's classroom or playgroup.

Mental Health Professionals

Every Head Start and Early Head Start program is required to use the services of a mental health professional. Sometimes working on the staff and sometimes a consultant to the program, the mental health professional "enables the timely and effective identification of and intervention in family and staff concerns about a child's mental health" **[1304.24(a)(2)].** This professional can offer a variety of services intended to enhance awareness and understanding of mental wellness. These services include (a) providing information and training to parents and staff and (b) supporting practices that promote mental health, for example, nurturing relationships, using an emotional vocabulary to name children's feelings, and maintaining predictable routines. The mental health provider conducts on-site consultations that may include observing the child within the program. And perhaps most beneficial, the mental health professional helps the program develop and carry out protocols for problem solving when a child's behavior is particularly confusing or disruptive.

Carol's Early Head Start program had a well-established relationship with Jerry, their mental health



consultant from the community mental health center. He helped them to develop protocols for identifying concerns as well as to choose screening and assessment tools to track the children's social and emotional development. In addition, he provided training and consultation to the staff members and the families. With Jerry present, the program conducted a "problem-solving meeting" that included the teacher, her supervisor, and Carol's grandmother, Mrs. Jones. They worked through their problem-solving protocol, explored Carol's history and the effect it may have on her actions, and developed a plan to improve the situation for everyone.

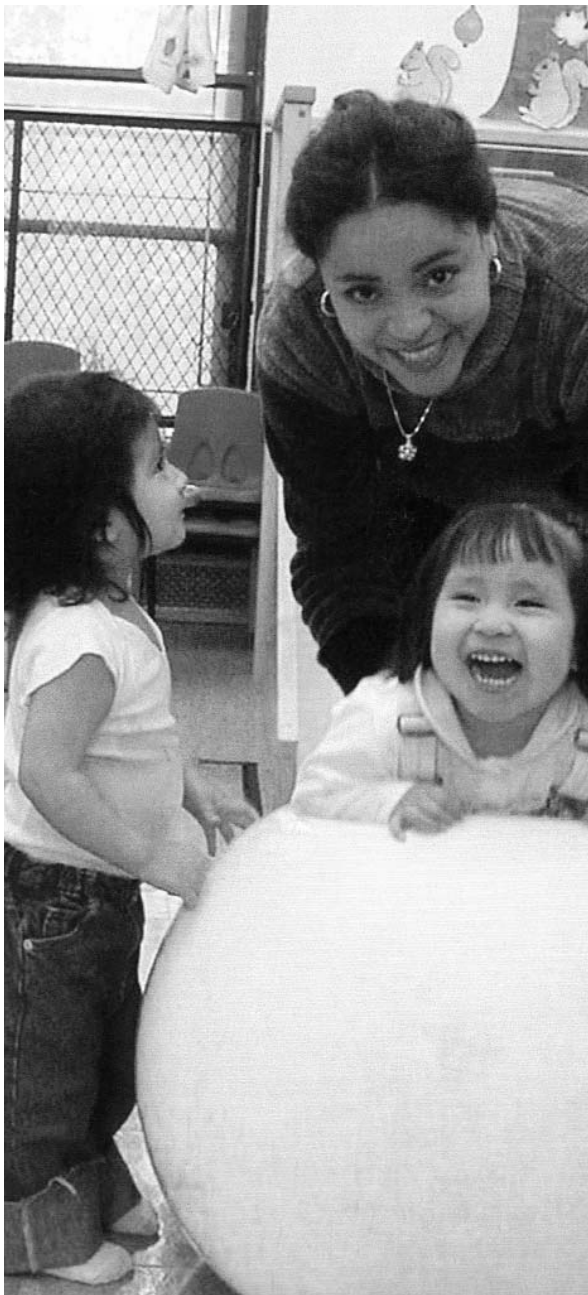
Protocols for Solving Problems

In Carol's program, the protocol for responding to challenging behavior is based on observations of the child, using these questions:

- What is the child experiencing? What is the child's perspective on the situation?
- What, when, where, how, and with whom is the behavior occurring?
- What is the child communicating that he wants or needs? What is the purpose of the child's behavior? What is the meaning of the child's behavior?
- What do I want the child to do? *(Wittmer & Petersen, 2006)*

These questions can lead staff members and families to a deeper understanding of the child's experience, which can point toward effective change in the teacher's interactions or in the environment to support the child's increasing control over her own actions. The following discussion shows how they applied in Carol's situation.

What is the child experiencing? What is the child's perspective on the situation? Children use the best ideas they can devise to solve the problems in their lives. Toddlers struggle to learn the rules of their society and try very hard to "get it right" (Emde & Robinson, 2000). Those rules, however, can seem arbitrary and



contradictory to a little child. Mrs. Jones provided some additional information about Carol's first months of life.

For 9 months, Carol watched her mother and her mother's friends carrying on, laughing, teasing, and taking what they wanted from one another. They all appeared to get along and have a very good time. Most certainly, Carol has observed that Gramma doesn't grab but she doesn't mind when Carol does. To Carol, Naomi likely seems angry, but Carol isn't sure what Naomi wants her to do. Carol probably sees that the other children have the toys they want. Surely, she assumes that she's supposed to have toys, too.

Jerry helped the adults realize how, for Carol, Early Head Start may feel very much like the endless parties at her mother's apartment—lots of people, lots of activity and noise, and everyone taking what they want. Mrs. Jones described how Carol's mother's friends even took away Carol's cookies just to see how they could make her cry. They were teasing and meant no harm. However, Jerry pointed out that the teasing was probably distressing for a young baby who had her treats taken from her. He emphasized, too, that she was learning some things from her mother's friends about how people behave in groups. As Naomi came to understand how the experience might feel from Carol's perspective, Naomi understood Carol to be misdirected rather than mean.

What, when, where, how, and with whom is the behavior occurring?

Behavior that bothers us can seem constant and endless. Careful observation can help teachers move beyond their own reactions and really analyze and understand the behavior. These familiar, simple questions can focus an observation and help illuminate the situations in

which the challenging behavior occurs. *What* happens? Does she grab for a toy and bite when she is resisted, or does she bite as a first step and then take the toy from the crying child? *When?* Does she bite or hit once a day? Seven times? One hundred? Does she come in biting? Does she bite in the late morning when she is tired? Are the tantrums related to the biting? When do they happen? *Where?* Does she grab toys indoors and out? Does she grab a toy from a friend when there is a duplicate toy available? Does she behave the same way in open active spaces and in quiet protected spaces? Is the room arranged in a way that provides space for both active play and cozy cuddling? *How?* Does Carole issue a warning or is her behavior sudden and unpredictable? *With whom?* Who is she likely to bite, hit, or grab things from? Is one other child affected or are several or all of the children being treated this way?

Naomi would have described Carol's grabbing, biting, and hitting as constant, but by using the observation protocol provided by the mental health consultant, she discovered quite a lot about Carol.

In the morning, Carol entered the room full of energy and went right to the climbing and rocking toys. She flitted from activity to activity after that, never settling long enough to explore. Outside, she was always on the move. Indoors, her attacks were more focused than Naomi had realized. Two younger, smaller children were the targets, usually when they had possession of her favorite doll or when they sat on the top of a little climbing structure near the window.

Observation can clarify the actual behavior and the circumstances surrounding the behavior. Carol's inability to calm and focus at any time during the day became as great a concern for the adults as the biting had been.

What is the child communicating that he wants or needs? What is the purpose of the child's behavior? What is the meaning of the child's behavior? Further observations of Carol revealed important clues to understanding her motivations:

Although the biting and grabbing carry messages, Carol's endless wandering and movement also speak to her understanding of the world. Carol's early experiences were highly uncertain. She was surrounded by young, active friends of her mother, but her own needs for food, warmth, and comfort were rarely met in response to her cries. The music and activity around her provided more stimulation than she could manage. Her own energies were focused on getting by until someone fed her—or later, as she was able to crawl, finding ways to help herself. The mental health consultant helped Naomi and Gramma Jones become aware of Carol's overriding sense of unpredictability in her life.

Early Head Start in Action

We begin by using the child's name, looking at him or her at eye level (so the child knows you are speaking to him or her) and saying,

- "Jason, sit in the chair." (Instead of, "Jason, if you stand in the chair you might fall and hurt yourself.")
- "Maria, touch John's back gently." Then the caregiver or teacher can model a gentle touch. (Instead of, "Maria, if you hit John hard on his back, that might hurt him.")
- "Michael, paint on the paper." (Instead of, "Michael, why are you painting on the floor when there is paper right in front of you?")

Caregivers cannot assume that young children know what we want them to do, especially if we do not explain the situation to them. What is obvious to us is not obvious to a 2-year-old. By expressing the action you desire up front, you tell the child what you want him or her to do very simply. Use modeling as necessary to guide infants and toddlers. Consistency that is developmentally appropriate and offered lovingly is the key!

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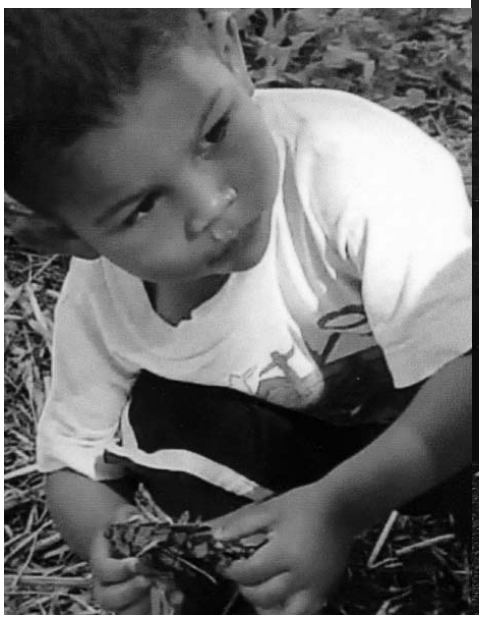
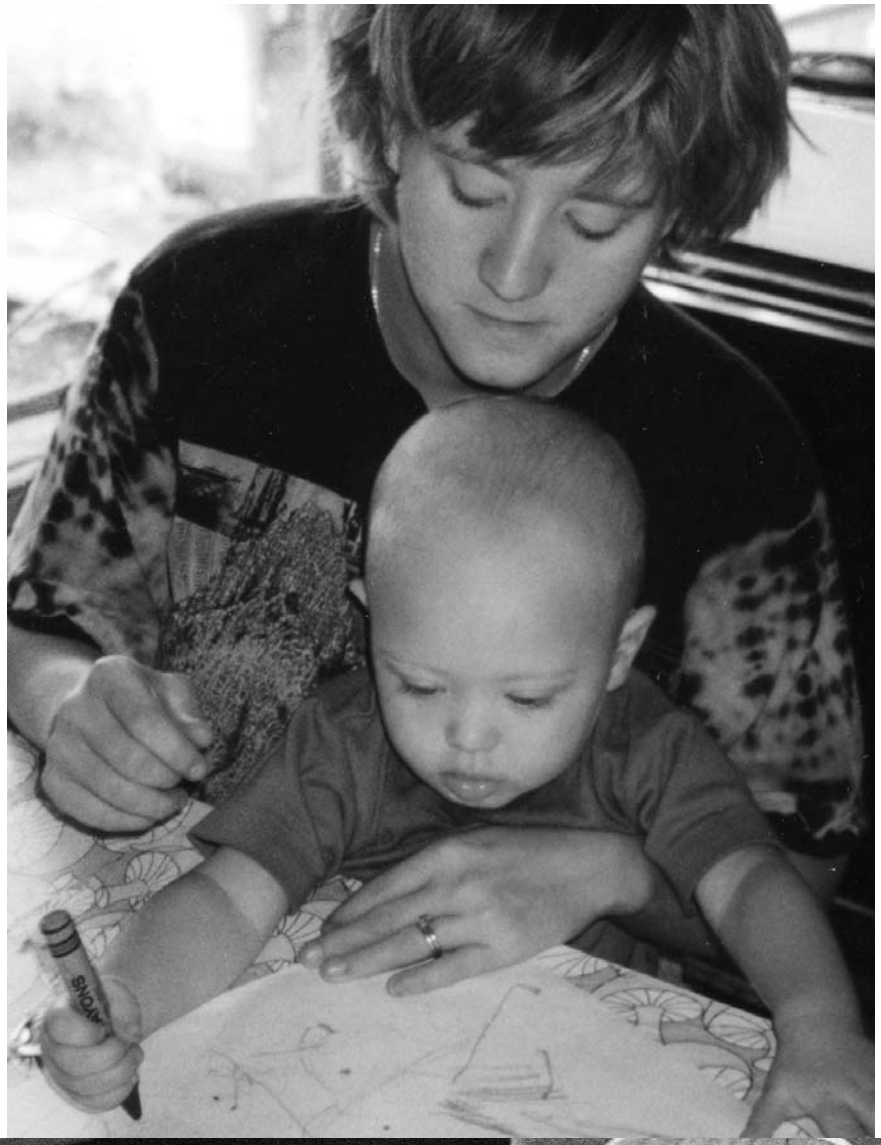


Careful observation and analysis of the issue should be pivotal in creating strategies. The perspective of the mental health consultant can be extremely helpful at this stage in discovering underlying reasons for the behavior. Jerry recognized the combination of early experience and the wandering behavior as a potential sign that Carol just does not feel safe enough to focus her attention for very long on anything. Her endless movement and vigilant observation of the room become exhausting; still, she does not dare rest. Although it was clear that the biting had to stop, Jerry, Mrs. Jones, and Naomi decided that helping Carol feel safe and calm might be the most effective plan.



What do I want the child to do?

Adults are more likely to tell little children not to do things than to tell them what we want them to do and then offer them support to do it. Carol's grandmother simply let Carol run around the house. In past efforts to cooperate with one of the requests of the Early Head Start program, she would try to sit down and read a book with Carol, but as soon as Carol jumped up, Mrs. Jones would abandon the effort. Now, she decided to try saying, "Sit here with me Carol, while we look at this book." Naomi, too, realized that she rarely actively tried to engage Carol in play or sustain her interest. She decided to try telling Carol, "I want you to stay here and try this."

The next morning, Naomi noticed Carol dropping a doll down the slide. As Carol began to bounce off to the next activity, Naomi called her back playfully and said, "That was really funny—your doll going down the slide. Have you ever dropped a ball down a slide? Come here. I'm going to try it." Carol was surprised but interested. Laughing heartily when Naomi dropped the ball, she then retrieved it and repeated the action herself. Naomi invited her to find more things they could drop down the slide together, now guessing which would go quickly and which slowly. Carol sustained interest in this activity for several minutes and returned to it later, on her own.

Naomi and Mrs. Jones began to fill Carol's day with other little moments of supported interest. Their invitations to play included directions such as: "Now sit here with me for a moment …," "Can you add two more blocks?," "Can you stir this just a few more times?" Slowly, Carol began to become calm and participate in more exploratory play.

Naomi was equally clear about the biting, telling Carol, "No biting, Carol, ask your friend for the doll … Bring your friend a different doll to play with… Play with this while you are waiting for the doll." Naomi was providing Carol with a variety of alternatives that the child had not even imagined.

As adults approach challenging behaviors with effective strategies, the nature of the relationship begins to shift. The adults may feel more competent about, more interested in, and more empathic to the child's experience. The child may begin to gain skills as a partner in a mutual relationship.

Referrals

Some behavioral issues that arise in the first years of life require a greater intervention than can be offered solely within an Early Head Start program. As program professionals plan and implement a response with a family, they may need to adjust the frequency or intensity of their interventions—or even rethink the strategy itself. However, if they have tried several ideas with consistent efforts and the behavior is not

Early Head Start Programs in Action

Members of community agencies are asked to discuss positive discipline at parent meetings. Families attend case management meetings to strategize with members of the teaching staff on ways to improve the child's behavior. Sometimes a referral to an agency is made to assist the parent with the child's behavior at home. Teachers and parents develope a plan to respond consistently to the child.

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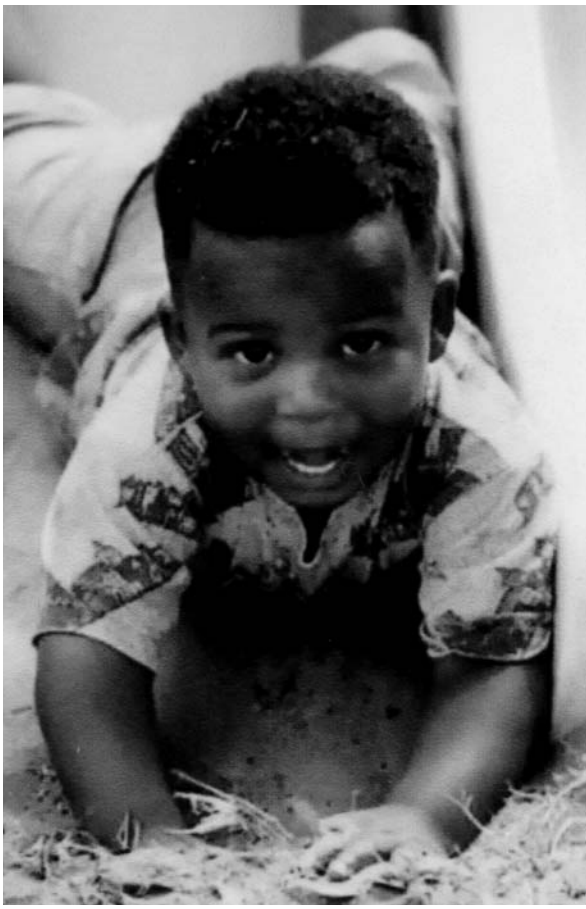
improving—or may be worsening—then the program protocol should include steps for further referral. These might include an infant mental health program, a community mental health clinic, early intervention services, or a department of social services. Focused therapeutic work with the family may be useful, and on rare occasions, behavioral or medical interventions may be required for the very young child.

Mental Health Support for Adults

Early Head Start programs support the emotional and social development of their infants and toddlers just as they promote learning, health, and motor development. Supporting the babies, however, also requires supporting the adults who love and care for them. The mental health professional working with the program may offer many levels of support. Information on typical stages of development and ways to support children through challenging periods of behavior may be offered through regularly scheduled training opportunities for parents and staff members.

Consultants might observe classrooms and have conversations with parents, teachers, and home visitors when a child's behavior is confusing or of particular concern. Direct services might then be offered to children, parents, or staff members. When distressing events happen within a program (for example, the death of a staff member) or within a community (for example, the hurricanes along the Gulf Coast), the mental health consultant might need to provide counseling to an entire program **[1304.40(f)(4)(i, ii, iii)].**

Programs use a variety of models for mental health consultation. Some are able to have a full- or part-time position on staff. Some contract for consultation. Many programs report that having the consultant present at the program seems to remove some of the stigma associated with referrals to mental health clinics.



Community Partnerships

Of course, Early Head Start may not be able to offer the intensive mental health or related services needed by a family. Partnerships with a variety of community agencies help programs provide the support needed by families and staff members. Some of these community agencies are described here.

Community mental health clinics. Community clinics often serve the same economic groups as Early Head Start. Some offer special programs of consultation to child care, but most offer counseling services to adults, couples, or families.

Respite programs.

Sometimes parents of young children with challenging behavior need a break. Respite programs, offered through a department of social services or through various mental health associations, may provide the funding for regularly scheduled care to be provided by a familiar, comfortable, and well-trained caregiver who can share in the care of the child while the parents have a few hours to relax or run errands.

Early intervention programs. Some states and territories include mental health issues in their eligibility for Part C services under the Individuals with Disabilities Education Act. Direct services may be available for children who have been assessed as having problems with social-emotional development.

Conclusion

Early Head Start promotes all areas of development in infants and toddlers. Using thier deep knowledge of child development, Early Head Start programs can provide adults with the information and support to help children maneuver through difficult points in development and to guide children as they learn how they are expected to behave.

When life's circumstances pose more serious challenges to emotional development, Early Head Start is prepared to use the services of mental health professionals to develop comprehensive strategies to provide treatment for the child and adults who may require it.

Social-emotional development provides the foundation for later learning. Early Head Start is in a unique position to ensure that this foundation is sound.

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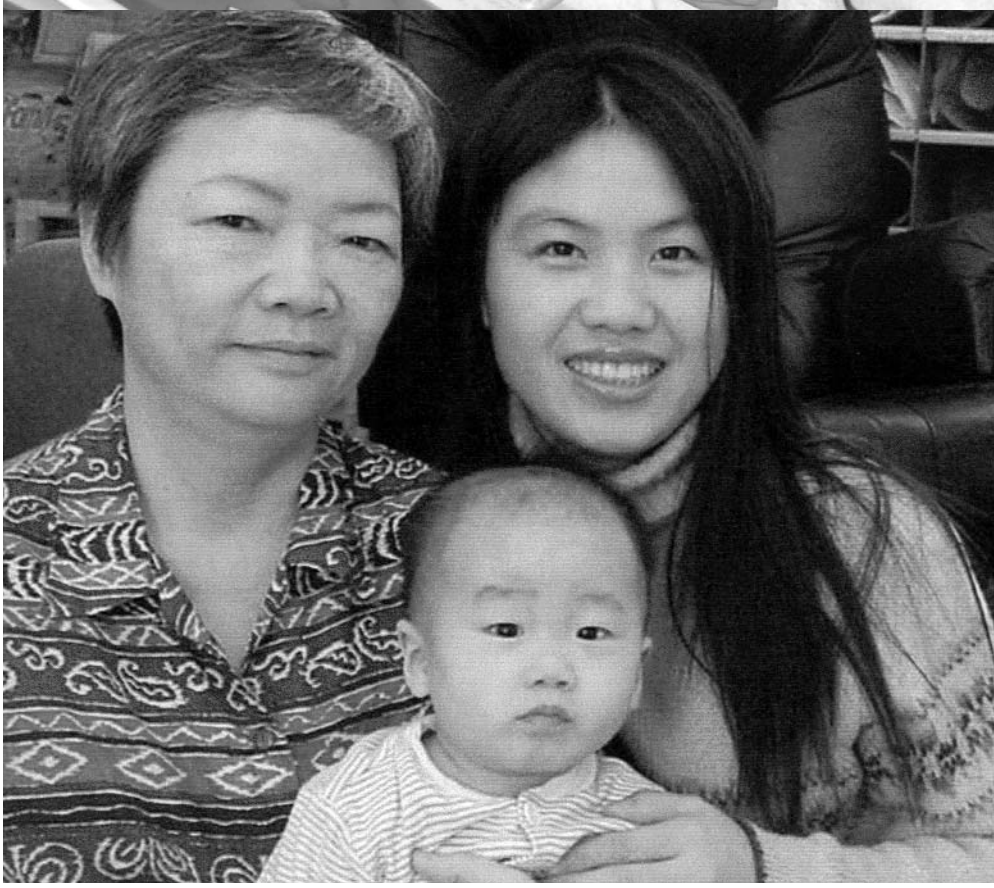

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