

## Virtual Birth to Three Session on Responsive Caregiving

Donna Britt: Welcome to the Virtual Birth to Three Session on Responsive Caregiving. You all know that responsive caregiving is the key to quality care for infants and toddlers. And if this remote worked, we'd move right along to the next PowerPoint piece. Let me see if we can do it this way. There we go. I'm Donna Britt from the Early Head Start National Resource Center, and my co-trainer, Kristen Tenney-Blackwell, was unable to be with us today. So I'm going to try and channel her and do her part. So I may need some help from the audience, both virtually and those in front, who are sitting in front of me.

Our objectives today are to look at and define responsive caregiving and some of the critical components that serve as a foundation for responsive caregiving, to talk about the steps associated with one of the components, powerful interactions, and then to dig even deeper into powerful interactions and identify some of the strategies related to the communication piece related to powerful interactions. We were told a couple years ago by one of our infant/toddler specialists at the office at Head Start that you never start a PowerPoint without the Head Start Program Performance Standards.

So as you can see, we have the Head Start Program Performance Standards illustrated right there in front of us, but what's interesting about this is that responsive caregiving, per se, the names and its description are not identified in the Program Performance Standards. Instead, what they do is talk about the components that make up responsive caregiving. So you kind of have to extrapolate that information and add it to what we're going to talk about today.

So, you may be wondering what is responsive caregiving. Think about it. What do you think it is? I'm not going to ask you to share that with me. I'm hopeful that you are reflecting on that as I provide you with one of our definitions. We define at Early Head Start National Resource Center one of our definitions illustrated on the screen. It is that being able to observe the infant and/or toddler and identify through the interpretation the accurate interpretation of cues what that infant or toddler is trying to convey to us. It's understanding them and responding in an appropriate way. And it's setting up a physical and social environment in a way that supports and promotes their development and learning.

One of the -- When we began to write this, one of the things I wondered about was, "What is responsiveness?" You know, each of us probably has that information in our head. But I found that if we dig deep enough, we can actually get a definition set up by some of the researchers, and this is one of the definitions that is available to us. And it, again, reflects what we've said. It is that responsiveness, reading the cues, and providing an individualized -- guess what -- That's in the performance standards -- individualized care plan in an appropriate manner. And there are lots of other explanations that go with this that our researcher has provided us. But for our purposes today, we they'd to think about it as a means and a connection to our individualized care plan. So why is responsive caregiving so important? If you tuned in just a little bit ago, you heard the presentation on self-regulation.

Well, one of the starting points for providing and helping to develop self-regulation is responsive caregiving. And when we think about it, the science tells us how important it is for the child and that in the efforts of building the brain and in helping them develop the approaches to learning, the attention, the memory, the self-regulation, all of those pieces are supported through responsive caregiving. And it also supports our development as teachers, as caregivers, as home providers, and as home visitors and family child care providers because what it does is helps you build a stronger relationship with that child and that family when we use responsive caregiving. So you may have seen this little video clip before from the developing child from Harvard University, but I just want you to see it again, and I want you to think about how this particular information is going to support our efforts in thinking about providing responsive caregiving.

Narrator: The key to brain architecture is what's known as serve and return interaction with adults. In this developmental game, new neural connections form in the brain as young children instinctively serve through battling facial expressions and gestures. And adults return the serve, responding in a very directed, meaningful way. It starts very early in life when a baby coos and the adult interacts and directs the baby's attention to a face or hand. This interaction forms the foundation of brain architecture upon which all future development will be built. It helps create neural connections between all the different areas of the brain, building the emotional and cognitive skills children need in life.

For example, here's how it works for literacy and language skills. When the baby sees an object, the adult says its name. This makes connections in the baby's brain between particular stems and their corresponding objects. Later, adults show young children that those objects and sounds can also be represented by marks on a page. With continued support from adults, children then learn how to decipher writing and eventually to write themselves. Each stage builds on what came before. Ensuring that children have adult caregivers who consistently engage and serve in return interaction beginning in infancy builds a foundation in the brain for all the learning, behavior and health that follow.

Donna: So as you reflect on the information that was just provided in this clip, you can see how the importance of responsive caregiving, that serve-and-return behavior, is tied together. When we do responsive caregiving, we interpret the cues. We respond in an appropriate way, and that is exactly what they're talking about here in this little video clip. So now we want to think about how we can dig a little deeper into this information. What are the components that we need to look at, and how do we build on and use that information in our everyday work with infants and toddlers? So what are the components of responsive caregiving? There are many. But we're only going to focus on these particular ones.

We're going to look -- We're not going to look, I should say, at schedules and routines. Each of these components can be an hour-long discussion or more. Usually we do this particular presentation in about six hours. So we're just going to look at, say, schedules and routines are a foundation for infants and toddlers. It is the essence of what we do and when we do it. Environment is another piece that we can dig out and build out and talk about physical room arrangement. We can talk about setting up the entranceway for the family. We can, you know, talk about labeling the shelves and making it safe and

what's healthy and sanitary. All those pieces are a part of environment. But it also includes social environment, too. We have to get along with each other in that room. We don't need two caregivers fighting or arguing or disagreeing. So that social environment that's included, that family child-care worker who's working at home by themselves, that environment that they're providing is critical to the responsive care to those relationships that are being built with these infants and toddlers. And then powerful interactions. We're actually going to dig into that a little deeper. But at the foundation of all of that is relationships.

So we're going to start with a brief overview of the importance of relationships, and then we'll move into powerful interactions and the steps that are used to build those powerful interactions as we move forward. And, of course, I've already mentioned how important it is for individualized care plans. Responsive caregiving is individualized care if it's done with using those powerful interactions. It is one and the same. You can't separate it. So keep that in mind as we move forward. So, relationships. One of the tasks of management is to hire relationship-ready staff. It sounds easy when I say it, and it's one of the most difficult things that occurs.

What do we mean by relationship-ready staff? We mean that the people we hire come with those characteristics of care, loving, nurturing, respectful, those attributes that are the foundation of the care that we provide for infants and toddlers. We can teach diapering, which in, you know, the baby gets diapered. We can teach feeding. We can teach how to sanitize toys and arrange furniture and how to pick up and hold a baby. But it's really hard to teach someone how to love, care, communicate lovingly, nurturingly with an infant or toddler. Those are the characteristics we want to look for in the staff that we're getting, that we're bringing forward and working with our infants and toddlers. The willingness to allow that infant to explore and to be comfortable in watching that and seeing the joy and the learning that occurs, those are all relationship-ready characteristics. Now, two years ago I think it was, we had a virtual Birth to Three presentation on hiring relationship-ready staff. If you happen to go on the Early Childhood Learning and Knowledge Center and Google or search for "relationship-ready staff D-8," you will be able to pull the presentation up and learn even more information, learn about the characteristics, learn about hiring strategies for relationship-ready staff.

This is so important and so critical to the care of infants and toddlers, we just can't talk enough about it. And we really have to think about how important it is. For instance, when we have relationship-ready staff and we look at these pictures, we need to think about, "What are they seeing?" So what do you see? If we look at the little girl in the red and white. What are her cues telling us? Let's take that. Let's just ask. What do you think that her cues are telling us?

Woman: "I'm upset."

Donna: Okay. "I'm upset." Somebody else?

Woman 2: "I don't like something."

Donna: "I don't like something."

Woman 3: "I'm over-stimulated."

Donna: "I'm over-stimulated."

Moderator: She's afraid?

Donna: Is afraid. And we have very few people sitting here in the audience.

Moderator: Hungry and teething, from the virtual audience, Hungry and teething. She's uncomfortable.

Donna: Uncomfortable. Say the first one again, please.

Moderator: Hungry and teething.

Donna: Hungry and teething. Okay. So look at how many different responses we have.

Moderator: She's frustrated. Scared.

Donna: Why are there different responses? Why are there different interpretations to these cues?

Woman 4: We don't know the child.

Donna: We don't know the child.

Woman 5: We don't know the context.

Donna: We don't know the context.

Moderator: People bring their own emotions and experience to what they see?

Donna: Yes, we bring our own cultural background, own life experiences to what we see. So every one of these pictures, these photos of infants and toddlers may or may not be interpreted the same way because of our own experiences that we're bringing forward. When we look at our babies and if we don't know them, we have to get to know them because they're bringing what little life experiences they have. They're bringing to us the cues that their moms, their dads, their families have responded to, and now we're responding to them.

So we have to really focus in and become that keen observer. What does it mean to this child at that time? And respond to the best of our ability in an appropriate way that gets them to maybe smile like this little one here on the bottom right. And tell us that, "Yes, you have interpreted this right. And when you interpret right, I feel good about myself. I'm happy. And I feel that I am important to you. And when I'm important to you, then I can move forward and begin to be curious and explore and attentive to the other pieces." So it's really an important piece, this keen observation skills, probably one of the most difficult tasks we have as early care professionals is to be a keen observer.

And Diane Trister Dodge told me back when I first started working -- And I'm not going to tell you when that was, but it was before she was Diane Trister Dodge of Teaching Strategies. It was before she had

published anything -- that when you are an observer of infants and toddlers, you never become proficient. You must always practice that skill and practice and practice every time, because you become complacent. You begin to ignore the cues. So we have to constantly practice, and it's something we need to think about is, "How do we be objective when we practice, how do we just write down the facts and not interpret those facts until we need to react?" And for babies, you have to pretty well interpret immediately and respond immediately. So it becomes difficult because if you respond incorrectly, baby cries. Baby gets the message that, "I'm not important. You aren't paying attention to me." So it's really one of the key components of responsive caregiving is observation skills. So when we think about responsive caregiving and the relationship component, we're looking at really providing the context of a secure nurturing relationship not just with the children but with the parents and the family members and any of the other caring adults.

We really have to pull that team together because they're going to -- The parents are going to take cues from us just as we take cues from the babies. And when we talk about the babies, reading the babies' cues, we're also talking about their reading hours. So when you respond in this sweet little voice with this frown on your face, there's a mixed message there, and they're not real sure. So you have to remember that they read our cues just like we read theirs. So that leads us to the importance of powerful interactions. And powerful interactions is a term that is also the title of a book written by Dombro, Jablon, and Stetson. And it is available. I'm not selling it, but it is available through NAYC. My boss is shaking her head no, "She didn't just say that." Yes, she did. Yeah. So powerful interactions include three different components, three different steps. And one step builds on the other. And the first is to be present. And when we think about being present, what we're talking about is setting aside all the static.

And I want you to think about arriving at work. You come in, your janitor may not have shown up, custodian may not have shown up. You may have dirty diapers in your diaper pail. The trash may not be taken out. Or you may have had a disagreement with your son, your child, your spouse, partner. All of these pieces. You may be planning a birthday party in two days for your daughter or your son or a friend. All of these things are coming in your mind. And when you walk into that room and you are with those children, you have to set it aside. And they call it quieting the static. How do you focus and pay attention only on the children in your care? What are some of the strategies you use? So, I want you to think about that, because that's step one. If you can't do step one, if you can't be present, then it's difficult to connect. So think about, "How do I do that?" Why is it so important for me to be present? It's just like talking to adults, isn't it?

When you don't pay attention, when you turn your head and you're focused on the computer keyboard or you're focused on your phone when someone's trying to talk to you, you're not present with them. You're just kind of there. Used to have a staff member walk into my office every morning, and I would be working at my computer keyboard. And she would come in and pull a chair up and sit down in front of me. And I would do this type of thing, trying to talk to her. And finally one day she says, "Donna, stop. You must stop, turn your head this way, and pay attention to me." And she forced me to look at her and communicate with her so that before she left, we had a really deep connection. Had she not said that, had she not forced me to pay attention to her, we would probably just have a

superficial relationship. Because I was constantly answering e-mails and doing other things while she was sitting there. She made me be present. How do you force yourself to be present with the children? So, once you've achieved that presence, then you have to connect. And what do you do to connect? What are some of the strategies you use to connect? Well, you want to pay attention, don't you? You want to listen. Notice what they're doing.

Think about how they're responding. What are their interests? What's happening with them? And once you've established that connection, you've been present, you've established that connection, you've got eye contact, you're with them. This is the time when you can look at those teachable moments and say, "This is what I need to do. This is where they are. These are the steps that I can take to move forward. Then you move to the third step, extending the learning. But until you can be present, until you can connect, you can't extend learning because you don't know what that learning needs to be. You ask yourself the question, "Where are they? What are they interested in? And what's the next step in development that I needed to focus on?" What are those milestones that allow us to move forward with this child? And it's with every child that this needs to happen. You may have a ratio of four to you, eight to you, but this has to happen with every child Sometime throughout the day and, hopefully, more than just once. Because this is how you're going to help them build that self-regulation. This is how you're going to extend their learning and bring them forward and help them develop an attitude and an interest in learning for the rest of their lives.

One of the great ways in extending learning is conversation. You know, we don't think about it at first. We think about extending learning as providing a sand table or a water table or making sure that they have room on the floor to crawl. But the conversation -- And again, it goes back to the presentation before us and talking to the children and not just talking, but paying attention to them. And when did we say infants and toddlers learn? During routines. Because, what is it, 80% of their time they spend in routine care? So if we don't take advantage of that routine care, the arrival and the departure and this diapering, the toileting, the meals, the snacks, if we don't take advantage of that time to converse with them, then we have so little time that we may not be able to support their development. So thinking about how we're going to use these routine-care experiences to move forward and share learning through conversation is where we want to take this extending learning piece of the powerful interactions. It's not the only way we can do it, but it's the one we're going to focus on. Our key conversations, we know this. I just want you to think about, no matter whether it's an infant, toddler, preschooler or even a school-age child, you want to get down on their level.

You want to listen and watch them. And when we say listen actively, remember the active listening that we use for adults? This is exactly the same thing. So when we're talking about doing it with children if you are a home visitor, think in the back of your mind, "How can I use these strategies with the adults? Because the adult is how you're going to reach that child in the home-visiting environment. You want to match the child's mood and feelings. Now, if the child's crying, you probably don't want to cry with them. But you want to be empathetic and respond in a way that they feel like you're recognizing the fact that they're in distress. And you want to wait for a response. And encourage them to respond back to you so that you can respond back to them. Now, a few years ago -- it's probably more than a few years ago since most of my life was before me and not after me -- when we did the

CDA of infant/toddler, well, you know, I'm old. When we did the infant and toddler CDA advising, when, when we were reviewing infant-and-toddler candidates, we used to say, to be counted to get credit, you had to have three iterations of conversation back and forth with an infant or a toddler. Well, let's think more than that now. Let's look at it in seven and eight iterations because we want to extend that. And how does that look for an infant? Or how does that look for a toddler? Well, first of all, let's look and see how it looks for a preschooler. So we think about, have you heard about C.A.R.? The one you drive? No, no, it's not the one you drive.

This is comment, ask, and respond, and it's a strategy that's available through the resources. And you all have access to this PowerPoint, so I'm not going to read the resources to you. You can download these, open it up and look for the resource if you need more information from it. It's also available on the Early Childhood Learning and Knowledge Center. It's one of QTL's 15-minute Suites. This particular portion of the preschool is. But you want to comment and wait. Note the wait. You want to ask questions and wait. Again, note the wait. You want to respond by adding a little more. And wait. The wait is because their minds take longer to process than ours do. And if we don't wait, we don't give them the chance to communicate with us. So we're cutting off the conversation. And we do that with adults, don't we? You know, while you're talking, I'm thinking. So I'm going to respond as soon as you close your mouth or take a breath. And I cut you off. Well, this is what happens when we do it with preschoolers. We just have to wait. Give them the opportunity to say those cute things that they so often say.

That reminds me of a joke. Never mind. So when we think about infants and toddlers --- we're moving down now -- we have to comment or ask a question. And, you know, the best thing about working with babies who can't talk, who are nonverbal, is that you can tell them your whole life story, and you don't have to worry about them sharing anything. I just spent a couple months, in and out a couple months, with twin grandbabies. And it was so wonderful to be able to talk to them and talk about, you know, the things your husband does or your partner does and how he doesn't do the dishes while you're gone and you know you're going to have this load of dishes to do. And I just shared all of that with them, or the laundry that wasn't done for a month, because I was gone for a month. And how I knew I was going to have that to do when I got there. It was just wonderful to be able to share that with these two little boys and know that they weren't going to go back and tell my husband, because then he'd talk about how I was "complaining" and he didn't want to hear it.

So this is the perfect time to talk to children, because preschoolers will tell on you. Infants and toddlers don't tell on you. Pause, give the child time to respond, but remember, with infants and toddlers, that response may be a look. It may be that cue, if it's the turn the head or the crying, then you know you've over-stimulated. But when they respond back, they look at you. They may coo. If they're old enough to coo, they may reach for you or flop the arm and it looks like they're reaching for you and you get all excited. This is what you want to do with the infant or the toddler. They've always been wonderful to talk to. Follow the child's lead based on the cues that you're interpreting, and then wait for the cue. "Watch for cues that child is tiring." I think that's supposed to be trying. Tiring? Oh, watch for the cues that the child is tiring. Yeah, I knew that. Thank you, Jan.

So again, you know, that little baby in the red and white, some of you were accurate because you knew the video. She was tired and she had been over-stimulated, and this is what she's doing. But you're right. When they become tired, then you have to watch for those cues. They turn the head. They look away. My granddaughter puts her foot in her mouth and chews on her foot. Babies have different ways, but you have to know them. The key is to give them time to respond. Ask the questions, give them time to respond. And let's see what it looks like. This is a really cute little video clip during a mealtime, a routine care practice. And what you're going to focus on is, what is the teacher doing to be present? How is she connecting? And what's she doing to extend that learning?

Teacher: Are you going to finish eating? You are? Okay, we'll, finish. Try and say, "We'll finish." Mmm. Say, "Mmm." Uh-oh.

Girl: Uh-oh. Ah, ahhh, ahhh, ahhh.

Donna: Isn't she adorable? So, what did the teacher do to be present? Can you extrapolate from that short clip?

[Inaudible]

What did the teacher do to be present? How did you know she was present during that time?

Woman 6: She asked her if she was finished eating.

Donna: She was talking to her. She was conversing with her, wasn't she?

Woman 7: She mimicked the sound when she made a sound.

Donna: Okay. So she's also connecting. That's one of the ways to connect, and she had to be present to do that, to make that sound to respond in a way to make that sound. So she's connected.

Moderator: Someone said, "She engaged in conversation with the baby." "She was responding to the child's vocalizations, she was engaging in the conversation, she asked a question and waited for the baby's response."

Donna: Exactly. Great answers. Great answers. And our writer provided us with some other strategies, things that they saw, like listening, matching the tone and the emotion. We talked about that briefly a few minutes ago. Expressing and expanding on what the child said. So, "Uh-oh," became, "Ah-oh," even though it wasn't quite "Ah-oh," when she said it. She wasn't able to say that, so the teacher gave her the words to say. She followed the child's lead. And you said gave her time to respond. And then there were back-and-forth exchanges. And these back-and-forth exchanges weren't maybe as deep as we would like them to be, or as long, but they were there. And they're the beginning of the conversation pattern. Now, I want you to think about when you communicate, when you have a conversation with an adult, do you use these same strategies? Yeah, probably. So what we're laying there during this -- Well, you should be, if you aren't thinking about it, you know? But when you're doing this with an infant, you're wiring the brain for their lifetime of conversing with adults. This is the

foundation of conversation with adults. I shared -- I guess it was last week when we were out in another state, doing a presentation, I shared with them that my mom didn't do this type of thing. She didn't talk much to what I remember. We didn't have conversations. And it wasn't until I started -- and this was years later -- that I started teaching early childhood at a community college, and I got a textbook for teaching for preschool language and literacy that I ran upon the section on how to teach children to have conversations with other children.

And I said, "Whoa!" Who would have known that it's an actual lesson that you can teach and that there are certain strategies that you would use to teach, you know, a child to be a good conversationalist in their adult life. I would never have known that. I always wondered why -- my husband was retired military -- why I had so much trouble going to those social events because, you know, once someone said, "Hi, I'm so-and-so," I'm like, "Hi, I'm Donna Britt," I'm done. That's it. No more conversation from me unless, you know, you ask me a question, and then I might share a little. But it was really interesting. And now when I look at this and the more I've become involved in this particular piece, I realized this is where we have to start. If we want people to be good conversationalists, then this is where we have to start, is at this level. Now, that doesn't mean that all of our cultures are going to want this at this particular time, because not all of our cultures believe in conversation. Many have other ways of communicating in these early years.

And we have to know the family. And we have to know the child to be able to respect the appropriate manner in which we reach out and begin this process. And not everybody's going to do this, and that's okay, too. But for me, it was a real eye opener to realize that, "Gee, Ma, you missed it." But again, that was her life. So we move on then to we have this conversation, how do we make it rich? How do we get more back-and-forth exchange? And when we do this, think about what we're doing to build that language and literacy, those complex skills. And also in that 15-minute suite for preschool, and I believe the infant and toddler one is not posted on ECLKC at this time. Hopefully it will be in the future, but I'm not going to promise that.

These are some additional ways, strategies of extending that learning, of moving into and thinking about, "How do we extend that conversation?" Novel words, and that was talked about in the self-regulation presentation, adding that novel piece. And you know when you make a noise and the baby responds and you make two noises and the baby responds. That's considered a novel word. Expanding on what the child says. We do that. Or we need to do that if we aren't doing it. And that's adding, "Oh," you know, "blue ducks." "Oh, you think the ducks are blue." You're adding the additional language, whether it's the, you know, what the child is saying is accurate or not, you're just responding and adding more language to it, asking questions. Are most of the questions you ask infants and toddlers yes and no? If it is, then are you doing them justice? Wouldn't it be great to stimulate that problem-solving piece, that critical thinking by asking wondering questions. "I wonder if we did this, what would happen?" Or asking open-ended questions.

So today, though -- And, again, each of these has a lesson of their own. And we don't have time in an hour. They wouldn't give me that much time in an hour to do this. So we're going to do thick and thin, because if we can expand the conversation in this way, if we can move from the thin conversation, the

two or three interchanges to the six or seven, then we will tie in some of these other strategies, too. And when we have thick conversations, we add all of these other pieces to what we have in "Thin." Thin is just hearing in limited information. It's those yes/no pieces. And we do it all the time with children because we may not want to listen to the conversation that they're having. My my 2 1/2-year-old granddaughter was talking to her great-grandmother yesterday on Skype, and, boy, was she carrying on a conversation. Nobody can understand her too well, but we still asked the questions of, "Oh, yes? I see. Is that a pink blouse you have on?" And, you know, and then we'd go off on this little rampage of conversation that she had. And then great-grandma would ask her another question. It was really fascinating to watch and to hear.

But she never asked her once, did she just ask her a one-word, "Is that a yes or a no?" question. She didn't do that. She tried really hard, and I thought that was really impressive for a great-grandma to respond to the child's interests and ideas and to move into this two-way conversation and try and engage her even more. So, let's -- Yes. Marie? Marie: It's just asking open-ended and closed-ended questions. Donna: That's exactly right. That's exactly right. Those close-ended questions are the yes/nos. [Inaudible] Oh, Marie just asked if it was like the closed-ended questions and the open-ended questions, the closed-ended questions being the yes/no responses, the open-ended, encouraging conversation and getting people to, or the children to respond in a variety of ways with more information. Yep. Exactly. I have already asked Marie and Amanda to participate in a small role play, providing us with an example of a thin conversation. And then after we have done our thin conversation, we'll do our thick conversation. But we'll take a few minutes in between to talk about how this feels and how we can change it.

So.

Marie: So, what am I? The teacher or the adult?

Amanda Perez: You're the teacher.

Marie: Oh, I'm the teacher.

Amanda: Do you want me to be the teacher? I'll be the teacher.

Marie: Okay.

Amanda: Okay. Look how nicely you lined up the ducks. Was it hard to do?

Donna: Okay, just stay there. So how did that feel to you? That was pretty closed-ended, wasn't it? It may be something very typical that we do as we supervise three other babies or seven other or six other toddlers in a group because we're moving from group to group. But it certainly did not increase our knowledge at all of the child or of the child and what the child's doing. So now let's look at this if we were to think about it as a thick conversation and really dig into the information. Amanda: You did some interesting things with those rubber ducks. Tell me about what you did with the small ducks.

Marie: I lined the ducks.

Amanda: Ah, you put the small ducks in a line. You used so many that the line stretched across the water table. I wonder how many small ducks you have. How can we find out?

Marie: I count. One, two.

Amanda: three, four, five.

Both: Six, seven.

Amanda: Yeah. Wow, you lined up seven small ducks. What are you doing with the larger ducks?

Marie: I lined more ducks.

Amanda: This line looks different than the line with the small ducks. How are you lining these ducks up?

Marie: I make bigger.

Amanda: I see. You're lining these ducks up by size, small, medium, and large, just like in the book we read this morning, Marie. Now you have two lines of ducks. What will you do next? Marie: I make swim. I did it. Ducks swim in pool.

Amanda: Yes, and they look like they're having fun swimming in the pool. But, oh, no, the ducks aren't in lines anymore. What will you do?

Marie: I fix ducks.

Donna: Thank you, ladies. Now, how did that feel? Let's take some reactions to this conversation. Compare those. Which feels stronger? Which feels like it's extending learning? Thank you.

Moderator: The first conversation ended pretty quickly.

Donna: That it did. And why do you think it ended quickly?

Moderator: She asked a question and she shook her head and smiled, and that was the end of the conversation.

Donna: So it was pretty closed-ended, wasn't it? Okay.

Moderator: it says, "The latter was stronger, much better. Thick conversation extends the learning. It was an encouraging conversation. It feels like the provider cared about what the child was doing. Amanda Perez rocks."

[ Laughter ]

Amanda: Can I just say, though, Donna, that one of the things that's interesting is how much more fun it is to be the second teacher.

Donna: Okay.

Amanda: So what I was saying is that it's so much more fun to be the second teacher, and it has that scientific element that we see in babies, right? So I want to learn about what Marie has in her head. And so I can spend that time in that thick conversation doing that. Otherwise it's just what I think Marie has in her head.

Donna: Okay, exactly. And I will ask you, but anyone can share. What did you learn about Marie? What did you learn that she knows and can do? So what was learned here?

Woman 8: Sorting, counting.

Donna: Sorting, counting. And those are math, aren't they? Pre-math?

Moderator: Someone commented on the virtual audience that it seemed as though the child felt important.

Donna: Yes, the social/emotional piece bringing forward. It illustrates what is being learned and supports that emotional development of, "I am important. You're interested in me." Splashing in the water -- what's learned there? Isn't that a little science? More information could have been extrapolated.

Moderator: Extending the child's vocabulary? As you said, math concepts, people are responding in a chat. Math and English.

Donna: Mm hmm. So there's lots of -- I mean, just this little piece, one little example. And one of the great things about this particular lesson, this unit that we're using here, this thick-and-thin piece, the writers did a great job, and there's video clips that you can look at and compare. We just didn't have time to put all of the pieces in. So all we've done with this extended conversation and the thick-and-thin conversation is pull out just little, bitty segments and bring this forward. For more information, you're going to have to go to your ECE specialist to get this until it's available on ECLKC, because it's out there. They have it. And they're going to have it again as soon as we do more training with them. But it's fantastic, and it really helps us think about how we can stimulate learning that, through conversation, can last a lifetime when we think about this.

So that kind of pulls us into -- This is an extended conversation, and this is the summary of this piece. You know, it's rich, "thick," multiple back-and-forth exchanges, and it does all these pieces for language, for thinking skills, and for social skills. And when we help infants and toddlers and we can say preschoolers and we can say home visitors use this with their family members, we build stronger relationships with them because they feel like you're interested in them, and they want to connect. And when they want to connect, we are more effective.

So there are lots of different pieces to the responsive caregiving component. These are the ones we focus on when we talk about responsive caregiving, with relationships being the key, powerful interactions, and we just touched the surface, just glanced off the surface. Haven't even gotten in past

that introduction. Environments, again, just touched the surface, thinking about the physical and the social environment. And then all of it has to be couched within the routines, because that's where babies are and those schedules. And that all leads to that individual care plan, that you are required to provide of the infants and toddlers in your care. Now, if you want to spend some time thinking about or looking at your staff's responsive caregiving practices, this is just one of the tools, and we put this up. You can download this. You can download more information about the powerful interactions. There's an article there, and then there are articles also available that go with this PowerPoint on thick and thin and extending conversations. So there's more information that you can get through the download process. But this is one of the unique tools that we found that provides the initial page. It's a check sheet that you can use as a self-analysis if you're a teacher or caregiver. It is on group care. It is not on home visiting.

So it is restrictive in that way. But then what's neat about this little booklet is, it was built by Early Head Start program. But then you take each of the components, and it tells you, gives you ideas for improving your practices. So it's a multi-page book. And it really not only allows you to self-assess, it allows you, as a management, to assess yourself, assess your staff, and then it gives them suggestions for improvement. And then when you're reflecting on your practices, you want to think about what is working. What do you wonder about that needs to be improved on? What will you take with you? And how will you encourage more and deeper conversations within that powerful-interactions component of extending learning? And without a co-trainer, I got done early.

[ Laughter ]

Moderator: Thank you very much, Donna. That was wonderful. So, we do have a few questions for you from the field. "What are some of the best approaches to the intentional transmission of knowledge and skills related to parental responsive caregiving?"

Donna: Wow.

[ Laughter ]

I think that one of the best approaches is modeling. Being able to show and talk. Remember when -- Well, we didn't talk about it, but it was talked about in self-regulation of using your self-talk -- thank you, Jan -- to be able to say, "I'm doing this, and this is why I'm doing it." I think when you're working with parents, and I know when I'm working with my daughter-in-law, it's what I do, is I do a lot of self-talk. I'm doing this to do this. So I'm thinking that if we were working with parents, if we were doing a coaching model or even just working with a child in the interim while we're getting the parent ready, we could be talking about, "I'm doing this because." That's one way, anyway.

Moderator: Great. So, we have a question here. I'm going to paraphrase. The question asked about how do caregivers balance the paperwork that they're required to do, and still wanting to have meaningful relationships in the classroom with the children, their coworkers, and with parents. But how will they balance the paperwork that's required?

Donna: Probably the best way is a bonfire.

[ Laughter ]

Moderator: We don't want to get you started, Donna.

Donna: Oh, okay. Well, it's a really tricky situation, and I think that requires management support and talking to the management and saying it's the team effort. You have to go to management and say "I've got all this to do, but this is where I really am," because when we look at the.. Our job is to support the growth and development of the infant, toddler, and their family. If the paperwork supersedes that, then we're not doing our job. So how can management support us to give us the time, to provide someone else to come in and let us do what we need to do so that we can continue those relationships? It goes back to the systems and supports. And it has to be the team. And it's almost like-- One of those books on data says the first thing you have to do is get your staff to stop saying, "My babies, my family," and start saying, "Our babies, our family." And it becomes our program, and then the management has to look at it and say, "How can our program support you in your work with the babies in your care?" It's a team effort.

Moderator: Great. Thank you. So, this is a twofold question. "I'm curious how long some of these ideas take to implement once training begins with teachers and home visitors. And what are some changes I should look out for in the children as we begin to focus on increasing the response of caregiving towards our children?"

Donna: Ah. Well, how long depends on the staff. If they're relationship-ready, then they don't have to learn. They're learning the skills, not necessarily the emotional pieces. They're ready to develop the skills, and they're eager to develop the skills. What you would begin to see with the children are more communication skills, I would think, and more evidence of responsiveness and attachment to the staff so that they would be able, they would be thrilled to be there, given the development of the child. There's always going to be that time when separation and anxiety takes over or the days that they don't, but if we have primary caregiving, continuity of care, then they are going to develop within that, and we will begin. I have an example. It just dawned on me. When we started our practice in our -- what we call the pre-todds -- back when I was working as an infant and toddler caregiver, we -- You know, the, "Use your words when you want a bite. Use your words when you want to hurt, hit," or something.

So as we began to implement, "Use your words," and that tells you how old I am, what we found was we had to up the ante in our older children's programs, because they were no longer able to teach that as a strategy. They had to use other strategies, because our toddlers going into preschool were already using their words, because we had been teaching them that. So what you would see is that extended conversation occurring earlier as children transitioned into or moved into other parts of the program. And they would be thinking, you would see evidence of more critical thinking, more problem solving, all of those higher-level pieces would occur earlier as we moved forward and implement this. Does that make sense?

Moderator: Yes, definitely. You talked about the caregiver environments that we're able to control for in the classroom setting, but someone asked the question that relates to home visitations. So they talked about how safety in communities and the environment and safety, in general, and how do you think about some of these issues and address children in the home environment and supporting some of these responsive pieces when, environmentally, there are some other safety challenges and things that families might tend with?

Donna: When it comes to safety in the home, I think it's a really tricky balance because you don't want the parent to get the idea that they're not providing a conducive environment for their children. So I think I would focus on the key safety issues as separate and apart from that and then really look to building that attachment, that responsiveness to the infant, to the toddler as a key part of building attachment between the parent and the child, but I don't think I could address safety as a part of the responsive caregiving piece because in the home environment, you don't have control over that. So it's a concern, but it has to be. For me, I would think unless it's -- unless it's so critical that the child could die, I have to set it aside and worry more about the other pieces while working with the family on it in a different light.

Donna: While supporting the family to understand the importance of the responsiveness to their baby in light of whatever environmental factors there are.

Donna: Yeah, that's really where I think I would have to go.

Amanda: I'm so sorry to interrupt, but I just want to let folks know that on Thursday we're having a closing plenary with some families. And one of the families was in a home-visiting situation, and she actually does get to some of these questions about home-based as a parent, talking about sort of how she built some real skills around responsive caregiving and other pieces in her environment.

Donna: Great. Thank you.

Moderator: I think we have one more question. Let's see here. "In our program, we have some staff members who are naturally responsive to the children and others who have a more difficult time, even though they are trying their best. What are some techniques you can suggest to help staff that may not be naturally tuned in to be more responsive than others?" And I know you've talked a little bit about hiring staff, but I guess if you've already hired them, what might be some strategies for that?

Donna: Some of the strategies we used to use was to encourage them to talk to their pets, with their dogs, their cats. Because infants -- You know, dogs and cats don't talk back too much either. So it's kind of like learning to be responsive with them and talking to them and watching for their cues. I know it sounds kind of far-fetched, but it really did work for some of our pet lovers to begin to look at children and the responsiveness and the cues of infants and toddlers. Another one was to have them tape-record themselves and play it back and hear themselves talk about, you know, talk to the infants and toddlers and those empty spaces. And then having them think about "What could I have said?" You

could video, film them, and let them see. And they could watch it on their own. They don't have to have anyone watch it with them, but it would be a great way to help them begin to see those quiet times and allow them to think about how they could respond. And then, of course, coaching or mentoring. A mentor teacher, a coach could come in and provide a lot of information on that. So there are a multitude of ways that we can do it. But you're going to have to find what works for the individual. And some of it may be, and I'm thinking in my case, it's what you learned in your life of what you don't say and you don't respond. And so until you get down to the age where you know they're not going to share your secrets or what you're talking to them, you don't feel foolish singing a song to a baby, because you know they're not going to think you're off-key or those aren't the words to the song. So it's being comfortable and then working with different ages.

So.

[Applause]

[End video]