

## **Who Knows Best? Sharing Care of Infants and Toddlers (Part 1)**

Operator: Good day and welcome to the Who Knows Best? Sharing Care of Infants and Toddlers conference call. Today's conference is being recorded. At this time, I'll turn the conference over to your host, to Amanda Perez. Please go ahead, ma'am.

Amanda Perez: Thank you so much, Corrine; and hello out there to everyone. On behalf of the Early Head Start National Resource Center, I want to welcome everyone to today's audio conference. So glad to have all of you with us as we focus on this really important topic of protective urges and also try a new format for our audio conferences.

So in the hour that we spend together today, we'll build on some of the thinking that you all did with the pre-activity we sent out to participants last week. We're going to hear from three experts who will offer insight into a topic that I think impacts all of us, but that I think we don't often get a chance to think about. And they're also going to offer some practical tips in negotiating protective urges in your work. And then, we also want to give you, through our materials, some questions for reflection and an activity to do in the next couple of weeks to really help you consider and apply some of what you heard.

We're going to come back together on Dec. 3<sup>rd</sup> for more conversation and a live question and answer session with our panelists. In the meantime, we want to hear your thoughts. We invite you to join the conversation on Twitter today and for the next couple of weeks at #sharingcare. And that's listed in your materials.

Finally, I want to direct everyone's attention to the supplemental materials that we sent registrants by fax or by email. You'll see the objectives for today's event; they are listed on page 1. And you'll find information on our incredible faculty on page 2. I'm going to give these folks a chance to introduce themselves so that you can connect names with – with voices and faces and roles. And we're going to start with Arlae Alston. Arlae, if you want to say a few sentences about you.

Arlae Alston: Yes, hi. I'm Arlae Alston, and I am the teacher/director of the Early Head Start program in Santa Cruz, California. And I am also an adjunct faculty for the Cabrillo College, the community college here in Santa Cruz.

Amanda: Wonderful. John Hornstein.

John Hornstein: Hi, I'm John Hornstein, and I work at the National Center for Parent, Family, and Community Engagement in Boston. And I've been engaged with protective urges around my daughter and many other children for a good number of years.

Amanda: Yes, so we know that we come to this with both – as both parents, sometimes family members, and also as professionals often. Claire Lerner.

Claire Lerner: Hi. I'm Claire Lerner, and I am the director of parenting resources here at Zero to Three. So, I am responsible for overseeing all of the content that we design directly before use with parents on both – you know, individually as parents and also as a tool for professionals to use in their work with families.

Amanda: Great. Claire, we are thrilled to have you. We're thrilled to have you, John, and also you, Arlae. Thank you to the three of you for being here.

Now as you all might imagine, these folks have a ton to teach us and we just have a short time together. So, we're going to move pretty quickly on this call. But I want to make sure that we're really thoughtful about people's time. So I'm telling everyone—and faculty, I'm telling you in particular—that I might need to cut folks off. But that does not undercut my gratitude to all three of you for sharing with us today and for being with us.

Okay, are we ready to start? So let's get – oh perfect. Okay, so let's get started on page 3 of your materials. And we're going to start here where we always start in Head Start work, which is with the Performance Standards. And as you see in your materials, as we consider the topic of this call, we're focusing particularly on Standards related to the relationships you build with children and families.

So in center-based and family child care settings, we hope to see children grow strong relationships with staff. In those out-of-home care settings, we want to see those strong relationships forming. As we work with families, in the next one down, we're working to build that critical relationship characterized by mutual trust. And I love that term there, mutual trust; right? And in home-based programs, as we move down to 1306.33, we focus on parenting skills, those parent-child interactions. So these Standards offer the environment for us in which relationships grow.

I want to ask John to define a few terms for us. So first, John, if we're moving through this, what do we mean by protective urges?

John: Well, there's – a lot of people have talked about this, including my colleague Dr. Brazelton. But it's whenever people care for children, when more than one person, they have protective urges in relation to that child. That is part of what's meant when we use the word "attachment." And we all know about attachment. Children literally attach to people who keep them safe. So if it's our job as adults to keep children safe, we have protective responses.

We want to protect them. Now sometimes that means that when it's more than one person, and it almost always is, then the caregivers may be in conflict with each other because their protective urges may move them in different directions – mothers and fathers, parents and grandparents, family and child care providers, and service providers of all sorts. It's a natural, appropriate response. And it's good for children to have different people love them. But it can also lead to disagreements between the adults.

Amanda: Yes, so can you say just a word about gatekeeping here, which is also defined on page 4 of people's materials.

John: Right, gatekeeping is a term that Dr. Brazelton has used. And originally, he talked about it as when parents have – kind of are in competition with each other. That, you know, "This is the way we eat with their children. This is the way we discipline our children." And so, there's conflict that arises. And it's called gatekeeping. But in the case of this audio conference, we're kind of extending that idea to other people who care for the children as well.

Amanda: Yeah. So – and again, we see those definitions here on page 4. We do assume them. I think we do assume protective urges. But we don't always recognize them in ourselves, right? So in that pre-activity, we asked all of our participants to identify a time when you've experienced protective urges in your lives. And as we go through today, we hope that you will keep those experiences in mind.

You'll also see here on this same page that we've included some vignettes in your materials, some examples of protective urges at work. And we'll refer those – we'll refer to those throughout our conversation today. Claire, you talk about these protective conflicts, maybe, as one of the predictable challenges of sharing care.

Claire: Right. So I guess, you know, building on what John already so, I think, eloquently shared is that because caring for children elicits such strong emotions, it's something to be expected. And I guess I would say not feared, but something that is a reality for most of us who are working with families with young children. But I think what – an important frame to keep in mind is that part of providing the best care for children is making the strong connection with parents.

And so, it behooves us to manage those emotions in a way that allows us to not have them be obstacles to creating those relationships but actually use them in a way – consciously so that we can manage them and they don't interfere in that process. Because at the end of the day, these children – we want to have a positive influence on families so that they can have a positive influence on their children. And if we let protective urges get in the way when there are those conflicts or disagreements or those strong – you know, sometimes negative feelings get elicited if we're worried about, for example, the way a parent is caring for a child – that can get in the way of our being our best selves and really doing the work we got into this work to do, which is to have a positive influence on children.

Amanda: So, Arlae, how do you see – I mean, do you see this in your center? And how do you see sort of these protective urges arising there?

Arlae: I do see it. And it's safe to say that it does happen every year. Every new school year it happens. And it is important to understand that it is a process between teachers and families to start building that safety, that partnership. And it really comes from – as John and Claire were saying, it really comes from the healthy impulse, from a good place. We have to understand that, to me, it seems like they literally open up their chests and leave their hearts with us.

And so, it would make sense that all those feelings that might come up of anxiety, anger. As you can see in vignette number one, that mama has a lot of questions. And I could tell that all those questions probably come from anxiety of, "What are you providing to my baby? Are these the values that I value too?" That all of those questions, all of those feelings, come from a healthy impulse, come from a healthy place where, "Are you going to take care my baby as I would? Is my baby going to love you more than they will love me?" And so, that it's healthy. And for my team and I, it's useful to see it that way.

Amanda: Yes. Well, and lovely to see Emilia sort of working with this particular family child care provider – or working with this particular parent is she's concerned even about the clothing that her son is wearing to child care. And what might happen to that clothing? And what does that mean? Sort of, what is this conversation about clothing really about?

Arlae: Exactly. And so, those questions are important for me to have that, yes, it might feel like a lot and overwhelming as I'm listening as the teacher to this mom's concern, but really, what are these questions telling me? Is it because this mama doesn't have money to do laundry? Is it because this mama, they don't have enough clothes? And so, it's important for us to remember those things.

Amanda: Yes. So, and I want to say that Emilia is a family child care provider. But her concerns and Gabi's concerns are often echoed as you're describing in a center-based classroom. We really want to honor that these protective urges are a part of every program option within the Early Head Start and Migrant and Seasonal Head Start programs.

I want to call folks' attention to page 5 and 6 of your materials. You have a set of tips here that we're going to refer to throughout our conversation. And we've gotten here to the first, which is that adults are really driven to protect. I think that's Tip A here. And Tip B is that those protective urges can cause conflict. And so, it's really helpful for folks to have that recognition going through.

John, as Arlae shares that example and as we sort of consider protective urges, we can see that culture plays a major role here, doesn't it?

John: Absolutely. What we're calling protective urges are kind of defined by and energized by what we believe is good for children. And that always comes from culture. So I think in working with families from different places, or actually any family – next to any family, that there are going to be different beliefs and values that energize what's good or not good. So, we need to recognize those in ourselves culturally. And we need to recognize that who's involved with the child and child-rearing practices have a particular definition for any family that we're working with. And trying to understand those is important.

Amanda: Really. And we know that sometimes, again, those urges will come into contact when there are cultural and individual differences between adults caring about the same child. We know that conflict can come in. We use – we're using the term "sharing care" here. And we use care so often to refer to providing care for children. But we know that these urges affect home visitors, too. Right? So, home visitors care about children. They care about children and feel protective, too. How are protective urges a factor in home-based programs, John? How do you see that?

John: Well, I think when you walk into somebody's home, you're walking into their child-rearing world and their own personal world. So the – kind of the stance of a family is one of, I think, extreme vulnerability. So, you know, that energy, that vulnerability, and perhaps fear that somebody's coming into my home to work with my child, and kind of wondering culturally what that's all about.

And so, I think it's – we can judge things very automatically and immediately when we do a home visit. And so, I think the second vignette with Marcus is a great example of going into a home visit. And those of you that do home visiting know how this works, is you have some very automatic and strong responses that in part are based on those protective urges. So he picks up the child. He doesn't necessarily reflect on: How does that affect my relationship with this family? How am I joining this system? And how am I kind of reflecting on the cultural messages here?

Amanda: Yes.

John: So it's very easy to get bogged down in a particular quick response or a judgment.

Amanda: Yes. Well, one of the things you said to me, John, in our planning was there can be so much data. When you walk into a house, you see everything. And so, of course we all live different lives. So, of course we're making – you know, of course we have ideas about sort of what should be and what's different there. Okay, so we see that there's a lot of potential for conflict here.

John, again we see the Parent, Family, and Community Engagement Framework on page 7. That's on page 7 of your materials. So, I wonder if you could talk a little bit here about how you see protective urges impacting this Framework.

John: Well, I see it very clearly impacting the Framework. If you look at the Framework and the different program elements that are in the Framework—the program foundations, the impact areas, and the family outcomes—they're all kind of like the skeleton and the muscles of our effort with families. But that purple arrow, the arrow that's labeled "Relationships," is what holds it all together.

Our relationships with each other and with the families; and of course, protective urges affect those relationships. So we – knowing that they matter isn't enough. The question we should be asking is: What are the relationships really like? How are we contributing to those relationships? And how do we repair them when things don't go well? In particular, how do we – like in the vignette that we shared, how do we support the family outcome of positive parent-child relationships when we have those protective urges? How do we use that emotional energy to serve the parent-child relationship as well?

Amanda: So Claire, what would you add here as a part of this discussion?

Claire: Well, I think, as I'm listening, what I would add is – what keeps going through my mind is, I think, this fact for many of us, which is that we got into this work because we love children, not necessarily because we love parents. And having said that, I'm a parent myself, as I think most of us are. But I think that sometimes we lose sight of that. It's very easy to because of these strong protective urges.

And you would see it in the vignettes, you know, with Marcus wanting to, you know, protect the child. Or his, you know, instinct naturally is to pick up the baby to basically rescue him or comfort him without recognizing what the impact, or having an awareness of what the impact might be on the family and the relationship and what that might communicate to them. That's such a typical, you know, strategy that many of us as home visitors might use.

But it's such a good example of the importance of self-awareness and taking a moment to consider, "What's my urge? And is acting on that going to support the relationship or does it have a potentially negative impact on the relationship and my ultimate goal?" which in this case, I think most of us would agree, is to really help the parents become attuned to the baby, read their cues, manage whatever challenges they might have to responding to the child's needs in a very empathic way.

And so, I love that example because it's so typical. But because it also sort of speaks volumes about how important it is to tune into our own feelings and use them to our advantage and to the family's advantage, and then of course ultimately to the child's advantage.

Amanda: Yeah, and as you talk about some of that home visiting piece, Claire, I think you're also talking about sort of how large the family's role is in that baby's life, how important that parent-child interaction is and that parent-child relationship is, and why that's such a huge focus for Early Head Start and Migrant and Seasonal Head Start programs.

Claire: Yes. I think – go ahead. I know; move on.

Amanda: No, no, I was just going to say that kind of get this to C here, which is: Honor the primacy of the family role. Really pay attention to the primacy of the family role. And in Early Head Start and Migrant and Seasonal Head Start programs, there's no getting around that. That's part of the Standards. That's part of what is required for programs. We know that that's a huge value.

So let's talk a little bit – and you've talked a little bit about this already all of you – but about how those protective urges arise for families. One way that Early Head Start and Head Start and Migrant and Seasonal Head Start programs can help, one way that staff can help in every program option, is to remind families of the Early Head Start and Head Start value and commitment to this idea. John, you go further to being even more specific about roles within these program options, really being clear about sort of where the staff person sits and where the parent sits in these programs, even in orientation.

John: Exactly. Exactly. I think on both sides there's a little bit of anxiety. Like, what's this family going to be like? And on the family side, "What's this person going to be like? And what are they going to do with my child?" So I think really reflecting on, "What is my role here? What's my relationship with this parent going to be?" And being very clear. And I've talked to many, many staff and done it myself, where the family may feel that the home visitor is there not for the same reason, you know, that the home visitor feels that they are there.

And so, being clear, this is what I'm doing here. And I think most fundamentally, it's this goal of showing that you have this shared concern for the child is the basis of the relationship; that we together are focusing on the child and that there is some emotional content to that. And that – that having the parent be aware that you're aware of that on their side but you're also contributing it from your side is an important piece of being very clear right at the beginning that we're here together to work on the best outcome for this child, and that includes for you as well.

Amanda: Yeah. And so, here we have Tip D, which is: Define those roles early and often. Really want to acknowledge that shared concern, as you said, for the child is the basis of that relationship. And really to identify, you know, "This is the role that I'm taking. And this is the role that - this is how I'm supporting your family and caring for your child." Super important conversations to have.

Arlae, I know you have those conversations with families. I know you talk with them about how important their role is and how it's different from the role that you have in the center. But you also show them how you understand their role. Can you talk a little bit about both about talking with families about this and also showing them that they – that this is their place, that Early Head Start, in your case, is their place?

Arlae: Well, that conversation starts from the very beginning at enrollment meeting, as John said. That even before I start filling out the forms, that I make sure that even with the physical environment that I have chairs that are comfortable for them to sit down. And so that before I even start the whole

paperwork, I do make sure that they know that I understand they are the first teachers of their babies. That I know that they know this baby better than anyone would in the world. And so, this is what I tell them.

And I also say that, you know, I'm going to have your baby for a few hours under my care. And that there will be times in which I'm going to do some developmental assessments. And that if at any point you feel like "No, that's not my child that you are describing," obviously you're disagreeing with some of my observations, that let me know because I know that you know this baby better than I do. And that I want us – we both have the best interest of your baby. And so that it's important that we both work together at this. And so then, I want to hear what you have to say about your baby. That I'm not the expert on your baby; that I do have some EC units and – but I'm not an expert on your baby. I might know about child development, but you know about what you want for your baby.

And so that that conversation doesn't end there. It goes through the whole year that. And I try to do it through many different things so that I do at the beginning of the month, I send a calendar home with information about what's going to happen in the program. And so, like toddlers – toddlers like prediction and like to know what to expect. So, I feel the same for parents. If you know what to expect, you feel less anxiety, less nervous about things. And so, you start taking ownership of the place. I have a list of jobs for parents to do. And those jobs can be from making flannel board story for circle time, coming in and do a cooking project, reading with children. So that what I'm trying to do with this is that for parents to come and be involved in the program.

And then the last piece that I really like to do with families, especially families that I've noticed are feeling a little bit more shy around being in the classroom because in a center basis, it's sort of like the teacher's home, and so I really need to work extra hard to make sure that they feel that it's their home too. So that in my family we have this belief that if you can go into a home and open up a refrigerator door, you are in a place where you feel safe. You're in a place where you feel you can show any kind of emotions. And so I'll sometimes ask families, "Could you get me the milk?" Very purposely I leave the milk in the refrigerator so that I can ask, "Can you bring the milk from the refrigerator?" so that they take ownership of the classroom. That I want them to know that this is a place where they can open up the refrigerator door without me puffing about it.

And the other piece that I like to do that also goes with "if you know where things are, if you feel comfortable in a place, you're most likely to make it your home," and so I'll have – at a parent meeting, I'll have a little treasure hunt. And I'll have them look for where the diapers live in the classroom, look for where the extra clothes live in the classroom, or the art supplies, so that they actually get to open up cupboards and drawers. And so, they make it their own.

Amanda: I love that. I love that for center-based, family child care homes, for the space that's really designated for kids in those spaces. And I also really like it for home-based socializations. What a great strategy that is. And that really gets us here to Tip E, which is: Help families feel comfortable. Really think outside the box I think, as Arlae has done, to consider, you know, what is it that's going to make – that's going to help families, support families in feeling like this space is their own. And I think space, environment, and those protective urges can kind of go in hand in hand. So if they feel like they have some control over what's happening in your environment, that it can be really helpful to them.

Of course, the Standards require an open door policy for families, which is so important to their sense of comfort. And we really want to highlight that. One way that people do that, I think, is also in the quality of services that they provide. So as families know that staff are providing quality services, they may be more relaxed in sharing care. Right? And Arlae, you may see that in your program as the year goes on that folks are really beginning to relax a little and feel a little bit more comfortable.

Arlae: Correct.

Amanda: Yeah. So, the Program for Infant/Toddler Caregivers has developed a four-step process for staff. And here, they're talking about staff negotiating protective urges. We want to talk through this process. And as you can see in your materials, and we're on page 6 now, there are some tips from our faculty in here to sort of color in a little bit what's happening in each of those steps.

I think this first step, accepting your feelings, also applies to families. And we've been talking a little bit about that. You know, we've talked a little bit about how staff might be surprised by what they feel, how protective they feel of the children that they are serving often. And the same can be true of families. And I think the language that PITC uses here is a really interesting; right? So, accept your feelings.

But I think that there are two parts. One is to identify your feelings first, or to help families identify theirs. And then the second part is to practice acceptance. So Claire, if we're thinking about families and helping them first identify their feelings, what does that look like?

Claire: Well, it really – it requires really just being a careful, tuned in observer. So, you know, to take maybe a typical example of a very harried parent coming in, you know, perhaps having had a stressful morning and kind of the baby is stressed as well, and the parent may just kind of, you know, dump the baby into your arms. And, you know, a very natural feeling on the part of the caregiver may be, you know, worried for the child. What's the impact on them?

And, you know, making a separation from, you know, their mom or dad or grandparent, what might that be for them? What might that feel like emotionally and how might that impact their day? So it's very natural that you would – that's a very natural reaction. And I think what's really important is that we constantly remind ourselves that feelings are feelings. Feelings are never the problem. It's what we choose to do with our feelings that can become problematic. They can either be helpful or they can be obstacles. And so, I think that's what we're talking about is that it's really just a commitment on our part as professionals and providers to manage our feelings – to tune into them, to manage them so that we are able to make conscious decision about what to do about it.

So in this case, the provider could either, you know, snap – you know, just sort of – even in just to their body language, give a very clear message to parent that they're criticizing them. And maybe by not being particularly pleasant or warm or loving, and maybe just turning away and not really – missing an opportunity to make a connection.

But another option, if you're noticing those feelings and empathizing with the parent, might be to say, "Boy, I know. Sometimes mornings can just be so tough, just getting everyone together and getting here. And I really appreciate, you know, Damon every day that he's here. And we're so glad he's with us. And I really hope that you have a really good day." That could – you know, that takes maybe 10 seconds to say. But it could make such a difference in the sense of that parent's sense of feeling like this is a safe

place, like I'm not going to be judged, that these are people I can trust. So that when there may be a time when the parent will open up, and the more a parent is willing to share, the more possibility you have as a provider to have a positive influence on that family.

Amanda: Yes, so there are two pieces here, Claire. You're really talking about practicing empathy, but also talking about sort of when we get to the accept part, or to use your term, the validation part. Right? To really validate sort of what people are feeling. Gosh, it's really stressful to get in here in the morning.

Claire: Yes. It's so important. It sounds so simple, but it can have a huge, positive impact.

Amanda: Yeah, absolutely. And you can see on our tips here, that F and G kind of cover those two bases, practicing empathy and validating feelings. Arlae, you see this piece of validation as really important to your work.

Arlae: Yes. And that's one of the things that I let families know at the very beginning, too, that it could be awkward sometimes to have emotions. You know? Families are – families are very vulnerable when they walk into your program, that they don't really know what to expect. And so that I feel that it's my job to open the door for them to have their feelings. As Claire was saying, feelings are feelings. And I believe we come with anger, with anxiety, with all of those feelings for a reason. We come with them.

And so that I let families know, just like I'm going to allow your baby to have their feelings, I'm going to let you have your feelings too. So that if you are angry at me, it's okay to let me know. Because if I don't know that you're angry, then I'm not sure how to take care of your baby. And babies learn through modeling, too. So your baby is going to peak on that. And were going to put your baby in a hard position where, "Mommy do we trust her? Do we not trust her?" And so that I want to partner with you. That even if you're angry at me, I'm going to still hold you. I'm going to... Even though it's hard to not take it personally, and I have to do a lot of work to understand that it really wasn't about me, but it's about this parent being sad and nervous. I mean, there's so much when parents bring their babies into our programs. There's guilt. There's sadness. There's, you know, they feel like they're missing out. So that I let them know that even if you're sad, I want to hear your sadness too. That it's okay to feel it. And if there's something that you're seeing that you're not agreeing with, I need to know so that I might be able to change it. Or we might come into a conversation where we both work into a solution. But that it's okay for you to have your feelings in this program, that I don't want you to pretend to be someone that you are not just because you want me to take care of your baby. And, you know, that's not how we're going to work here. That you are welcome, just like your baby, a whole human being. Because we come with those feelings for a reason. And so we need to acknowledge them and validate them.

Amanda Perez: Well Arlae this is, I mean, absolutely. And I think one of the things that folks often come to these kinds of training experiences for is an example, right? So how do you open that conversation with families when you see those protective urges becoming an issue? What would you say, for example, to Gabi in our vignette?

Arlae: Yeah. And that's very common actually for families to have a lot of questions. And what I've learned through the years is that they're really, it's a lot of anxiety there. So I would probably say something like, "wow, you have a lot of questions about this activity. And how do you feel about the messy place?" So I would ask, "them how do you feel?" Well, adults say, "Well, I don't know, the dresser is going to get some paint." And so what I do is I do a lot of listening, a lot of active listening and open

ended questions. By doing that I have found that I gather a lot of information through the families. So sometimes we'll get to the point where the mom will say, and it goes back sometimes to culture. Where for some families society will treat you the way they see you.

And so that if they see... "My baby dirty, my baby might get treated badly. And I don't want that for my baby." And so that sometimes, you know, "I noticed that you do – I've noticed you're looking angrier, looking nervous around your baby being, having paint on her dress or her shorts. Do you want to tell me more about it?" And so they open up a little bit. And that opens the door to some negotiation. How do you feel about me washing her clothes here? How do you feel about me changing your baby and to school clothes?

So that I do a lot. I observed them, how they moved into the world with their babies. I listen. And Head Start, and Early Head Start we're lucky that all of those forms to fill out. They give us a lot of information about home values. And so then I use that too to give me information about the family. But it's through a lot of observation and listening.

Amanda: But it's so interesting as you describe that, Arlae. You really talk about focusing in your conversation with families on behaviors. I mean, you might say at some point, you might say, "Gosh, it looks like you're really sad." But really what you're saying is, "I notice that you're asking a lot of questions about this." Which I think is a really, and it's something that Claire I think spoke to too, is I think is a really effective way to support folks in not – and, sort of, opening up and, sort of, thinking about you're right. I am asking a lot of questions. Why is that?

And we have that here as a special tip. Tip H is really focus on behaviors. What is it that you are seeing? We do it with infants and toddlers all the time. We stress objective observation. And with families you can use that too to really be very careful about what it is that you're looking at and identifying in a family. And how you support them in sort of considering what it is that that might mean for them. And how you might be able to help.

Claire, it's a parallel process we know for staff. Right? As they are dealing with their own protective urges. We've been talking about families. But now I want to talk about staff. What would you say here?

Claire: Well I think that it's, you're much more likely to open parents up to look at their own feelings. And be open and honest with you about them if you are doing the same yourself. So I think that, you know, an example comes to mind where a parent came in and had asked the teacher to - and then the child was about three. Wanted the teacher to directly feed the child. And the teacher's initial reaction was very defensive. I've got all these other children to take care of. How can you possibly expect me to do this one-on-one with your child? But because this particular teacher had had the benefit of some reflective supervision, an opportunity for herself to, you know, to notice when she has, you know, triggered by strong feelings to take a moment not to react or make assumptions, but to ask questions.

And so in this case the teacher stopped herself from just reacting and rejecting the parent's idea, which we could I think all agree that that would be probably a break in the relationship. But she got more information. And I think this gets to what Arlae was talking about, about the importance of not making assumptions and asking questions instead. In this case, she asked the mom what that, you know, what, what, what was going on that she felt that this was important now. Was it, you know, wanting to know was it a cultural thing, was there something else going on?

And it turns out that this child had had a near choking incident the night before. And the parent naturally was terrified that something – that this would happen again. And so of course once the parent shared that, they were in a completely different place now. The teacher was incredibly empathic, as you might imagine. And they made a plan together that works for the teachers and works to meet the parent's needs. So I think that it's so important to see this is circular. And the importance of teachers having the opportunity to talk with other staff members about the strong feelings that get triggered because that's again, as I said earlier it's the critical first step in making conscious decisions about what you do about those feelings.

Amanda: Yeah, well and in that example, it kind of goes both ways. Right? The protectiveness of the family and the protectiveness of the staff around, you know, I want to teach this child independence, you know, whatever it is that the person wants to do. And how we can go both ways in that relationship. So John, what would you add here?

John: Well it strikes me that so much of what we're talking about may seem kind of invisible. That is inside of people. That the history of that child, the experience that child and family had was somewhat invisible. But the behavior of the parent wasn't invisible. So you can see that behavior. You can do something with it. I think protective urges are a great entryway into reflective practice. And I think Claire said a lot of this, which is we want to encourage people to develop a practice of reflection, particularly when they notice a strong negative reaction in themselves. So asking the question, what am I reacting so strongly to? And sometimes it's just a feeling in your stomach. It's not even something that you have words for. But you can say something's going on here.

If people can identify what it is. It may have to do with one's own personal history, culture. In the moment they can slow their response and have some control over how they respond. But again, as Claire said you can talk to somebody else about it when you notice it. That is not doing away with those emotions, because those are the emotions we use in our work with kids and families. We want those emotions. It's being reflective and seeing them in action. But we want to hold them aside so that we can serve the child in the family. And I would just add here that it doesn't just happen between staff and parents.

It happens between staff. That staff forms relationships with kids. They have ideas about what's best for a child in the classroom or in the program or in-home visiting. And then another staff person has something, a different perspective on that. So the protective urges can happen between us as well as between us and families.

Amanda: Well, and you just make me think, John, about those programs where home visitors are going out. And there are two home visitors that are going. Sometimes one is really focused on family issues and one is really focused on the child. And yet at the heart of it, as Claire told us earlier is always this child. And so I was just thinking as you said that what an interesting – I wonder how protective urges arise for those particular home visitors. Interesting.

So that gets us here to I, which is reflect. And we talk quite a bit about that of course in our work at the Early Head Start National Resource Center. But we certainly want to encourage it as a part of what folks are doing here. Let's move to the second step of that PITC Framework, which is to check your feelings

with others. And again, this is a step that we would suggest for staff with some of these protective urges, things that are coming up for them.

This gets to John's point I think that were often not conscious of all that we're thinking and feeling and processing. We're busy. We react. So I can be helpful to have a partner in all of this. How can folks get a second opinion in their daily work? Claire what would you say here?

Claire: Well, I think what's really tough about this is that as John was saying, you know, we can't plan for these things. So, you know, like again, sort of harkening back to Marcus. You know, he doesn't know that he's going to walk into a situation like he did where, you know, what got elicited for him was, you know, this child needed comforting. I'm not really sure these parents are giving him what he needs.

And he went in and did the all, you know, the natural protective urge strategy of picking up the child to comfort him. As, you know, as John said earlier we all got into this work because we love kids. And it's only natural that we want to protect them and have them feel comforted and loved. So the challenge is is that we can't anticipate exactly what's going to happen in a moment to moment encounter with the parent. So I guess what I would say is that we're all going to make mistakes.

But there's so many opportunities for repair with families. To even go back to them and say, you know, "The other day when you came in and, you know, you had forgotten some things. And I feel like I seemed a little annoyed. And I just want to connect back with you and let you know that, you know. And then make a repair.

You know, I know mornings can be stressful. And therefore, you know, let's make a plan together on what would help you to, you know, bring the things in that he needs, you know, that needs." And, you know, that kind of thing. So that I think one important point is that there's always an opportunity for repair. You know, in the field of mental health we call it, you know, corrective emotional experiences, which sounds kind of highfalutin. But I like the idea of it that there are opportunities for corrections.

And I think it's really powerful for families because it says so much to them. I imagine you as a parent, you know, going and having had an experience where you felt maybe a little criticized by the teacher. And then that teacher actually taking the time to reflect on it. Coming back to you to apologize or to make a repair. That is an extremely powerful mechanism, if you will, for really developing these kind of strong trusting relationships we're talking about.

So one concept I think is the idea that you can always reflect can go back and make a repair. But I think also proactively, you can use the feelings that come up and the typical experiences that you've had to go to a staff member, a peer or to a supervisor to kind of play out what happened. And what feelings got elicited. And what, how you might use those feelings in service of the relationship next time.

Amanda: Nice. So that really, of course, gets us to Tip J here, which is exploring those feelings with the supervisor or a peer. And I don't think, you know, we don't want to spend a ton of time on the supervisor piece here. The EHS NRC has a ton of materials here. I really want to encourage administrators who are listening in particular to use the webcast and the Sherry Heller book listed in your resource list on Page 9. That Sherry Heller book was sent to every program a couple of years ago. So hopefully that's on your shelf somewhere. And that's a great place to begin. We know how important it can be to have that reflective time with the supervisor often in programs.

Arlae, your program is guided by a philosophy – and I love this – that staff are there to take care of the children's needs. And the adults work to make sure that the adults are cared for. That's the adult's job. So you use peers a lot in your program. How do you do that?

Arlae: In this particular team we've been working together for four years. And from the very beginning when we all met, the agreement was that being the teacher, being a child care provider it's a lot of work, a lot of emotional work. It at times feels like a freeway of emotions. You deal with the children's feelings. You deal with the parents feelings. And you deal with your own feelings. And then you deal with your coworker's feelings. And so that it is important that we are present for the parents and for the children. But that in order to do that we have to be in check with their own feelings. That we are humans as well. And of course were going to have our own feelings, our own protective urges.

And so that were not going to play on them in front of the families. We're not going to act on them. That that were going to sort of put them in a box inside so that later when we have our team meetings, we can talk about them. And so that there is an understanding that we are not going to trash families in our meetings. But instead we're really going to look into what their healthy impulse was. And what was the trigger for ourselves. That is, "I have a family that may value that children do messy play." Because like we all know, we believe that children learn to play and so that. But this family might not share this value.

And so that would be a trigger for me. I'm just I can't believe they don't want this little girl to do messy place. But that I'm going to listen to the family because I'm going to learn a lot from that family. But my job is to go with my team and say what is it that is bothering me here? So that I use my team as a support system. And they will remind me of well, think about the family. What is it that they're thinking about? What is their value? What is your value? So that we help each other to do the self-reflection.

That it can be pretty alone. And that we forget to use our, our co-teachers. And that that's what we decided to do in our team, that we are going to be present for ourselves, as well so that we can be present for children and families. Well and one of the things you said, Arlae, is that from your advantage point, you can really be more – so sometimes with families you will talk a lot about, you know, I see you asking so many questions.

But you feel like you can be more direct in identifying some of the behaviors and interactions. You see and wonder about them when you're talking with another staff person. It can be a little bit more direct in that conversation you said.

Arlae: Yes. And that – and again, it comes from that agreement that we all have that we all are going to give each other honest feedback. And that is not a way to judge. But it's just a way to really help each other with our teaching. And so that if I've noticed a teacher having little Emilia on her lap all the time. I'm going to ask. I'm going to say, "I've noticed that you have Emilia on your lap a lot. And when I come to try to help her, you sort of give me an eye, a look that I'm not understanding. Do you want to talk about that?" Because is John and Claire said, teachers can also have protective urges.

And so that's it is an open door to communication that we can go over. We can go under. We

have to go through it so that direct - and because the agreement has been set from the agreement where when I see something, I'm going to bring it up. And so yes, we are a lot more direct with each other than we are with parents because we have that agreement.

Amanda : Yes. So let's go to the third step here again in the PITC steps. And this is really again for staff who are dealing with protective urges. And it's to really seek to understand the parent's point of view. Now we've talked a lot about doing this, you know, through motions. Really trying to talk about, you know, how people are feeling. And really trying to identify with them. Partnering with them to understand what it is that they're feeling.

But it isn't just feelings, important though they are. It's broader than that. Right? It's their understanding. Right, John?

John: Yeah. It certainly has. It's the ground you're walking on. It's kind of this currency between you and at the parent. So how do you find out the parent's point of view? Well in my opinion one of the best ways to find out the parent point of view is to look at the child together. I mean that's why you're there. So that common interest in the child is a starting place. So you could ask questions. But even better, I think if you're just to their standing next to the parent – and culturally I think this is a real interesting thing because it can vary a lot. What kind of conversation do you have when you're watching a child together? But it's something both you and the parent can see. And so you can go back to that earlier point about using behavior.

But in this case, you know, what is – what do you see? You know, “I noticed that he's starting to, you know, be interested in tying shoes,” or whatever, you know, the only example I can come up with. But then you listen. And you've got something to work with. Something that you see together.

Amanda: Well I love the question that you try and keep in mind here.

John: Yeah. Yeah. When the parents are doing something you don't understand, it would be helpful to remember that they're the experts. It helps to be thinking always the family knows something that I don't know. Now they may not look that way. The expression on their face may not say that. But if you have the attitude that they do have information that you need in order to do a good job with this child. Then if you treat them that way, then you're going to get – you're going to form more of a partnership on behalf of the child, more of a relationship. And you'll be able to deal with those protective urges much better.

Amanda: Yeah. So that gets us to Tip K here, which is keep in mind that you and families have different information. And I think what you're describing is that that simple act, just the wondering, you know, what is it this family knows that I don't know can really slow staff down in turn staff in a different direction potentially. Arlae how do you do this in your program?

Arlae: It's a lot of – again, and it goes back to it seems like the basics for our job is observation with children, and it's the same with the family is. That it's a lot of observation of the parents. Of how they communicate with their children and how they communicate with other families. We can use the Gabi example and just, sort of, that I would probably even start from the beginning. Actually would families know that messy play happens in the center? And then just sort of to find out.

But sometimes they won't tell you really how they feel at the very beginning. And so that I'm going to continue to ask those questions of, "I noticed that when Gabi has - I noticed that when Carlos has messy clothes, you looked upset."

And the family might say, "Oh no, no. It's okay." And I will just sort of read the body cues. And I'll say, "Okay, well just let me know. I'm planning to do it tomorrow again. And would you like me to do something different?"

And the family might say no. And the next day, this and it happens again. And so it's a dance that you have to do. With some families yes, they might tell you right away. "Yes, I'm really upset. I don't want her to be dirty. No play for my baby – no messy play for my baby."

And so that's a different kind of work. Then I would listen to your saying, no play. So you're really concerned about, "Tell me what are you concerned about. I'm confused here." "Well, I don't like the dirty clothes." And so then I tried to come up with a strategy such as school clothes, a smock, I'll wash close, right.

Amanda: Yeah.

Arlae: With other families it's," No, no, no, no!" And I really have to learn to listen to that voice that with some families it might take a long time. That this could be conversations that take two, three weeks. And my job I feel is that if I provide the messy play, I'm going to, sort of, continue to describe: "We had to messy play today. And to date, your baby was really wanting to touch the paint. And I made sure your baby – I sort of brought a little tray and just let her use her fingers. How do you feel about this?"

And mama might say, "I'm not sure. But okay, you can do it. As long as it doesn't get on the clothes." That it's step-by-step. What I have noticed is that families really enjoy to listen about their babies. And so that I always make sure I have the story of how the baby reacted when the baby got to use the paint. And so that the mom would say well, it's okay to just do the finger paints. So depends on the family were going to have different outcomes. But really it's not – I don't have an agenda for the families. That I let them lead the way. In that sometimes I might be disappointed because I really wanted that baby to do a full body paint experience. But that's not the family value.

And so that I'm going to work together with them, where they feel comfortable with adjust their figures on a tray with clay – with paint. And so that I'm going to let go of whatever I wanted for the baby because the family knows what's best. But the thing here is that it is a dance. And it's conversations that last a long time.

Amanda: Well Arlae, you helped us move into this other step. But before we go there, one of the things that you said, and I know that John and Claire really believe, is that you looked at this baby. That you're really paying attention to this baby. And that's one of the tips that we have on our Page 6 here. The last step here is to make a plan. So how will you address any conflict that the rising? You really started us thinking about that, Arlae. Planning can happen for both parents and staff we know dealing with protective urges. And sometimes there might be a need to bring in some outside support, particularly if folks have had some experience with trauma.

We know that this kind of work can benefit from some mental health support. So we really want to put a plug in for that. If this is really becoming an issue with families and staff.

John, making a plan may require staff in particular to imagine another way of doing things. So what would it be like for Marcus if you thought differently about perhaps the pile of laundry on the couch? Can you talk a little bit more about that?

John: Yeah. You know, I have never had dirty laundry on my couch. It seems like in this conversation we're talking a lot about dirty children and laundry. But in any case, it may say more about the panel than about the topic. But I think that, that different doesn't necessarily mean damaging. And I think that's one of those kind of, as Claire mentioned earlier, I think in these situations you kind of have that immediate response.

So yes, in the situation you walk in, this is what you see. You have an emotional response. And, but it's, you know, what you're saying is different than what you're used to. So I think, you know, this goes back to one of the earlier steps which is maybe you need to check it out with somebody else. I think that's an important thing because this work, as we've all said, is emotional work. And I don't think we're designed to take care of children alone. I think we're designed as human beings to talk to other people about it. And that's true for staff as well as parents. So I think there are lots of roots to healthy childhood. And when we find ourselves judging, then we have to examine not just what families are doing, but what we're bringing to that. What we're bringing to that interaction. And in the process we learn a lot. We learn about ourselves.

Amanda: Sure. Claire you have another way of saying the same thing, I think, which is let go of what you can let go of.

Claire: Yes I think we, you know, just like we often, you know, encourage parents to, you know, we usually call it choosing their battles. It you know, what's really important here. And so I think this is something that's really important for, you know, as this providers, as well is that we really have to stay focused on, you know, what's really most important for children to thrive. And what can we let go of and not get stuck on?

Amanda: Yeah, absolutely. Well, and Arlae you gave us such a lovely example of how you work with families to make a plan to really understand what it is you start with. The validating the feelings, understanding the feelings and then working with them to sort of understand what it is that you can do with the center that can support their goals. And at the same time just being very step-by-step, very slow about that interaction. Which I think is a really lovely sort of model to use. You know, it doesn't have to all happen overnight. In the end as we're having our planning discussions I think all of you came back to this tip, which is keep the baby at the focus of the plan, this Tip N here. So John, what would you say about that?

John: I think that's the central point here. We're all revolving about concern for the child. This is key. Keep the baby at the focus of the plan. Keep the child at the center. And we keep each other safe. We keep the family safe and we keep ourselves safe, given all these strong feelings that we have about children. Keep the baby at the center of things.

Amanda Perez: I think that's such a lovely place to end. Although, as many things are in work with infants and toddlers and their families, it's a cycle, right? So Claire I know if we think of this as a cycle, that we have one more step here.

Claire Lerner: Yes, I think the last step is, and I sort of talked about it earlier in some ways my talked about looping back with parents. In that context it was to make a correction. But in this context I think it's just when you make a plan like Arlae, you know, told that very beautiful story about, you know, really understanding what the parent's interpretation of the behavior was around the painting and the mess and her concerns about that. Is once you make a plan, it's really important to loop back with parents and check in with them about how it's working. And what kind of, you know, course corrections you might want to change, you know, might want to make because again it's important for really great care. But it's also important for building that relationship and really sort of operationalizing the fact that this is a constant, ongoing process of communication. As Arlae said, that, that, that goes over many weeks and months during the time that you're providing, you're sharing the care of this beautiful child.

Amanda: Yeah, so coming to that tip, revisit as necessary. I want to thank the three of you, Arlae, John, and Claire for this very rich conversation. I think you really given everyone some things to consider, some tools to use, some resources to go to as they navigate protective urges in this work. Now we want to launch folks into the next phase here, which is to work on the Put It into Practice activity on Page 8 of your handout. Try it out. See what works here that we've been talking about. Let us know what you think at hash tag sharing care. Also look for an email from Constant Contact that will give you an opportunity to let us know what you would like to know more about.

Thank you. Thanks again to our faculty and to all of our participants for being here today. And we look forward to talking with you again on December 3. Have a good one!

Operator: And once again, ladies and gentlemen, that does conclude today's conference. We thank you for your participation. Have a great day.