Supporting Infants and Toddlers with Challenging Behavior


Kendro, a 20-month old, began attending Bright Star Child Care Center three months ago. Ms. Geda, one of the toddler caregivers, has noticed that Kendro seems to be “in his own world” and rarely engages with the program caregivers or other children. When other children enter the immediate space where Kendro is playing, he runs away. Kendro also has difficulty transitioning between activities. When the rest of the children are eager to go outdoors or have a snack or meal, Kendro becomes upset about having to stop what he is doing. When he’s upset, Kendro will cry for long periods of time and resist when Ms. Geda tries to comfort him. Ms. Geda is concerned that the Center cannot meet Kendro’s needs. Although she knows she could talk to her administrator, she is also worried that she will be viewed as not having things under control.

This is Kendro’s first experience in care outside of his home, and he is an only child. His mother, Janice, reports that they have not had issues with other children when Kendro is with his cousins or with long periods of crying before. Janice says that since enrolling in the Center, she struggles for several hours each evening trying to get Kendro to go to sleep. She let Kendro’s doctor know this at their last appointment, and the doctor said that most children would have adjusted to a new caregiving arrangement by now. Now Janice is conflicted. She needs child care so she can continue to work, but is worried Kendro is not coping well.

Challenging Behavior in Very Young Children

The concerns that Kendro’s mother and Ms. Geda face in the above scenario, based on an article written by Hunter and Hemmeter in 2009, may sound familiar to you. Their article, Addressing Challenging Behavior in Infants and Toddlers, discusses research showing that it is common practice for child care centers to request that children leave programs due to their behavior. Hunter and Hemmeter describe how continuing in the current child care environment is problematic because Kendro’s behaviors may become worse. This may affect Kendro’s ability to form healthy relationships with peers and adults and may increase stress for his mother—all of which may make it difficult for Kendro to develop a sense of belonging. The authors note that despite evidence that social-emotional concerns can develop in infants and toddlers (Zeanah, 2000), little is known about the causes of these concerns (Briggs-Gowan, Carter, Bosson-Heenan, Guyer, & Horwitz, 2006) and only a small percentage of children this age receive early intervention or mental health support. This sheds light on the fact that 4-year-olds in preschool programs are the most likely age group of students to be expelled, for children preschool-age through high school (Gilliam, 2005).

The Pyramid Model

In Addressing Challenging Behavior, the authors propose that early care and education programs use the Pyramid Model to promote children’s social-emotional development, prevent challenging behavior, and support children who need help beyond universal strategies.
The Pyramid Model is a bottom-up approach, meaning that the tiers build upon one another. For example, a high-quality child care program must have an Effective Workforce, the bottom tier of the Pyramid Model, in order to provide the support described in tiers that sit above it, including Nurturing and Responsive Relationships and High Quality Supportive Environments.

You can learn more about this framework by using the search feature in the VLS website pages and typing, “Pyramid Model” or by directly visiting The National Center for Pyramid Model Interventions website. Hunter and Hemmeter highlight these additional ways caregivers can support young children and prevent challenging behavior:

- **Use screening tools to identify developmental and behavioral concerns as early as possible.** This programmatic-wide practice is a helpful way to collect more objective information to support ongoing observational assessments.

- **Embed relationship-building practices into daily routines.** Diapering and mealtime are excellent opportunities for caregivers to engage in shared experiences with young children through nurturing touch and conversation. Routines should be structured enough so that there is some predictability for the children, but flexible enough to accommodate specific needs and encourage exploration.

- **Focus on self-regulation to help children learn to self-soothe, the meaning of emotions, and effective ways to communicate wants and needs.** Responding to children’s communication, labeling feelings, and providing guided opportunities for children to make decisions and cooperate with others are all strategies that support learning to control one’s emotions and actions.
When referring to positive behavior support (PBS) plans used for children needing intensive intervention, Hunter and Hemmeter say, “The most effective plans are those that are consistently implemented by all the caregivers in a child’s life,” and “Caregivers implementing individual behavior plans need and greatly benefit from opportunities to: reflect on their experience, share concerns and beliefs, gain support, and receive positive recognition for their efforts and accomplishments” (2009). While not formally tiers in the Pyramid Model, *Addressing Challenging Behavior in Infants and Toddlers* emphasizes the importance of family engagement and reflection—two practices rooted throughout the Virtual Lab School courses. Here the authors suggest additional practices to support and enhance relationships with children and families:

**Relationship-Building Practices**

- Ask parents about their child’s needs, interests, routines, and preferences.
- Talk frequently with the child’s parents about their caregiving practices at home (e.g., how do they feed the infant? How do they put her to sleep?).
- Communicate with children and families in their home language.
- Communicate daily with families about the child’s activities and experiences.
- Welcome families and encourage them to stay or visit anytime.
- Develop rituals with families and children at drop-off and pick-up.
- Encourage breast-feeding and offer private, comfortable spaces for breast-feeding.
- Conduct home visits.

**The Pyramid Model in Practice**

Now that you understand the basics of the Pyramid Model, think back to the scenario at the beginning of this activity. How might the Bright Star Child Care Center use the Pyramid Model to support Kendro, Janice, and Ms. Geda? Read the second part of this scenario here and reflect how you can support your staff by implementing the practices described in this summary.

*Ms. Jo, the program administrator at Bright Star Child Care Center, has an open door policy with staff and families and doesn’t hesitate to step in when help is needed in a classroom. She is always willing to listen to concerns or brainstorm possible solutions (Effective Workforce). After Ms. Geda expressed concern for Kendro, Ms. Jo began to intentionally come into the classroom around the time Janice and Kendro arrive. This allows Ms. Geda to be able to take a bit of extra time to welcome and speak with Janice and Kendro. Ms. Geda has discovered that Kendro loves to play peek-a-boo with his blanket, and doing this has become a part of their morning arrival routine (Nurturing Relationship). Often times, Kendro likes to then take the blanket and have some alone
time in the book nook. Ms. Geda has added a few stuffed animals and other soft items in this area (Supportive Environment), so Kendro can start his day off with an enjoyable activity.

Ms. Geda and her co-teachers have found that Kendro more easily transitions if they join him in his play about 5 minutes before it is time to go to the next activity (Targeted Social-Emotional Support). Ms. Geda will enter the area where Kendro is playing and narrate what he is doing, “That’s a big block tower!” or sometimes hand him toys or objects he is interested in. They have noticed Kendro loves to play with blocks and will playfully “fly” each one over to him when he wants more. Kendro occasionally will have a meltdown during a transition, but overall there is a decrease. Ms. Geda and Ms. Jo have been in communication with Janice about the strategies they are using and the changes they see. They mostly use a take-home journal where Ms. Geda writes about Kendro’s interests and responses to program activities and strategies, and Janice will use the journal to make comments or ask questions. Though both Ms. Geda and Ms. Jo agree the strategies have been effective in helping Kendro engage with others and transition, they have agreed to formally touch base at the end of the month to reflect on how things are going and determine if further support is needed.
Related Resources cited in original article by Amy Hunter and Mary Louise Hemmeter:

**Technical Assistance Center on Social Emotional Interventions (TACSEI)**
https://challengingbehavior.cbcs.usf.edu/
TACSEI is funded by the Office of Special Education Programs and focuses on addressing the social-emotional needs of infants, toddlers, and preschoolers with disabilities. The Web site has multiple resources including recommended practices, case studies, PowerPoint presentations, and tools for teachers.

**The Emotional Development of Young Children: Building an Emotion-Centered Curriculum (2nd ed.)**
M. Hyson (2004)
New York: Teachers College Press
This book includes an overview of social-emotional development and guidance in designing classrooms to promote children’s emotional development.

**An Activity-Based Approach to Developing Young Children’s Social Emotional Competence**
J. Squires, & D. Bricker (2007)
Baltimore: Brookes
This practical guidebook is a ready-to-use, linked system for identifying concerns and improving young children’s social-emotional health. This book walks readers through a five-step intervention process called Activity-Based Intervention: Social-Emotional.

**Endless Opportunities for Infant and Toddler Curriculum: A Relationship Based Approach**
S. Peterson & D. Wittmer (2009)
Upper Saddle River, NJ: Pearson Education
This is a practical “how-to” book designed to help infant–toddler care teachers plan a responsive and relationship-based curriculum. This book, which helps infant–toddler teachers make intentional decisions about the care they provide, was a primary source for the development of the infant–toddler CSEFEL modules.

**Strategies for Understanding and Managing Challenging Behavior in Young Children: What Is Developmentally Appropriate—and What Is a Concern?**
EHS/NRC Technical Assistance Paper 10, 2006
This useful Technical Assistance paper uses a realistic scenario to: offer insight into infant and toddler behavior, illustrate how temperament relates to challenging behavior, and describe how Early Head Start programs can support infants and toddlers who exhibit challenging behavior. Prepared for the Head Start Bureau, under contract # HHSP2320042900Y, by the Early Head Start National Resource Center @ ZERO TO THREE.

**Digging Deeper: Looking Beyond Behavior to Discover Meaning, A Unit of Three Lessons,**
These three on-line lessons offer user-friendly self-paced lessons on understanding the meaning of behavior as well as a process for determining how to respond to challenging behavior.

**Michigan Association of Infant Mental Health (MI-AIMH)**
www.mi-aimh.org/
The mission of MI-AIMH is to promote and support nurturing relationships for all infants. The Web site provides up-to-date information on infant mental health and lists training, resources, and products related to supporting infant mental health.

**Program for Infant/Toddler Caregivers**
www.pitc.org/
The Program for Infant/Toddler Caregivers Web site offers information on training, resources, and practices to meet their mission of ensuring America’s infants get a safe, healthy, emotionally secure, and intellectually rich start in life.
Sources cited in original article by Amy Hunter and Mary Louise Hemmeter:

References


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