

Creating a Network of People Who Work with Infants and Toddlers

Caring for the Little Ones

by Karen Miller



Crying

Many infant caregivers list dealing with children's crying as one of their greatest challenges. Listening to a baby cry is one of the most distressing things for adults. There is instinct at work here. We are programmed to try to stop the crying. Thus the species has survived! When it is not possible to stop a baby's crying, or when several of them are crying at once, our stress builds.

Young babies cry because of discomfort, usually hunger or gastric pain. There may be other discomfort, such as from urine irritation of a wet diaper or illness. So it is a physical calling out that something is wrong . . . please fix it.

When adults respond promptly, and with the appropriate comfort, to a young baby's cries, he learns "basic trust" — that someone is out there to comfort and care for him. While some people may hesitate to "spoil" babies by picking them up when they cry and otherwise comforting them, there has been research that shows that when young babies are comforted promptly they are

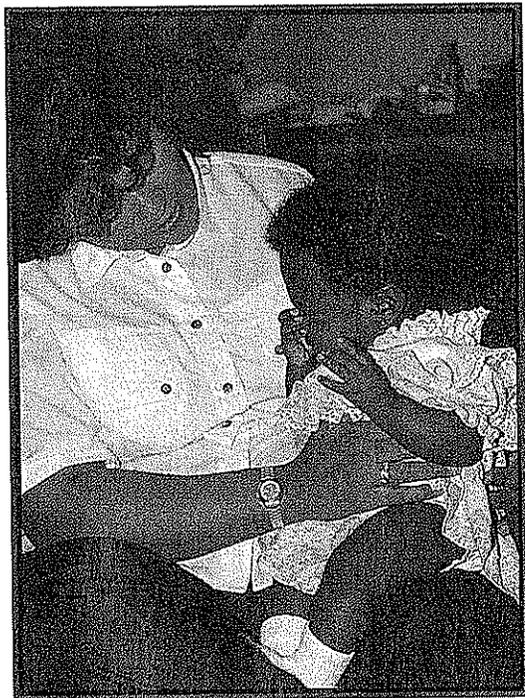
more patient and compliant later on and can put off immediate gratification a little longer.

Try to figure out why the baby is crying and respond appropriately. You will gradually learn to differentiate the different cries of each infant in your care.

Talk to the baby. Although it may seem silly, talking to the baby about her crying is in itself comforting. Go over to the baby and let her see your face. Say something like, "Oh, Sadie . . . I hear you are crying. Something is making you uncomfortable. I wonder what it is. Let's see . . . you were just fed, so I don't think you are hungry. No . . . your diaper is

not wet. Maybe you want to be in a different position. I will put you on your side and see if that helps."

Infants also seem to cry just to exercise their lungs, experiencing a fussy period at certain times of day . . . often right



Photograph by Subjects & Predicates

Karen Miller is the author of *Ages and Stages*, *Things to Do with Toddlers and Twos*, *More Things to Do with Toddlers and Twos*, *The Outside Play and Learning Book*, and her newest book, *The Crisis Manual for Early Childhood Teachers* (Gryphon House, 1996).

Send comments, questions, feedback, giggles, good ideas, as well as any photos you'd like to share with other readers to: Karen Miller, PO Box 97, Cowdrey, CO 80434-0097.

before dinner as soon as the stressed parent arrives at home and has a million things to do! Some babies are quite "regular" in their "fussy" times and you can predict them. Others are more difficult to predict. Some infants need to cry before they go to sleep. Some wake up with a cry. Talk to the parents to get insight into the different crying patterns of each particular baby. Also get clues from parents of how their child is best comforted.

As infants develop, they learn to use crying as a cause and effect tool. It's what they do to make the magic face appear. Toward the middle of the first year, it becomes a social "doorbell." It is certainly behind the cry of anger or frustration . . . "Someone get over here and help me get what I want!" In that sense, it is a cognitive development as well as a language development.

Remember that crying is a baby's first communication. It's important to acknowledge that babies have a *right* to cry. While we should respond to an infant's cries and try to figure out if we can alleviate the discomfort that is causing the cry, we must avoid the tendency to stop the crying at all costs. Renowned infant specialist Magna Gerber cautions that it should not be our primary goal to stop a baby from crying. By always stopping the crying, we communicate that it is not okay to have a full range of feelings. (But don't stand there like a zombie when you know and can relieve the cause.) Many people automatically "plug in" a baby when she cries, by feeding her or putting something like a pacifier in her mouth. (This may be the root cause of overeating to relieve emotional stress in adulthood.) Others lull the child into an altered state of consciousness by placing him in a wind-up swing, which can be quite habit forming for a child.

When older infants cry at separation, there is grief, fear, and anger all at once. As you comfort the child, acknowledge what she is feeling, don't discount it. Instead of automatically saying, "You'll be fine," and trying to distract the child, say, "Yes . . . it's hard to be away from Mommy. I'm here to take good care of you and be with you until she comes back." (Even if the child doesn't exactly understand your words, the comforting message will be communicated.) Let the child cling to you, and sit quietly holding the child until she climbs out of your lap on her own, ready to take in what the day has to offer her. Other children learn from this as well, and you may even see an empathetic response from another child who may bring over a blanket or otherwise try to comfort the child. They learn this by example.

Remember the empathetic response. Even when several children are crying at once and you are busy and cannot attend to them, you can acknowledge their distress and begin to comfort them with your voice. You can even apologize! "Yes, Michael . . . I hear you. You are hungry. I'm sorry I cannot help you right this second but as soon as I finish with Katie I will come over and help you."

Do remember that infants do not cry to bother adults. When you are appropriately responsive to the different reasons for crying, either by picking the baby up, feeding the baby, changing a diaper, moving the baby, putting the baby to bed, or otherwise comforting the child, you teach the child that she *matters*. Infants learn that they can communicate and somebody out there cares...a very basic emotional message.

Child Care Information Exchange 7196 — 34

Do you find this article to be a helpful resource? Visit www.childcareexchange.com or call (800) 221-2864 for further information about this article and many other exceptional educator and trainer resources.

Caring for the Little Ones

by Karen Miller



Photograph by Ludwig Studio

End of the Day Doldrums

A common problem is that time in the late afternoon just before the parents start to arrive, when all the children seem to break down and cry, or at least get cranky. Here are some ideas gathered from experienced teachers to make this time easier on everyone.

A late afternoon juice snack

Some of the crankiness exhibited in the late afternoon may be caused by an energy ebb and dehydration. When children are dehydrated or hungry, they automatically think of Mommy, the traditional *fountain* of relief. Giving them a carbohydrate rich snack of fruit juice and perhaps a graham cracker an hour or two after your regular afternoon snack can do wonders to improve everyone's mood, including the caregivers'!

Here are some other things to try:

- ▶ Activities that focus on the sense of touch are often soothing to children feeling stress. Play dough, sand, and water play are good choices. If you prefer something *cleaner* because you have bussed up the room, you might put two colors of thick tempera paint in zip lock bags and let children push the paint around to make new colors. Or squirt some shaving cream and food coloring into a zip close bag and let children squeeze it.
- ▶ Make the environment different. Bring out something new. Add something, take something away. It allows children to refocus. If you had the cornmeal table out in the morning, cover that up and maybe bring out a laundry basket full of stocking balls — or some other thing that's okay to throw.
- ▶ Older toddlers and two year olds enjoy parachute activities. If you don't have a parachute, you could use a large bed sheet. Let them hold the edge and make the colorful canopy go up and down. It creates a soft breeze and a soft sound. It also causes them to breathe deeply as their arms go up and down. Even very little ones can enjoy sitting under a colorful parachute as others make it go up and down.

"Dump the Doldrums" Box

Create a special box to use for those end of day doldrums. (You could also use this for bad weather days and bring it out only when you would normally be outside.) Put special materials inside that are worth looking forward to. Vary what you have in the box from week to week.

Possibilities:

- Special manipulatives.
- Unusual art materials like crayons with sparkles in them.
- Stickers.
- Special books not left out on the bookshelf.
- Scarves to dance with.
- Younger toddlers love containers of different shapes and sizes with lids and some handles, or a covered shoe box with some treasures inside like colored clothespins, paper to tear, or material to feel. Look for plastic containers with screw lids.
- Kitchen utensils and plastic bowls are fun to add.
- Flashlights!

Have You Tried This?

Glue suction cup type soap holders to the bottom of sandals or old shoes. Let kids walk around on them. It makes a great sound on hard flooring.

Melinda Leftwich
Curriculum Specialist
Cookeville, Tennessee

- Try some large group gross motor activities like jumping up and down to music, or tearing a large piece of butcher paper into tiny pieces.
- Lining up chairs to make a train seems to be a popular late afternoon activity. Invite dolls and stuffed animals along on an imaginary ride, complete with sound effects.
- Drape some blankets and large sheets over tables to create caves to crawl into — another change in their environment.
- Bring out a scrapbook with pictures of the children's families on each page. The children can help you name family members. Rather than make them miss their parent even more, this tends to reassure children.
- Try lengthening the time you spend outside in the afternoon. When children have had a chance to run and fill their lungs with fresh air, it elevates their mood.
- Encourage parents to be as consistent as possible about the time when they pick up their children. If the parent is erratic about when she picks up the child, the child may be edgy all afternoon.
- One seasoned caregiver says, "Sometimes I just sit down on the floor and cry with them. I say, 'Let's

all cry together.' We might all go over to the pillow area and put our arms around each other and just 'boo-hoo.' That releases tension and sometimes actually turns to laughter. I am careful not to do this in a teasing way but rather in a way that shows understanding and empathy for them."

Karen Miller is the author of *Ages and Stages*, *Things to Do with Toddlers and Twos*, *More Things to Do with Toddlers and Twos*, *The Outside Play and Learning Book*, and her newest book, *The Crisis Manual for Early Childhood Teachers* (Gryphon House, 1996).

Send comments, questions, feedback, giggles, good ideas, as well as any photos you'd like to share with other readers to: Karen Miller, PO Box 97, Cowdrey, CO 80434-0097.

Understanding Tears and Tantrums

Aletha Solter

Crying can be a problem area for teachers of young children. On one hand, much of the advice given to them is based on the assumption that crying and tantrums are behaviors that should be discouraged. Some people assume that these are indications of a spoiled child who is used to getting her way, while others think of them more as immature behaviors that children must learn to control. It is generally believed that as soon as children are old enough to talk, the job of parents and teachers is to help them express their wants and feelings using words rather than tears.

A pattern of excessive crying is usually considered a sign of stress (Honig, 1986; Greenberg, 1991), and early childhood educators are trained to recognize such symptoms. However, crying is often considered an unnecessary by-product of stress, and many people are under the impression that children would feel better if they would stop crying. This belief may lead to efforts to distract children from their crying.

On the other hand, there is an increasing tendency in human growth movements and therapies to regard crying as a beneficial

*Aletha Solter, Ph.D., is a developmental psychologist living in Goleta, California, who studied with Piaget. She conducts workshops for parents and professionals and is the author of *The Aware Baby* and *Helping Young Children Flourish*, two books that deal with crying and feelings.*



Robert Maust

People of all ages cry because they need to, and not because they are spoiled or immature.

expression of feelings that has therapeutic value. Many therapists encourage children to cry, especially in situations involving loss. Therapists assume that crying is an important and necessary part of the grieving and recovery process (Jewett, 1982; Weizman & Kamm, 1985).

Parents and educators tend to accept some crying in children for specific, justifiable reasons, but consider loud, unprovoked outbursts immature and to be discouraged. While it is generally

agreed that extensive, frequent crying should be investigated as a symptom of something serious going on in the child's life, there is conflicting advice on how to deal with crying.

This article proposes a more accepting attitude toward *all* crying in young children than is often the case. Considerable evidence, accumulated from several different sources, indicates that crying is an important and beneficial physiological process that helps children cope with stress.

What does research tell us about crying?

Dr. William Frey, a biochemist at the St. Paul-Ramsey Medical Center in Minnesota, has researched the chemical content of human tears and has found that tears shed for emotional reasons are chemically different from tears shed because of an irritant, such as a cut onion. This means that something unique happens when we cry. Dr. Frey has suggested that the purpose of emotional crying is to remove waste products from the body. Chemical toxins build up during stress and are then released in tears. Frey's conclusion is that "we may increase our susceptibility to a variety of physical and psychological problems when we suppress our tears" (Frey & Langseth, 1985).

Crying not only removes toxins from the body but also reduces tension. Studies on adults in psychotherapy have found lower blood pressure, pulse rate, and body temperature in patients immediately following therapy sessions during which they cried and raged (Karle, Corriere, & Hart, 1973; Woldenberg et al., 1976). Similar changes were not observed in a control group of people who exercised for an equivalent period of time.

Other studies have shown that therapy involving high levels of crying leads to significant psychological improvement. Those patients who did not express their feelings in this manner during therapy tended not to improve, while those patients who did fre-

quently cry in therapy experienced changes for the better (Pierce, Nichols, & DuBrin, 1983).

Researchers have also looked at the relationship between crying and physical health. Studies have found that healthy people cry more and have a more positive attitude about crying than do people who suffer from ulcers or colitis (Crepeau, 1980).

A rare hereditary disease, the Riley-Day Syndrome, makes children unable to shed tears. These children typically sweat profusely and salivate to the point of drooling. Some are prone to vomiting (Riley, Day, Greeley, & Langford, 1949). It is as if their bodies have to compensate for the lack of tears by excreting toxins in other ways.

Work with autistic children provides additional evidence that crying is beneficial. Several therapists have noted profound and rapid improvements with autistic children after they were allowed and encouraged to cry and rage during therapy sessions (Waal, 1955; Zaslów & Breger, 1969).

There even appears to be a relationship between crying and learning ability. Educators have discovered that children become more enthusiastic and successful learners when the need for emotional release is recognized and accepted (Weissglass & Weissglass, 1987).

These different areas of research all indicate that crying is a healing mechanism that allows people to cope with stress. Crying can be considered a natural repair kit with which every person is born. People of all ages cry because they need to, not because they are spoiled or immature.

Why do young children need to cry?

There are many sources of stress in young children's lives, all of which create a need for crying. Physical, sexual, and verbal abuse, as well as neglect, are huge sources of stress in many children's lives. Illnesses, injuries, and hospitalization are cause for pain, confusion, and anxiety. Parental substance abuse causes great stress on children. Quarreling, separation, or divorce of a child's parents can be confusing and terrifying, as can the presence of a parent's new partner or a stepparent. Children's growing awareness of violence, death, and war can be sources of fear and confusion. Stress can result from a move to a new home or the birth of a sibling. Finally, some types of neurological damage predispose children to rapid rage.

Added to these major life stresses are the daily separations, accidents, frustrations, disappointments, and anxieties. In a single morning at nursery school, a child may have a toy grabbed from him by another child, fall from a swing, be served a snack that he dislikes, spill paint on his new shoes, and have to wait for a late parent after all the other children have left.

Children cry spontaneously after having experienced a hurt, whether it is physical or emotional. The more stress there is in a child's life, the greater will be the need to cry.

The "broken cookie" phenomenon

Crying is like going to the toilet. The need to cry gradually builds up until the urge for release is felt. At that point almost anything will trigger tears. Because of this, there are times when the reason for the child's crying is not immediately evident, and the outburst appears to be unjustified by the current

Tears shed for emotional reasons are chemically different from tears shed because of an irritant, such as a cut onion. Possibly, emotional tears remove toxins from the body.

situation (Solter, 1989). For example, a little girl's cookie breaks at snack time and she throws herself into a crying fit. Moments like these can be extremely exasperating for adults, but is the child really spoiled and manipulative, as some adults would claim? There is another way of looking at the situation. When a child acts in this manner, she may be using the pretext of the broken cookie to release pent-up feelings of grief or anger resulting from an accumulation of stress and anxiety. Children do not cry indefinitely. They stop of their own accord when they are finished. After crying, there is usually a feel-

tempted to heal our childhood hurts by crying (Solter, 1984, 1989). Some of us were stopped kindly: "There, there, don't cry"—while others were stopped less kindly—"If you don't stop crying, I'll give you something to cry about!" Many people were praised for not crying. However it may have been communicated, most of us received the message that crying was unacceptable. Because of this early conditioning, many adults have learned to suppress their tears. This makes it hard for them to empathize with a crying child and results in a strong urge to stop children from crying, just as their parents did with them.

heard expression. The consequence of this is that some men have not shed a tear in years. This suppression of crying in men has been proposed to explain why men are more prone than women to stress-related illnesses and die at an earlier age (Frey & Langseth, 1985).

Another reason that makes listening to children cry painful is that adults want children to be happy. Teachers feel more confident when the young children they tend are calm and content. While this is an understandable attitude, it is important to remember that when children cry, the hurt has usually already happened. Crying is not the hurt, but the process of becoming unhurt. A child who cries does not imply that the teacher is incompetent.

Crying seems to be a healing mechanism, a natural repair kit that every person has. It allows people to cope with stress.

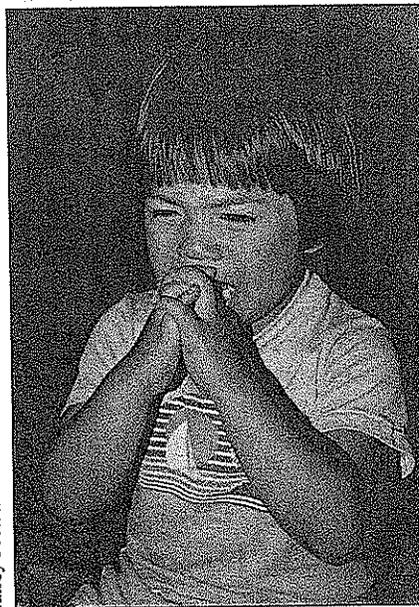
ing of relief and well-being. The incident that triggered the crying is no longer an issue, and children become happy and cooperative.

Children need to be taught that loud crying is unacceptable at certain times and in certain places, just as they must learn toilet etiquette. However, all children, no matter what age, need at least one adult in their lives who can provide a safe time and place to listen to their expression of grief and anger. If this kind of acceptance is provided in the home, it will be easier for children to refrain from crying in school or in public situations.

Why is it so hard to accept children's tears?

It is difficult to allow children the freedom of tears because most of us were stopped from crying when we were young. Our well-meaning but misinformed parents may have distracted, scolded, punished, or ignored us when we at-

In our culture, crying is even less acceptable for boys than for girls. Parents tend to be less tolerant of crying in boys because of a fear that their sons will be unmasculine. "Big boys don't cry" is a commonly



Nancy P. Alexander

A child may cry over what seems trivial, releasing a flood of pent-up stressful feelings. The release is healing.

How can teachers respond helpfully to children's tears?

If a child cries when her mother leaves, a helpful response is to show loving sympathy and say, "You really miss your mother, don't you?" Although this may temporarily make the crying louder, it will help the child feel understood and will give her the necessary permission to express her feeling of loss. A child who has been allowed to cry as long as needed will feel happier and more secure at school, in the long run, than a child who has been repeatedly distracted from her feelings.

When a child is physically hurt, it is important to acknowledge the pain ("I bet that scraped knee really hurts") rather than deny it or distract the child's attention away from it. Teachers can also recognize emotions such as fear or anger that often accompany an accident: "Was it scary falling off the swing?"

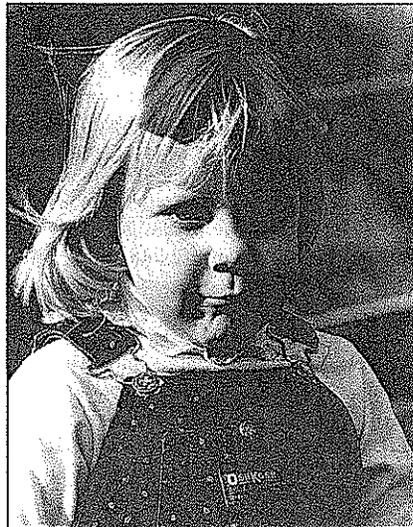
Some children like the reassurance of being held and cuddled while crying. Physical contact can help children feel safe enough to have a full-blown cry, and they

Very frequent crying indicates high levels of stress. Look for the causes rather than the symptoms of stress.

may then calm down more quickly. (The crying may be more intense, but may not last as long.) Caregivers can take cues from the child and provide holding, if desired. Children who tend to reject closeness while crying may be afraid of adult anger or punishment. Such children will benefit from adult acceptance, even at a distance, which provides reassurance that it is all right to cry.

Even when crying or raging seems to be out of proportion to the incident that triggered it, the child benefits when he is allowed to express himself. Perhaps the spilled juice is a pretext for him to release an entire morning of accumulated frustrations or feelings resulting from a stressful home situation. The most helpful response is to allow the crying to occur, even though this may require a tremendous amount of patience. If the crying is disruptive to the other children's activities, the child can be taken to another room, ideally with an adult who will stay there with her to offer loving support. This may not always be possible, but whatever the course of action taken, it is important that children never feel they are being punished for crying.

Caregivers may try having a follow-up dialogue with children after their crying is finished, possibly exploring the source of the outburst and making use of the opportunity to mention feeling words, such as "frustrated," "disappointed," or "impatient." It is useful and reassuring for children to know the words to describe the intense feelings they experience. Teachers can also help provide children with a "dignified" transition back to social activity, while ensuring that they are not teased for crying.



© Cleo Freelance Photo

Accepting children's pain and sorrow helps them work through it.

If raging is accompanied by violence toward others, the hurtful behavior must be stopped. Children can be told that they must not hit another person, but they may hit a pillow. At times, gentle but firm restraint may be necessary if verbal instructions to stop hitting are not effective. The goal is to stop the violence and encourage the expression of feelings. Children who are acting out in ways that are hurtful to others are often close to tears but do not feel safe enough to cry. Firm but loving interruption of violent behavior can allow the child to begin crying, which is precisely what he needed to do in the first place (Heron, 1977). A child who has been allowed to cry loudly and freely will be less prone to violent or destructive behavior.

Teachers can take preventive measures by attempting to reduce possible frustrations and anxiety in the classroom situation. It is a well-known fact that a tired or hungry child has a lower tolerance

level for frustration, and that some children are easily upset by surprises or changes in routine. A safe and predictable environment with gentle transitions can be reassuring to children who become easily overwhelmed.

Repeated and excessive crying, day after day, that cannot be attributed to a stressful classroom environment should be taken as a signal that something is wrong. The child may be living with an alcoholic parent or experiencing physical or sexual abuse. It is the responsibility of caregivers not only to accept and respond to children's tears but also to check into underlying causes of crying when severe stress is suspected.

To conclude, crying is an indication of pain and stress—not to be confused with the pain itself. It is more appropriate to think of tears and tantrums as built-in healing mechanisms that help children overcome stress. Therefore, children need an environment that permits them to cry without being distracted, ridiculed, or punished. In this manner they can help free themselves from the effects of frustrating, frightening, or confusing experiences.

For further reading

- Clewett, A.S. (1988). Guidance and discipline: Teaching young children appropriate behavior. *Young Children*, 43(4), 26-31.
- Gartrell, D. (1987). Punishment or guidance? *Young Children*, 42(3), 55-61.
- Greenberg, P. (1988). Ideas that work with young children. Discipline: Are tantrums normal? *Young Children*, 43(6), 35-40.

References

- Crepeau, M.T. (1980). *A comparison of the behavior patterns and meanings of weeping among adult men and women across three health conditions*. Unpublished doctoral dissertation, University of Pittsburgh.
- Frey, W.H., II, & Langseth, M. (1985). *Crying: The mystery of tears*. Minneapolis: Winston Press (Distributed by Harper & Row).
- Greenberg, P. (1991). *Character development: Encouraging self-esteem & self-discipline in infants, toddlers, & two-year-olds*. Washington, DC: NAEYC.
- Heron, J. (1977). *Catharsis in human development* (Human Potential Research Project). Guildford, Surrey, United Kingdom: University of Surrey, Department of Adult Education.
- Honig, A.S. (1986). Stress and coping in children. In J.B. McCracken (Ed.), *Reducing stress in young children's lives* (pp. 142-167). Washington, DC: NAEYC.
- Jewett, C. (1982). *Helping children cope with separation and loss*. Boston: The Harvard Common Press.
- Karle, W., Corriere, R., & Hart, J. (1973). Psychophysiological changes in abreaction therapy. Study I: Primal therapy. *Psychotherapy: Theory, Research and Practice*, 10, 117-122.
- Pierce, R.A., Nichols, M.P., & DuBrin, J.R. (1983). *Emotional expression in psychotherapy*. New York: Gardner Press.
- Riley, C.M., Day, R.L., Greeley, D.M., & Langford, W.S. (1949). Central autonomic dysfunction with defective lacrimation. I. Report of five cases. *Pediatrics*, 3, 468-478.
- Solter, A. (1984). *The aware baby: A new approach to parenting*. Goleta, CA: Shining Star Press.
- Solter, A. (1989). *Helping young children flourish*. Goleta, CA: Shining Star Press.
- Waal, N. (1955). A special technique of psychotherapy with an autistic child. In F. Caplan (Ed.), *Emotional problems of early childhood* (pp. 431-449). New York: Basic Books.
- Weissglass, J., & Weissglass, T. (1987). *Learning, feelings and educational change. Part I: Overcoming learning distress*. Santa Barbara, CA: Kimberly Press.
- Weizman, S.G., & Kamm, P. (1985). *About mourning: Support and guidance for the bereaved*. New York: Human Sciences Press.
- Woldenberg, L., Karle, W., Gold, S., Corriere, R., Hart, J., & Hopper, M. (1976). Psychophysiological changes in feeling therapy. *Psychological Reports*, 39, 1059-1062.
- Zaslow, R.W., & Breger, L. (1969). A theory and treatment of autism. In L. Breger (Ed.), *Clinical-cognitive psychology: Models and integrations*. New York: Prentice-Hall.

Copyright © 1992 by Aletha Solter, Ph.D., The Aware Parenting Institute, P.O. Box 206, Goleta, CA 93116. Contact author for reprint information. [Volume 47, Number 4]

Copyright © 1992 by Aletha Solter, Ph.D. Originally published in *Young Children*, Volume 47, Number 4. Contact author for reprint permission (solter@awareparenting.com).

Aletha Solter, Ph.D. is a developmental psychologist and the author of four books: ***The Aware Baby, Helping Young Children Flourish, Tears and Tantrums***, and ***Raising Drug-Free Kids***. She is also the founder and director of the Aware Parenting Institute (www.awareparenting.com).



GUIDANCE MATTERS

Dan Gartrell

Comprehensive Guidance

I MET JOE AND HIS MOTHER, Becky, at a Getting to Know You conference before school started. Joe seemed to be a curious, typical 2½-year-old. His mother was young and a full-time college student. I could tell immediately that Becky truly loved her son, and she appeared to be a good caregiver.

Two weeks into the program, Joe began to have trouble getting along with other children. His anxiety level, beginning at drop-off time, seemed to be high. When his personal space was “invaded,” often during group activities, Joe responded by pulling children’s hair, kicking, or yelling Shut up! When teachers intervened, Joe cried and kicked them. After a few weeks of attempting to guide Joe to use kind words and gentle touches, the director, other staff members, and I decided we needed to pursue a more comprehensive approach.

I began holding short weekly conferences with Becky to get to know her better and to offer her encouragement in her parenting. One day, shortly after our meeting I happened to look out the window and notice Becky sitting on the steps, crying. I took my break early and went out to talk with her. Becky shared her frustration over Joe’s behavior: “Why does he act this way? I am tired and don’t understand. He is so naughty!”

I responded, “Joe is a very sweet and special boy, and his behavior is the way he responds to stress. He feels threatened by many things right now, and he reacts in the only way he knows. It is mistaken behavior, and it is our job to guide him. It isn’t an easy job.” I reached over and gave her a hug.

My friendship with Becky continued to grow and so did her trust in me. Together with other staff members and the director, we developed an individual guidance plan for Joe. At one conference, Becky suggested that we implement a reward system. We tried a sticker chart that recorded and rewarded hourly progress.

Becky and I decided that we would call her any time three serious conflicts occurred in a day. When Joe and I called, I first explained the situation to Becky and then had Joe talk with her. Becky was firm but loving. Joe loved talking with his mother, and we would generally see a more relaxed Joe after these phone calls. (I kept tabs to make sure the calls didn’t become a “habit.”)

Joe’s conflicts with other children continued, and he needed someone nearby at all times to direct him to more appropriate behavior. I would calm Joe by holding and rocking him. Sometimes I sang. After Joe was calm, I used guidance talks, and he talked to me about what happened. These interactions encouraged bonding and a feeling of trust between us.

I also used humor. I gave Joe options of words to use when he was upset. Yelling “Pickle!” became a favorite. I also gave Joe a cushy ball to hold during stressful situations such as circle time and made sure that a student teacher or I sat next to him. We rubbed Joe’s back or arm or held him on our laps. The ball kept his hands busy and the touch calmed him.

Dan Gartrell, EdD, is director of the Child Development Training Program and professor of early childhood and elementary education at Bemidji State University in northern Minnesota. A former Head Start teacher, Dan is the author of *The Power of Guidance*, *A Guidance Approach for the Encouraging Classroom*, and *What the Kids Said Today*.

Please send your guidance anecdotes and other comments to dgartrell@bemidjistate.edu.

Thanks to teacher Robin Bakken, director Dacia Dauner, and the staff of Campus Childcare at Bemidji State University for their case study illustrating comprehensive guidance. Thanks also to Joe and Becky, whose names were changed.

 **1, 3, 7**

Drop-off time was difficult for Joe and set the mood for the day. With the director's assistance, I arranged to meet him in the office or lounge to spend one-on-one time with him, playing a game or reading. The other staff noticed the difference in Joe—and the entire group—on the days I helped ease him into the class.

Eventually Becky agreed with the staff that an outside mental health assessment was needed for Joe's behavior. Dealing with people outside our center made Becky uncomfortable; to ease her stress, I stayed involved during the assessment process. I worked with the director and others to find resources for Becky; these included a family play therapy program and the school district's Early Childhood Family Education classes for young parents. To keep up communication, the teaching staff who worked the later shift talked daily with Becky, and I left Happy Grams. Throughout this whole time, the director was a great support to me—and to Becky too.

One day, four months into working with Joe, he was building with Legos when a classmate sat down next to him and took a Lego off Joe's tower. Joe's previous response would have been to pull the child's hair. This time, however, he shouted, "NO, thank you!" We were so proud of Joe for using his words.

Our guidance plan was finally showing success. Joe learned to say what he needed and what he didn't like. Baby steps were all we needed. Joe grew and so did we.

THE EXPERIENCED PROFESSIONAL in this case study teaches young preschoolers at a university lab center located, like some university child care centers, in converted dormitory space. Her success with Joe and Becky was due to her belief in them and hard work to provide the leadership that supports comprehensive guidance.

From this column and many other sources, teachers can learn ways to address children's conflicts that build social-emotional skills—through teaching rather than punishment. Teachers use comprehensive guidance when the individual techniques that usually resolve problems don't work by themselves and a child's conflicts continue.

Comprehensive guidance begins with a plan for use with a particular child and family, sometimes (but not always) called an individual guidance plan (IGP) (Gartrell 2007). The plan includes a mix of strategies that build relationships (teacher-child and teacher-family), reduce the need for conflicts, guide children to resolve their conflicts, and teach children to get along in groups. (See "To Increase Your Knowledge," p. 4) Comprehensive guidance relies on the teacher working with other staff and the family as closely as possible, so that the child receives a unified message from the important adults in his or her life. As suggested in the case study, the program administrator must give support for comprehensive guidance to happen.

Relationship with the family

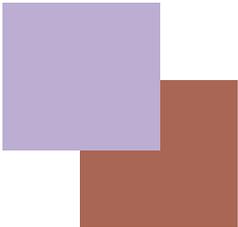
Teachers often find relationships with families the most challenging part of comprehensive guidance. Robin began building a relationship with Becky even before Joe started his first day. Knowing a custodial adult *before* conflicts (or accidents) happen is important. Notice also that Robin didn't just meet with Becky to deal with Joe's problems. Sometimes teachers see families only as a "cause" of the child's conflicts and a likely obstacle to improving the situation (Manning & Schindler 1997). The relationship with a child's family members should have a life of its own. The teacher takes an interest in the family because they are members of the classroom community.

Individual guidance plans

Individual guidance plans often are the outcome of a formal meeting of all staff who work with the child, family members, and even (with the family's permission) outside professionals. The plans can be written out on forms and periodically reviewed and revised or can be arrived at more informally, through a series of phone calls and on-the-run discussions. In either case, family and teachers must be on the same page. (See "A Step You Can Take," p. 4, for information on using an IGP.)

Robin got Becky actively involved in writing and using the plan and even facilitated an outside assessment for Joe. The teacher kept the cooperation going, taking suggestions and giving them in a friendly way. Robin also worked out a series of techniques that she consistently used with Joe—and encouraged other staff to use. The approach

- recognized Joe's need not just for attention but for a positive attachment with a teacher who cared about him.
- engaged Robin in contact talks (quality time) with Joe outside of conflict situations to build Joe's sense of worth and belonging. Key here were Robin's "good morning" contacts when Joe first arrived.
- used crisis management techniques, especially touch, that calmed Joe and helped maintain his relationship with the teachers (Carlson 2006).
- taught Joe coping skills to handle strong feelings through guidance talks.
- was "unrelentingly positive" (to borrow a term I once heard Marian Marion use), giving ongoing acknowledgment of Joe's and Becky's efforts, progress, and worth as individuals.



Comprehensive guidance takes teamwork among staff, family members, and sometimes outside professionals. Comprehensive guidance means trying, evaluating, and modifying a mix of guidance techniques that convey to the child this message: "You are special because you are you and are in this class. You can learn to get along with others and have a good time." All staff, beginning with the director, need to work together in this complex effort. Administrative support is essential.

Only after comprehensive guidance has been used to the fullest ability of staff without success should anyone raise the possibility of removing a child from the program. In such a case, the staff should work hard to help the family find a good alternative placement that will address the child's needs.

Comprehensive guidance can and often does succeed. Joe remained in Robin's classroom for the whole program year. He and his mom moved to another community the following summer. Were their lives touched for the better? What do you think?

References

- Carlson, F.M. 2006. *Essential touch: Meeting the needs of young children*. Washington, DC: NAEYC.
- Gartrell, D.J. 2007. *A guidance approach for the encouraging classroom*. 4th ed. Clifton Park, NY: Delmar/Cengage.
- Manning, D., & P. Schindler. 1997. Communicating with parents when their children have difficulties. *Young Children* 52 (5): 27–33.



To increase your knowledge

Teachers are rarely taught how to discuss troubling information with parents about their children. These articles offer some useful ideas.

Kaufman, H. 2001. Skills for working with all families. *Young Children* 56 (4): 81–83.

Kaufman offers strategies for building working relations with families with low incomes and those that speak a home language other than English, a key element in the guidance approach.

Gartrell, D. 2004 *The Power of Guidance*. Clifton Park, NY: Delmar Learning/Cengage; Washington, DC: NAEYC.

Chapter 10 discusses comprehensive guidance and includes a case study illustrating the use of an IGP.

A step you can take

Develop and use an individual guidance plan with a child who is having continued conflicts over time. Go to <http://danielgartrell1.efoliomn2.com>. Here you can access information on comprehensive guidance and individual guidance plans, including *Seven Steps of Comprehensive Guidance and Notes for Conducting IGP Meetings*. You can also get an Individual Guidance Plan Worksheet by clicking on Download Versions.

Copyright © 2008 by the National Association for the Education of Young Children. See Permissions and Reprints online at www.journal.naeyc.org/about/permissions.asp.

