ZERO TO THREE®

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Journal of ZERO TO THREE: National Center for Infants, Toddlers, and Families

Developing a Competent Workforce

Individualized, Effective Supports in Early Care and Education

Competency in Infant Mental Health Home Visiting

Quality Improvement Initiatives in Infant–Toddler Care

Building Skills Through Training, Consultation, and Mentoring

Also in This Issue:
10 Policy Recommendations for a Strong Workforce

THIS ISSUE AND WHY IT MATTERS

The path to our nation's future prosperity and security begins with the well-being of all our children... (Center for the Developing Child at Harvard University, 2007, pg. 1)

At a time when America is experiencing continued economic turmoil and uncertainty, the above quote is a sobering reminder of what is at stake when resources are scarce and families are struggling. Even during the best of times, expectant parents and children in their earliest years of life are experiencing a unique period of development that requires specialized knowledge, skills, and support. Economic hardship and the increased vulnerability it brings only multiply the need for a highly competent workforce to address the burgeoning and complex needs of children and families.

Research has shown that high-quality early childhood programs and services can have a positive, lasting effect on child development, health, and school success (Isaacs & Roessel, 2008). Unfortunately, most of the research is limited to preschoolers in educational settings. There are very few studies that have addressed the professional development of infant–toddler service providers and the impact on quality across service settings and roles (Gephard, Ochshorn, & Jones, 2010). The existing research links program quality with providers who are well-trained, adequately compensated, and knowledgeable about the unique developmental needs of young children. Research also indicates that reducing program costs by using less skilled staff is a waste of money if the programs don't have the staff expertise to be effective (Center for the Developing Child at Harvard University, 2007).

Developing a highly competent workforce for the infant–family field has been a hallmark of ZERO TO THREE's mission to promote the health and development of infants and toddlers. It's important to recognize that those who work with infants, toddlers, and their families span a variety of program and service settings, professional disciplines, and roles. Our unique multidisciplinary approach to understanding child development is reflected in the articles in this issue of *Zero to Three* which explore a variety of approaches, perspectives, and challenges to building a competent early childhood workforce. For more information about ZTT's training opportunities, funded initiatives, and to access practical tools and resources to support professional development, visit www.zerotothree.org.

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Contents

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Developing a Competent Workforce

Also in This Issue:

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Individualized and Effective Professional Development Supports in Early Care and Education Settings

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The opportunities to which young children are exposed in child care, pre-K and Head Start programs, and a host of other settings (including their homes), are viewed by many as a point of leverage for addressing low levels of, and gaps in, K-12 achievement, and even social and economic outcomes that concern the country at large. The public is exposed routinely, and through many different channels, to the argument that early childhood education is an asset for our nation's children and our future. Despite the attention, regulation, and rhetoric, it is abundantly clear that the early childhood system is more of a promissory note than a bulwark for the future. And perhaps most important to realizing the promise of early education in the United States is to meet the needs of caregivers and teachers for support that enhances their actual effectiveness in the setting(s) in which they practice. Understanding these needs shifts the debate from "should a preschool teacher have a BA or not" to constructing and delivering at scale a set of proven-effective professional development supports that lead to improved outcomes for adults and children. With three quarters of children from birth to 5 years old spending more than 20 hours per week in an early education or care setting, it seems reasonable to focus on strengthening the skills of the many adults who interact with them on a daily basis.

Arguing about degrees, certification requirements, or even cutoffs on a quality distribution can be distractions from the central issue of designing, testing, and implementing at-scale, the kind of supports that teachers and care providers need to be both knowledgeable and effective in fostering child development, regardless of their level of formal education. Of course, to the extent that formal education remains a workforce aim and is incentivized by policy and resources, it would be sensible to use the vehicles of degrees and formal education credits (and associated funds) to incent or reward teachers' participation in effective professional development. But if early education programs are going to achieve high quality at scale (Pew Charitable Trusts, 2005), then new mechanisms of supporting teachers' effectiveness must be developed and tested both in preservice and in alternate certification and retraining routes used by large school districts or alternative suppliers (Clifford & Maxwell, 2002; Whitebook, Bellm, Lee, & Sakai, 2005). The good news is that there are several promising, effective, and potentially scalable models; the challenges are that they require the providers of professional development to re-conceive the nature of and delivery systems for them to be effective.

In this article I will address three broad points relevant to increasing teachers' competence and their impacts on children's development. First, I describe features of the

Abstract

For early care and education programs to achieve high quality, caregivers and teachers need professional development supports that enhance their actual effectiveness in the settings in which they practice. In this article, the author discusses three areas relevant to increasing the competence of early care and education providers: (a) challenging features of the early education and care workforce, (b) the evidence for a specific focus on teachers' interactions with children in quality assessment and professional development, and (c) a summary of promising results from recent studies of professional development

early education and care workforce to provide perspective on the challenges. I then present evidence for a specific focus on teachers' interactions with children in quality assessment and professional development, and wrap up with a summary of promising results from recent studies of professional development.

The Early Care and Education Workforce

States determine the varied workforce regulations that apply to different types of teaching staff and forms of care; that is, they have different qualifications for different roles. Sound confusing? Well, as one example, in 2006, 78% of the states had preservice higher education requirements for directors of child care centers, whereas only 25% had higher education requirements for child care teachers or for providers in large family child-care homes. And even when states require some level of preservice higher education for entry into a professional role as a teacher, there are quite varied requirements for licensure or certification in early childhood. For example, in some states child development associate certificates are the preservice requirement for directors and master teachers in early childhood education programs, whereas experience alone or experience plus a high-school diploma is the most common minimum preservice requirement for child care teachers, and qualifications are often even lower for licensure as a child care provider. Even across state-funded pre-K programs there are large differences in teacher qualifications, ranging from a child development associate certificate to an associate's degree to a bachelor's degree (Bryant et al., 2004).

In the less regulated environment of family- or center-based child care, credentialing is more varied and requirements even lower. The 2007 child care licensing study (National Association for Regulatory Administration, 2009) was one of the more recent and comprehensive studies of the child care workforce. The study found that in the vast majority of states (42), directors of child care centers are required only to have some occupational–vocational training, some higher education credit hours in early childhood education, or a child development associate credential. Similarly, for individuals considered as teachers in licensed child-care centers, 40 states required some combination of a high-school degree and experience, and 13 states had no requisite educational qualifications.

Clearly, there is not a nationwide set of minimal qualifications for adults serving as teachers of young children, whether this teaching takes places in child care, Head Start, or public pre-K. Moreover, there is too little agreement on the performance standards and metrics for those standards, and the preparation and supports that should align with performance standards are woefully out of synchrony. Child care providers and teachers play an essential role in fostering high-quality learning opportunities for young children, but children passing through early education and care settings in the birth to 5 year period can expect a stunning level of variation from year to year and setting to setting in even the most basic qualifications of those providers. Despite the wide variation, the adults are expected to unlock the promise of those settings to foster healthy development, and even to close achievement gaps at the start of school. And most important, given the exceptional variation in this non-standardized system of certification and licensure, to rely on it as a mechanism to drive professional development, skill development, and child development, would be folly.

The Importance of Teachers' Interactions

There is a wealth of strong research studies involving standardized descriptions and measurements of teachers' practices in early education classrooms, and there are many experimental studies of a cluster of interventions designed to improve their practices and interactions with children. These studies emanate from both a strong conceptual and empirical base in developmental psychology and early education, but also from investigators' interests in engineering effective and scalable approaches to supporting teachers in classrooms. The results of these studies clearly show the value—for child development and learning—of the qualities and patterns of interactions with adults in early education and care settings.

Effectively fostering development and learning in early education and care settings requires precise and skillfully delivered blends of explicit instruction, sensitive and warm interactions, responsive feedback, and verbal engagement or stimulation intentionally directed to ensure children's learning while embedding these interactions in a setting that is not overly structured. Interaction that displays these features uniquely predicts gains in young children's skills development and social competence all across the birth to 5 year period and closes gaps in performance at entry to school. To be effective, caregivers and teachers of young children must intentionally and strategically weave instruction into activities that give children choices to explore and play, must engage them through multiple input channels, and should be embedded in natural settings that are

Photo: Kiwi Street Studios

Child care providers and teachers play an essential role in fostering high-quality learning opportunities.

comfortable and predictable. The best early childhood educators are opportunists—they know child development and exploit interests and interactions to promote it.

A cluster of experimental and well-designed natural history studies show that teacher–child interactions can provide a boost to achievement of up to a half a standard deviation, with greater effects accruing to children with higher levels of risk and disadvantage (Domitrovich et al, 2009; Hamre & Pianta, 2005; Raver et al, 2008.). Experimental studies, although few and involving far fewer children, show similar effects. In fact, findings are almost uniform in demonstrating significant and meaningful benefits for enrollment in early education settings in which teacher–child interactions are supportive, instructive, and stimulating. Unfortunately, the odds are stacked against children getting the kind of early education experiences that close gaps in achievement. Overall, observational studies, including results from several thousand settings, indicate that young children are exposed to moderate levels of social and emotional supports and quite low levels of instructional support—levels that are not high enough to close performance gaps.

These realities about the level and distribution of high quality early education classrooms in the United States probably reflect the convergence of at least three

Photo: Stephen Bobb

To be effective, caregivers and teachers of young children must intentionally and strategically weave instruction into activities that give children choices to explore and play.

factors. First, teaching young children is uniquely challenging and is not easy. Second, many of the publicly funded early education programs that are included in large-scale studies (such as Head Start and state pre-K) are composed of a high percentage of children who live below the poverty line who can bring with them a collection of features that make teaching even more challenging, especially when concentrated in a classroom. Third, the system of early education operates on a shoestring of support—it is often less well-funded than K-12, classrooms are housed in trailers or makeshift locations, and teachers or care providers describe themselves as alienated from and lacking the supports available in K-12. The degree to which a teacher (or program) can provide gap-closing social and instructional interactions is a product of balancing her capacity and skills with the needs of children in the classroom—an equation that poses serious challenges to policymakers and program administrators interested in making good on the promise of early educational experiences.

Promising Approaches to Professional Development

Given the central role of teacher–child interactions in children's developmental and skill gains, one approach to professional development (Domitrovich et al., 2009; Mashburn et al., 2008; Raver et al., 2008) focuses on changing teachers' classroom behaviors. A variety of projects and models attempt to do this. Some focus on producing effective interactions across a wide range of developmental domains and activities (Pianta, Mashburn, Downer, Hamre, & Justice, 2008), some focus on high-quality implementation of instruction and interactional support for literacy and language (Landry, Swank, Smith, Assel, & Gunnewig, 2006; Neuman & Cunningham, 2009; Pianta, Mashburn, et al., 2008; Powell, Diamond, Burchinal, & Koehler, 2010), and still other models focus on math (Clements & Sarama, 2008; Ginsburg et al., 2005). The evidence base is strong for approaches in all three clusters noted above.

Recent research has focused on developing and evaluating professional development models that produce effective teacher–child interactions across developmental domains as well as high-quality implementation of instruction and interactional support for literacy and language. Thus the aim is to improve the overall nature and quality of interactions and to address the finding that, even for teachers who use proven-effective language and literacy curricula, studies show these have no effect on child outcomes when the quality and effectiveness of implementation (i.e., instructional interactions), are low (Dickinson & Brady, 2005; Howes et al., 2008). Early childhood educators, including many with a bachelor's degree, appear drastically underprepared in how to implement instructional activities, are rarely exposed to multiple field-based examples of objectively defined high-quality practice, and receive few if any opportunities to receive feedback about the extent to which their interactions and instruction promote skills.

My Teaching Partner

The My Teaching Partner (MTP) suite of professional development resources (Pianta, Mashburn, et al., 2008) was developed to address the need to improve the nature and quality of teachers' and care providers' interactions with children across the entire range of activities that take place in early education and care settings. Professional development that focuses on interactions and quality of implementation of instructional activities must be based on a way of defining and observing interaction and implementation that shows links to growth in child outcomes; my colleagues and I based MTP on the Classroom Assessment Scoring System (CLASS; Pianta, La Paro, & Hamre, 2008), because higher ratings on CLASS dimensions predict greater gains on preschoolers' scores on standardized assessments of academic achievement and better social adjustment, even accounting for teacher, program, and family selection factors. Thus MTP professional development models rely on the CLASS as one of the central targets for teachers' knowledge and skill training. Because the majority of teacher interactions fall below the threshold levels identified by Burchinal et al. (2010), most preschool and early care settings do not operate in the *active range* (i.e., the level of quality above which researchers see impacts on children's outcomes and below which they don't see any association between observed levels of quality and child outcomes); however, evidence suggests that even small incremental improvements (in any of the three domains—emotional, organizational, instructional supports) are associated with meaningful changes in children's skills. Thus the aim of MTP supports is to move teacher–child interactions into (and up) the range in which they improve children's readiness (Burchinal et al., 2008; Hamre, Pianta, Downer, & Mashburn, 2008; Mashburn, Downer, Hamre, Justice, & Pianta, 2010).

The MTP (Pianta, Mashburn, et al., 2008) approach aligns, both conceptually and empirically, the following: (a) knowledge of teacher–child interactions; (b) extensive opportunities for observation of high-quality instructional interaction through analysis and viewing of multiple video examples; (c) skills training in identifying appropriate or inappropriate instructional, linguistic, and social responses to children's cues, and how teacher responses can contribute to student literacy and language skill growth; and (d) repeated opportunities for individualized feedback and support for high-quality and effectiveness in one's own instruction, implementation, and interactions with children. Conceptually, this is a system of professional development supports in which a direct path can be traced from professional

development inputs to teachers, to teacher inputs to children, to children's skill gains. I describe this system briefly below.

My colleagues and I developed a 3-credit course to be offered in partnership with university-based or community-college programs. The course is an intensive, skill-focused didactic experience in which students learn knowledge of how the development of children's skills is linked to features of interactions with adults (using CLASS [Pianta, La Paro, & Hamre, 2008] as the focus) in family and early education settings and learn how high-quality implementation of curricula and activities leads to skill growth (again using CLASS as the focus). Teachers learn skills to identify behavioral indicators of high-quality and effective teaching on CLASS dimensions and to identify such indicators in their own teaching.

With regard to teacher–child interactions, the course was designed to advance knowledge that teachers need to be actively engaged in interactions with children in order for learning to occur. Teachers who believe they should take a more passive role in children's learning are unlikely to engage in intentional teacher–child interactions, particularly instruction. Although definitions of *developmentally appropriate practice* assert the importance of active involvement (National Association for the Education of Young Children, 2009), many early childhood professionals assert beliefs that downplay the active role of adults in children's learning. Thus, the course materials provided examples from research and video highlighting how cognitive and language development was enhanced through intentional teacher–child interactions.

The course also provided very specific knowledge about effective interactions and used the CLASS (Pianta, La Paro, & Hamre, 2008) as the framework for this knowledge. Teachers were taught to make explicit links between behavioral actions and intended consequences for children. For example, when learning about behavior management, teachers were encouraged to watch and analyze videos that highlighted the ways in which specific teacher actions led to more or less positive behaviors among students in the classrooms. The course also targeted teachers' skills in detecting effective teacher–child interactions though video analysis. My colleagues and I hypothesized that it was not sufficient for teachers to be able to gain knowledge about effective interactions; they needed actual skills involving identification of effective interactions with a high degree of specificity in order to be most likely to transfer the coursework into changes in their practice. The primary focus of the course was analysis of videotapes from real classrooms to develop skills of identifying effective (and ineffective) interactions and articulating specific behavioral evidence to support these judgments.

Photo: Kiwi Street Studios

Research clearly shows the value—for child development and learning—of the qualities and patterns of interactions with adults in early education and care settings.

Results from the controlled evaluation of the course demonstrated that an in-service course can improve the quality of teachers' interactions with children. Among a group of 440 early childhood teachers, half were randomly assigned to take a 14-week course on effective teacher–child interactions (Hamre et al., 2010). Compared to teachers in a control condition, those who took the course reported more intentional teaching beliefs and demonstrated greater knowledge of and skills in detecting effective teacher–child interactions. Teachers in the course also reported stronger beliefs about the importance of teaching children early literacy and language skills and demonstrated greater knowledge about these skills. And it is important to note that teachers who took the course demonstrated more effective emotional and instructional practices in interactions with children. These results add to the growing literature on effective interventions for early childhood professionals that documents explicit efforts to change teachers' classroom practices (Bierman et al., 2008; Domitrovich et al., 2009; Pianta et al., 2008; Raver et al., 2008). Because the course was equally effective across teachers with less than an associate's degree as well as those with advanced degrees, it could meet a broad set of needs in the professional workforce. And there was limited, but suggestive, evidence that a portion of the benefits of the course for improving teachers' interactions was a function of its impact on teachers' skill in detecting effective interactions in video.

Opportunities for observation of others' effective teacher–child interactions and for coaching and analysis of one's own interactions are delivered through the MTP Web site. The MTP (Pianta, Mashburn, et al., 2008) Video Library provides more than 200 video clips demonstrating effective implementation of instructional activities in literacy and language development (Kinzie et al., 2006; Pianta, Mashburn, et al., 2008). Each video clip is tagged directly to a CLASS (Pianta, La Paro, & Hamre, 2008) dimension (e.g., teacher sensitivity, quality of feedback) and is accompanied by a highly detailed annotation of the specific, moment-to-moment interactions of teacher and child(ren) in the video clip that correspond to CLASS behavioral indicators at varying levels of quality. Thus these video clips are directly linked, or aligned, with the measure and metrics for quality of teacher–child interactions that are the focus of change. Viewing these videos helps teachers become skillful observers of classroom behavior and competent in identifying the effects of teacher behavior on child engagement, cognition, attention, language, and social interaction.

MTP (Pianta, Mashburn, et al., 2008) coaching involves observation-based analysis and feedback enacted through a regular cycle of Web-mediated interaction (both synchronous and asynchronous) between a teacher and coach. Every 2 weeks, teachers videotape their implementation of instructional activities in the areas of literacy, language, and self-regulation, and send this footage to

their consultant. The coach then edits the tape into a series of brief segments that focus on a specific dimension of interaction as defined by the CLASS (e.g., concept development; Pianta, La Paro, & Hamre, 2008). The three edited segments are always of the same nature. The three segments and accompanying written feedback and questions (called *prompts*) are posted to each teacher's private Web site. Teachers view the three segments and accompanying consultant comments and respond to the prompts posed by the consultant. The intention of these prompts is to focus the teacher's attention on specific aspects of her behavior toward children and the children's response. Teachers and consultants then meet through a video-conference to discuss the prompts, feedback, and the teacher's responses, and to problem-solve. This entire coaching cycle is spread over 2 weeks and is repeated throughout the year.

In the initial evaluation of MTP (Pianta, Mashburn, et al., 2008) coaching with 220 public pre-K program teachers dispersed across 41 districts in a state, teachers who received coaching showed more positive growth for seven dimensions of CLASS-measured (Pianta, La Paro, & Hamre, 2008) teacher–child interactions, with significant gains for Teacher Sensitivity, Instructional Learning Formats, and Language Modeling. Interestingly, in follow-up analysis it was evident that coaching effects on teacher behavior were in part attributable to the amount of time teachers spent viewing and commenting on video clips of their own behavior. And in classrooms with all of the children enrolled coming from families at or below 200% of the federal poverty guidelines, there were remarkable differences for gains in teachers' interactions. In these classrooms, there was a very large effect for Teacher Sensitivity and Instructional Learning Formats, such that it appears that the level or intensity of supports a teacher might need to be successful depend in part on how demanding it may be to address the needs of children in that specific classroom.

In examining effects on child outcomes in this first study of MTP (Pianta, Mashburn, et al., 2008) coaching, my colleagues and I examined effects on child outcomes for teachers in the coaching conditions (Mashburn et al., 2008) relative to those whose teachers had access only to the video library. Children showed better gains in directly assessed receptive and expressive language and in emergent literacy skills when their teachers received more than 20 hours of consultation support. And for early career teachers who had access only to the video library, children in their classrooms made greater gains in emergent literacy skills.

Finally, in a recent investigation of MTP (Pianta, Mashburn, et al., 2008) coaching, using locally trained coaches in 15 sites across the country, effects are pronounced and significant. Teachers (including Head Start, public pre-K and subsidized child care) improved significantly on qualities of their instructional interactions, emotional supports, and organization, with effect sizes in the range of moderate to large (Pianta, 2011). It is not surprising that other research groups have demonstrated similar results—that coaching teachers in interactions linked to instructional supports for learning and good implementation of curriculum can have significant benefits for their practice and for children (Bryant & Taylor, 2009; Koh & Neuman, 2009; Landry et al., 2006; Powell et al., 2010).

These results, both from my colleagues' and my research program and those of a range of other investigators, demonstrate quite clearly the positive impacts on both practice and on child outcomes of professional development supports that are targeted and focused on teachers' and caregivers' skills and interactions with children in the setting(s) in which they practice. Unlike nearly all other forms of professional development, these targeted, practice-focused supports—particularly those delivered in an ongoing format such as coaching, that provides job-embedded feedback on practice—produce gains for teachers and children. But even a traditional college course can produce benefits for practice. The critical elements that determine the impact of effective professional development, from what appears in the published studies and reports, are a very clear focus on specific and verifiably effective practices in classrooms (e.g., interactions, curriculum implementation), a coherent conceptual model for teachers' understanding the impacts of both the professional development on practice and the practice on child outcomes (e.g. alignment), a specific focus on teachers' development of skills (in contrast to building awareness or changing attitudes), and, as much as possible, a connection to the actual setting and children the adult engages with everyday. In other words, not all coaching is likely to be effective, and in fact most coaching models are not.

Summary and Implications

The best approaches to professional development align (conceptually and empirically) the requisite knowledge of practices (interactions and implementation of curriculum) effective for improving child outcomes (e.g., language development or early literacy) with extensive opportunities for observation of high-quality instructional interaction through analysis and viewing of multiple video examples; skills training in identifying appropriate (or inappropriate) responses to children's cues and how teacher responses can contribute to students' literacy and growth of their language skills; and repeated opportunities for individualized feedback and support for high quality and effectiveness in one's own instruction, implementation, and interactions with children. Conceptually, effective professional development can be characterized as a system of supports to teachers or caregivers in which paths can be traced from inputs to teachers, to teacher inputs to children, to children's skill gains.

Again, evidence is very promising that when such targeted, aligned supports are available to teachers, children's skill gains can be considerable—on the order of a half a standard deviation on average, and as much as a full standard deviation. Unfortunately, preschool teachers are rarely exposed to multiple field-based examples of objectively defined high-quality practice (Pianta, 2005), and they receive few if any opportunities to receive feedback about the extent to which their classroom interactions and instruction promote these skill domains (Pianta, 2005). At present, there is very little evidence that the policy frameworks and resources that should guide and encourage professional development and training of the early childhood workforce are aligned with the most promising, evidence-based forms of effective professional development. Thus, it is not surprising that teachers with a 4-year degree or 2-year degree do not differ from one another substantially in either their practice or their students' learning gains, and it is not surprising that investments in courses and professional development appear to return so little to children's learning. Changes in teachers' practices truly

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Center for Advanced Study of Teaching and Learning (CASTL) at the Curry School of Education
www.curry.virginia.castl
The CASTL Web site provides information on the center's research projects, plus resources and tools such as the CLASS classroom observation scoring system and the MyTeachingPartner coaching program.

The National Center for Research on Early Childhood Education
www.ncrece.org
The National Center for Research on Early Childhood Education focuses on conducting research, disseminating research findings, and carrying out leadership activities aimed at improving the quality of early childhood education across the United States.

do depend on the nature and type of professional development, and future considerations for policy aimed to improve the quality and effects of preschool must very clearly address this disconnect; investments in professional development need to be made far more contingent on what researchers know is beneficial to teachers and children, as opposed to on what is convenient or beneficial to professional-development providers.

Finally, one might also envision professional preparation and credentialing models based on what researchers are learning from aligned professional development—professional development that is directly targeted toward effective teacher practices and for which the inputs to teachers are tightly coupled with those practices and its evaluation. To the extent that these models of support and education for teachers can be demonstrated to produce gains in teacher competencies that produce child outcome gains, then it seems critical to build such opportunities for professional preparation back into the pre-service sector and to find methods for credentialing and certifying teachers on the basis of participation in effective professional development and demonstration of competence. In fact, new policy statements related to professional development and career development being suggested by the National Association for the Education of Young Children (2009) explicitly identified teachers' performance in classroom settings, specifically their interactions with children, as a dimension of career advancement that should be credentialed and tied to professional development. Such statements by professional organizations reflect an openness to innovation that, paired with demonstrably effective supports for teachers, could pave the way for tremendous positive change in outcomes for teachers and children.

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Integrating Resources and Strategies Into an Emerging System of Professional Development

The Case of PITC in California

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Efforts to advance the professional development of infant–toddler care teachers[1] have generally lacked connection to a coordinated system of individual growth, educational and career pathways, and quality improvement of care (Gebhard, Ochshorn, & Jones, 2010). Despite the lack of a coordinated system, various initiatives have evolved that link professional development to improving the quality of infant–toddler care. Much has been learned through these initiatives, both about the uniqueness of infant–toddler care and about principles and strategies that help infant–toddler care teachers grow professionally. Moreover, these initiatives are being aligned to emerging systems that include early learning guidelines, approaches to curriculum, program guidelines or standards, and early childhood educator competencies. These alignment activities are occurring at both the national and state levels. To explore (a) what has been learned from long-term efforts to advance professional development and quality improvement in infant–toddler care and (b) how initiatives are being integrated into emerging systems, we will focus on the case of the Program for Infant/Toddler Care (PITC). We will examine PITC's purpose and overall approach to professional development, principles that guide its professional development activities, its work on multiple levels within the infant–toddler care system in California, and its gradual integration into California's coordinated system of quality improvement and professional development.

[1] In this article, the term *infant–toddler care teacher*, which conveys both the care and educational sides of early care, is used to identify professionals who provide care to infants and toddlers outside the home. Other terms used to refer to this group of professionals are *caregiver* and *provider*.

History and Purpose of PITC

Since 1986, PITC has worked to assist center and family child-care providers with implementing high-quality infant–toddler care. PITC has developed strategies to help infant–toddler care teachers read and respond to the emotional, social, and intellectual messages of children in their care and to recommend policies that allow programs to focus on the quality of the relationships

Abstract

States have placed high priority on developing early care and education systems that include early learning guidelines, curriculum, program guidelines or standards, and early childhood educator competencies. To explore how professional development and quality improvement initiatives are being integrated into emerging infant–toddler care systems, this article focuses on the case of the Program for Infant/Toddler Care (PITC). It examines PITC's purpose and overall approach to professional development, principles that guide its professional development activities, its work on multiple levels within the infant–toddler care system in California, and its gradual integration into California's coordinated system of professional development and quality improvement.

Photo: Aaron Dorr, H Station Consulting

Exploring one's personal experiences, cultural background, and emotional responses to babies and toddlers gives insight into the profound impact a teacher has on a baby.

between the infant–toddler care teacher and child, and the teacher and family, as the foundation of high-quality care. The PITC approach has been integrated into the professional development systems of numerous states and has been used to train countless trainers throughout the country, who, in turn, have trained thousands of infant–toddler care teachers or providers.

A collaborative effort between the California Department of Education (CDE) and WestEd, PITC at first promoted high-quality infant–toddler care through the creation of comprehensive video and print training materials, but soon the developers recognized the need for a robust professional development component to complement the PITC's multimedia resources. The first step in shaping the PITC philosophy of professional development was to ground it in three perspectives: (a) information on early development and learning; (b) awareness of personal and cultural attitudes on nurturing infants and toddlers; and (c) the how-tos of infant–toddler care.

Each perspective alone—general child development knowledge, personal awareness, and the how-tos of care—offers only a partial understanding of the child in the group care setting. To sharpen their focus on all of the interests, capacities, and needs of infants and toddlers, teachers have to engage in in-depth exploration of all three perspectives. Clearly, knowledge of early learning and development provides the foundation for the professional growth of infant–toddler care teachers (Gebhard et al., 2010). But for infant–toddler care teachers to sharpen their focus on the developing baby, information from child development theory and research has to relate to their personal, emotional, and cultural experiences with babies and toddlers and also to developmentally appropriate practice. Likewise, exploring one's personal experiences, cultural background, and emotional responses to babies and toddlers gives insight into the profound impact a teacher has on a baby. The full meaning of that impact is made clear through an understanding of both child development and infant–toddler care practice. And, of course, the how-tos of infant–toddler care practice stem from research as well as from the collective wisdom that practitioners have gained through reflecting on the babies' responses to nurturing care. In essence, PITC seeks to support the growth of knowledgeable, personally aware (emotionally and culturally), and skillful care teachers who possess a clear and complete view of both the baby and their role in fostering each baby's development.

PITC's approach to professional development for infant–toddler care teachers has evolved over time. With a longstanding investment in PITC, the CDE has integrated it into the California Early Learning and Development System. This system includes infant–toddler learning and development foundations,[2] program guidelines, assessment instruments, curriculum recommendations, early childhood educator competencies, and professional development, all aligned with one another. Principles of professional development that have guided PITC for more than two decades naturally became part of the California Early Learning and Development System.

[2] In California, the infant–toddler learning and development foundations correspond to what other states call early learning guidelines or standards. The foundations describe what children know and are able to do in major developmental domains with appropriate support from nurturing adults.

Principles of Professional Development

PITC uses eight principles to guide the creation of professional development resources and strategies. The roots of these principles guided early product development and evolved as we designed training institutes and implemented field-based training, coaching, and mentoring.

Respect Developing Professionals in Infant–Toddler Care as Reflective Practitioners

Respect lies at the heart of every relationship in infant–toddler care. To nurture early development well, teachers must respect infants and toddlers as competent learners. A respectful attitude communicates confidence in the baby's ability to make choices and learn. Moreover, recent research shows how being respectful of a young child's open-ended exploration promotes learning and problem solving (Gopnik, 2009). Being respectful of children's exploration and learning requires ongoing reflection on individual development. Effective teachers continually observe, document, and reflect on the children in their care. They also collaborate with colleagues and families to interpret their observations and documentation and to plan learning experiences and environments. For teachers to become reflective practitioners, they need to engage in professional development that honors their capacity to be reflective. Thus, PITC aims to help providers of professional development—including college faculty, community-based trainers, coaches, and mentors—respectfully nurture in each teacher the capacity to make decisions, observe self, reflect on practice, and communicate thoughtfully about children's learning and development.

Create NurturingRelationships With Developing Professionals in Infant–Toddler Care

Every relationship teachers have in an infant–toddler care program—teachers with children, teachers with family members, teachers with each other, and teachers with administrators and other program staff—influences the program's quality and the children's development. It is essential for a teacher to create a nurturing relationship with each child that establishes a secure emotional base for learning and development. The teacher's capacity for forming nurturing relationships stems from relationship experiences the teacher brings to infant–toddler care. Having positive relationship

experiences while engaging in professional development contributes to the quality of nurturance a teacher offers to infants and toddlers. Supportive relationships with instructors, trainers, coaches, and mentors give the developing teacher a model of trust and nurturance for relationships with children, families, and colleagues. Experiencing supportive relationships while learning about early development and the how-tos of infant–toddler care also encourages adults to reflect on the powerful role of relationships in learning. PITC creates a context for establishing supportive relationships by emphasizing the need to nurture the nurturer in all of its professional development activities.

Balance Intellectual Development With Emotional and Cultural Understanding

The development of infants and toddlers is holistic, with emotional and cultural components. Neuroscientists suggest that development and learning throughout life have a fundamental emotional component (Damasio, 2010; Greenspan, 1990; National Research Council & Institute of Medicine, 2000; Siegel, 1999). Development and learning is embedded in the culture or cultures in which a baby grows. Culture influences a child's relationships, approaches to problem-solving, understanding of basic concepts, language and communication, and cognitive processes such as attention (Rogoff, 2003). Teachers gain many insights through an intellectual understanding of early development and learning and group care practice. Books, articles, and DVDs help teachers build their knowledge. Teachers also need to explore their personal experience with early nurturance—emotionally and culturally—to appreciate the full impact of group care practice on the developing infant. As part of its overall approach to professional development, PITC balances information about development with personal exploration into the meaning of emotional and cultural experiences for babies and their families.

Encourage a Fascination With Infant–Toddler Development and Learning

The ingredients for creating emotionally secure relationships with infants include a teacher being primarily responsible for their emotional and physical care, providing consistent care, and making an emotional investment in the children (Howes & Oldham, 2001). The emotional investment has two parts: an open interest in each child, without expectations or pre-conceived ideas about how that child learns or relates to others, and a general fascination with early development and learning. Concerning the latter point, Carlina Rinaldi proposed that learning and loving are not separate (CDE, 2006). A key aspect of professional development is to create opportunities for developing teachers to become fascinated with early development and learning. PITC promotes teachers' amazement with how babies explore and learn in various ways. In particular, videos that show the subtleties of babies' exploration and discovery allow teachers to deepen their appreciation of early learning. PITC also encourages those who provide professional development to show their passion when presenting on the development and well-being of infants and toddlers. The trainer's or mentor's passion conveys to teachers that loving and learning are inseparable. One participant in a PITC Trainer Institute commented: "For me, having people really understand how competent, intelligent and in need of our best care and interaction infants are was deeply inspiring...like a breath of fresh air."

Promote Learning Communities in the Infant–Toddler Care Profession

For more than 20 years, PITC has placed the building of a community of learners at the center of adult learning focused on infant–toddler care. This long-standing emphasis resonates with recommended professional development practices in the early care and education field (National Professional Development Center on Inclusion, 2008). Several reasons underlie PITC's commitment to cultivating communities of learners. First, child development knowledge, personal experience, and how-tos are most effectively explored through ongoing communication with others. Through sharing meaning, teachers encounter the experiences and perspectives of others and thereby deepen their understanding of their own experiences and perspectives. Second, through collaborative learning teachers become resources to one another. They learn that every person in the community has knowledge and insights to offer. And third, the continued growth of teachers depends on working together with colleagues and improving infant–toddler care practices as a community.

We are so privileged to have had many of our staff trained and open to learn the PITC policies. We are happy to have had many of them excited and serious about making changes for quality care. Our team came to the conference with a mindset ready to be trained, to learn from others, and to improve and make better our infant toddler care. We are happy for the strides we are making. The conference bonded all of us into a solid team as well.

—PITC Community College Seminar Participant

Integrate Professional Development With Program Quality Improvement

In early care and education professional development, there is a growing emphasis on working to change practice as compared to knowledge-oriented professional development. Recent research indicates that focusing on practice may be an effective way to foster professional development (Ochshorn, 2011). Historically, PITC has taken this approach to professional development, namely, to provide training and technical assistance in order to improve practice and treat professional development as an integral part of the effort. Knowledge-oriented training about infant development, for instance, is presented hand in hand with recommendations for practice. The motivation for teachers to learn the information comes from its applied nature, particularly when a recommended practice eases one's work or solves a problem. In addition, PITC has tied practice-oriented training and technical assistance to college units so individual teachers can gain formal recognition for their efforts to learn as they improve the quality of care they provide.

Just as professional development leads to improvements in quality so do improvements in quality facilitate professional development. In particular, implementing the policies of primary care, continuity of care, and small groups makes it possible for teachers to become more responsive in their relationships with babies and toddlers. If teachers have a small primary group of children with whom they develop relationships over a sustained period of time, they get to know each child and family well, which becomes the foundation for responsively adapting to the child's interests, capacities, and needs. Similarly, improvements in the care environment foster professional growth. For example, the installation of sound absorption materials will ease communication between teachers and children and allow teachers to focus on facilitating the children's language development. Another way to enhance both quality and professional development is to include time in the teachers' schedules for reflective practice. The list could go on, for there are countless ways in which quality improvement works together with professional development.

Establish Continuous Improvement as the Foundation of Professional Development

Effective professional development leads to a cultural change in settings where teachers work to improve quality of care on an ongoing basis. Reflecting on observations and documentation of children's learning and behavior becomes part of the teachers' work. Teachers continually engage in dialogue to

deepen their understanding of babies and toddlers and responsively adapt care to each one's interests, needs, and development. For example, the box "Responding to Children's Interests" illustrates of how teachers can change routines in response to children's interest in exploring something new in the environment.

The concept of continuous professional development fits particularly well with the requirements of infant–toddler care. Responsiveness lies at the center of the PITC philosophy of care. The PITC Responsive Process of Watch-Ask-Adapt encourages teachers to approach every moment with a baby or toddler as a new moment in which to discover the child's current focus of learning, need, or mood. Rather than assuming she knows how to respond to a child, the teacher watches and listens and asks what the baby is communicating. Then the teacher tries a response to find out if it matches the baby's interest or need. As the teacher grows together in a relationship with the child, their communication becomes increasingly subtle and resonant. The teacher continually uncovers ways to be responsive to the child. Just as professional development of the adult is a never-ending process of learning and growing, so is the responsive relationship between the primary infant–toddler care teacher and the child.

Advance the Profession of Infant and Toddler Care

To say that infant–toddler care teachers are among the least valued professionals in the United States greatly understates the reality. Placed next to the importance of helping babies and toddlers start well in life, the status and pay of teachers are perplexing. Research that shows the impact of early relationships on brain development underscores the need to advance the profession of infant–toddler care. Competent infant–toddler care teachers are knowledgeable and skillful, are sensitive and responsive to children and families, and invest themselves emotionally in the children in their care. Because becoming an infant–toddler care teacher demands so much from the individual, professional development must work hand in hand with building the profession. PITC works to advance the profession in various ways. First, the PITC video/DVD and print materials project a professional image of the infant–toddler care teacher that people within and outside the field can easily recognize. Care is taken to honor the individuals who care for infants and toddlers. Second, the PITC leadership often presents the work of the infant–toddler care profession in the public policy arena, underscoring what it takes to prepare oneself to provide high-quality care. And third, the PITC offers developing professionals practices grounded in research and challenges them to be reflective and intentional in creating nurturing relationships with babies and toddlers and in facilitating early learning.

The PITC experience has literally changed my life, and I was truly moved by meeting the PITC faculty and being a PITC fellow. Unfortunately, I was part of a system that simply did not support the PITC philosophy. I decided to make some changes, to move forward and truly put all that I have learned into practice.

—PITC Trainer Institute Participant

Such a wonderful experience last week! It has truly changed the way I care, and the way I look at the children in my home. I can't wait to share the information with other providers!

—PITC Trainer Institute Participant

The PITC Principles in Action

PITC has four major professional development strategies. The first strategy is to develop and refine high-quality video/DVD and print materials. The second focuses on training and certifying trainers who work directly with teachers in pre-service and in-service contexts. The third involves creating supportive learning communities to provide professional development opportunities for teachers in centers and family child care homes. And the fourth strategy is to connect PITC to system change and development in national programs, states, and regions within states.

PITC Training Resources and Strategies

PITC balances information on early development and learning with attention to recommended group care policies and practices. Knowledge of developmental theory and research helps teachers understand the rationale for recommended policies and practices and it enables them to reflectively apply their understanding as they build responsive relationships with children and families. Specifically, PITC focuses on four developmental domains: social-emotional, cognitive, language, and motor and perceptual. Aligned with the *California Infant/Toddler Learning & Development Foundations* (California Department of Education, 2009) PITC identifies specific competencies and learning interests in each domain that correspond to the foundations. The division of competencies and learning interests into domains helps teachers understand and attend to the breadth and depth of early learning and development, but can mask its holistic nature. For example, communication skills and knowledge are considered within the language development domain but also relate to competencies and interests in the social–emotional domain such as interactions, relationships, and expression of emotion. In the PITC approach, teachers explore specific competencies within domains, while being encouraged to maintain a focus on the interrelated nature of learning and development.

THE PITC MODULES

PITC connects information about the developmental domains with information on infant–toddler care practice and organizes the resulting content into five training modules: (a) Social-Emotional Growth and Socialization, (b) Group Care, (c) Learning and Development, (d) Culture, Family, and Providers, and (e) Beginning Together—Caring for Infants and Toddlers With Disabilities or Other Special Needs in Inclusive Settings. Descriptions of each module illustrate the integration of developmental information with information on high-quality group care practices.

Module I: Social-Emotional Growth and Socialization. This module centers around children's need for emotionally and physically secure care that supports their developing self-knowledge, self-control, and self-confidence while encouraging respect for the feelings and rights of others. Healthy

Responding to Children's Interests

Because of the unpredictability of young children's interests, teachers frequently have to create a balance between being predictable and being flexible in carrying out the daily activities. In a program for older toddlers, for example, when the children were playing outside, a grandfather stopped by unexpectedly and dropped off a fresh bale of hay. The toddlers were fascinated with the hay. They pulled the bale to shreds and then began to stuff the hay into openings under the slide. Observing their cooperative play, focus, and passion, their teacher decided to let the outside time last longer that morning. This change meant that lunch and nap times were a little late. When family members came to pick children up at the end of the day, their children took them to the playground to look into the openings and see the hay.

Vignette from the *Infant/toddler learning & development program guidelines*. Sacramento: California Department of Education, 2006.

social–emotional development provides the foundation for all other learning and grows from the child's close relationships with respectful, caring adults. Infant–toddler care teachers support social–emotional development by providing security, warm acceptance, and appreciation for the child's growing competence. Because a teacher's capacity to foster social–emotional development in children is influenced by the teacher's own feelings and experiences, Module I also focuses on self-awareness. Training topics include infant temperament, stages of emotional development, responsive caregiving, and guidance and discipline.

Module II: Group Care. Module II concentrates on the implementation of the PITC philosophy through program policies that support close relationships among children, families, and infant–toddler care teachers. Six essential policies form the core of Module II: small groups, primary care assignments, continuity of care, culturally responsive care, inclusive care, and individualized care. This module addresses the basics of daily care, the creation and maintenance of environments that support health and safety, and social–emotional development and learning. Training topics in this module include primary care and continuity of care; group size and individualization of care; setting up environments for infants and toddlers; and daily routines in group care settings.

Module III: Learning and Development. This module emphasizes PITC's approach to early learning and development, focusing on facilitating infants' natural interests and inclinations to learn rather than teaching them specific lessons. This facilitation includes providing children with close, responsive relationships with caregivers; designing safe, interesting, and developmentally appropriate environments; giving infants uninterrupted time to explore; and interacting with infants in ways that emotionally and intellectually support their discovery and learning. These practices reflect the respectful tone that permeates the PITC. Training topics include cognitive development and learning; language development, communication, and culture; brain development in infants and toddlers; and including children with special needs in infant–toddler group care.

I also wanted to share with you that today I presented a workshop on language development for the parents in our program. We had scheduled a workshop on communication, but the presenter cancelled on me this morning. Fortunately, I had this lesson prepared and was able to "pinch hit" by using the lesson and the video Early Messages. *It was a very successful presentation, and the parents were very responsive to the topic and to the activities. Thank you for the invaluable tools you have provided.*

—PITC Trainer Institute Participant

Photo: Aaron Dorr, H Station Consulting

Over 25 years of experience has taught PITC that educational materials have to evolve and be aligned with a comprehensive, integrated system of resources and strategies.

Module IV: Culture, Family, and Providers. The family is the single most important influence in a young child's life. Creating a strong partnership between the infant–toddler care program and families strengthens infants' feelings that who they are and where they come from are valued. Communicating in an infant's home language is also important. Module IV's recommendations include becoming aware of one's own cultural perspective and negotiating differences respectfully with families. The module offers support to caregivers in easing parents' concerns about using infant care, as well as in exploring, accepting, and working with their own feelings. Topics address culture and early identity formation; self-awareness and cultural perceptions; culturally responsive care; using a process of acknowledge, ask, and adapt to be responsive to cultural differences; and creating partnerships with parents.

Module V: Beginning Together—Caring for Infants and Toddlers with Disabilities or Other Special Needs in Inclusive Settings. The fifth PITC module, Beginning Together, provides training of trainers and regional outreach on supporting the inclusion of children with special needs in infant–toddler care. The core content of this module is presented in an institute that is open only to certified PITC graduates who have completed the first four modules. The institute seeks to help PITC trainers incorporate into their training and technical assistance attention appropriate inclusive practices that promote full participation of children with special needs in infant–toddler care settings. Topics include when concerns arise; adapting routines and environments; building relationships among caregivers, families, and specialists; inclusion and access through legislation; and partnering with the early intervention system.

PITC INSTITUTES

The institutes are geared to the needs of educators, program managers, and others who provide pre-service and in-service professional development for infant–toddler care teachers. The content focuses on both family child care and center care settings. Core and adjunct faculty, including the creators of the PITC and other experts in the field of infant–toddler care, present the institute's sessions. The first four PITC modules are conducted during two 1-week long institutes, each week covering two of the four modules. Module V is presented in a 5-day, stand-alone institute. The institutes aim to help trainers deepen their understanding of each module's content and acquire skills in the integrated presentation of the concepts using PITC's DVDs and guides. Each session focuses on how to improve the quality of care as well as adult learning strategies based on PITC's principles of professional development. For example, putting in practice the principles of supportive relationships and community of learners, the institute faculty create a supportive learning environment, and introduce collaborative activities in which participants become resources to one another.

PITC REGIONAL TRAINING SYSTEMS

PITC has worked with numerous states that have developed training and technical assistance systems for child care providers. One of the most comprehensive systems, Partners for Quality (PQ) in California, illustrates regionalized training efforts. PQ brings PITC professional development opportunities to both high-density population centers and underserved rural areas of California. PITC-certified regional coordinators organize capacity-building in their respective regions and coordinate services delivered by PITC-certified PQ trainers. Regional coordinators and PQ trainers provide training, coaching, and mentoring to centers, and family child care homes. Mentoring happens on-site, usually over a period of 18 months. It includes 64 hours of training and up to 80 hours of program observation and reflective practice exchanges with providers and program directors. Seven credit-bearing courses make up the PQ content: Infant/Toddler Learning, Culture and Family (2 semester units); Infant/Toddler Social, Emotional Development and Group Care (2 semester units); Introduction to the Program for Infant/Toddler Care (1 semester unit); Infant–Toddler Group Care (3 semester units); Infant–Toddler Learning and Development Foundations and Program Guidelines (1 unit); Infant–Toddler Inclusion: From Concern to Action (1 unit); and Infant–Toddler Inclusion: Supporting Success in Young Children (1 unit). In addition to covering the major components of the CDE's early learning and development system, the PQ content maps to the system's early childhood educator competencies.

I so appreciate you and your ongoing feedback and support all these years. All the teachers that have gone through PITC training are still working at the lab school with me. It just shows that with proper training and support, staff turn-over will be low to zero.

—PQ Training Participant

The regional coordinators also collaborate with various local community-based organizations, namely, child care resource and referral agencies, child care planning councils, county First Five commissions, early intervention programs, and other groups to promote quality improvement and advance the profession of infant–toddler care. In addition, a Regional Coordinator is assigned to support each of five PITC demonstration programs located on community college campuses in various regions of California.

DEMONSTRATION PROGRAMS

In collaboration with the CDE, PQ has developed five community college–based PITC demonstration programs in California. These programs offer observers the opportunity to see PITC policies and practices in action. Trainer-institute and regional-training participants, early childhood education students, program managers, policy makers, teachers, and others visit the demonstration programs to observe relationship-based care, responsive teaching and nurturing, and safe and interesting environments using one-way-vision observation rooms or electronic audio and video monitoring. The demonstration sites differ from one another in size, physical environment, location, history, and culture.

The demonstration programs represent one component of PITC's strategy to strengthen community colleges' capacity to provide courses on infant–toddler development and care. Many community college faculty members have participated in the PITC institutes, and PITC has held community college seminars in California. Regional coordinators work with the early care and education faculty to support the integration of PITC into the early care and education course work as well as with the campus children's center administrators and teachers to support the implementation of the PITC essential practices in the campus infant–toddler programs. In addition, PITC currently offers academies on the CDE's early learning and development system for college faculty and child care program directors.

The California Infant–Toddler Learning & Development System

Over the past 25 years PITC has evolved in sync with the CDE's continuing efforts to promote both quality improvement and professional development for infant–toddler care. Recently, CDE's have been brought together resources in the California Early Learning & Development System. Each component of the system has a specific focus. Together, the components provide comprehensive, integrated support for infant–toddler professionals and programs in their work with children and their families. The infant–toddler components of the system are:

- Infant Toddler Learning & Development Foundations
- Infant Toddler Learning & Development Program Guidelines
- Infant Toddler Desired Results Developmental Profile
- PITC Training System and Training & Technical Assistance Network
- Infant Toddler Curriculum Framework

PITC is the infant–toddler professional development component of the system. It reflects the Early Childhood Educator Competencies, a resource in the system that applies to the entire birth-to-5 years age range. The PITC DVDs and print materials and other resources in the system form the content of training institutes for trainers and PQ training, coaching, and mentoring for providers and program directors. The continuing development of these resources is carefully coordinated, so that infant–toddler care teachers have available to them an integrated set of resources that provide state-of-the-art information on early learning and development and best practices in early care and education.

Professional Development Over 25 Years

PITC began with the creation of video and print materials that formed core content for infant–toddler program quality improvement and professional development. Our experience has taught PITC that, to be used well in the infant–toddler care field, educational materials have to evolve and be aligned with a comprehensive, integrated system of resources and strategies. Step by step, PITC has grown as an essential part of the CDE's emerging system. Principles of adult learning were infused into training trainers. Later, the PITC philosophy extended into a regional network of training, coaching, and mentoring for family child care providers and center program directors and teachers. Individual participation in training institutes by college faculty grew into academies for them, and PITC demonstration programs were established on community college campuses. Now, it is clear that resources for infant–toddler care professional development work more effectively when integrated with comprehensive resources that include early learning foundations or guidelines, program guidelines, assessment tools, curriculum, and competencies. This system is dynamic. All of the resources and strategies are updated and refined over time, and the connections among them are continually strengthened.

As states build infrastructures such as the California Infant/Toddler Learning and Development System to foster professional development, two factors will greatly influence their effectiveness. One, investment in infant–toddler care quality will be essential. Infant–toddler care program directors and teachers will be able to provide responsive, relationship-based care only if their programs are set up to do so (e.g., primary care, small groups, continuity of care). And two, the broader society needs to recognize and value the importance of the infant–toddler care professional. As individuals take full advantage of educational resources and strategies

such as PITC to develop professionally, they should be appropriately rewarded as they grow in their capacity as reflective practitioners who collaborate with families to nurture the development and learning of babies and toddlers.

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Training, Consultation, and Mentoring

Supporting Effective Responses to Challenging Behavior in Early Care and Education Settings

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Abstract

Administrators in early care and education programs often turn to training initiatives to bolster staff competence in supporting children with emotional and behavioral challenges. However, training alone rarely results in the wide-ranging changes these administrators seek. This article presents a flexible approach to training, consultation, and mentoring, one that helps staff at all levels share in an inclusive and empowering vision of practice and develop the skills to carry out that vision effectively. With an emphasis on team-based reflection and collaborative problem-solving, this approach helps programs support the children whose frustrating behaviors communicate just how much they need caring relationships and skillful assistance in order to thrive.

It's late May, a time when early childhood consultants and staff trainers begin reflecting back on the past school year, while fielding inquiries about the one to come. I'm a practitioner who fills both roles. At my computer catching up on emails, I click open a worry-filled request:

Hi Deborah—Last week, at a Head Start program directors' meeting, Virginia C. mentioned that since you ran a training series on supporting children with challenging behaviors, things have been going much better at her sites. I'm hoping you can do something similar for us starting in September—we have some kids whose behaviors are really hard to manage. Some of my teachers are very overwhelmed. Many of them have attended workshops on this topic before, but they need training that goes beyond the basics. Could you give me a call?

Would that some straightforward, beyond-the-basics training could do the trick for this concerned program director. Or that training alone is responsible for the very real progress her colleague Virginia described at the meeting they both attended. In fact, the Communities United, Inc. (CUI) Head Start initiative on which Virginia and I have collaborated for the past 2 years is multifaceted, with a flexible mix of training, consultation with and mentoring of staff, classroom-based modeling, and partnering with program administrators. It is grounded in a belief that when early care and education staff are approached with respect for what they know, offered down-to-earth ways to understand and respond to behaviors that stump them, and then given ongoing support as they explore how to use what they've learned, they can bring renewed energy and increased skill to their interactions with the most worrisome youngsters in their care (Brennan, Bradley, Dallas Allen, & Perry, 2008; Buysse & Wesley, 2005; Johnston & Brinamen, 2006; Rush & Shelden, 2011).

Just as important, this initiative relies on a number of elements central to both successful professional development and effective early childhood mental health consultation: collaboration between everyone from the program's executive director on down, promotion of supervisors' abilities to offer line staff both warm support and clear feedback, fostering of effective team-building, and the willingness of all involved to continually take stock of how their efforts are—or aren't—paying off. Its goal is to help staff at all levels share in an empowering, inclusive vision of practice and develop the skills to carry out that vision effectively. The nature of this undertaking may sound complex and

thus hard to replicate. However, the principles and practices that drive it aren't difficult to describe and, in an era of limited funding, its flexibility means that resources are spent where they are most needed.

One example of how such principles and practices can help early care and education staff work effectively with a challenging child is the way in which teachers learn to support Ayida, a girl who recently catapulted her way into the lives of the children and adults in one of CUI's classrooms. Going back to a point shortly after this child's arrival at CUI and tracking the process through which staff come to understand and help her will illuminate the thinking, strategies, and team-based work central to the initiative's approach.

Ayida will soon turn 3 years old. Full of pride and prickles, she can be the sunniest child in her group—or the most difficult. Today, she enters the classroom glowering at all who come near. Her teachers rightfully fear they're in for another tough day. There's a scuffle over Ayida's favorite book that ends up with her screaming at one of the few children who don't back down in her presence. A meltdown at the art table over her insisting she needs the marker another girl is busy using, during which lead teacher Barbara receives a nasty-looking scratch on her arm. And a stretch of absolute refusal to come in from the playground. As one teacher takes the rest of the group inside, the other tries to get Ayida to budge—with the mix of support, firmness, and cajoling that has sometimes worked in the past. Not this time. Ultimately, the site's director is called out of a meeting to lend a hand.

The Role of Training

Ayida came to CUI near the start of the initiative's second year. Over the course of its first year, in addition to having access to early childhood mental health consultation, administrators and teachers joined together for monthly trainings. There, they shared stories and questions, and they explored a framework with a focus extending beyond challenging behaviors to include the developmental skill deficits and emotional issues that fuel them—a widened lens that invited staff to concentrate their efforts on mastery not management. A few basic ideas drive the need for such a framework. First, when children regularly behave in problematic ways, teachers' and parents' natural responses can end up amplifying the very behaviors everyone yearns to stop. Second, as part of this patterning, the relationships between these adults and kids often become fraught with irritation and anger, a terrible experience on both ends. Finally, by approaching those difficulties in ways that are proactive not reactive, caregivers can increase children's feelings of connectedness and emotional well-being while also strengthening their capacity for self-control.

A training like this one helps staff do in practice something they almost always embrace in theory: focus their efforts on prevention. They learn to do this not only by organizing classroom life in ways that help children feel as safe, calm, and engaged as possible, but also by being prepared for moments of predictable challenge with friendly skill-building strategies to be offered before things get out of hand. At the same time, teachers know to expect ongoing instances of the intense behaviors they're most concerned about and to be ready with a plan that will allow them to respond effectively.

To help staff understand this approach, training content encourages them to step back from their frustrating experiences with a challenging child in order to pose three primary questions: What are we observing? Using all the knowledge we have at our disposal—both about the specific child and about child development generally—how might we understand what is going on? Finally, based on that provisional understanding, what strategies will help us move toward our goals for growth? Describing this progression from reflection to action more simply, one could say that teachers get comfortable asking: What do we see? What do we think? What do we do? As in the case of Ayida, this process paves the way for a more effective approach in the classroom.

Team-Based Reflection: What Do We See? What Do We Think?

The day after Ayida's worrisome playground incident, the classroom team and I sit down for a meeting. Teachers come primed to consider what they see and think and do so by engaging in a reflective process that has become a staple of our meetings about CUI's most challenging children. Listing the set of questions CUI teams now use in order to organize their observations about a particular child—along with summaries of how we answer those questions in regard to Ayida—will illustrate how that process helps set the stage for intervention.

Which areas of development are progressing smoothly? Which aren't?

Ayida can be wonderfully caring, has some impressive play skills, and focuses well when engaged in an activity she likes. However, it is sometimes hard for her to express her ideas and needs, she is often very controlling, and her ability to encounter a frustrating

Photo: Kiwi Street Studios

By responding to problematic behaviors in ways that are proactive and not reactive, caregivers can increase children's feelings of connectedness and well-being.

situation and figure out what to do—rather than explode—is worrisomely low. Thus staff members agree that the "developmental building blocks" (Hirschland, 2008) Ayida struggles with the most involve communicating effectively, regulating emotion, and being flexible (p. 17).

How might this child's "hard-wiring" play into what's going on?

Teachers recognize Ayida's passionate nature, which sometimes seems like both her greatest strength and her greatest challenge. In addition, she is not only a second language learner, but also appears to have some mild language processing issues. That's a tough combination for any child, especially a high-intensity one.

What about her emotional well-being?

Even while wishing that she'd just "calm down and cope," teachers often feel for this child: It is hard to be Ayida, who carries a heavy load of anger, sadness, and insecurity, and who beneath her ferociously proud exterior appears to be a needy and lonely little girl.

How are adult–child relationships going?

Teachers enjoy Ayida's dynamic presence. But their feelings toward her also include hefty doses of irritation and frustration, and

Photo: Kiwi Street Studios

We need to keep checking in with each other, letting a child be our teacher about what works and what doesn't, and tweaking our approach accordingly.

they sense that her parents feel similarly. In turn, Ayida's feelings toward her caregivers ricochet from a loving neediness to distrust to rage.

How are things at home?

Despite the fact that Ayida's parents both work many hours a week, financial worries are constant. Making things even harder, there is no extended family around to help out the way there would be in Haiti where they both grew up. Furthermore, Ayida's older brother can be even more challenging than she is. Teachers sometimes wonder just how explosive things get at home.

Are there patterns of interaction that contribute to her difficulties?

Ayida's teachers and parents surrender to her need for control far more than they'd like. Sometimes they set firm expectations, then hold steady in the face of her distress. Often though, sensing the likelihood of yet another explosion, they end up backing down. It is a common pattern. What behaviorists call intermittent reinforcement at random intervals turns out to be one of the most powerful reinforcements of all. In other words, if a child learns that sometimes she gets what she wants when she keeps fussing, she's likely to fuss more frequently over time.

There is another problematic pattern too, noted during a recent classroom observation:

Ayida joins Maya in the dress-up corner, sees that her friend is wearing the sparkly shoes they both like, and starts to yell. Barbara quickly heads over. "Ayida, Maya has those shoes on right now. You can have them when she's done! How about these beautiful blue ones? No? Well, would you like to put on this pretty dress? No? Would you like a hug?"

The pattern continues. At some point, one of Barbara's suggestions pays off. Ayida calms down, and life in the classroom does, too. The problem is that, although Ayida regains composure in the moment, over time she's learning something Barbara doesn't intend: Being upset gets her a lot of attention. What she isn't learning is how to hit a bump, have a small reaction, and move on.

Are there certain times of day, types of activities, or other triggers that are particularly hard for this child?

Transitions are difficult for Ayida. Settling down for nap is, too. Furthermore, when her father drops her off on the late side, which he often does, she tends to struggle more. She fares better when she arrives earlier: There is more time for her to connect with her teachers and settle in with her buddies before going outside.

Setting Goals for Growth

With these questions posed and answered, it is time for the second step of our reflective process, brainstorming about how to move forward. Considering developmental mastery, emotional well-being, relational connectedness, patterns of interaction, and life at home—areas we've just explored in its first step— we set out goals for growth and change: We want Ayida to gain skill in communicating her needs and managing her feelings, to learn to be flexible, and to develop the trusting relationships with adults that will allow her to take help when she needs it. We want her to gain confidence in herself, empathy for others, and patience in the face of the demands of family and classroom life. We agree that we will strive for interactions that increase her sense of connectedness without reinforcing worrisome behavior. And we'll look to deepen our collaboration and joint problem-solving efforts with her parents. Perhaps, over time, we'll even be able to help this likeable, stressed family experience more ease and pleasure in being together.

Getting to Work: What Do We Do?

These goals sound sensible enough to all of us attending the team meeting. But they live in our heads, not on the ground, and we'll need to anchor our plan with practical ideas for intervention. Teachers have multiple demands on their attention all day long and are almost always more able to carry out their intentions if armed with easy-to-remember strategies. As we brainstorm about how to help Ayida, our ability to land on such strategies is once again bolstered by the project's initial year of training—while its explorations included important material about child development, it also highlighted down-to-earth approaches to supporting growth. Thus we now have a shared toolbox, brought to life through catchy phrases and mental pictures of child-friendly approaches to intervention.

Supporting Trust and Pleasure in Connection

Our plan for supporting Ayida ends up being full of those phrases and pictures. Training content, for example, emphasized the idea that any time we raise expectations on behavior, we must also heighten a child's experience of connectedness. Otherwise, our efforts will fail. Therefore, in order to support Ayida's emotional well-being, teachers commit to seeding the day with connection, finding random moments to relate to her with warmth and pleasure—telling funny stories, asking about what she's doing, even making contact from across the room with a wave and a smile. They also agree to follow one of the initiative's guiding principles: Connect before you correct. As a result, whenever possible, Ayida will now experience moments of warm relatedness before hearing that there is something she needs to do differently.

In addition, teachers will keep in mind another learning from the training program, that when kids are particularly challenging, it's not uncommon for up 90% of adult requests for attention to end with irritation-filled "stop" messages. They'll aim to reverse those figures with our much-used 90–10 rule: Now about 90% of requests for Ayida's

attention will be followed by wholly positive interactions. But the team knows they'll need to infuse those positive interactions with more pleasure than praise. This distinction is important because, over time, we've come to see that too much feedback of the "good job" sort can leave kids feeling more evaluated than loved.

Targeting Developmental Mastery

Warm connection rests at the heart of this approach. But fostering developmental mastery is central, too. CUI teachers have learned to picture where a child is on the developmental ladder (Greenspan & Wieder, 1998), then to help him climb up one rung at a time. The idea of providing scaffolding in support of skill development looms large here. That is, staff consider a child's actual (rather than wished for) level of mastery, place themselves just a mini-step ahead of him, then offer support and coaching in each area of emergent learning (Berk, 2001; Bruner, 1982; Vygotsky, 1978).

How does the team picture the scaffolding they'll offer Ayida, given the goals we've outlined for developmental mastery? Partly, teachers see themselves relying on the power of play, joining Ayida and her playmates as a combination coach and co-player, and offering the scaffolding she needs to communicate her ideas, wait her turn, and respect the contribution of others (Heidemann & Hewitt, 1992; Hirschland, 2009; Scarlett et al., 1998; Scarlett, Naudeau, Salonius-Pasternak, & Ponte, 2005). In addition, they intend to keep track of where Ayida is in the room so that someone will be ready to move in quickly at the sign of even mild frustration. Then they'll come early and stay late, offering as much help—and as many words—as she needs to articulate what is bothering her. Lending their upbeat presence to all children involved, teachers plan to do the work of problem-solving with them not for them, and then to stick around for a while to be sure that things stay calm. They know from experience that if they leave too soon, the situation in question will probably flare up once again.

As we consider how to scaffold Ayida's ability to calm down and think her way out of a frustrating situation, the team turns to what we call a *three part flip*. First they ask, "What is this child doing that is problematic? Then they flip that question over: "What isn't she doing that we'd like to see instead?" Finally they address a question that points the way toward intervention, "How can we teach her the skills she needs, one step at a time?" To answer this last query, teachers again turn to their shared toolbox, this time using a scripted story from the Center for the Social and Emotional Foundations of Early Learning's (CSEFEL) wide-ranging

PHOTO: STEPHEN BOBB

Kids who are challenging tend to open up fault-lines between teachers, between parents, and between teachers and parents.

offerings, "Tucker Turtle Takes Time to Tuck and Think." With vivid pictures and a simple narrative, this story offers children four steps to controlling impulses, self-soothing, and problem-solving, each with an accompanying visual: (1) Recognize you're mad; (2) Stop; (3) Pull into your "shell," breathe deeply, and calm down; (4) Figure out what to do (Lentini, 2007).

Teachers agree to offer other versions of scaffolding as well. For example, they'll now give Ayida a personalized heads-up and some extra support before transitions and nap time, accompanied by child-friendly visuals to help her move through each routine. Visuals, they've learned, can support success for many children. Visuals will be especially important in this case given that Ayida's already limited capacity to use language goes down as her level of emotional distress ramps up.

Changing Patterns of Reinforcement

As teachers start using the strategies we've agreed upon, they are pleased to see that things begin to improve. Ayida is clearly eager for help—kids who are struggling usually are—and the combination of a heightened emphasis on connection and proactive skill-building has a powerful impact on how she feels and acts. But as training content emphasized, breakthrough behavior is to be expected. Thus, at a follow-up team meeting, staff agree on a plan to promote self-soothing while reducing the pattern we had noted earlier on: inadvertent reinforcement for angry outbursts. They decide to set up a cozy corner for any child who needs a "place for one," filled with pillows but nothing that can be destroyed or thrown to hurt. Now when Ayida gets so frustrated that support and problem-solving assistance aren't welcome, she will be guided to this spot. Then, though a teacher may stay nearby for an occasional check-in, no one will try to coax Ayida out of her distress. Only after she begins to calm down will she be asked whether she'd like the special basket—saved for just such occasions—that will be filled with a few treasured toys and books. Finally, when her personal thunderstorm ends, and she fully regains composure, teachers will offer Ayida the chance for some friendly reconnection and support for rejoining the group.

Collaborating With Families

Near the end of this second team meeting, staff and I remind ourselves to anticipate many of these thunderstorms at school, at least for a while. We guess that life at home will continue to be stormy too. And because our Head Start, like most early education and care programs, has a strong commitment to collaborating with families, we agree that reaching out to Ayida's parents should be a top priority. We want to hear more about their experiences at home, to share what's going on in the classroom, and to brainstorm about strategies we can try in both places. We believe that the more our approaches are in synch, the more effective they'll be.

This aspect of our work merits an article of its own. Suffice it to say here that such conversations aren't always easy but are often productive for everyone involved. As is the case when Ayida's teachers and I eventually sit down with her parents. These parents are, at first, quite reserved. But after its initial awkwardness, our dialogue yields some

important results: Ayida's father's willingness to be more timely in the morning, some collaboratively generated ideas for more effective limit-setting at home, and staff's deeper understanding of Haitian norms for setting expectations on behavior—a perspective that leads to an important shift in the language teachers use when Ayida is in danger of losing control (Ballenger, 1992).

Over time, things continue to improve for Ayida, though it's a slow process with ongoing dialogue and problem-solving along the way. As we've learned time and time again, we need to keep checking in with each other, letting a child be our teacher about what works and what doesn't, and tweaking our approach accordingly. We must commit to functioning as a team both within the classroom and across the program, and to forging ongoing partnerships with parents. Kids who are challenging tend to open up fault-lines between teachers, between parents, and between teachers and parents. Our conversations help everyone stay connected and on track.

The Importance of a System-Wide Focus

Ayida is just one child in a multisite program with wide-ranging challenges. There are many other youngsters in her classroom, a number of whom also require extra support. CUI has many other classrooms as well, only some of which have the inviting spaces, comforting routines, and richly varied opportunities for play and exploration that promote children's growth. In addition, although some of the program's teachers are impressively skilled and empathic, others can get worrisomely harsh when faced with challenging behavior. Furthermore, some teaching teams collaborate beautifully while others don't. CUI's site directors and supervisors, as the drivers of change, sometimes feel at sea as they consider how to approach these issues, each one as pressing as the next. The providers of guidance, they often need guidance and support for themselves as well. Clearly, then, as our senior administrative–consultant team strives to promote care that meets the needs of all children, our efforts must target issues on multiple levels.

Promotion, Prevention, and Intervention, a Necessary Trio

In fact, although this article begins with the story of a specific youngster—and the efforts that help her thrive—the initiative it describes ranges widely in scope. At its core is a three-part focus on promotion, prevention, and intervention (Hemmeter, Ostrosky, & Fox, 2006; Perry, Kaufmann, & Knitzer, 2007), one that is at the heart of CSEFEL's sensible pyramid model (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003; see also csefel.vanderbilt.edu). This model suggests that when staff are skilled, morale high, teamwork strong, and classrooms well-designed and run (elements of promotion)—and when kids are offered support and skill-building before they get completely stuck (the core of prevention)—less individually targeted intervention will be needed. Not that intervention can ever be erased from the equation. But as seasoned program directors know well, focusing on promotion should come first and prevention second. Intervention then rests on the top-most (and narrowest) section of the pyramid.

Identifying Issues, Asking Questions, Charting a Course of Action

These ideas sound good on paper. But how does a team take such a vision of practice and propel it forward? It's this question that weighs on me as I read the email introducing this article. The project director who wrote it yearns for a simple answer—"Let's do some training and things will improve." She undoubtedly knows better. So do I.

As I consider a response to her query, I revisit moments from the previous day. Early that day, in an end-of-year meeting, our executive director, education director, and I agree that it's been a time of heartening progress. However, we're worried that in too many of our classrooms, opportunities for play and exploration are less than ideal, and we fear that both learning and behavior are affected. How can we foster more richly textured classroom environments and curricula, we wonder? How will we encourage more teachers to get on the floor and support play with energy, skill, and creativity? Additional training? A conversation with supervisors? Something else entirely? It's clear that questions about what we see, think, and do don't just apply to intervention for kids.

Later, upon arrival at one of our sites, a teacher stops me to ask if I'd come observe a group of 4-year-old boys who've been getting increasingly rebellious. She's worried: This small group of kids is hard enough, but the contagion effect appears to be kicking in and other children are beginning to act like defiant teenagers, too. She has a feeling there are things she can do to turn things around, but she's stymied as to what they are. I agree to come take a look as soon as I can. Then we'll set a time to meet.

The site director and I sit down for a previously scheduled chat. We discuss a classroom where one teacher appears to be quietly at war with another—with an understandable impact on both quality of care and children's behavior. The director decides she wants to handle this one herself. She's concerned that teachers may feel too vulnerable in a larger meeting. We may run an evening training on team-work sometime soon, but first we'll see if it's needed. We consider a few more of the week's top worries. There's a child whose father is very ill and another whose teachers fear she may be witnessing some domestic violence at home. Both children's behaviors are escalating rapidly in ways that leave teachers concerned and frustrated. Each situation, we agree, requires that we move quickly but sensitively, finding ways to support kids, parents, and teachers alike. Who should do what, we ask?

Our problem-solving continues. I mention that, as requested, I've observed our newest child. He's been screaming and hitting, doesn't connect well, and has trouble following even basic routines. His teachers don't know why. I'm not sure what I'm seeing either, I report, but suspect that this 2-year-old either has severe language processing issues or is on the autism spectrum. Trying out some new approaches may help us understand him better. We decide that I'll offer one of our classroom-specific mini-trainings, in this case about how to encourage moments of joint attention with a child as far down on the developmental ladder as this boy is. We'll explore how to use simple visuals to support communication, too. Should we have a few visual supports ready to roll, we wonder, or will it empower teachers more to make them themselves? Would it be a help if I do some modeling in the classroom as well? We think so; this team has been very open to such help in the past. But there's another piece to this situation. We want to get our local early intervention team involved quickly. However, that will require a conversation with this boy's single mother, and she's already very overwhelmed. We consider who might be the best person to reach out to her—English isn't her first language, and she doesn't trust easily.

As the meeting nears its end, the director and I discuss what might be the site's thorniest issue: a few teachers whose harshness in approaching children with challenges continues to be of concern. We know these teachers are in need of feedback, goal-setting, and a follow-up plan—and quickly. We need to figure out who will anchor this process, however, and how to approach them clearly but supportively. Because until we're at the point of asking teachers to leave our program, we know it is important to move in a step-by-step way with them, too.

The Role of Consultation and Mentoring

As what unfolds during 1 day of consultation makes clear, the challenges facing any program range widely. Programmatic responses, as a result, must range widely too. In the case of CUI's initia-

tive, illustrated by the varied conversations described previously, this need for situation-specific responsivity is partially met through the provision of early childhood mental health consultation. Elaborated in depth elsewhere (Donahue, Falk, & Gersony Provet, 2000; Hirschland, 2008; Johnston & Brinamen, 2006), the nature of such consultation allows a clinically trained practitioner to offer an observing eye, a friendly ear, or problem-solving support to a director or supervisor at one moment, and to engage in reflection, psychoeducation, and brainstorming with a classroom team at another. At times it also involves supporting and collaborating with parents, doing classroom-based modeling to help teachers see what a targeted intervention might look like, or providing training attuned to the needs of a specific youngster, teaching team, or program. Drawing on an intellectually rigorous knowledge base yet offered with an emphasis on practical approaches to intervention, early childhood mental health consultation relies on respectful relationships with staff at all levels. One of its important elements is staff mentoring—a mix of support, psychoeducation, and facilitated reflection. Such mentoring isn't just directed at line staff, however; it may also involve extended contact with worried directors and supervisors who are looking for new approaches to the many challenging situations they encounter each day.

Clarity of Vision and Flexibility of Response

Early childhood mental health consultation is, by its very nature, a flexible enterprise. But even though our initiative allows my CUI colleagues and me to operate with flexibility across the board—a quality essential to the progress we cherish—it's driven by a set of unvarying principles:

1. *Shared responsibility is key.* We strive for a culture in which anyone involved feels free to frame a concern, initiate a call for consultation, or request a problem-solving session.
2. *Observation is too.* Getting a clear picture of how a challenging situation is unfolding almost always requires observation—whether by a supervisor, director, consultant, or all three.
3. *Group-based reflection drives change.* It's crucial for us to join together and think about what we're seeing, why it might be occurring, what growth and change we hope to promote and, most important, what shared vision we have for moving forward. The heart of our approach is this collaborative process of observation, reflection, and action-planning. With execution, of course, following close on its heels.
4. *Making progress doesn't mean constant progress.* Change is seldom straightforward; there will likely be bumps along the way. Not only that, a big part of our work involves trial and error. Anticipating that those bumps are coming—and understanding that our efforts won't always succeed—allows us to stay steady and optimistic. Supporting each other does, too.
5. *Observing, reflecting, and problem-solving must be ongoing.* Making and carrying out an initial plan is never enough. We need to continually revisit the loop of observation, checking in, and problem-solving as we move toward our goals for growth.
6. *Change can unfold in many ways.* There is no one way our process has to begin, nor just one option for moving forward. Sometimes, my conversation with a director serves as our starting point; sometimes change efforts begin with a naptime chat between two teachers or a concern raised by a parent. Sometimes, staff draw on their own creativity and skill to come up with solutions; sometimes we turn to our shared toolbox—including strategies from CSEFEL and *Second Step: Social-Emotional Skill for Early Learning* (Committee for Children, 2011; http: cfchildren.org/programs/ssp/early-learning/), visuals from Do2 Learn (do2learn.com) or Boardmaker™ (mayer-johnson.com/boardmaker), and more.
7. *Positive relationships are the most important element of all:* Warm relationships lie at the heart of all we do and all we strive for—relationships between children and teachers and within teaching teams, relationships between staff and administrators, staff and parents, and parents and kids. This is not just a principle but our guiding vision.

These principles, so useful to us at CUI, may be helpful to other programs as well. The same holds true for the ground rules keeping our administrative-supervisory-consultant team on track. When one of us notices a problem in need of attention, we join together in order to reflect and observe further. Then we consider how to move forward, including asking whether it makes sense to offer a program-wide or classroom-specific training. We also decide which of us—or which group of us—is going to frame goals for a teaching team or specific teacher. And if we think a piece of classroom-based modeling will be useful (it often is), we figure out who will do it. Finally, we plan for more observation. We want to see how a teacher or team is following through on proposed changes and think about next steps. It's an ongoing process which, at its best, leaves line staff feeling supported, respected, challenged, and enlivened. If not, our senior team needs to figure out what we're doing that isn't working. The process of reflection takes place at all levels.

Embracing New Challenges—Revisiting Old Ones

I call the program director who emailed about help for next year. It doesn't take long for us to agree that if we're going to collaborate, more than training will be necessary. We have a spacious conversation, as I inquire about who's on board, what's going well, where the problems are, and what she

Learn More

Center on the Social and Emotional Foundations of Early Learning
csefel.vanderbilt.edu
With its freely downloadable training materials, wide-ranging information for teachers and administrators, and much more, the Web site of the Center on the Social and Emotional Foundations of Early Learning is an invaluable resource for early care and education staff of all types. Note that a number of states now have CSEFEL trainings widely available to the early education community. More information on these state partners can be found on the Web site itself.

Georgetown University's Center for Early Childhood Mental Health Consultation
ecmhc.org
The Web site of Georgetown University's Center for Early Childhood Mental Health Consultation is a comprehensive and much-needed resource for early childhood mental health consultants. The in-depth information it offers practitioners includes frameworks for intervention, informative on-line webinars on a range of topics, best practice tutorials, and practical tools for intervention.

Collaborative Intervention in Early Childhood
sites.google.com/site/deborahhirschland
Developed by this article's author, this informal Web site offers a range of free downloadable materials for parents, teachers, program administrators, staff trainers, and early childhood mental health consultants. A handbook, *Addressing Challenging Behaviors in the Classroom: Helping Young Children Calm Their Bodies, Focus Their Minds, Manage Their Emotions, and Control Their Impulses*, can be found under the sidebar labeled "For Teachers."

hopes to see change. At the conversation's end, we agree that I'll come out for a preliminary chat with the program's administrative team.

When that meeting eventually takes place, a second dialogue begins: If we move ahead, what mix of training, observation, consultation, and mentoring might be in order? Are there some areas in which teachers shine? Areas in which many need more skill? What training content would we start with? What teachers and teaching teams are proving the most challenging to help? What support and mentoring might their supervisors hope for? A vision for moving forward begins to emerge. The next step for the group is to figure out whether they can come up with the funding needed to make that vision happen. It's an open question as to whether we'll be able proceed from brainstorming to an on-the-ground process, but we all feel energized by the possibility of working together

Back on the ground at CUI, though, Ayida isn't doing as well as she had been just weeks ago. Her mother is newly pregnant, feels poorly, and has visibly less energy. Ayida appears to feel the change acutely, and her behavior is slipping. Her teachers are slipping, too. The site director and I agree that it's time to schedule a check-in with that team. Because we're seeing something we've seen before. After children have been successful in heading up the developmental ladder, with support and scaffolding from us, we tend to do less of what helped them get there. For good reason—they no longer need our assistance in the same way. But when those children slide back down, because of pressures at home, stresses in the classroom, or other issues entirely, we often forget to head back down with them. It's hard for teachers to descend that ladder a second time: The first time was difficult enough. Ayida's teachers need some reminders and an injection of hope. This girl responded so well to our help before and the gains she made were real; she's likely to rebound far more quickly if we find the right approach to supporting her. And the work goes on.

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The Infant Parent Training Institute

A Developmental Model for Training Infant Mental Health Professionals

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The Infant Parent Training Institute (IPTI), established in 2004, offers integrated clinical and theoretical infant mental health training. IPTI is a part of Jewish Family and Children's Service of Greater Boston. IPTI provides clinical training through its affiliation with the Center for Early Relationship Support of the Jewish Family and Children's Service. Over time, faculty have structured IPTI training to reflect our understanding of the developmental process. In focusing on the development of early relating one is studying the dynamic process of the very formation of the self, in the context of the relationships that allow and nurture that development. (See boxes Overview of IPTI Training and Applying Infant Mental Health Expertise)

A Developmental Training Model

Incorporating an explosion of knowledge from the last 40 years in infant research and developmental theory, the IPTI curriculum stresses the importance of early emotional transactions between caregiver and baby. The early caregiving relationship provides the foundation for brain and emotional development, nonverbal knowledge about how relationships work, language development, self-reflection and awareness of other minds, and cognition. In our work at IPTI we pay close attention to the nonverbal (or implicit) level of communication between a baby and her caregivers. We also delve into the explicit verbal and reflective level of these relationships. And, most important, we care about how these different levels of experience cohere in the process of learning, loving, and sharing. The characteristics of this coherence (or lack thereof) tell us so much about any dyad, about how they might fail and disappoint one another, as well as how they might connect and enliven one another.

Fellows in the IPTI training program embark on a developmental process of their own. They study the implicit level of relating between mother and baby through their careful observations. In doing so they connect with their own remembered experience, and they also build a network of new relationships formed to examine the reflective level of their observation. In didactic seminars, over the course of 2 years, the fellows are immersed in what might be called the explicit level of current research and theory about infancy, development, consultation, and intervention. Faculty weave together the contributions of neuroscience, cognitive psychology, psychodynamic and psychoanalytic theory, attachment studies, and contemporary developmental theory. Finally, we want this experience to be coherent; fellows are challenged to make use of the concepts they are studying and make connections with their own clinical work and with their own personal development.

A Focus on the Parent–Infant Relationship

Loraine is a recent graduate of the fellowship. She is a Brazilian mental health professional who entered the training program 4 years after immigrating to the United States. Her goals were to develop a clinical and theoretical foundation for her work with immigrant Latino mothers and their babies.

Loraine's comments upon graduating from the program reflect the kind of personal and

Abstract

The Infant Parent Training Institute (IPTI) at Jewish Family and Children's Service of Greater Boston offers integrated clinical and theoretical infant mental health training. The curriculum reflects the belief that nuturing and reflective relationships promote optimal learning and growth. A specialty in infant mental health requires knowledge about development, about relationships, and about oneself. IPTI explores these areas of study through: (a) didactic and integrative seminars on infant research, developmental theory, and treatment; (b) a year-long naturalistic observation of a parent–infant pair; and (c) supervised clinical work with parent–infant dyads.

Overview of IPTI Training

Characteristics of IPTI training include:

- Immersion in up-to-date research from the fields of attachment, development, neurobiology, and trauma
- Emphasis on integration of theory with clinical practice
- Small classes
- Reflective mentoring and supervision
- Clinical practicum
- Infant observation as a core training experience

The IPTI curriculum features:

Year One:

- **Infant–Parent Development Seminar**—a multi-disciplinary approach to conceptualizing how infants and their caregivers grow and develop together within the earliest relationships.
- **Integrative Seminar**—focuses on integrating conceptual material into practice and understanding oneself as a practitioner.

Year Two:

- **Assessment and Intervention Seminar**—introduction to a range of assessment tools appropriate for children birth to 5 years old, as well as tools and approaches that assess parent representations, risks, and strengths in the early caregiving environment and parent–child interactions and relationships.
- **Clinical Work/Consultation**—parent–infant psychotherapy in home or community settings, supervised by IPTI faculty.

Before, During, or After the 2-Year Program:

- **Infant Observation Course**—as described in this article, infant observation is a cornerstone of the training program.

Applying Infant Mental Health Expertise

Training in infant–parent mental health is applicable to:

1. **Direct Service:**
   - Integrate new perspectives and skills into your current work with children, adults, and families bringing the relationship into the center of your work.
   - Create or expand your private practice to include or specialize in infants and new parents
   - Provide infant–parent psychotherapy and related direct services within mental health, early childhood, health, and hospital settings
2. **Consultation and Teaching:**
   - Consult to and supervise providers in agencies such as Early Intervention, Early Head Start, Healthy Families, child care, and other home-based programs
   - Design and provide parent education programs for adult and teen parents and their children
   - Teach courses and workshops in early development and infant–parent work
   - Become faculty at IPTI and other infant mental health training programs
3. **Advocacy, Policy, and Administration:**
   - Improve child welfare programs to include awareness of attachment within foster care and protective services
   - Develop skills to advance your new position within your organization
   - Advocate at the local, state, and national levels for legislation and services for infants, toddlers, and families

professional journey made by many fellows. She had been working with parents and infants for about 3 years when she started the IPTI fellowship.

My expectations coming into the Program were really around gaining knowledge and skills. I saw it as the perfect marriage and thought "I'll acquire the theoretical frame for the work I am already doing, as well as new skills and intervention strategies." That's what I hoped for. And I absolutely got that.

Loraine went on to say, "But what I've gained from this training goes so far beyond that. And a lot of it was really unexpected, at a professional level and a personal one."

As a clinician, the training made Loraine realize that even though she had been seeing parents and infants in the past, her primary clinical focus was on the parent, not the dyad. Unless something stood out in the baby's presentation or the interaction between mother and child, she was really focusing and treating the mother. The baby was in the background and benefited from the treatment indirectly.

Loraine explained:

I remember perfectly going to home visits and if I found the baby quietly awake in the crib or self-content on the floor, I saw that as an opportunity to focus on the parent. My focus was clearly not on their relationship. And even when the baby was included in the session, I feel like I was seeing mothers and babies in black and white, because of everything that I had overlooked. Going through the fellowship, I feel that my eyes and ears have been trained in a way that I can now capture subtleties and nuances of the exchanges and dynamics between mother and baby, which I missed in the past. And it's not only that I'm seeing more bright colors; now I have a conceptual framework for understanding what I see and thinking about interventions.

Loraine now looks at mothers and babies as equal partners in a constant dance. She moved from doing individual psychotherapy in the presence of the baby to truly doing dyadic work with their relationship as the central piece—a dramatic shift in her clinical focus.

A Deeply Personal Journey

An unexpected aspect of Loraine's experience in the Program was how much it evoked of her own childhood. "I'm not talking just about recalling experiences or referring back to things that I had known about my early years, but understanding these memories and experiences in a different light. In a sense it's been quite a personal journey." After her grandmother passed away—someone she loved dearly and was very close to—the material that was already evocative became even more so. Loraine felt she was being taken back in time and revisiting the past, with new lenses. In the small cohort, working closely with other fellows and faculty members, Loraine's personal exploration was supported and encouraged. She added, "I want to thank everyone for creating a space that allowed me to share some of these very private thoughts and feelings as I connected theory to my own personal experience."

The development of an infant mental health specialist depends on integrating developmental and clinical concepts into practice and also understanding the clinician's role in evolving therapeutic relationships. A central focus of the clinical training is to help clinicians make use of the therapeutic

relationship with their clients. Although negative interactions may be repeated in the transference, the therapeutic relationship can also point the way toward growth and change. It becomes a bridge to new ways of being with oneself and experiencing others. Fellows begin to appreciate their value as a therapeutic instrument for positive change and learn to contain intense feelings that are part of this clinical terrain. A new professional self is born out of a complex and dynamic process of interplay between fellows and faculty members, a deeply personal and also a deeply interpersonal journey.

The Power of the Therapeutic Relationship

Helen was an experienced mental health clinician when she began her training at IPTI. She had been working mostly with adults and teenagers in acute and long-term settings. During her second year clinical practicum she was surprised to discover the strength of her feelings evoked in visits to a mother–baby couple in which mother seemed unable to be consistently responsive to her child. Helen used her supervision and class discussion to help her contain her wishes to both rescue this baby and to teach mother how to provide more attuned care. Using the lens of attachment theory, she began to gently probe the mother's own early experiences and also to notice and build upon those moments in which mother and baby did seem attuned. She learned that the mother's trauma history and disorganized attachment made it painfully difficult for her to consistently attend to her baby's vulnerabilities and needs as they triggered powerful feelings of vulnerability and of past neglect and abuse. The mother's fear of being shamed or abandoned was also enacted in the therapeutic relationship: Helen explored how her desire to teach the mother how to be attuned would have been very shaming indeed, and she examined her initial judgmental feelings and her experience of baby as the injured party. Self-reflection, conceptual integration, and support helped this therapist to move forward with a challenging clinical situation. Over time this threesome—mother, child, and therapist—found ways to put words to painful experiences and to move ahead into new, more stable and trusting ways of being together.

The Application of Infant Mental Health Training to Early Intervention Therapy

Lynne entered the training program as an experienced early interventionist. She wanted to enhance her connection to families, and their connection to one another, by sharpening her observation skills and deepening her understanding of the parent–infant relationship. In her clinical practicum

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Much of what is expressed within family relationships is communicated nonverbally and implicitly.

Lynne was assigned a mother–baby pair in which the mother had been severely ill during the birth of her first daughter. At the time Lynne began home visiting, the baby was 4 weeks old and the mother was still barely able to hold her child through nursing, changing, or cuddling. Lynne was accustomed to actively coaching parents on how to accommodate to a variety of special needs. She had not had the experience of taking a more reflective stance—inquiring into the meaning of these needs and the feelings aroused by them. Through careful listening Lynne learned that in childhood her patient had developed an independent style in response to her own mother's lack of availability. She had promised herself that she would always be responsive to her child's needs so that her child would never feel abandoned. Now, she felt that her physical limitations prevented this. She felt depressed, critical of her mothering abilities, and worried that her child felt alone. As they worked together— linking current caregiving issues to earlier childhood experience and articulating the mother's experience of this baby as her own infant self—the mother began to modify the meaning of her illness and her temporary limitations. Over time her depression lifted. At the end of treatment, she felt confident that she would not repeat the painful relational patterns of her own childhood.

Infant Observation: A Cornerstone of the Training Program

...To be a good observer and to become a good clinician...requires a space in the mind where thoughts can begin to take shape and where confused experiences can be held in an inchoate form until their meaning becomes clearer... (*Rustin, 2002, p.20*)

IPTI's Infant Observation Course is adapted from a training model developed at the Tavistock Institute of London in the 1940s. This model of infant observation has since been widely adopted throughout the world as part of training for psychotherapists and early child educators. At IPTI the Infant Observation Course is the cornerstone of training. Observing a healthy mother–infant dyad without the need to intervene provides a space in which observers can feel and reflect upon feelings and observe development in action in a spirit of discovery and uncertainty.

There are three parts to the Infant Observation Course: (a) the visit, (b) the written record of the visit, and (c) the Observation Group Seminar. A student observer visits a family with a new baby each week throughout the academic year. This hour-long visit takes place in the family's home. The observed families are volunteers, with no major life stresses apart from the birth of their new baby. After the visit, the student writes a careful description of the observation, including infant and parent behaviors as well as reflections on the observer's own experience and feelings during the observation. Finally, the student attends a weekly group seminar, in which the participants of the course present their observations to the group, facilitated and led by the observation course instructor. The group also reads relevant literature on different aspects of the

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New parents are vulnerable in their unfamiliar identity and the awesome responsibility for a new life.

infant observation experience and on infant and parent development.

The course structure allows a rich multilayered experience for the student: observing a dyad, reflecting on and observing oneself, and a parallel process of group reflection with a seminar leader. Three major capacities emerge: The ability to observe, to reflect, and to contain strong feelings.

Observation

The observer learns to look carefully at multiple levels of behavior, interaction, and feeling that make up the complexity of human communication and connection. She also observes the infant's developing capacities and the parents' evolving identity and commitment to their infant. The student observer in encouraged to look without preconception or pre-judgment. This stance is critical in order to learn from experience. It often takes time to learn how to stay in the fullness of the present moment and to readjust one's lens in order to understand what one is witnessing. Observation requires being in a constant state of readiness to receive and discover. There are lengthy periods of tolerating the unknown and waiting for meaning to emerge.

It is in this watching and waiting that one can witness the dance between parent and infant unfold, as each shapes the other with touch, voice, gesture, and feeling states. This dance includes harmonies and uncomfortable mismatches, and then the re-emergence of connection. Much of what is expressed within family relationships is communicated nonverbally and implicitly. These communications are co-created by infant and parents, and endowed with the meanings that convey their shared experience: This is how we are together. The baby snuggling into mother's shoulder is understood as the baby wants mother; the baby bowing to the mother's breast is understood as the baby wants to nurse. The observer asks this question: How do this baby and parent come to know and be known by one another (Stern, 2004)?

Mother turns to Baby so that he now faces away from me. He is snuggled into Mother's body, sitting on her legs, supported by Mother. Baby is making lots of noises and squirming around. At one point he moves his head from side to side, wiggling in the process, and Mother responds to this with her own body, wiggling her own body seemingly in response to his movement. It doesn't seem conscious on her part, more something her body does in response to his body. It is a fleeting moment but one I am glad I have seen. It seems king of wondrous to me—an example of a small moment of kinetic body attunement. (*Observation of mother and an 11-week-old infant.*)

Baby repeatedly now makes bids to engage me: he looks me squarely in the eye, he smiles, and he waves his arms up and down. I think back to the day he was in his seat in the living room and Mother was sweeping and she stopped to engage Baby and flung her arms up and down and turned back to sweeping and then Baby flung his arms up. I wonder if this has become part of their (body) language—their way of engaging one another, and for Baby, to engage others as well. (*Observation of mother and a 22-week- old infant*)

Baby clearly understands that a certain type of push (of button) creates the noise and he begins to play one song after the other. Mother comments on the songs to baby: "You did that. You made those songs!" Baby stops and looks up at Mother, taking in these words and also the feeling within the words from his mother. This is a great moment of seeing Baby's independence and spontaneous exploration, which is then highlighted and confirmed by Mother. It seems like an important connection—an expansion of his own affective pleasure in the task and perhaps one of the pathways through which he is learning to recognize his own pleasure and also capacity to affect not just things but his mother too. (*Observation of mother and a 27-week-old infant*)

Self-Reflection

To sit with an infant and parent, and to witness new life and relationships, can stir up powerful feelings in the observer. The course allows the observer to find a reflective space in which to think about and to process such feelings, both in the observation write-up and within the supportive small-group processing. In the observation seminar participants reflect upon the infant's, parent's, and observer's experience. Observers are often taken by surprise at the intensity of feeling stimulated by the observation; at times they identify with the baby, at times with the mother. Sometimes one's relationship with one's own mother or child is evoked, raising feelings of longing, regret, or joy and affection. There are multiple perspectives provided by each group participant. The actual observer comes to appreciate these multiple perspectives, which open up new possibilities for making meaning. The cultures of both the observer and observed, from a multitude of ethnic, socio-graphic, and racial and religious groups, all enter into the observation experience. Through this attention to reflection, the observer learns more of what she herself brings to the observation—a helpful self-awareness for clinical work with families.

I'm aware of my own desire to ask/wonder how Mother understands Baby's lack of smiles. I have to learn to live with my own unknowing

Learn More

Web Sites

The Infant Parent Training Institute (IPTI)
www.jfcsboston.org/IPTI

The Infant Observation Journal
www.infantobservation.net

Articles

Mother-Infant Psychotherapy: Examining the Therapeutic Process of Change
E. Spielman, R. Paris, & R. Bolton (2009) Infant Mental Health Journal, 30(3), 301–319.

Early Connections: Mother-Infant Psychotherapy in Support of Perinatal Mental Health
E. Spielman (2002) Zero to Three, 22(6), 26–30.

Evaluating a Home-Based Dyadic Intervention: Changes in Postpartum Depression, Maternal Perceptions, and Mother-Infant Interactions
R. Paris, & E. Spielman (2010) Infant Mental Health Journal, 32(3), 319–338.

of Mother's thoughts as she has to live with her thoughts of Baby's decreased smiling. I feel I'm still learning this observer role. (Observer's reflections of mother with a 13-week-old infant)

Containment

Even in well-functioning families the observer may be contributing an extra level of containment for the family, with potentially helpful effects. The observer comes to appreciate the parent's willingness to sit with another. A new parent is vulnerable in experiencing an unfamiliar identity and the awesome responsibility for a new life. A parent may wonder, Will I be able to keep my baby alive, will I be able to read my baby, will my baby love me and will I love my baby? (Stern, 1995). The parent can use the observer and observation experience as an opportunity to imagine how it appears through another's eye. Like nesting dolls, the parent is a container of the baby's upset, just as the observer may be a container for the parent, and the group a container for the observer's anxiety.

The observation group provides each participant with a place to look at his role in the family, with lots of exploration of boundaries and how to be unobtrusive. Sometimes it is a burden to know as much as one does as an observer, as one can be exposed to painful material. It is hard to be so close to intimacy and yet to be an outsider. Exposure to nonverbal states evokes powerful feelings and memories in the observer—memories of being a parent and an infant. Observers may feel vulnerable, as they have no familiar professional role to hide within—a parallel with the new parent in an unfamiliar role. The group is a safe place to share anxieties: It helps to make sense out of the ebb and flow of individual emotional reactions to what one observes.

Mother related that Baby had been admitted to the hospital for 2 nights last week due to difficulties with his breathing. … I could hear his breathing and noticed when his breath rate increased and decreased. It made me think of Baby's own stress level. (Observation of mother and an 8-week-old infant)

In reflecting back on today's visit I find myself thinking about Mother and Baby all evening. I'm thinking of the parallel process of getting to know someone without words. But when Mother says, "Oh Baby" to convey her understanding to Baby, I too want to use words to convey my understanding of how hard this must be for Mother. (Observation of mother and a 19-week-old infant)

Summary

Training at IPTI is specifically designed to support the development of the capacities necessary to do therapeutic work with families in the vital and intense period following the birth of a new baby. The staff at IPTI believe that such specialty training should take place in an environment that supports personal reflection, cooperative learning, up-to-date and intensive study of human development, and closely supervised clinical work. Upon completion of training, fellows are qualified to bring extremely high quality therapeutic interventions into the home and to apply their expertise in numerous clinical, community, consultative, and administrative settings. A sound foundation in infant and parent development enriches therapeutic interventions with clients of any age. The fellows go through a process of discovery about the importance of relationships that parallels the process of parents discovering their baby. The basic needs for security, loving recognition, and fellowship in the human family begin in infancy and remain the same throughout the life cycle. The training provides the opportunity to be on the generational cusp—with all of its perils and promise—to promote health and vitality in the earliest relationships.

Photo: Kiwi Street Studios

The early caregiving relationship provides the foundation for brain and emotional development.

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The Emotional Labor of Early Head Start Home Visiting

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I had a mom make me dinner. She'd invited me over for lunch to tell me that she was very, very sick. I already had a pretty good idea that she was dying.... When I got there, she was picking roach pieces out of the rice that she was making. ...I mean, the roach had nothing to do with the fact that this woman was dying. And so, it would be really stupid for me to say, "That makes me sick to see the roach...." So, I went to the restroom, and I stood up against the wall ... and I slid down the wall, and slipped just like, into a fetal position. I did. I slid down the wall and I said, "God, is this a test?" That's exactly what I did. And...I got my composure and I went back out. 'Cause, I was getting sick. You know? ...It wasn't like there were a lot of roaches in there, or anything. ...She just pulled out a leg or two....I thought, you know, ...I can offend her, and tell her that I'm not going to eat that, or, I can eat it with grace and know that there's nothing gonna happen to me if I get a roach leg. You know? So, I ate.

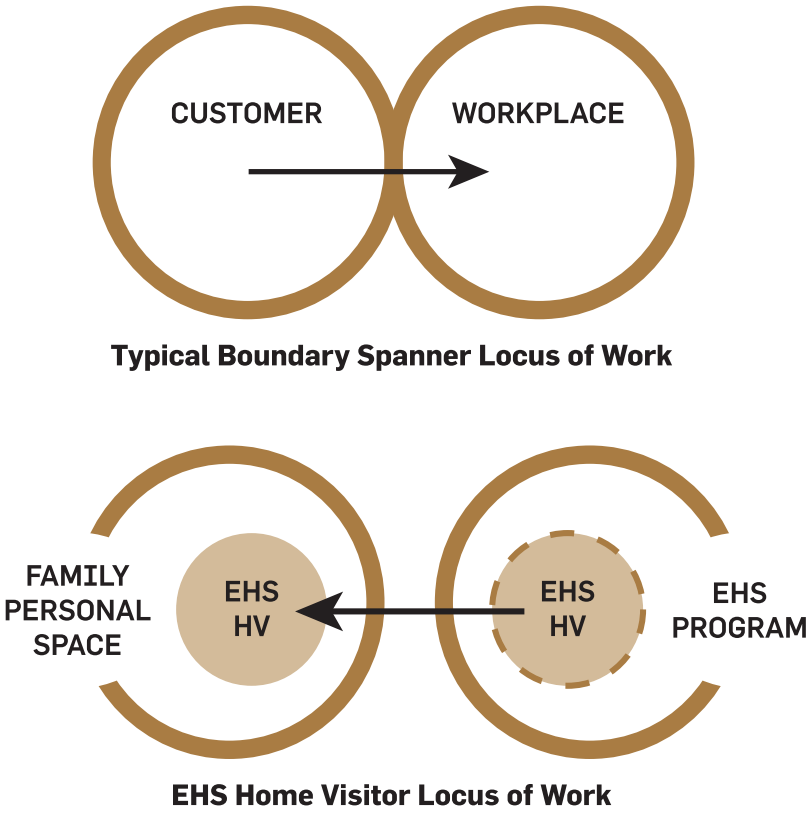
The work of those in the infant–family field often requires that they maintain an outward appearance that is radically at odds with their internal response to a situation. Having been trained explicitly that relationships among themselves, children, and parents are the foundation of their work, or that "How you are is as important as what you do" (Pawl & St. John, 1998), home visitors, teachers, and caregivers are called on to interact with parents in a manner that will build trust, demonstrate respect, and otherwise facilitate the development of an effective partnership. In short, their approach is relationship-based (Berlin, O'Neal, & Brooks-Gunn, 1998; Bertacchi, 1996). In the course of these interactions with vulnerable families, it is not uncommon for staff to feel the need to manage their emotional responses in order to preserve their relationships (Weatherston, Weigand, & Weigand, 2010), to keep them open and viable for the work of the program. This internal management of emotions in order to display an appropriate response is called *emotional labor* (EL; Hochschild, 1983).

EL is considered invisible work because it happens internally and when performed is hidden to the observer. Its lack of visibility is no indication of its impact, however, as this work results in effects on both the physical and emotional well-being of workers. The majority of outcomes identified in the literature on EL identify negative consequences, including emotional dissonance (Abraham,

Abstract

In a relationship-based approach to infant–family work, front-line staff members are frequently called on to manage their emotions in order to offer a presence that will promote and maintain an effective relationship with parents. The work of managing emotions to elicit a desired response in others is called *emotional labor*, and it comes at a significant cost to the worker. Awareness of this construct is important for staff and supervisors in order to moderate the effects of this invisible work. The presence of emotional labor in infant–family work is a primary rationale for the need for reflective supervision in this field.

Figure 1. Comparison of locus of work for typical boundary spanner vs. early intervention worker



EHS= Early Head Start; EHS HV = Early Head Start Home Visitor

1998; Kruml, 1999; Morris & Feldman, 1997), self-alienation (Ashforth & Humphrey, 1993), emotional exhaustion (Abraham, 1998; Kruml & Geddes, 2000; Morris & Feldman, 1997; Spratt, 1996), an increase in health symptoms (Schaubroeck & Jones, 2000), decreased employee well-being (Morris & Feldman, 1997), job stress (Pugliesi, 1999; Spratt, 1996), and inauthenticity (Bulan, Erickson, & Wharton, 1997).

How EL Works

EL occurs through two primary mechanisms. Both require the worker to act a response that masks a true feeling. For example, in a study investigating EL in Early Head Start (EHS) home visitors, participants spoke openly of hiding frustration with parents in order to maintain their relationship with the family. One home visitor narrated an extended sequence of events which led to her great disappointment with a family. She voiced frustration with the parents, but stated flatly that they "Never knew it. I don't think she could have known it. ...I don't do well to put on a fake smile, but I can be very professional when I need to be."

In this example, the home visitor is using a process called *surface acting* (Hochschild, 1983) to manage her emotions. In surface acting, the feeling (e.g., frustration, anger, helplessness) remains but is hidden to the parent. In this process, there is no attempt to change the actual feeling, just internal work to manage the feeling in order to offer an external response that meets the expectations of the job.

A second way to perform EL is through the process of *deep acting* (Hochschild, 1983). In contrast to surface acting, deep acting is accomplished by actually working to change the emotion, not just the outward display.

I just had a visit ...her children were almost taken away from her because the housekeeping was not so good. And when I went to visit her...it was ok. It wasn't spectacularly clean. But, I'm doing paperwork, and the child is playing Legos on the floor. And, a roach crawls... across [the table] by my book. Well...what do you say? You know? She was totally humiliated. I didn't do anything but pick my bag up off the floor and put it on the chair. ...I didn't do anything. That mom let me in her home. I am not gonna dis [sic] on her roaches. She let me in there. Do I get another visit? Yes, I do. ... Am I gonna get in that home again? Yes, I am. ...I was thinking, "Oh, gross!" But she didn't see that. ...The roach didn't matter because the mom allowed me in her home, and she's saying, "I-want-help-for-my-child." ...And, I'm saying, we'll worry about the roaches later, because ...if she didn't care about her children, she wouldn't have let me come there. ...And, you know, it will be addressed. ...But, not today.

Deep acting involves a process of reframing the initial feeling by looking within and finding a rationale for a different response. Home visitors described numerous examples in which they reframed their initial response (the "Oh, gross!" in the passage above), often by placing the immediate event within a larger context. This had the effect of casting a different meaning on the situation. In the passage above, the home visitor was able to manage her initial emotional response to the cockroach in honor of the parent's choice to allow her in to her home. She saw the parent's choice as a strength, a positive step with larger implications than the roach before her eyes, and therefore had no problem managing her response. She believed that maintaining a respectful presence with the parent would further the work she was present to accomplish.

EL in Infant–Family Work

Certain characteristics of infant–family work make the field prime ground for EL. First, home visitors, teachers, and caregivers are the direct link between the program and the families served. Employees in this position are boundary spanners and are the employees most likely to encounter EL as a part of their jobs (Wharton & Erickson, 1993). Placing the work in the living room of a family that participates in the program adds a dimension to the work with the potential to profoundly affect the balance of control between workers and program participants. This difference between a traditional definition of boundary spanner and the boundary being spanned by EHS home visitors is depicted in Figure 1.

This is boundary spanning of a different nature, with the physical boundary being spanned having a real impact on the EL of staff, as well as serving as a metaphor for the intimacy of the work. Barron and Paradis (2010) eloquently described the regularity with which the work of infant mental health home visitors brushes up against professional boundaries.

Second, in their regular interactions with children and families, infant–family workers are expected to establish relationships that serve as the foundation of the work. This involves offering respect to and eliciting trust from parents, activities that are greatly affected by the emotional state of the worker. In a relationship-based field, expectations for how teachers, caregivers, and home visitors interact with parents are explicit and clear.

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Home visitors are often in situations that require they maintain an outward appearance that is radically at odds with their internal response to a situation.

A third factor that contributes to EL is the issue of role conflict (Murray, 1998). In a study investigating EL in the work of child care, Murray revealed intense EL in the work of balancing the role of mother-like caregiving against the expectations that they remain professional and maintain boundaries. The position of these workers puts them in a "dance of intimacy" (p. 152) with families that extends their relationship far beyond the description of typical boundary spanners. Child care workers, for example, are expected to care well (in routine acts of caregiving) and deeply (in an emotional sense) for the children, but to not care too much.

EHS Home Visitors

In order to explore the concept of EL in the context of infant-family work, EHS home visitors from three EHS programs in Kansas and Missouri participated in a series of focus groups and interviews. These conversations revealed that EHS home visitors regularly manage their emotions in order to maintain their relationship with parents, with consequences that take a toll on both the emotional and physical well-being of the staff.

In the interviews, home visitors clearly articulated why they instinctively held back on their emotional responses. They expressed the need to not be judgmental and stated frequently that keeping the relationship open was the only way to accomplish the work of the program. One home visitor stated adamantly:

I think with this job you can't be very emotional out in the field. …You're gonna see some things that you just want to scream, "I cannot believe they're doing that!" But, you have to hold it in, because it might just be their custom or their culture. …You don't want to show too much emotion because…you want that door to remain open. …You fake it all the time.

Characteristics That Contribute to EL

Early research on EL was conducted in a variety of work situations, including airline attendants and bill collectors (Hochschild, 1983), fast food employees (Leidner, 1993), and sheltered workshop supervisors (Copp, 1998) among many others. In all of these situations, EL was found to be present. The work of EHS includes characteristics that greatly intensify the EL experienced by front-line staff. First, the scope of work with families in poverty adds challenges at many levels. A second aspect that contributes to EL is the intimate nature of the work. The emphasis on a relationship-based approach is a third significant factor, and finally, EHS staff are affected by the vulnerability of infants and toddlers.

THE SCOPE OF WORK WITH FAMILIES IN POVERTY

I go in the home, and it's like everything just broke loose. You walk in, ready to do a home visit, and, Mom's teeth are hurting, she needs to get to a dentist, she's in pain. There's three children in the home. The father…she kicked him out, and she doesn't know where he is, and he's threatened to kill himself. He's been gone 3 days…and she's just wondering if he's dead somewhere …And then the kids are running around, and one doesn't have a diaper, and he just went to the bathroom on the floor. I don't know why, but I was bound and determined to get a diaper on this little boy. I don't know why that bothered me so much, but he's just running all over, climbing on the coffee table, with no clothes on…and, we're trying to talk. …That just topped it off. I mean, …he had a bowel movement right in front of us.

*And I just walk in and this is all happening, and it just hit me…I just felt…like "Whoa… Where do I begin???" And, it's just challenging to bring Mom down, 'cause she's in pain, and all upset, and so, you get in situations like that where…*It looks bigger than me…*It's like…you want to turn around and go back out the door… But, I sit down, and just talk it through, and calm Mom down, get a diaper on…It took me the whole home visit to get a diaper on the little boy.*

"It looks bigger than me." EHS home visitors understand that working with parents on both child and family development are central tasks of their work. Regularly, however, they enter homes and lives dramatically complicated by the influences of poverty. As exemplified in the passage above, getting to the work of child development is frequently obstructed by more immediate and pressing needs of families. Given staff training on families as the context for child development, and the additional focus of the Head Start Program Performance Standards (U.S. Department of Health and Human Services, 2007) that includes family goal setting, they know that the families' needs are relevant to their tasks. However, the scope of family needs frequently serves as a barrier to the work of child development. This situation of knowing their work, but having difficulty getting to it, is a source of considerable frustration for home visitors. How can a home visitor get to the work of anticipatory guidance around the development of a 19 month-old, if it takes an entire 90-minute visit just to get a diaper on the child?

Another home visitor spoke to the tenuous nature of some families' ties to the program, and the balance she was required to strike in her work. She was afraid to make too many demands on their participation, out of concern that they would not continue. In her words, "It's like emotional blackmail to me. …I don't want to rile them up, because, I don't want them to [drop] out of the program. Because the children, …the whole family needs it." This stress is endured in the face of continual pressure to complete paperwork and fully implement the model.

THE INTIMATE NATURE OF THE WORK

You know, [if I worked] in a bank, or in an office, [parents] could come in and tell me whatever they wanted to tell me, and I would

never know any different. I think it's easier to not have emotion there, because you can make it be whatever the parents say it is. But, when you get plunked down in the middle of their house, with all of their stuff going on around you for 90 minutes a week, you have no choice but to, for an hour and a half, kind of live it and breathe it, and soak it in. It's all around you. ... You know everything about them, in their environment. ...I think when you put us in their life, where we come in every week, we become a part of the family to them. We become a part of ... their day-to-day living. ...They plan for us, ...or, they plan to not be there when we come. ...And so, we're set up to be a huge part of their life...

When Hochschild defined EL in *The Managed Heart* (1983), the first characteristic she identified as a criterion for experiencing this phenomenon was "face-to-face or voice-to-voice contact with the public" (p. 147). The work of EHS home visitors, as described powerfully in the voice of the home visitor above, extends well beyond the face-to-face or front-line contact described in the literature, and lands in the middle of the personal space and intimate business of EHS's external customers—the families. With curricula that focus on child development, parenting, and families' personal goals, the daily work of EHS intertwines with the value-laden and personal business of families.

The intimate nature of the work with families also leads to challenges related to role definition, especially with teen parents. Several home visitors shared examples of EHS teen mothers tugging at the boundary defined by their roles, in subtle or overt invitations for the home visitors to serve in a mothering role to themselves. One home visitor stated, "This girl has no mom, and she said to me, in a meeting 2 weeks ago, you know, 'You're like my mom. Everyone thinks you're my mom...' " The invitation to be more than their role prescribes puts home visitors in the delicate position of needing to define their boundaries more overtly, when the distinction between what is their work and what isn't is often lost on young parents. A conversation intended to delineate this distinction can be interpreted by a young parent as rejection. When a relationship-based approach is the venue for the work, this fine line is not easy to tread, and leads to EL on the part of the home visitor.

RELATIONSHIP-BASED FOCUS OF THE WORK

As mentioned in the opening of this article, a third aspect of EHS that contributes to the EL of home visitors is the relationship-based nature of their work. Many comments reflected how home visitors managed their emotional responses to situations in deference to their understanding that their relationship with parents was the foundation of their work. Their comments indicated a fundamental assumption that maintaining a respectful presence with the family was critical to establishing a relationship that would allow them to get to the work at hand. In the selection that follows, a home visitor reflected on her reasons for managing her emotional response:

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Home visitors made it clear that shedding their emotional burden was not nearly as easy as clocking out at the end of the day.

I don't want her to think, "Oh...she's just like everybody else. She won't give me a chance. She doesn't understand me. She doesn't want to hear it." ...I know a lot of the families we serve have been through really bad experiences with agencies similar to ours, and I want them to know there are agencies out there that aren't like that. So, I don't want to hurt their feelings. And, I don't want to bring them down, because there are so many mental health issues.

Many comments similar to this revealed an additional assumption on the part of home visitors that families in poverty tend to have poor social and relationship histories and that a large part of their work involved demonstrating that relationships can involve trust and respect. One spoke directly to a critical point, "A lot of the people that we work with just aren't trusting...You know, they don't trust anybody, because they've never really had anybody."

Several interviews described situations where families responded to the respect and trust they were offered by inviting home visitors into situations that were clear boundary violations from the perspective of professional behavior, but were natural extensions of the relationship from the perspective of families. This "you must get close, but not too close" tension frequently places workers face-to-face with programmatic and ethical boundaries. For example, one told of a parent dying of AIDS who had papers drawn up giving the home visitor the responsibility of taking care of the children upon her death.

I was very taken aback. I didn't tell her no because she was very sincere about this. I did tell her that there were other avenues we could explore. But, her family was such a mess... She couldn't think of anybody.

By default, the proximity that results from successful relationship-based work regularly places home visitors at or near boundaries they are instructed not to cross.

VULNERABILITY OF THE CHILDREN

Finally, as expected, the vulnerability of children plays a role in the EL of EHS home visitors. However, although infants and toddlers certainly serve as a primary motivation for working in this field, the bulk of the EL appears to be tied to work with parents. Because child development is the primary focus of EHS, home visitors felt there was more programmatic infrastructure to support that aspect of the work, resulting in less EL related to children. One home visitor stated, "It's the 'family work' that doesn't have the easy curriculum." With that said, a fundamental concern for children still served

Photo: Marilyn Nolt

The inability to focus on child development goals during a home visit due to the overwhelming needs of many families is a source of considerable frustration for home visitors.

as a notable part of the EL of home visitors. Another stated sadly:

You know how sometimes you can just sense that…yeah, the family's doing ok. But, due to their family and their friends, and what they're role modeling for the children, you can just sense, "That child's going to have a hard life." You know. You can just see it.

Consequences of EL

The primary consequence of EL in the work environment is the toll it takes on the emotions and emotional energy of those doing the work. EHS home visitors made it clear that shedding their emotional burden was not nearly as easy as clocking out at the end of the day, and it was sometimes unachievable.

Home visitors spoke frequently of using up their energy with EHS families and having nothing left for their own when they got home in the evening. "I'll give it all…all my compassion and everything to my families during the day. And then, when I get home, I just don't have the patience, with my husband or my kids…I'm tired." Or from another, "There are a lot of days when I'm just worn out at the end of the day. There's nothing left. I have to fill myself back up before I can go home to my kids, or I'm just gonna be worthless there."

A common theme of the home visitors interviewed was that the work was "24/7." One described, "It's never completely gone out of your, your brain, you know. It's still, like, haunting you, because, you want your families to succeed."

Several of those interviewed spoke of physical symptoms they associated with their work, primarily sleep problems. One stated, "I didn't sleep, it was work. … it was my families. …It's not like working in a factory or something. This is people's feelings, and their children, and you want to do the right thing." Others reported not being able to "turn off" their work:

At times, I wake up at night, and my neck is stiff, and my teeth are clenched, and my body is in such a stiff position…and, I'm laying there, … and then I wake up and I think…it immediately goes to a family. Immediately, there is something going on. And, I have to think, "Ok. I'm not working. I'm not working. I'm not working." That's what I think… "Hey…I'm not working. I'm not working!"

Learn More

Emotional Labor: Helping Workers Present a Positive Face. Mind Tools: Essential Skills for an Excellent Career
http://www.mindtools.com/pages/article/newTMM_44.htm

Implications for Professional Development

In the face of their many encounters with EL, home visitors described strategies they used to moderate the impact of their EL. Themes included focusing on positives, supervisory and peer support, and reducing EL by being more honest with families once the relationship was well-established. Including this information in professional development through training, coaching, and reflective supervision may serve to reduce the effects of EL on staff.

Focus on the Positives

A few of the home visitors identified focusing on positives as an effective strategy for striking a balance against the downward emotional pull of the EL they experienced. These positive events included families following through with suggested activities or otherwise demonstrating that they were somehow listening and applying the information that the home visitors had shared over their time together. These examples were identified as "part of the paycheck." "When something positive does happen, it's worth all that yucky stuff we went through." In another focus group, home visitors offered specific examples:

Home Visitor 1: To me, it seems that you're thinking, "I'm not making any progress…" but then, when you hear that mom turn around and tell the child, "Buckle up!"

Home Visitor 2: Or, that mom that you've worried has had a problem with maybe abusing her child, [but] you've never seen it … And then later, have that mom come to you and say, "I want to hotline myself." …Wow…

Formal and Informal Support

Focusing on positive accomplishments of families was not the predominant strategy discussed by the home visitors. Overwhelmingly, comments on how they managed to stay balanced in the face of EL centered on having an outlet in the form of safe supervisory and peer support. This inclination was echoed in an early study looking at the effects of EL. Copp (1998) found that workers experiencing EL failed in the absence of social support.

Universally, the home visitors addressed the importance of having a supervisor who supported their emotional needs. It was clear from all interviews and focus groups that having a supervisor in a supportive role was effective for offsetting the drain of the EL they encountered. One described how, in regularly scheduled reflective supervision sessions, her supervisor encouraged her to talk about her own response to the work:

I talk to [my supervisor] once a week, at reflection. … Sometimes we get caught up in talking about me even more than my families. And, [she] will listen to me, and then we get to my families. We talk about frustrations, and things that I'm feeling, and… deal with

my mental health. And then, we'll get to my families.

The importance of having supportive supervision was identified in another focus group, through description of the difference they noticed after a change in supervisor. The new supervisor offered less support than the previous one, who had, in fact, been a licensed counselor. Their comments revealed recognition that there was a distinct difference between a supervisor with whom "we just talk about our caseload and problems with a family..." and their previous counselor/supervisor from whom they received supportive as well as administrative supervision.

In addition to the formal support offered by a supervisor, home visitors described the benefits of informal support offered by peers.

There's some times that you just say, "I've had it! I'm sick of this job, I don't know how to do it anymore, I don't want to do it anymore...I'm quittin'. I'm...I'm... This is it...I'm giving my notice." I've done that. And, everybody kind of just comes around and says, "Oh, well...it'll be OK tomorrow..." Or, "Did you try this?"...

They spoke of the safety of the peer group, and recognized the importance of simply releasing their emotions. Across all groups, they indicated that it was healthy to have such an outlet and repeatedly acknowledged that venting to their peers was "not for you to fix it, and not for you to...to do anything with it, but just to be able to vent." Another elaborated on how her conversations with her peers made her realize "I don't feel like I'm alone."

Unveiling Honest Responses

It came to a head one day, I'd had a bad day, and she was the last one, and I walked in and it was total chaos. And, she was mean and ornery, and yelled at me about something that wasn't even my problem or my fault, and I said to her, "You know, they don't pay me enough for this." And I said that I've been doing this for a long time, and that I don't have to tolerate this from her, that I was here to help her, but she's not receiving any help, that she is rude, and disrespectful, and that I was packing my things up and leaving and that I would not be coming back!

And she left, actually walking out on the parent. She left the home extremely upset with the parent and herself, and she left behind a very angry parent as well. She did not expect to see this mother again. She was quite surprised, therefore, when she returned to her office and had a call from the parent, saying, "You didn't tell me when you'd be back next week." Due to an illness, she missed the next 2 weeks, but did return on the third week after the incident:

When I got there, she had made me chicken soup ...and, the kids had made me pictures. It was raining that day, and what really blew me away was when I went to walk to my car, she got an umbrella and walked me out to my car. I was very, very surprised. I think it was about 4 months later, she came in and told my supervisor how wonderful I was as a home visitor... [That event] opened me up to be able to say things I needed to say for a long time. I needed to tell her that she was damaging her children by walking around with the belt, snapping it. ... We talked about a lot of issues. ...I think it made it easier to talk to her. Because, she told me later that I was the only person that stuck it out with her. That she'd run people off. She'd run people off on purpose, before they would dump on her...And so, I learned a whole lot about that. ...I'm going to cry now...

The learning that the home visitor took from this episode—that in the new iteration of their relationship (after the breach), it was safer to be emotionally honest and less necessary to manage emotions—was echoed in other interviews. This home visitor acknowledged that the manner in which this relationship was solidified was not one she would recommend. However, the moment when she reached her limit and walked out on the parent served as a tipping point. In their newly defined and more effective relationship, she was able to get past the barriers put up by the mother and on to the work of child development.

Another home visitor described a situation that came to a head when her level of frustration outstripped her ability to control her response, and she cried while still in the home with the parents. She went on, "...and, the weird thing is, that this family... they looked at me like, 'Oh, she is human...' And, I care..." In this "crucible of honesty," the parent was able to share why she had been balking at making the change they had been working on, the home visitor understood the parent's motivations, and in the end they were able to approach the problem together and the situation was resolved.

In these examples, both home visitors reported feeling bad at the time that they let their honest emotions show, only to discover in reflection that this moment served as a watershed in the relationship. The few home visitors who shared stories of raw, unscripted moments like the two described above noted that this moment altered the families' perspective of them, and made a positive difference in their relationship that resulted in a reduction in their need to engage in emotion management with that family.

Photo: ©iStockphoto.com/nullplus

Supervisors play an important role in supporting the home visitor's emotional responses to working with vulnerable families.

It is worth noting that, unlike their unquestioned assumption that maintaining a respectful presence with the family was central to developing an effective relationship, this discovery—that given the right set of circumstances, open and honest communication can take their work with families to a more productive level—did not appear to be a lesson learned in training, but one that was discovered individually when the seasoned home visitors somehow reached that point in their work. In no situation did this adjustment in their approach happen early in the relationship with the family.

EL is difficult work, and exists daily in the lives of EHS staff. The resulting drain on emotional resources affects the ability of staff to be fully present to parents and children and bleeds into their own personal lives. In a program with an explicitly articulated theory of change that describes a link between staff–parent relationships and expected child and family outcomes (Administration for Children and Families, 2006; Jones Harden, 2010), it is critical to understand the impact and scope of EL in order to support those doing the work.

Given the intensity of the experience and the impact of EL on front-line staff, supervisors should be trained on the existence of this internal work and on strategies to support staff, with reflective supervision as a primary consideration. There has long been a significant effort promoting reflective supervision in early intervention (Fenichel, 1992; Pawl,

1994). Less evident in the literature is a rationale for why such a system is recommended. The voices of the home visitors shared in this article and the existing literature on EL not only establish a rationale, but highlight the critical importance of reflective supervision as a means of supporting staff who daily encounter this intense and invisible work.

In addition to ensuring a system is in place for reflective supervision, explicit discussion of EL at the program level would create awareness of this invisible part of the work. Mastracci, Newman, and Guy (2010) argued that EL should be incorporated into the preservice curriculum for graduates entering the human services. Lacking that, intentional training of this construct could prepare staff for the experience, help them feel less alone, and offer strategies to moderate the impact. This shared awareness has the potential to become part of the support workers need as they regularly engage in EL.

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Defining Professional Competency in the Infant Mental Health Field

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As infant mental health (IMH) home visitors and later as IMH supervisors and mentors, we wondered what competencies were essential for effective IMH home visiting services. What did IMH home visitors have to know, and what behaviors did they have to demonstrate to be described as competent? To answer these questions, we looked at the data from a larger qualitative study exploring parents' and practitioners' perceptions of IHM practice after their successful participation in IMH home visiting programs through community mental health agencies in Detroit, MI. Parents who had received services and the IMH home visitors who provided them were asked, "What made this intervention work?" Their responses pointed to a set of competencies that included knowledge, skills, and reflective practice experiences that are essential for successful interventions with infants, toddlers, and families. What follows are excerpts from interviews with practitioners who shared their points of view about competency. (For a summary of the parents' perspectives on what made the home visiting successful, see Weatherston, 2010.)

This article addresses the many similarities between what parents and professionals believed to be most important for effective IMH service outcomes. The most notable difference between parents and professionals were parental descriptions of personal characteristics and attributes of the IMH home visitors with whom they worked so well. Parents often used words such as *compassionate, humorous, nonjudgmental,* and *patient* to describe competent professionals. It is clear that, although knowledge and skill were important to families, the manner in which services were delivered was equally as important. The interviews emphasized repeatedly that how you are is as important as what you do (Pawl & St. John, 1998).

Home Visitors' Perceptions of Competency

All of the responses that IMH home visitors cited as crucial for competency were categorized into six areas: offering concrete assistance, noticing and listening, providing developmental and educational guidance, offering relational support, offering emotional responsiveness, and providing a context for reflection. What follows are summary descriptions of each category that rely heavily on the use of IMH home visitors' personal narratives as recorded in hour-long interviews. As described by the IMH home visitors in this study, practitioners who work with these strategies in mind exhibit competency in successful outreach, engagement, and support of infants, toddlers, and families in IMH home visiting programs.

Offering Concrete Assistance

IMH home visiting professionals described practical strategies such as "remaining present and consistent in efforts to reach out and connect with families"; "making and keeping regular appointments with families"; and

Abstract

To look closely at definitions of competency for those who specialize in infant mental health (IMH), the authors conducted a careful examination of interviews with IMH home visitors. The interview responses were categorized and then compared with interviews with the families who were served by the same IMH home visitors and with competency definitions previously established by professional organizations and leaders in the field. These comparisons identified themes in the areas of knowledge, skill, and reflective practice that can inform the development of education and training to better prepare and support practitioners who choose to specialize in IMH. The identified key training categories are infant–toddler development, observation skills, family studies, infant and parent mental health, relationships, and reflective practice.

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Sharing information in a sensitive and timely manner was described as a critical competency for home visitors.

"arriving on time, taking your coat off, and making a parent comfortable by sitting and listening completely." They mentioned setting up appointments, driving a parent and infant to the hospital or to court, and bringing diapers and formula to the home when resources were scarce. They also described attending family service planning meetings to support parents whose young children were identified as having a delay or disability. All agreed that competency requires working quite actively to support very young children and their families. One IMH home visitor described her work this way:

Well, I might get down on the floor and play a game with the mother and her baby. I might sing with the mother and the baby, teach the mother some songs or something. I mean, just get down there and try to be present so that the mother can be active with her baby, too.

Another practitioner summarized poignantly:

Although case management is not my favorite thing to do, transportation, setting up appointments, doing a lot of the legwork, after doing this for a couple of years, I've realized that this is what is the foundation for a lot of my relationship with the family. I used to think, "Oh, MSW taxi driver!" I have come to really appreciate how powerful it is.

Noticing and Listening

As IMH home visitors described effective work with parents and their infants or toddlers in very practical ways, they also spoke about the importance of remaining observant and attentive. One IMH home visitor offered:

I believe strongly in observation. I think that being able to observe parents and their babies together helps you understand and assess where the family is....I think observation is key. The baby really provides us with the material from which to begin working.

IMH home visitors described the importance of watching parents and children carefully, noticing the degree of playfulness between them, the quality and reciprocity of their interactions, and their responsiveness to each other. They emphasized repeatedly the importance of observation as a competency. One stated: "You have to be a good observer and pay attention to what's going on here and now with the family." Another said:

Oh, I look at a lot of things. Well, where they are developmentally, how they signal to their mom what their needs are, how the mom responds to those cues. I look a lot at the interaction between Mom and baby. Sometimes when difficult discussions come up, kind of keeping an eye on how that affects what's going on between Mom and baby. I look at what strengths the baby has, the ability to just engage people or socialize or use his environment to explore and play. There's so much to keep your eye on when you're in there.

IMH home visitors also noted the use of videotape as a skill that helps them to focus on emerging developmental competencies as they help parents think about their infant or toddler's development and share in the pleasures or understand the child's difficulties.

I videotaped one family. The mom was very quiet; she didn't give a lot of information. But when we watched the videotape, she was able to see that she is doing well and that she does talk nicely with the baby. She was pleased, and later she was able to point something out herself and say, "Oh, look, she put the puzzle piece in the right place!" She was pleased with what happened between her and her baby.

In addition, IMH home visitors described listening as another competency:

I think listening is so important, truly listening . . . . I listen for strengths I can build on. I listen for worries and concerns. I listen for things that may not be said directly. I listen for needs.

Often, when practitioners are listening carefully, they hear stories related to the parent's early childhood experiences and care:

In some ways I think you're holding the past while you're in the present. I think that if you have a relationship with parents who are able to look at that, you can help them understand that past and how it's impacted their own parenting. I don't think you can get at that early in the relationship, but I think, over time, as trust has developed and they know they can count on you . . . that they can begin to seek an understanding of what happened. You might get a story from the parent's past that has meaning to this baby.

IMH home visitors described staying alert to parents' wishes and needs, speaking about them, and remembering them.

I really like listening as a way to develop the relationship and being present with the parents and their baby. I listen for the hopes and dreams that they share. I often hear that in early visits with a very little, brand new baby.

IMH home visitors also described the importance of responding to what was observed and heard by attending to feelings that parents expressed through nonverbal cues, gestures, or facial expressions; following the parent's lead; and remaining emotionally available. Listening for the emotions contained within these stories and responding with empathy were key to competency.

Providing Developmental and Educational Guidance

Many IMH home visitors identified the ability to provide developmental guidance as a significant competency when working with parents, infants, and young children. For parents who are young themselves and have little experience with infants or toddlers, sharing information in a sensitive and timely manner was described as a critical competency.

I started with the baby. I would point things out that the baby was doing with her and with Dad that were nice, that were strengths-based. She enjoyed hearing those things. She talked about watching her baby and learning about her cues.

Another home visitor noted that "Developmental guidance is key."

Practitioners described bringing screening or assessment tools to support their observations of infants and families, with attention given to social and emotional development within relationship contexts. Practitioners also described helping mothers see much more clearly what their new babies or toddlers were doing and taking delight in these things. They took time to guide and support parents' understanding and investment in their young children's development and behavior.

So I really talked a lot with the mom as we were looking at the baby together. Like, "Look how

focused she is on you. She's listening to everything you're saying." I talked about the mom's tone of voice and how it was so gentle, yet engaging and interesting to the baby.

Toddlers pose particular challenges. IMH home visitors who offer information specific to behaviors such as tantrums are advised to balance the shared information with an invitation to parents to offer their own alternative strategies. Learning as a joint activity or a shared process is a sign of competency.

Offering Relational Support

As IMH home visitors described their work, they spoke very specifically about approaches that helped parents to understand, enter into, and sustain relationships. Relational strategies are a core component of competency. A competent IMH home visitor offers working relationships for parents to use, observing and strengthening the developing relationships between parents and infants or toddlers and helping parents to understand relationships, past and present, as they are significant to current parenting behaviors and practices. For example, one IMH home visitor said: "I think that in the beginning the most important thing that one can do is to develop a relationship with parents."

The relationship between parent and practitioner offers a context for growth and change between parent and infant. Another IMH home visitor described this poignantly:

It seems that I've run into a lot of moms who either have not had relationships or [have] had relationships, but not real supportive relationships, with their own mothers, their sisters, family members. They are starting out with this baby on a really difficult playing field. They are not starting out with a history of good parenting or mothering . . . they've had really fragile beginnings themselves. They kind of feel hopeless. When the baby is crying all the time, who do they go to? Sometimes, it's me. A lot of times, it's only me.

The experience of a safe and trusting relationship with the IMH practitioner offers possibilities for therapeutic change. Caring, comforting, and responsive, the competent IMH home visitor nurtures the parent, believing that the experience makes it possible for the parent to care for, comfort, and respond to her child:

I think that the relationship we offer the parent is a model for what the parent is going to offer this new baby that they have. Babies need to have their cues read appropriately, promptly, consistently, so that they'll develop trust that someone will come and take care of them. I think parents need the same thing.

Photo: ©iStockphoto.com/Slobo Mitic

Competent home visitors took time to guide and support parents' understanding and investment in their young children's development and behavior.

Another home visitor said: "It's a parallel process. As I hold and I listen and I pay attention, then I see the mom hold, listen, and pay attention to the baby."

Offering Emotional Responsiveness

IMH home visitors mentioned emotional availability, containment, investment, and expression of emotion as markers of competency in IMH home visiting services. An IMH home visitor who is attentive to the importance of emotions and creates a time and place in which parents can have and talk about their feelings is seen as a competent provider.

A precursor to the parent's ability or willingness to share feelings with the practitioner is the IMH home visitor's presence and readiness to be emotionally available to the family. The practitioner expresses that in many ways, using all of the strategies mentioned earlier (e.g., practical, attentional, educational, and relational). Identified by the parent as trustworthy and dependable, able to listen and be supportive, the IMH home visitor makes it possible for a range of emotions to be experienced and discussed during the home visit.

In many instances, parents' feelings are expressed through nonverbal cues and gestures: "A lot of it isn't all verbal stuff. I think I'm very tuned in to the way people signal by their body language and their eyes." In other instances, feelings are discussed within stories that parents choose to share. One practitioner offered this example:

The mom was pretty quiet. When she did talk, I knew that it was something to pay attention to. She told me a story of being very little and being left and sitting in the living room kind of leaning over the couch looking out the big window and watching the children play outside but not being allowed to do that. And sort of feeling pretty alone. I wondered if she felt alone like that now.

As this example illustrates, the IMH home visitor who recognizes the loneliness, responds with empathy, and acknowledges the parent's present pain is demonstrating competency. Over time, and in the context of a trusting relationship, some parents learn to speak more directly about their own feelings and the feelings that their infants or toddlers have, too. They also learn to trust that the IMH home visitor will help them contain powerful feelings, as well as how to keep those feelings from taking over.

One IMH home visitor described a mother's angry outburst, "I didn't want him! I didn't ask for him! This isn't what I thought I was getting!" The IMH home visitor went on to say:

The mom has learned to trust that I will hold her feelings and that I'll validate them, not by telling her, "Yes, that's the right feeling to have," but by telling her it's OK to have feelings and by listening to her as she shares them.

The ability to hold and contain a parent's feelings is an essential competency for successful IMH home visiting work.

According to many IMH home visitors, empathy and the expression of compassion for the challenges and situations that parents face, past and present, are also clear indicators of competency. At the same time, IMH home visitors also described paying attention to their own emotional responses as an indicator of competency:

Photo: Emily J. Rivera

The relationship between parent and practitioner offers a context for growth and change between parent and infant.

I think, over the years, I have learned that I don't have to be afraid of emotion. There's a part of me that, in the beginning, would get real anxious and then, of course, I would be blocked off from my own emotion because it was scary to me.

To maintain an empathic and passionate emotional investment in families, practitioners must be aware of their own emotions and learn how to contain them so that they can do the same for the parents with whom they work.

Offering a Context for Reflection

The practice of IMH home visiting invites reflection, involving both the parent and professional. According to most IMH home visitors who were interviewed, an invitation to parents to be reflective is one of the most important IMH home visiting strategies related to competency.

They know they're feeling that they can't move off the couch and they know they're feeling like they can't deal with another day, but once they come to trust me, they can begin to put those feelings into words and explore what's making them feel that way and, maybe, what it means to the baby, too. It matters to them and it matters to the baby.

An IMH home visitor emphasized that the practitioner who invites reflection creates in the parent "a sense of agency or power and helps to free the infant or toddler from the parent's sorrow or rage." Reflection as a core competency is not limited to an invitation to the parent participants. A competent IMH home visitor learns to be reflective, too. In describing work with a parent who had very ambivalent and conflicted feelings about her mother, a practitioner acknowledged quite poignantly:

Your own feelings about your mother I think are always there . . . especially if you have a child.

Somewhere along the way there's going to be something that I identify with in my own life and gets me stuck. Reflective supervision allows me to understand my own behaviors via a case . . . and move forward.

Another IMH home visitor explained:

I'm just amazed at how much is stirred up in me personally as a result of the work with the families . . . my struggle has been around how to keep things separate because I have such a tendency to bring the work . . . home.

And another said: "I don't think that I would be able to do this work without a time to be reflective."

In summary, competency in the infant and family field, as defined by the IMH home visitors interviewed in this study, is complex and requires a specialized knowledge base, a variety of assessment and intervention skills, and reflective strategies and experiences that lead to the promotion of stronger caregiving relationships and IMH.

Developing Professional Competency as an IMH Home Visitor

IMH leaders in Michigan listened to what practitioners said about competency when developing a set of standards for the promotion of IMH. What follows is a brief summary of the development of the *Michigan Association for Infant Mental Health* (MI-AIMH) *Competency Guidelines*® (MI-AIMH, 2002a, 2011), discussion of three core components of those guidelines, recommendations for the use of the competency details to guide education and training, and the recognition of competency through a systematic plan for endorsement.

Development of the Competency Guidelines

The *MI-AIMH Competency Guidelines* offers a four-level framework for competency in the infant–family field. The framework describes eight core areas of expertise, as well as responsibilities and behaviors that demonstrate competency at each level. The core areas include theoretical foundations; law, regulation, and agency policy; systems expertise; direct service skills; working with others; communicating; thinking; and reflection. Completed in 2002 and revised in 2011, the *MI-AIMH Competency Guidelines* are licensed for use in 14 states (to date: Alaska, Arizona, Colorado, Connecticut, Indiana, Idaho, Kansas, Michigan, Minnesota, New Mexico, Oklahoma, Texas, Virginia, and Wisconsin) as standards to guide education, training, practice, policy, and research (Weatherston, Kaplan-Estrin, & Goldberg, 2009; Weatherston, Weigand, & Weigand, 2010). MI-AIMH retains the copyright, but each state holds the name (e.g., Colorado Association for Infant Mental Health Competency Guidelines).

Inspired by the work of Selma Fraiberg (1980), Michigan experts in the IMH field initially developed the *MI-AIMH Competency Guidelines* and later revised them collaboratively with state leaders from across the country, including practitioners, senior clinicians, university faculty, and policy leaders who embraced the guidelines by becoming licensed affiliates. Intended for professionals from many disciplines who work in various ways with infants, toddlers, and families, they draw heavily on the work of the National Center for Infants, Toddlers, and Families (now known as ZERO TO THREE), through the Training Approaches for Skills and Knowledge (TASK) Project (Fenichel & Eggbeer, 1990). Of great importance, the TASK publications identified four training elements specific to the development of competence for professionals in the infant–family field: (a) a specialized knowledge base; (b) opportunities for direct observation and skillful interaction with infants, toddlers, and families; (c) individualized supervision for inquiry and reflection; and (d) collegial support to foster relationship development. These elements are integral to the design of the *MI-AIMH*

Competency Guidelines as reflected in the eight core areas of expertise noted earlier and also by the practices identified by IMH home visitors as indicators of competency—practical, attentional, educational, emotional, relational, and reflective. By keeping the *MI-AIMH Competency Guidelines* in mind, educators, practice leaders, and policymakers can design specialized in-service training programs—as well as undergraduate, graduate, and certificate programs—to prepare, enrich, and sustain a competent infant and family workforce. Of additional importance, they can be used to measure practitioners' professional development, either by self-study or through the creation of professional development plans with their employer.

Competency Details

The core components of the *MI-AIMH Competency Guidelines* include knowledge, skills, and reflective practice.

Knowledge

The *MI-AIMH Competency Guidelines* identify theoretical foundations that IMH specialists, many of whom are IMH home visitors, need to understand and be proficient in: pregnancy and early parenthood; infant and very young child development and behavior; family relationships and dynamics; infant-, very young child-, and family-centered practice; attachment, separation, trauma, and loss; psychotherapeutic and behavioral theories of change; disorders of infancy and early childhood; mental and behavioral disorders in adults; and cultural competence. Knowledge in these specialized areas ensures that an IMH home visitor is able to do the following:

[*I*]*dentify both typical and atypical development during pregnancy, infancy, and early childhood through formal observation, assessment, and day-to-day interactions with infants/very young children and families; support and reinforce each parent's strengths, emerging parenting competencies, and positive parent–infant/very young child interactions and relationships; accurately interpret and share information with families; develop service plans that nurture relationships; and explore issues (including attachment, separation, trauma, loss) that affect the development and care of the infant/very young child* (*MI-AIMH, 2011, p. 20*).

Knowledge influences practitioners' thoughts, feelings, attitudes, and beliefs about infancy and early parenthood. Knowledge informs behaviors, too. The knowledge areas identified in the *MI-AIMH Competency Guidelines* provide a template for in-service trainings, workshops, conferences, undergraduate graduate course work, and certificate and graduate programs.

Photo: Marilyn Nolt

Home visitors described the importance of watching parents and children carefully, noticing the degree of playfulness between them, the quality and reciprocity of their interactions.

Skills

A second area of expertise related to competency for IMH home visitors and emphasized in the *MI-AIMH Competency Guidelines* includes direct service skills. Observation and listening, screening and assessment, responding with empathy, intervention and treatment planning, developmental guidance, supportive counseling, parent–infant relationship-based therapies and practices, advocacy, life skills, and safety are priorities for IMH specialists. These practice skills ensure that a professional working with children from birth through 3 years old and their families demonstrates competency. Some examples include the following:

[*The professional*] *establishes a trusting relationship that supports the parent(s) and infant/very young child in their relationship with each other and that facilitates change; works with the parent(s) and infant/very young child together, often in the home, in accordance with accepted practice; observes and articulates the infant's and parent's perspectives within a relationship context; effectively implements relationship-focused, therapeutic parent-infant/young child interventions that enhance the capacities of parents and infants/very young children; identifies/diagnoses disturbances or disorders of infancy and mental illness, using available diagnostic tools;* [*and*] *attends and responds to parental histories of loss as they affect the care of the infant/very young child, and the developing relationship* (*MI-AIMH, 2002a/2011, p. 22*).

These direct service skills reflect a commitment to relationship and strengths-based work with attention to the infant or very young child and parent together, cornerstones for competency in the promotion of IMH. Similar to the use of knowledge areas to guide training and educational programming, the direct service skills presented in the *MI-AIMH Competency Guidelines* offer standards, too.

Reflective Practice

The inclusion of reflection as a core area of expertise in the infant–family field is integral to the discussion of competency. Interviews with parents and IMH home visitors (Weatherston, 2010), the TASK documents (Fenichel & Eggbeer, 1990), recent publications (Eggbeer, Mann, & Seibel (2007), Scott Heller & Gilkerson, 2009), qualitative inquiries (Tomlin, Sturm, & Koch, 2009) and the *MI-AIMH Competency Guidelines* (MI-AIMH, 2002a, 2011) identify reflection as crucial for professional development and quality services. Items such as contemplation, self-awareness, curiosity, professional and personal development, emotional response, and parallel process are identified as indicators

of competency. Opportunities for reflection assure that an IMH specialist:

[R]egularly examines [his or her] own thoughts, feelings, strengths, and growth areas; discusses issues, concerns, actions to take with supervisor, consultants, or peers; consults regularly to understand [his or her] own capacities and needs, as well as the capacities and needs of families; remains open and curious; uses reflective practice throughout work with infants/very young children and families to understand [his or her] own emotional response to infant/family work; [and] recognizes and responds appropriately to parallel process" (MI-AIMH, 2011, p. 24).

The opportunity to have time to think about one's work with infants, very young children, and families through reflective supervision or consultation is believed to be essential for professional competency (Heffron, 2005; Schafer, 2007; Shahmoon Shanok, Gilkerson, Eggbeer, & Fenichel, 1995).

Using Competency Details in Education and Training

What follows are recommendations for educators, practice leaders, and policy leaders who have responsibility for developing a capable infant and family workforce. Of particular interest is the training of IMH home visitors who are asked to support developmental and relational capacities in infants, very young children, and families referred for preventive intervention or treatment services.

Recommendations for Training and Education

Educational and training programs should require core courses of study in the six following areas:

1. *Infant–toddler development:* Including pregnancy, infancy, early childhood, and parenthood, with a focus on typical and atypical development within the context of relationships, in multiple domains and along multiple dimensions.
2. *Observation skills:* For example, paying careful attention, effective listening, and screening and assessment of typically and atypically developing infants and toddlers, as well as opportunities to discuss those observations and assessments with colleagues and mentors.
3. *Family studies:* Classes and experiences that enhance the understanding of families, including their culture, structure, strengths, and needs.
4. *IMH and parent mental health:* Knowledge about the major mental health needs in infancy, early childhood, and adulthood for the purposes of early identification, intervention, and treatment or referral, as appropriate.
5. *Relationships:* Supervised internships that offer opportunities to enter into relationships with infants and families to understand them and support them.
6. *Reflective practice:* Reflective supervision or consultation, individually or within a group, to support the understanding and practice of reflective self-functioning for parents and practitioners. Opportunities for reflection lead to the integration of knowledge, skills, and day-to-day practice.

The knowledge, skills, and experiences reflected in these recommendations are critical in building a competent workforce that provides services to pregnant women and families with very young children. The recommendations could be applied in various educational and training systems, such as cross-systems in-service trainings, a specialization within an undergraduate or graduate program, or a free-standing, nondegree certificate program. With new, distance learning technologies in place, it would be possible for several state associations to plan an intensive, competency-based series that also includes reflective supervision as a component. The ideas are limitless; many models now exist from which practice and policy leaders can choose. Teaching or training strategies may include perspectives from psychology, nursing, education, social work, human development, and so forth. Techniques may include direct observations of infants and parents during the first year of life, regular review of videotaped case materials, and the shared exploration of personal and professional responses to infant and family work.

Recognition of Competency Through Endorsement

On a final note, recognition of competency is challenging. Who will recognize the practitioner as competent, and how will competency be determined or measured? Although it is a formidable process, the *MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health* (2002b) encourages practice, faculty, and policy leaders in each of 14 states who have licensed the endorsement to work collaboratively and systematically to recognize competency in the infant–family field. The organizing entity for endorsement is an IMH association, ensuring governance by a multidisciplinary team of professionals who have a commitment to IMH. Endorsement requires the submission of a professional portfolio, review of the portfolio by IMH association leaders who are often volunteers, and, for those applying at the IMH specialist or IMH mentor levels, successful completion of a 3-hour exam. The portfolio and test review processes have been carefully designed and technical assistance is provided to ensure consistency across states. State association leaders participate in monthly leadership calls regarding endorsement, as well as monthly calls for special interest work specific to competency-based training, policy development, and reflective supervision research. An annual leadership retreat, with more than 55 leaders in attendance, has been held for the past 5 years to encourage continuing collaboration around the recognition of competency through the endorsement process.

In summary, the *MI-AIMH Competency Guidelines* are at the center of the endorsement process. They offer standards for practice across multiple domains, in many service settings, and involve a variety of professionals. They guide training and education in the promotion of IMH. Ambitious and complex, the effort to recognize competency through a plan for professional endorsement has required one essential ingredient—trust—as practice, faculty, and policy leaders entered into working relationships across state lines, agreeing to work together to prepare professionals to promote IMH.

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10 Policy Recommendations to Build a Strong Infant–Toddler Workforce

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Editor's Note: The following information is excerpted from *Toward a Bright Future for Our Youngest Children: Building a Strong Infant–Toddler Workforce*. The full document is available online at www.zerotothree.org/profdevment

Historically, America's policies and service systems have not adequately met the needs of the growing early childhood workforce—particularly of those professionals working with infants and toddlers. The growing emphasis at the federal level on a more systemic, integrated approach to human development and education "from cradle to career" holds promise.

Policymakers must create and sustain an integrated professional development system that:

- Fully incorporates infant–toddler workforce preparation and ongoing professional development that are based on widely accepted, evidence-based competencies
- Is aligned with and articulates into college degree programs
- Includes alternative pathways to credentials
- Connects the various service delivery program types
- Provides appropriate compensation

Federal and state policymakers must support cross-sector workforce initiatives and invest in comprehensive, integrated early childhood professional development systems to ensure that our youngest children and their families have the opportunity to reach their potential.

Policy Recommendations

The following policy recommendations will help strengthen systems that support professional development for the early childhood field:

1. **Ensure that all those who work with very young children have mastered the body of core knowledge and competencies specifically related to infants and toddlers.** The first 3 years of life are a critical time in human development. Early experiences actually mold the architecture of the brain, building capacity to learn and grow—cognitively, emotionally, and socially. Infants and toddlers develop primarily through relationships with family members and caregivers in the context of their communities and cultures. All those who work with very young children need education and ongoing professional development on relationships with families, cultural competence, infant–toddler development, and inclusion of children with special needs, including infants and toddlers whose development is at risk because of socioeconomic and environmental conditions. States should expand and refine their core knowledge and competencies so that they articulate the full range of the needs of infants and toddlers and the required content and skills of the practitioners—across sectors—who work with them.
2. **Professional development of the infant–toddler workforce should support practitioners in addressing the ethnic, racial, and linguistic diversity of the families they serve and prepare them for culturally competent and sensitive practice.** Professionals who reflect families' cultures and can speak their home languages foster connections and continuity between the home and other settings. Institutions of higher education should diversify their faculty, require increased faculty expertise in working with diverse communities, integrate diversity issues into all coursework, and offer courses in English as a Second Language as well as student practica in diverse settings. Individuals of diverse racial, ethnic, and linguistic backgrounds should be recruited and supported to work with infants, toddlers, and their families.
3. **Promote infant–toddler coursework at all levels of higher education institutions; articulation agreements for the transfer of credits, courses, and degrees; and evidence-based in-service professional development.** Formal preparation of the infant–toddler workforce occurs in institutions of higher education at the undergraduate, graduate, and—in some specialties—the postgraduate levels. All degree programs should be encouraged to offer required and elective coursework and field experiences related to working with infants, toddlers, and their families. States should foster the development of articulation agreements among higher education institutions, and the federal government should support research

on professional development models and programs—including mentoring, intensive coaching, and clinical training—that show potential for changing practice.

4. **Establish state infant–toddler credentials across service sectors that formally recognize an individual's qualifications for working with children less than 3 years old.** These credentials certify that the holder has specialized knowledge, skills, and professional achievement that serve as a foundation for high-quality interactions with infants and toddlers.[1] Infant–toddler credentials should be aligned with the state's core knowledge and competencies. States should ensure that credentials are part of an integrated, sequential professional development system; applicable across a variety of programs and settings; tied to college credits and degree programs; and embedded within the state's career pathway.
5. **Implement career pathways to support the continuous development of all those working with or on behalf of infants and toddlers.** States can better support the infant–toddler workforce by developing career pathways, also known as career lattices or ladders. These routes offer a mechanism for practitioners to enter at various levels and progress in their profession (National Child Care Information and Technical Assistance Center, 2009). By connecting qualifications to roles—and, ideally, to compensation—career pathways provide a framework for evaluating and tracking long-term opportunities. States should ensure that their professional development systems include pathways that link increased salaries and benefits to higher levels of education and experience, offer opportunities to move vertically and horizontally to other roles, and align with early childhood mental health endorsements.
6. **Encourage cross-sector professional development opportunities that bring together adults working with infants and toddlers from different disciplines and in various programs to learn from each other.** Because services for very young children are provided through a variety of programs in diverse settings, workforce development must cross all service sectors. Although each discipline and type of program has its own set of staff qualifications and delivery systems for professional development, cross-training opportunities can promote a common understanding among different types of infant–toddler professionals and help them appreciate each other's roles and contributions in fostering young children's healthy development. States should explore and invest in initiatives that promote professional development—including mentoring, reflective practice, and technical assistance—across all sectors of the infant–toddler workforce.
7. **Establish statewide networks of infant–toddler specialists to support the professional development and practice of those who work directly with very young children.** These networks should be expanded to include all consultants—across disciplines—who support the development of infants and toddlers, including early intervention staff, early childhood mental health specialists, and family support and health professionals. States should work to establish networks of cross-sector specialists—who typically provide mentoring, coaching, training, referrals, and technical assistance—to support all those who work directly with children less than 3 years old.
8. **Link the core knowledge and competencies needed by infant–toddler professionals with early learning guidelines, quality improvement initiatives, and other components of a comprehensive early childhood system.** Competencies should be aligned with early learning guidelines, which describe what infants and toddlers are expected to know and do, as well as with the content of pre-service and in-service professional development. Infant–toddler provider qualifications and ongoing training should be linked to quality initiatives, such as quality rating and improvement systems, to encourage increased professional development among infant–toddler staff in early care and education programs. States should align early learning guidelines, program standards, core knowledge and competencies, and curriculum for infant–toddler professionals both vertically, to encompass children of different ages, and horizontally, with other system components for children in the same age group.
9. **Ensure that state-level professional development advisory structures collect cross-sector data on the infant–toddler workforce to support system-building and evaluate the effectiveness of investments in professional development.** Most states have workgroups, councils, or other collaborative entities charged with planning and coordination for their early childhood professional development system. It is crucial that these advisory groups develop guidelines for, and promote the collection and analysis of, workforce data through registry databases, which track individuals' credentials and training, and comprehensive workforce studies that include all sectors of the infant–toddler workforce. States should assess efforts to improve workforce development to determine their impact on program quality and child outcomes and the efficacy of their replication.
10. **Increase investment in systems that support workforce development and appropriate levels of compensation.** With recent federal support for quality improvement in early childhood services, many states are leveraging funding to enhance systems of professional development, providing incentives for increased compensation, educational attainment, and retention. Scholarships, loans, and tuition forgiveness programs assist individuals to cover the costs of higher education. Compensation and retention initiatives link increases in qualification to higher salaries or bonuses. States should explore opportunities—through their quality rating and improvement systems and other initiatives—to align financing mechanisms and revenue sources based on quality standards for programs and practitioners.

[1] States with infant–toddler credentials are AR, CA, CO, CT, GA, IL, MA, ME, MT, NC, NJ, NY, OH, OK, OR, SC, SD, UT, VA, WI, and WY.

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our Web site at www.zerotothree.org/policy.

Toward a Bright Future for Our Youngest Children: Building a Strong Infant–Toddler Workforce (*November 2010*) *was dedicated to the memory of our colleague and friend, Lynn Jones.*

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Professional Development for the Infant–Family Workforce

What's Important Now?

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Professional development—is clearly needed by the infant–family workforce. Research and experience confirm this, and professional development providers receive plenty of requests for their services. From time to time it's helpful to step back from the pressures of responding to these requests to think about what is most needed and how best to provide that support. This article examines some of the questions that occur to us at ZERO TO THREE when we reflect on our professional development activities.

The National Professional Development Center on Inclusion (2008) defined professional development as "facilitated teaching and learning experiences that are transactional and designed to support the acquisition of professional knowledge, skills, and dispositions as well as the application of this knowledge in practice" (p. 3). This definition of professional development includes in-person training, coaching, consultation and peer support, as well as e-learning, which includes electronically delivered professional development experiences, such as webinars, audioconferences, online learning, DVDs, podcasts, credit and degree-earning courses, and more informal, site-based opportunities. This array of professional development approaches offers opportunities to find strategies that respond to the varied needs and diverse settings of the infant–family workforce.

Research has revealed that a competent and well-supported workforce is linked to high quality outcomes for young children and their families (National Research Council & Institute of Medicine, 2000). But what makes professional development a worthwhile investment? Are those who are responsible for professional development being strategic in their planning? Do professional development activities help infant–family professionals to recognize and make use of the ways in which relationships influence relationships? Do infant–family professionals hone the capacity for what Donald Schön (1983) termed reflection-in-action? Is the tension between a growing emphasis on evidence-based practice and the need for relationship-based and reflective practice addressed in professional development opportunities offered to the field? Are e-learning opportunities incorporated into professional development approaches? These are among current and critical issues for trainers and for those providing services to infants, toddlers, and their families.

What Makes Professional Development a Worthwhile Investment?

It's clear from research and experience in the field that those working with infants and toddlers are doing demanding work. Babies are little, cute, and appealing, but their needs are complex and diverse. Because babies come along with families, the infant–family workforce needs to understand early development in the context of children's culture and family. Working effectively with infants requires competencies in partnering with families, in cultural responsiveness, and in identifying and responding to both adults' and children's developmental needs.

The field needs professional development that builds the competencies (knowledge, skills, attitudes, and capacities) that allow providers to offer high quality services to infants, toddlers, and their families (Lara & Nelson, 2010). Building these competencies means addressing the what, how, and why of practice with infants, toddlers, and their families. It can involve changes in knowledge, behavior, attitudes, or all of these. Professional development involves financial cost and takes time, investments that yield important results and that ultimately save both time and money. The existence of a competent workforce creates efficiencies in recruiting and retaining staff, in successfully engaging families in services, and in attaining program outcomes. Professional development helps build a better world for babies, their families, and for us all by helping ensure services that are developmentally appropriate, culturally responsive, and are delivered in partnership with families.

High-quality professional development requires an investment of resources. Research supports the important link between staff training and child outcomes in early care and education (Fiene, 2002). Although it is difficult to find cost-benefit analyses of training in human services, research does show that investment in prevention services costs society far less than the do the expenses that result from doing nothing (Caldwell, 1992; Southwest Prevention Center, 2004; Wang & Holton, 2007). An investment in training or other professional development for those delivering these services can be presumed to be part of the investment in prevention services.

Although the need for professional development is clear, less clear is what is most effective in improving practice. Professional development providers need a better knowledge base about effective professional development. Existing research suggests that professional development is most useful when it provides skill demonstration, offers opportunities to practice, and provides feedback on new skills and strategies. In addition, effective professional development provides guidance in both the flexible uses and the applications and limitations of a strategy or technique and builds peer and organizational support for implementation of training content. A particularly effective technique is behavior rehearsal during training, which offers participants a chance to set up a laboratory that reflects the real setting as much as possible in order to prepare for what is most likely to happen in practice. Evidence suggests that to impact practice, intensive and ongoing training, supported by on-site coaching, is more likely to achieve the desired results than one-time training events (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

Relationship-Based Training and Professional Development

A core principle in working with infants, toddlers, and their families is that relationships impact relationships. This is a simple statement with profound implications for promoting strong outcomes for young children and their families. This principle suggests that relationships between organizational leaders and staff and those among staff members directly influence their interactions with parents and their young children. Learning takes place in the context of these relationships When those relationships are responsive and offer needed guidance, support, feedback, challenge, and boundaries this learning supports healthy growth and development.

Paying attention to the power of relationships requires an organizational commitment. Professional development can support that commitment by providing an experience of what relationship-based practice feels like as it promotes learning and growth. Professional development can also directly teach the core principles, skills, and strategies for practicing in a way that harnesses the power of one relationship to positively influence another. Judith Bertacchi (1996) outlined the principles of relationship-based work: (a) mutual and shared goals, (b) open communication, (c) commitment to reflection, (d) commitment to growth and change, (e) respect for individuals, (f) sensitivity to context, and (g) high professional standards. The characteristics can be designed into professional development experiences as well as taught, reflected on, and practiced.

Being Strategic About Professional Development

Being strategic about professional development increases the return on the time and money invested. Planfulness involves taking stock of staff members' competencies and identifying learning experiences that can build the needed knowledge, attitudes, and skills to work effectively with very young children and their families. Encouraging those coordinating professional development to think through some key questions can help create plans that can make a difference in the quality of a program's services. These questions can include:

- How are staff members' learning needs, goals, and interests assessed?
- How can we address the attitudes associated with successful service delivery?
- What are the hoped for goals?
- What is the best way to reach those goals?
- What topics should be addressed and in what sequence?
- What is important to know about the larger context in which the participants work?
- What needs to happen to increase the likelihood that there will be changes in practice as a result of the professional development?

Photo: Marilyn Nolt

Babies are little, cute, and appealing, but their needs are complex and diverse.

- How will the impact of the professional development activity be evaluated?
- What will the follow up be?

As those coordinating professional development activity discuss these questions both internally and in collaboration with professional development providers, the likelihood of meeting organizational and individual participants' needs and interests increases. This in turn increases the chances that learning will be translated into practice and that those changes will be supported by the program.

Honing the Capacity for Reflection-In-Action

Working with infants and families is sure to bring up situations that Schön (1987) described as unique, uncertain, unstable, and complex. Consider this vignette:

The doorbell didn't seem to be working, so Sarah knocked on the apartment door. She was there for her first home visit with Julie, the 20-year-old mother of three girls from 18 months to 4 years old. Sarah knew that Julie's daughters had recently returned to her after being in foster care for 11 months. During that time Julie attended substance abuse and mental health treatment. She also took part in a therapeutic supervised visiting program. Her progress in treatment and the improvements in her interactions with her children led the judge to return the children to

her care, so long as supportive services continued. The parent–child specialist who supervised the visits noted that Julie continued to need help in managing the multiple demands of caring for three young children. The specialist predicted that it would be challenging for her to handle the reactions her daughters were likely to have to the transition involved in returning home. Sarah had prepared for this visit by thinking about how she would get to know Julie and about what she could do to support Julie's confidence and competence in caring for her children.

Julie opened the door, looking a bit nervous, but smiling in welcome. Sarah found the children seated at the dining room table. It was covered with a cloth, and set with plates, tableware, syrup, and butter. Sarah commented on how beautiful everything looked. She declined an offer of breakfast, explaining that she'd already eaten, and accepted a cup of coffee. As Julie served her daughters pancakes, bacon, and eggs, the children began bickering with each other. One of them kicked the table leg and the entire thing collapsed! Dishes, tableware, food, milk, syrup, screaming children, and a yelling mother—the peaceful tableau was suddenly chaotic.

Sarah could see that no one was injured, but she double-checked by asking each child if anything hurt and looking to see if there were any scrapes or bruises. She picked up the crying baby from her highchair and handed her to Julie, asking "Do you feel like you can hold her and help her calm down? I think she needs you; see how she won't look at me? I think she's not sure who I am or if she's comfortable with me! I'll get the other two into the living room and then start picking things up." As she cleaned up, Sarah wondered to herself if Julie needed help with fixing the table or finding one in better shape. She also decided to ask Julie if any of the other furniture in the apartment might need repair or replacing.

Once everything was cleaned up, the broken table set aside, and the girls settled in the living room with their breakfast, Sarah said, "Julie, I am sure this is not exactly how you meant for the morning to go. It sure surprised me too!" They both laughed, and then Sarah asked Julie what hopes and expectations she had for their work together.

Faced with the unexpected, Sarah responded in a way that opened the door to a viable working partnership with Julie. She ensured that the children were safe and supported Julie in coping with a very stressful moment. Her use of humor helped reduce tension, and her support of Julie as the one who could calm her youngest child communicated an important message, as did her query about Julie's hopes and expectations. One can imagine that after Sarah left, Julie felt respected and helped. Even in a tough situation Julie found she was not judged, criticized, or abandoned. Sarah's calmness under stress provided Julie with some of the reserves of patience she will need in caring for her three young children.

It was as if Sarah just knew what to do instinctively. But how did her instincts get to be so good? Her knowledge of what to do in the moment—her ability to reflect-in-action—can be understood as implicit knowledge of what is needed in a particular situation. The expression of this knowledge often happens fluidly, and a practitioner might be at a bit of a loss to explain how she knew what to do. If one was to ask Sarah how she knew she should hand the baby to Julie or what made her use humor in talking with Julie about what had happened, she might well look surprised and say, "I don't really know! It just seemed like the right thing to do."

Professional development experiences can encourage practitioners to reflect on their actions in the moment, analyzing what happened, their response, and its impact. They can consider the effects the experience had on them and others involved. Professional development activities can also help practitioners to reflect for action, preparing for anticipated experiences and events. Repeated opportunities to reflect both for action and on action are what build this implicit and seemingly instinctive knowledge of what to do when the unexpected occurs (Killion & Todnem, 1991; Schön, 1983).

Evidence-Based Practice and Reflective Practice

Professional development opportunities can help professionals merge relationship-based and reflective practice with evidence-based practice on behalf of the children and families they serve. Evidence-based practices are often defined as those supported by rigorous, randomized control trial studies. Such a definition might seem to suggest that practitioners are to implement a highly structured, manualized intervention in all circumstances. Such an approach might have led Sarah to try to hold a discussion with Julie about a preplanned topic, despite the unexpected events that very likely made Julie unable to participate in such a discussion. Relationship-based and reflective practice guides practitioners to make strategic use of the power of one relationship to influence another and to take time for thoughtful consideration of what can be learned from experience. Buysse and Wesley (2006) offered this definition of evidence-based practice: "A decision-making process that integrates the best available research evidence with family and professional wisdom and values" (p. 12). This definition brings relationship-based and reflective together with evidence-based practice. It allows practitioners to use their content knowledge as well as their knowledge of the children and families they work with, in combination with research evidence to work toward the best possible outcomes for families. Schön (1987) suggested that the nature of professional practice is to use available evidence in order to define the nature of a problem and reflectively explore possible responses to it. Professional development opportunities can encourage professionals to be critical consumers of research evidence and to understand how to merge their own wisdom, families' wisdom, and the knowledge emerging through ongoing research. These professional development opportunities include in-person workshops and classes as well as e-learning approaches.

Uses of E-Learning in Professional Development

Technology-based professional development, or e-learning, offers new opportunities for engaging adult learners. Affordable options for delivering professional development have grown in recent years and now include audio conferences, webinars, wiki pages, on-line learning CDs, DVDs, podcasts, and smartphone and tablet apps. In the absence of evidence on the uptake of e-learning opportunities in the infant–family field, providers of professional development can find themselves guessing when and why to use these technologies and about whom they can hope to engage in them.

Sometimes e-learning approaches are selected on the basis of their ability to affordably reach large audiences with key content. Sometimes they are chosen because they are the best way to deliver a specific sort of content, with certain learning outcomes in

mind. For example, ZERO TO THREE has offered webinars through our Early Head Start National Resource Center and through programs in our Professional Development, Policy, and Parenting Resources divisions as well. These webinars have been well attended and have been evaluated by participants as useful and relevant. The webinars seem to be effective in raising awareness on a topic or in allowing further exploration of content initially delivered in person. Recently, I have heard concerns expressed about being "webinared to death." This relates to the burgeoning opportunities to participant in webinars. Although many practitioners have found that these webinars often provide a valuable and productive experience, others noted that webinars are not always engaging, even though they address timely and important topics. Some noted that they rarely give their undivided attention to an entire webinar. Phone calls, e-mails, and staff members interrupting with urgent questions divert their attention. Perhaps carefully considering how many webinars to offer annually will help reduce the sense of being overwhelmed by the number of potentially useful webinar invitations that appear in e-mail inboxes. Identifying those strategies that make a webinar most engaging and useful will be helpful in ensuring that the time and funds invested in preparing and delivering webinars is matched by their impact on promoting provider knowledge and awareness. In publicizing webinars, the hosts can suggest criteria to aid practitioners in selecting the webinars likely to be most relevant to them.

E-learning offers a number of benefits. Some involve cost and time savings. Proponents also cite improved retention, increased motivation, and opportunities for individual attention. These outcomes are more likely if the training includes an instructor, varied media which engage diverse learning styles, greater control for participants, and the building of a learning community. A survey conducted by Infinity Learning (Sourcewire, 2009) found that 100% of e-learners who also had in-person access to a knowledgeable coach rated their e-learning experiences as good but 78% of those who lacked such access were not impressed with their e-learning experience. The head of Infinity Learning commented: "The increased value of e-learning to those who were regularly coached by a line manager or other with effective coaching skills was surprising and suggests that learning is, and always was, about people rather than technology."(Sourcewire, 2009). E-learning on its own may not be as effective as combining it with opportunities to interact with and learn from expert coaches and peers, and it is rated by participants as more useful. ZERO TO THREE's experiences with online learning, audio conferences, and webinars also suggest the power of combining them with in-person training or individual coaching.

Summary

Harnessing the power of relationships to influence relationships and honing capacity for reflection–in-action are fundamental to high-quality professional development for those serving very young children and their families. A variety of in-person and e-learning experiences can support capacity for relationship-based and reflective practice and build needed competencies. Strategic approaches to the delivery of professional development that focus on more on learning goals and less on short term cost savings are most likely to pay off in the long term with a workforce that possesses the needed knowledge, skills, and attitudes to work effectively infants, toddlers, and their families.

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All In

Children Are Key to America's Economic Recovery

PETER A. GORSKI

Children's Board of Hillsborough County and University of South Florida

Today, with no war being fought on our soil, the United States of America faces a most serious threat to our national security, prosperity, and health. This time, the challenge comes less from political enemies attacking our borders than from economic competitors who are suddenly and rapidly overtaking our productivity, depreciating our currency, and weakening our global leadership and influence. Ironically, our vulnerability is rooted in our own failure to grow and sustain what was the greatest economic engine the world had ever known—the American workforce. The enduring recession, with its demoralizing high unemployment rate, masks the fact that American industry is retooling and ready again to hire workers. Only now, in order to thrive in the global marketplace, the work itself has changed and most Americans are not qualified to master the technology, literacy, or problem-solving skills necessary to handle the tasks at hand.

On March 31, 2011 , the Manufacturing Institute (2011), the official policy and advocacy arm of our staple industries, reported that one third of U.S. manufacturers cannot find qualified workers even since the recession that began in 2008. They blame the fact that 83% of American high school students are not proficient in math. Reading comprehension and communication scores are equally dismal. In fact, the emerging productivity gap between the leading western economies and the United States is a reflection of the widening education gap. Discouraging international disparities can be measured by early elementary school. McKinsey & Company (2009), a nonpartisan American global research and consulting firm, estimated that if U.S. students had met the educational achievement levels of higher-performing nations between 1983 and 1998, America's gross domestic product in 2008 could have been $1.3 trillion to $2.3 trillion higher. In other words, our existing education gap has created the equivalent of a permanent, deep recession. The 20% of U.S. children from low-income families are even more vulnerable. These 8 million young citizens, our future earners or dependents, currently run an 83% risk of failing to graduate high school on time, cutting their earning potential at least by half. Research from the Organization for Economic Cooperation and Development (2007) indicated that the United States will need 60% of its population to possess post-secondary degrees by 2025 to remain globally competitive. Right now, 30% of employed Americans hold 4-year college degrees (Hauptman & Kim, 2009). Just as ominous, we all have heard the U.S. military leadership voice concern for our ability to muster an armed force capable of defending our nation's security. More than 200 generals and admirals, organized in support of high quality early childhood education as essential for our national defense, issued a report in 2009 called *Ready, Willing, and Unable to Serve* (Mission Readiness: Military Leaders for Kids, 2009). Their data revealed that fully 75% of young Americans from 17 to 24 years old were unfit to serve in uniform. In about equal thirds, the reasons for rejection included inability to pass the Armed Forces Qualification Test of basic knowledge on math, literacy, and problem-solving; being overweight and physically unfit; or being mentally or emotionally unfit.

When do opportunities begin to cement for children to grow up healthy, to be ready to learn and, ultimately, to contribute to their own well-being and to the stability of families, businesses, and social institutions in their community? Here, studies are unanimous. The title of a 2010 report by the Annie E. Casey Foundation gives away the answer: *Why Reading by the End of Third Grade Matters.* Indeed, third grade reading scores predict high school graduation rates and, consequently, financial opportunities versus burdens for the next generation of American workers, voters, leaders, and parents. The math is very simple. Each student who drops out of high school costs our society $260,000 (Riley & Peterson, 2008) in lost earnings, taxes, and productivity (much more actually, when you add in the extra financial and social costs of delinquency, prison, teenage parenting, and publicly funded entitlements such as Medicaid, food stamps, and Temporary Assistance for Needy Families). On the other side of our public decision equation, every class of 20 kindergarten students

that succeeds generates about $320,000 in total earnings into early adulthood. Indeed, a newly completed 25-year study by Harvard researchers (Chetty et al., 2010) followed 11,500 children from all socioeconomic backgrounds who entered 79 Tennessee schools from 1985–1989 and were randomly assigned to classes. Here's what's worth pausing to digest: for every point increase in Kindergarten test scores, outcomes at age 25–27 years (the current age of the children studied) improved significantly with respect to annual income, college graduation, and quality of college attended. It is interesting that test score differences in Kindergarten held up through third grade but then temporarily faded away almost entirely between grades 4–8. Thereafter, the performance differences first seen in Kindergarten reappeared and continued to diverge for the remaining school years and into young adulthood in both educational and financial outcomes. Experts theorize that in addition to the cognitive learning that takes place in school, children who receive solid foundations in social, emotional, and behavioral development during the first years of life at home and in high quality early care and education before elementary school develop skills needed to master problem solving, cooperative learning, attention, and self-regulation. These integrative skills are increasingly called upon to succeed in higher education, career advancement, and collaboration.

How, then, can researchers explain why so many of children's chances to thrive over a lifetime get set in a pretty certain direction during the first years of life? Educators point out that until third grade, most children are learning to read. After third grade, they must be reading to learn. The biology of child development is even more compelling. The net balance of a child's (and his parents') supportive and stressful experiences—social, emotional, mental, and nutritional—from conception through about age 3 years actually shapes the basic structure and expression of genes that control nerve pathways in the brain and central nervous system. The consequences can affect a child's blood sugar and fat metabolism, resistance to infection, heart rate and blood pressure reactivity, attention, behavior, and learning. That's why the likelihood of eventually developing diabetes, obesity, high blood pressure, heart disease, and learning and behavioral disabilities often gets sown during infancy and early childhood.

Photo: ©iStockphoto.com/Lawrence Sawyer

The United States will need 60% of its population to possess post-secondary degrees by 2025 to remain globally competitive.

That's also exactly why the United States must invest in the health and development of children and their families in the first years of life. All children. As a community and as a nation, we cannot afford the cumulative expense of preventable disease, disability, and dependency. The only certain way to improve outcomes, reduce costs, rebuild American prosperity, and reinsure both personal and national security is to guarantee every child the essential building blocks for hope and success. This can and must be accomplished through evidence-based and research-directed programs and policies that support the health of pregnant women; increase the chances of healthy full-term birth and provide the early foundations for childhood development; help young children grow ready to learn; support families and communities to care for their young children; and improve the safety, physical environment, and economic development of neighborhoods where children play and learn.

And yes, Americans do have to concern themselves with the healthy development of every child in the community. Aside from the moral decency of acknowledging that every child matters and has great potential, researchers know that children who remain disadvantaged, unhealthy, and underachieving early in life will almost surely fail to thrive later, draining the treasury and, ultimately, the quality of life for all of us in the United States.

Researchers also know that well-designed early childhood policies and programs work. They improve children's outcomes, prevent later problems, and return economic benefit to society. From the Perry Preschool Project of the 1960s to the Chicago Child-Parent Center program of the current decade, early childhood program investments have achieved impressive reductions in numbers of children subsequently enrolled in special education classes, retained at grade level, and becoming wards of the child welfare system. Respected economists from Federal Reserve Chairman Ben Bernanke (2011) to Nobel Prize winning professor James Heckman (2009) proclaim the financial returns of policies directed to promoting the health, development, and early education of young children. Because special education costs $10,000 per student per year above the cost of regular education (Parrish et al., 2004) and foster care costs $32,000 per child annually (Hillsborough Kids, 2011), programs and policies that promote the healthy development of all children and families from the

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The only certain way to rebuild American prosperity is to guarantee every child the essential building blocks for hope and success.

earliest points of intervention end up saving taxpayers an average of $180,000 for every child served during the first 8 years of life. And this is possible at a bargain outlay in Hillsborough County, Florida, for example, of $2,400 per child per year to attend Voluntary Pre-Kindergarten and $5 per month per property taxpayer to fund the Children's Board of Hillsborough County to support and monitor the quality of primary prevention programs for children. Over the short term, Americans can save billions of dollars. Over the long-term, we can enrich ourselves by millions of futures.

My local professional hockey team ran a billboard campaign featuring the slogan "All In." The phrase effectively symbolized the commitment and the importance of every member of the team to the goal of victory. Likewise, all the motivational facts, science, and solutions I just summarized will help children return America to a preeminent place of leadership among nations—though only if each and every citizen takes responsibility for considering the impact on and of children when making decisions about how to invest their human and financial capital. We simply cannot afford to fail. Now may be our last, best chance to align our moral compass with our net worth.

Peter A. Gorski, *MD, MPA, a developmental-behavioral pediatrician, has published extensively on infant and early childhood behavior and development and the social determinants of children's health. He is the director of research and innovation at The Children's Board of Hillsborough County and professor of public health, pediatrics, and psychiatry at the University of South Florida. He served on the faculties of Harvard University, Northwestern University, and the University of California, San Francisco, was president of the Society for Developmental & Behavioral Pediatrics and the Florida Association for Infant Mental Health and chair of the American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care. His current research and advocacy promote integrative practices, programs, community service, and social policy to secure universal, comprehensive, early support for the healthy development of children, families, and communities. To correspond with the author, e-mail pgorski@childrensboard.org*

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Field Notes

ZERO TO THREE Fellows share news and information about research, policy, and practice innovations in their work with infants, toddlers, and families.

Supporting New Staff Connections and Retention

Sandra R. Wolkoff, North Shore Child & Family Guidance, Manhasset, New York

Staff turnover, and concern about the high financial cost it brings, has led to more attention being paid to retention of new employees through the implementation of both orientation and affiliation interventions for new hires. Creating supervisory opportunities that recognize the importance of human needs in the work place—whether for social supports, recognition, safety, or supervision—is an essential part of human services management and a core value of group work (Malekoff & Wolkoff, 1994). Developing a group work intervention in the workplace to address orientation issues with new staff can ensure a more successful fit for employees.

The agency, a large suburban children's mental health center, needed to address some key issues: the growth in off-site host-agency collaborative programs that interfered with institutional affiliation and connection among employees, an influx of younger employees that led to age and cultural stress between the new staff and the older staff, worry about adequate preparation of new clinicians for work with high risk and complex families and systems, and increasing the knowledge about new ethnic and immigrant minorities for all staff. The administrative team decided to build on the existing group supervision model used for all clinical staff by including a special group for incoming staff. A support and mutual aid group, with new hires and a key agency administrator (the author), seemed a good model to try.

New hires met for 4 consecutive weeks and then once each month until the end of 1 calendar year. The weekly sessions continued even longer at the request of the group members. The orientation session included an historical narrative about the agency, such as descriptions of how programs came to be and how these programs interfaced or stood apart from the rest of the agency services. The leader prepared a "welcome basket" for each participant with agency brochures, flyers, newsletters, and a recently published book co-edited by the group facilitator. The preparation of these materials captured the seriousness of the agency's commitment to making these new staff feel welcome. Each subsequent session included additional handouts based on the clinical themes they were addressing in their practice (e.g., child development, trauma, abuse and neglect).

The content that was most important for the new staff members, however, was not about clinical skills but about their lives and new professional identities and included: how to pay back student loans; how to afford the licensing exam and review program and, if they failed, how could they retake it; how many had other part-time jobs that interfered with further training; how could they move out of their parents' homes? And the group talked about how much their struggles with finances, family relationships, and the developmental issues of this stage in their lives that seemed to echo some of the issues of their clients.

The use of peer supports and a personal connection to a seasoned and high-ranking staff member created a safe opportunity for new workers in the field to address the most important practice issue in clinical work—an awareness of self in order to help others.

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Baby's Space

Terrie Rose, Baby's Space, Minneapolis, Minnesota

Baby's Space is a nonprofit child development center for families living in poverty that designs programming from a baby's point-of-view. By offering custom-designed classroom learning landscapes, responsive and warm relationships with adults at every developmental stage, on-site mental health services, and parent engagement opportunities, Baby's Space develops successful children, supports healthier families, and transforms low-income neighborhoods.

Understanding that babies and young children need consistent, predictable love and attention to build strong social, emotional, and cognitive foundations, Baby's Space supports teachers in responding to each stage of children's unique development in the specific context of their culture and life circumstances. Realizing that developing sensitive, responsive relationships with children is hard work, the program invests heavily in helping teachers be successful in this area.

Because providing appropriate feedback is important in guiding staff in their work with children, Baby's Space created a feedback formula called Notice and Wonderings. As learning opportunities arise, supervising staff verbalize observations about a given situation and extend an invitation to problem solve, such as: "I noticed the kids were running to the gym and I'm wondering what we can do to help them remember their walking feet?" This discussion allows teachers to experience their own "a-ha" moments and take ownership of their work.

Staff members who lack opportunities to own their work are less engaged and prone to usurp others' time and energy, as they rely on others for solutions.

There are times, however, when providing direct information is helpful. For example, if a teacher is repeatedly telling a pinching toddler, "No. Stop.", giving that teacher direct information may be most effective: "Try saying 'We need to sing *Hands to Self*.'" At Baby's Space the staff redirect through the voice of the child, continually bringing the baby's point of view to the forefront of the conversation. Effective feedback often sounds like, "It's not okay to keep saying no to toddlers, so redirect them."

Intentionally creating time to focus on staff needs also yields a competent workforce. Baby's Space invests significant amounts of time each week or month for team meetings, reflective supervision, and in-classroom coaching. This time allows staff to learn from others, request and receive support, and work toward resolving challenges. Without time to listen and give to staff, challenges transform into frustrations and distract from the important bottom line of sensitive, responsive engagement with children.

At Baby's Space, key core values saturate all aspects of the work. The way staff members engage with parents mirrors how they engage with each other, which mirrors how they engage with kids. For example, the teaching staff often uses Notice and Wonderings to help children problem solve in the classroom. As staff members are expected to care and respect those they serve, they thrive knowing that they also are cared for and respected.

Developing a competent workplace at Baby's Space is guided by one question: Who would a baby want to care for her? Staff who excel at the complex work of sensitive, responsive relationship building with the children they care for are those who can deliver what is best from the baby's point of view.

ZERO TO THREE Online

Comprehensive Early Childhood System Powerpoint
www.zerotothree.org/earlychildhoodsystem
This set of Powerpoint™ slides was developed by the Early Childhood Systems Working Group (including ZERO TO THREE) in 2006 and revised in 2011. The slides are a visual representation of the guiding principles, results, and functions of a comprehensive early childhood system.

School Readiness Interactive Birth to 3
www.zerotothree.org/early-care-education/sribirthtothree
This Web-based, interactive learning tool is designed to help parents and caregivers support young children's early learning. You'll find age-based information on how children develop the four key skills—language and literacy skills, thinking skills, self-confidence, and self-control—that are critical to later school success.

Preschool Prep: How to Prepare Your Toddler for Preschool
www.zerotothree.org/preschoolprep
Learn what parents can do to make this big transition to preschool easier. You'll find a timeline for all the things that need to be done to prepare for preschool and guidance on making a successful transition.

Jargon Buster

Given the multidisciplinary nature of our work with infants, toddlers, and families, we often come across words or acronyms that are new or unfamiliar to us. To enhance your reading experience of this issue of *Zero to Three,* we offer a glossary of selected technical words or terms used by the contributing authors in this issue. Please note that these definitions specifically address how these terms are used by the authors in their articles and are not intended to be formal or authoritative definitions.

Phrase	*What it means*
The Classroom Assessment Scoring System (CLASS)	The CLASS (Pianta, La Paro, & Hamre, 2008) is a classroom observational tool that focuses on the classroom interactions that support student learning. Data from CLASS observations are used to support teachers' unique professional development needs, set school-wide goals, and shape system-wide reform at the local, state, and national levels. (Find it in Pianta, page 4)
Emotional Labor	Emotional labor (Hochschild, 1983) is the internal management of emotions in order to display a response that is appropriate to the situation. The work of emotional labor affects both the physical and emotional well-being of workers. (Find it in Lane, page 30)
Michigan Association of Infant Mental Health (MI-AIMH) Competency Guidelines®	The *MI-AIMH Competency Guidelines*® consist of a four-level framework for competency in the infant–family field. The framework describes eight core areas of expertise as well as responsibilities and behaviors that demonstrate competency at each level. (Find it in Weatherston & Paradis, page 37)
My Teaching Partner (MTP)	MTP is a suite of professional development resources developed to improve the nature and quality of teachers' and care providers' interactions with children across the full range of activities that take place in early education and care settings. (Find it in Pianta, page 4)
Program for Infant/ Toddler Care (PITC)	A collaborative effort between the California Department of Education and WestEd, PITC's mission is to: (1) increase the availability and quality of child care for all children under age 3 years; (2) disseminate information that increases the practice of responsive, respectful, and relationship-based infant–toddler care; and (3) influence national, regional, and local policies and practices so that the needs and interests of individual infants, toddlers, and their families are the foundation for all curriculum development and program activity. (Find it in Mangione, Lally, Poole, Tuesta, & Paxton, page 11)

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UPCOMING ISSUES

November: Supporting Children With Emotional and Behavioral Challenges
January: Conversations With the Experts
March: Emerging Issues in Infant Mental Health

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