

The Childhood Scene



A regional newsletter for early childhood professionals, parents and the community provided by Child Care Resource & Referral Region 13 serving Chatham, Harnett, Johnston, Lee and Wayne Counties

Promoting Healthy Social Behaviors Through Uncovering the Purpose of Behavior

What is meant by the ‘purpose of behavior?’

When a baby cries, parents and other caregivers run through a list in their head...could he/she be hungry... wet... cold... tired... over-stimulated?

Fortunately, it’s relatively easy to uncover the purpose of a baby’s behavior. Just like a baby’s cry, there is a purpose behind the behavior of young children. The adults in the child’s life can become behavior investigators and uncover the mystery; what is he/she trying to tell us through the behavior, what is the purpose or function of the behavior, what is creating the situation that causes him/her to act this way? This process, formally called functional

behavior assessment,* is particularly important when the behavior makes it hard

for the child to participate in and enjoy classroom activities and routines. As behavior investigators, teachers look for clues in the environment to determine what might be causing the behavior, hoping to discover the events that typically occur before and after the problem behavior. After the purpose of the behavior is uncovered, teachers can design strategies that promote a more successful experience for the child.

Why is it important to uncover the purpose of behavior?

Going through this process gives teachers the information they need to create positive changes in the child’s behavior and, as a result, make the classroom calmer and happier (for children and adults). Studies have shown that use of this investigative model results in more positive interactions with other children, increased participation in classroom activities and, best of all, reductions in problem behaviors.

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Region 13 Partners



United Way



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It's important to note that children use challenging behavior because the behavior works for them. For example, through your behavior investigation you may determine that a child typically misbehaves in circle time because he/she wants attention. He/she has learned that misbehaving at circle time is a sure-fire way to get it ...this strategy works! The key to successful behavior investigation is to figure out how to guide the child to more appropriate behavior while still 'honoring the purpose' of the misbehavior. Using the previous example, look for ways to give the child positive attention during circle time before the problem behavior occurs (e.g., let him/her pass out props or select a song) and he/she will likely continue to seek more of that positive attention through appropriate behavior. The purpose of the behavior was 'honored' and the problem behavior will diminish.

What you can do in the classroom?

You can try to solve the mystery alone or you can pull together a team of fellow investigators, including the parents and a behavior specialist. The process involves collecting information about the child and the behavior through observations, interviews, and review of reports or records about the child's behavior. Seek to determine what happens before the behavior, during the behavior (what the problem behavior looks like) and after the behavior. This will help you understand what the child is communicating through the behavior. Typically the child is trying to 'get' something or to 'get out of' something. The child may be trying to get

attention, a toy or a special activity or may be trying to get out of an uncomfortable situation or difficult task. When you have enough examples and information you can create an educated explanation (hypothesis) about the purpose of the behavior. Using this explanation, appropriate social and emotional teaching strategies* can be designed and implemented to teach the child new skills to replace the problem behavior and serve the same purpose.

Research on this topic:

Figuring out the purpose of the behavior alone will not change the behavior. However research shows that if appropriate strategies are put in place once the purpose of the behavior has been determined, changes in behavior occur rapidly.

Food for thought:

Try to view misbehavior as mistaken behavior. No one likes to make mistakes and children genuinely want your approval and affection. If you seek to determine the purpose behind misbehavior you are charting a course for a more successful preschool experience for the child and a more fulfilling relationship for both of you.

Adapted by *Promoting Healthy Social Behaviors* from CSEFEL *What Works Brief #9* www.vanderbilt.edu/csefel

*To learn more about these strategies, contact your regional behavior specialist (either Pam Pace or Ann Carter) at 919-542-6644.



Infant and Toddler Time

YIKES Biting!

All classrooms have their share of challenging behaviors. Biting is one of the biggest challenges in a toddler classroom. This is a common and developmentally appropriate part of a toddler's world. The first step is to understand why toddlers bite.

Some common causes of biting in toddlers:

- Lack of language skills
- Tiredness, hunger or illness
- Anger and /or frustration
- Need for attention
- Teething and related mouth pain
- Experimentation to learn about cause and effect
- Stress or strain
- Overstimulation or boredom
- Inappropriate expectations of adults
- Space that is crowded

Teachers can take steps to limit biting in their classroom. Discovering why the child is biting and then trying to change the environment or eliminate the triggers are some of the best ways to tackle this challenging behavior. Remember that toddlers are too young for long drawn out explanations or punishments.

Toddlers have a reason for biting. Parents and teachers can work together to try to discover that reason. Teachers should have interactions that are responsive to each child and their needs. Interacting with the children provides proper supervision and allows time for observation. Observation is the first step in finding an appropriate intervention. Biting could be a toddler's way of communicating wants or needs when language skills are limited. It is helpful to teach toddlers simple words or sign language to use for communication.

Adjusting the schedule to meet the individual needs of each child can help when children bite because they are tired or hungry. Providing a place for a child to sleep before nap time or a small snack for one who is hungry before meal time will reduce their stress.

The environment plays a big part in behavior in young children. Providing enough space for children to play and get away from the crowd is important. Setting up a quiet area away from active play is a good way to provide a place to be alone. Make sure there are plenty of age appropriate materials to limit competition for toys. Arrange the classroom so that supervision is as easy as possible. Toddlers need space to move and challenging activities available. Set the room up to avoid expectations which are too high or too low for toddlers to avoid frustration or boredom.

Never wait until biting becomes a serious problem before discussing it with the child's family. Parents may want information from you to understand why biting happens and how to deal with the problem appropriately. Being open and honest with the family is important to maintain a close relationship and effectively deal with this situation.

Biting is an ongoing learning process for the teacher, child and family. Children are different and bite for various reasons. It is the job of the adult to figure out why a child is biting and how to prevent this behavior. Teachers should use the resources available to them such as co-workers, specialists and directors when they feel they need help.

*Author: Kristina Ketcham
Region 15 Infant Toddler Specialist*

Source:

Kinnell, G. (2002). *No Biting, Policy and Practice for Toddler Programs*. St. Paul, Minnesota: Redleaf Press.



The School Age Corner

Full-Day Programming

As you look forward through your date book, the holidays loom in front of your eyes. It's not all of the festivities. It's not all of the hubbub. It's what to do with school-agers all day long (sometimes for several days in a row) that causes the swell of fear in your stomach. Full-day programming for school-age children doesn't have to be worrisome if you remember three basic programming points.

Provide Balance

No one enjoys a rigid, unbending schedule. As you plan your day's schedule, be sure to balance structured and unstructured time. Having unstructured, or free time, helps school-age children learn how to guide their own behavior. On the other hand, kids can get bored if they have too much free time.

Try to start and end the day with free time. Free time in the morning avoids having to rush through instructions for late-comers. Likewise, free time at the end of the day means children won't have to leave in the middle of an exciting project. Also be sure to break up the day with some unstructured time. Even adults in the "working world" look forward to lunch and break times. Kids need time to relax too.

Offer Variety

The next important ingredient in successful full-day programming is variety. The goal is to have a healthy mix of activities that

contains something of interest to each child. Include active and quiet activities, indoor and outdoor time. Also have variety in the content of activities. For example, you might offer arts & crafts, physical games, nature activities, or music and drama. It will take a variety to please everyone!

Allow Choice

The key element to your plan is to allow for choice. It is essential for successful full-day programming. School-agers need and want to have a voice (or choice) in their lives. Offer options for the children to choose from. Be respectful of their right to choose, even if that means they choose not to participate. This can avoid some of the behavior problems that arise from forced participation or over-stimulation (too much of a good thing isn't fun either!).

Below is just one example of a full-day program schedule that uses an option format. In addition to the activities listed, children always have the "option" to play chess or pool (in pairs) or go to the "Quiet Area" to read a book or magazine, listen to tapes, draw or color, or just to relax.

So, look forward to those full-day programs and take advantage of the opportunity to really get to know the school-agers you work with.

Sample Full—Day Program

7:30—8:45 Free Time/Breakfast

8:45—9:00 Meeting to discuss the day

9:00—10:00 First Options:

Playground (Kickball)

Game Room (Note clips & magnets)

Library (Story time)

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10:00— 11:00 Second Options:
 Game Room (Blackwash pictures)
 Library (Movie)
 Gym (Prisoner ball)

11:00-12:00 Free Time/Lunch

12:00— 12:15 Field Trip Prep

12:15— 2:15 Field Trip Options: (At Homer Lake)
 New Games
 Trail Hike

2:15— 3:00 Free Time/Snack

3:00 — 4:00 Third Options:
 Library (Silly songs)
 Game Room (Clay play)
 Gym (Relay races)

4:00— 5:00 Fourth Options:
 Gym (Scooter hockey)
 Library (Movie)
 Game Room (Friendship bracelets)

Check these out for planning and idea tips:

- *Summer Sizzlers & Magic Mondays*
- *Summer Adventures, Terrific Themes for a Carefree Summer Program!*
- *Nature's Art Box: 64 Cool Projects Made with Natural Materials Found Anywhere*
- *Roots, Shoots, Buckets and Boots: Activities to Do in the Garden*
- *Junkyard Sports: 75 games you can play with homemade equipment*
- *Nature in a Nutshell for Kids, over 100 activities you can do in 10 minutes or less*
- *Rainy Days and Saturdays or "I'm Bored!"*

150 indoor activities

- *The Anti-Coloring Book*
- *Vacation Mad-Libs*

The above titles are all available from School Age Notes, 800-410-8780, except the last two are available from Borders.

*Submitted by Jan Waugh
 Region 13 School Age Specialist*

CRIB RECALL

Evacuation Cribs which stack (cage-like) and drop down *AND* those which don't drop down on the sides are included in this recall and must be replaced before December 28, 2012.

Old cribs must be dismantled and DESTROYED! They cannot be given away or used by anyone else—for private or church use.

If you buy cribs before June 28, 2011 you must have a "Certificate of Compliance" for each crib purchased.

The DATE OF MANUFACTURE will be checked.

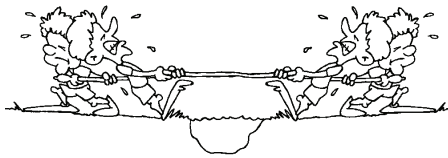
Please check:

<http://www.cpsc.gov/info/cribs>
 for all information.

Call your county licensing consultant with any questions or concerns.



Dear Miss Challenge:



Dear Miss Challenge,

I am a long time director of a child care center in a small town. I have a three year old child in my program that I have concerns about. He is extremely defiant. Things have to be done "his way" or he has total meltdowns. His day seems to be full of one power struggle after another. He doesn't seem to learn things as quickly as most of the other children in his class. I have known this family for years and I believe that the mother was using drugs while she was pregnant with this child. Do you think that is why this child behaves like he does?

Sincerely,
"Concerned"

Dear "Concerned,"

It is very difficult to know whether drug use when a mother is pregnant directly causes a specific behavior problem in children as they mature. According to the 2005 National Survey on Drug Use and Health, nearly 4 percent of pregnant women use illicit drugs such as marijuana, cocaine, heroin, Ecstasy and other amphetamines. Some of these drugs can cause a baby to be born too small or too early. Many women who use illicit drugs also use alcohol and tobacco, which also pose risks to unborn babies. Additionally, illicit drugs may be prepared with impurities that may be harmful to a pregnancy and the unborn child.¹

We know that

During the prenatal period, the baby's developing nervous system is extremely vulnerable. Alcohol, drugs, and chemicals ingested during pregnancy can do considerable harm. How much harm depends on the fetus's stage of development, as well as how much, how long, and how often exposure takes place. The resilience of the fetus and the mother's health and prenatal care have an impact in addition to the parents' behavior after the baby's birth. If parents of newborns continue to abuse drugs or alcohol, their children may face the added danger of neglect, abuse, or chaotic, inconsistent, and unresponsive caregiving.²

Recent studies are finding that maternal depression, which often goes hand in hand with drug abuse, is associated with higher levels of antisocial behavior in children.

The researchers found that children of mothers who were depressed during the child's first 5 years had significantly higher levels of anti-social behavior at 7 years of age.³

In another study, out just this week, children whose mothers scored persistently high marks on a depression scale were significantly more likely to have behavioral problems and to "act out." Boys were more at risk of this than girls.

When analyzed in more depth, the findings showed that for every 1 point increase on the depression score, the risk of behavioral problems increased by 6%.⁴ A study at the university of Florida (May, 2006) looked at 3 year olds who were exposed to crack and powder cocaine before birth and a similar group of children who were not

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and found that disruptive behaviors in children seem to be linked more closely to maternal depression than prenatal cocaine exposure.⁵

So what does all this mean in relation to your question? It is almost impossible to establish a direct causal relationship between a specific drug and a later specific behavior. Is the child acting defiantly because of prenatal exposure to drugs? Perhaps yes, perhaps no. Is that causal relationship really that meaningful? It may help you and your teachers be more sympathetic to the child, but it may also cause you to feel resentment to the mother. The important point now is that it sounds like you suspect a developmental delay because you say "he doesn't seem to learn things as quickly as the other children." If he does have a developmental delay, that may be why you are struggling with defiance, power struggles and total meltdowns. Does the parent have concerns as well? Document areas of concern as well as strengths. Create strategies to try in the classroom to help this child be successful in one of the areas you are concerned about. Talk with the parents about the child's strengths as well as concerns and what you are trying at school. After talking with the parent, you may want to refer the child to your local public school system for further assessment. Children three years and older can be assessed by local school system with a team of specialists including a child psychologist. Children under three can be assessed through your local CDSA (Children's Development Services Agency.)

¹Substance Abuse and Mental Health Administration, Results from the 2005 National Survey on Drug Use and Health; National Findings, Office of Applied Studies, NSDUH, Series H-30, DHHS. Publication No. SMA 06-4194, Rockville, MC, 2006.

²*Challenging Behavior in Young Children, Understanding, Preventing, and Responding Effectively*, Barbara Kaiser and Judy Sklar Rasminsky, p. 30.

³Journal of the American Medical Association (2005, February 15). Mother's Depression Associated Increased Risk of Child's Antisocial Behavior. ScienceDaily. <http://www.sciencedaily.com>.

⁴BMJ-British Medical Journal (2007, December 3), Kids of Depressed Moms More Prone to Behavior Problems and Injury. ScienceDaily. <http://www.sciencedaily.com>.

⁵Medical News Today, May, 2006, Prenatal Cocaine Exposure Not Linked To Bad Behavior in Kids, www.medicalnewstoday.com.

*Submitted by Pam Pace
Region 13 Behavior Specialist*

Diversity Conference & Dinner

Region 13 presents:

Building Capacity in Every Child through Cultural Consciousness

**Featuring Betsy Ayankoya, Education and Diversity
Consultant**

*(Registration and non-refundable pre-payment are
required by May 12!)*

Thursday, May 19, 2011

6:30—8:30 pm, 1.5 Contact Hours

**Johnston County Agricultural Center
2736 NC Hwy. 210, Smithfield, NC**

Call your local Partnership for Children or
Resource & Referral for more information—
or contact

Child Care Networks, Inc.
Tel. 919-542-6644 ext. 12

**Child Care Networks, Inc. CCR&R of
Chatham County**

P.O. Box 1531
Pittsboro, NC 27312
(919) 542-6644



**Harnett County
Child Care Resource & Referral**

126 Alexander Dr., P.O. Box 1089
Lillington, NC 27546
(910) 893-7597



**Partnership for Children of Johnston County
Child Care Resource and Referral**

1406-A S. Pollock Street
Selma, NC 27576
(919) 202-4893



**Coalition for Families
CCR&R Lee County**

507 N. Steele Street, Box 3
Sanford, NC 27330
(919) 776-7157



**Partnership for Children of Wayne County
Child Care Resource & Referral**

800 N. William Street
Goldsboro, NC 27530
(919) 735-3371



*Spring is in
Bloom!*



May:

- Healthy Vision Month**
- Mental Health Month**
- National Fitness and Sports Month**
- National Osteoporosis Awareness and Prevention Month**
- 1–7 N. American Occupational Safety and Health Week
- 8-14 National Women’s Health Week
- 9-15 National Stuttering Awareness Week
- 19– *Diversity Conference* – See Training Calendar!
- 23-29 Recreational Water Illness and Injury Prevention Week
- 27 Heat Safety Awareness Day

June:

- Fireworks Safety Month**
- Men’s Health Month**
- 1– *Lee County begins participation in SEEK*
- 5– National Cancer Survivors Day
- 13-19 Men’s Health Week

