SUPERVISORS’ MEETING
WELCOME BACK!

Wednesday, September 21, 2016
Shriners Hospital Auditorium
9:00am - 4:00pm
Presented by TLC

Agenda

9:00am  Sign-in, Mingle, & Enjoy Breakfast
9:30am  Opening Remarks [Sharon Burke]
        Parent-to-Parent [Michelle Smithman]
10:00am Message from The County [Jeannette Newman]
        Infant Toddler Social Emotional Rollout
        Quality Enhancement Plan
10:50am Break
11:00am Including Social Work on the IFSP [Denise Kenner]
11:25am TLC’s Review of 2015-16, Updates, and
        2016-17 Requirements [Robin Miccio]
11:50am Tips & Tools for Supervisors: Cultural
        Competence Checklist: Personal Reflection
        [Mary Muhlenhaupt]
12:00pm Lunch
1:00pm  PA Early Learning Standards
        [Maureen Chimchowski & Meg Santoro]
1:30pm  Competency 2016-17: Strategies to Promote
        Social Emotional Development [Cindy Gray]
3:30pm  Wrap-Up & Questions
Cultural Competence Checklist: Personal Reflection

This tool was developed to heighten your awareness of how you view clients/patients from culturally and linguistically diverse (CLD) populations.
*There is no answer key; however, you should review responses that you rated 5, 4, and even 3.

Ratings:
1 Strongly Agree
2 Agree
3 Neutral
4 Disagree
5 Strongly Disagree

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1. I treat all of my clients with respect for their culture.
2. I do not impose my beliefs and value systems on my clients, their family members, or their friends.
3. I believe that it is acceptable to use a language other than English in the U.S.
4. I accept my clients' decisions as to the degree to which they choose to acculturate into the dominant culture.
5. I provide services to clients who are GLBTQ (Gay, Lesbian, Bisexual, Transgender, or Questioning).
6. I am driven to respond to others' insensitive comments or behaviors.
7. I do not participate in insensitive comments or behaviors.
8. I am aware that the roles of family members may differ within or across culture or families.
9. I recognize family members and other designees as decision makers for services and support.
10. I respect non-traditional family structures (e.g., divorced parents, same gender parents, grandparents as caretakers).
11. I understand the difference between a communication disability and a communication difference.
12. I understand that views of the aging process may influence the clients'/families' decision to seek intervention.
13. I understand that there are several American English dialects. I recognize that all English speakers use a dialect of English.
14. I understand that the use of a foreign accent or limited English skill is not a reflection of:
   - Reduced intellectual capacity
   - The ability to communicate clearly and effectively in a native language

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I understand how culture can affect child-rearing practices such as:
- Discipline
- Dressing
- Toileting
- Feeding
- Self-help skills
- Expectations for the future
- Communication

I understand the impact of culture on life activities, such as:
- Education
- Family roles
- Religion/faith-based practices
- Gender roles
- Alternative medicine
- Customs or superstitions
- Employment
- Perception of time
- Views of wellness
- Views of disabilities
- The value of Western medical treatment

I understand my clients' cultural norms may influence communication in many ways, including:
- Eye contact
- Interpersonal space
- Use of gestures
- Comfort with silence
- Turn-taking
- Topics of conversation
- Asking and responding to questions
- Greetings
- Interruptions
- Use of humor
- Decision-making roles

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*While several sources were consulted in the development of this checklist, the following document inspired its design:


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Philadelphia Infant Toddler Early Intervention
Social Emotional Development and Positive Behavior Support

Tier 3 IFSP team (includes ITSE Coordinator) implements SE related IFSP outcomes & strategies & Behavior Support Plan as needed, makes referrals to & collaborates w/ Behavioral Health & Philadelphia DHS & other partners

Intervention & Collaboration with Treatment: IT EI intervention & collaboration with treatment providers
Evidence based interventions to support infants and toddlers and their families who are experiencing trauma or early adversity or demonstrating significant social emotional or behavioral concerns.

Tier 2 ASQ: SE-2 identifies concerns & SE related IFSP outcomes & strategies are developed & Behavior Support Plan as needed, Initial IFSP referrals for designated ITSE agencies, On-going service team assigned an ITSE Coordinator to consult w/ team on SE & PBS outcomes & strategies

Intervention: ITEI to address Social Emotional Concerns and Positive Behavioral Support
Work with families and early childhood partners to use evidence based practices for social emotional and behavioral concerns of infants and toddlers.

Tier 1 All IT EI staff – providers, SCs, IMDEs use SE Competence and Developmentally Appropriate Guidance

Promotion and Prevention: Nurturing Responsive Relationships & High Quality Supportive Environments
Support responsive relationships among adults and children as an essential component to healthy social emotional development. Address child’s communication needs and behavioral concerns. Connect families with high quality early childhood environments, which are associated with positive outcomes for all children.
## Module 1: Handout 1.9: Developmental Continuum

### Developmental Continuum from Birth to Age 3½:
**Social Emotional Indicators**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Attachment Trust/Security</th>
<th>Self-Awareness Identity/Self Esteem</th>
<th>Exploration Autonomy/Independence</th>
</tr>
</thead>
</table>
| **INFANT**
  (birth to 15 mos) | - Newborns recognize human language and prefer their own mother’s voice<br>- Prefer human faces<br>- Early social interaction is a smile and mutual gazing<br>- Crawls away but checks back visually, calls, and gestures to ensure adult contact<br>- Stretches arms to be taken<br>- Prefers familiar adults<br>- Acts anxious around strangers<br>- Uses a blanket or stuffed toy for security and reassurance | - Goes from accidentally sucking own hands to carefully watching them<br>- Tries to make things happen<br>- Hits or kicks things to make a pleasing sight or sound continue<br>- Talks to self when alone<br>- Prefers to be held by familiar people<br>- Imitates adult behaviors<br>- Knows own name<br>- Understands simple directions | - Brings thumb or hand to mouth<br>- Tracks mother’s voice<br>- Observes own hands<br>- Babbles using all types of sounds<br>- Uses a few words mixed with babbling to form sentences<br>- Tries to keep a knee ride going by bouncing to get the adult started again<br>- Shows strong feelings (anger, anxiety, affection) |
| **TODDLER**
  (12 mos - 2½ yrs) | - Relates to others by exploring things with them<br>- Pulls up, stands holding furniture, then walks alone<br>- Goes through a phase of clinging to primary caregiver<br>- Experiences periods of intense feelings when separating or reuniting with a parent<br>- Sees others as a barrier to immediate gratification | - Knows can make things happen but is not sure of responsibility for actions<br>- Becomes bossy<br>- Uses the words Me, You, and I<br>- Says "No" to adults<br>- Explores everything<br>- Is sensitive to others’ judging behavior | - Keeps looking for a toy that is hidden from view<br>- Understands many more words than can say<br>- Has wide mood swings (for example, from stubborn to cooperative)<br>- Wants to do things by self |
| **PRESCHOOL**
  (2½ - 3½ yrs) | - Is capable of dramatic play<br>- Has better control over all aspects of self<br>- Needs adult coaching to get along well with others<br>- Shows feelings with words and in symbolic play<br>- Is more aware that others have feelings<br>- Can plan ahead | - Is capable of self-evaluation (for example, good, bad, pretty, ugly)<br>- Tries to control self (for example, emotions and toileting)<br>- Is learning to take turns in conversations<br>- Knows a lot about communicating in the style of own culture | - Uses names of self and others<br>- Can tell others about what happened that day<br>- Has much larger vocabulary to express ideas<br>- Shows concern for others<br>- Classifies, labels, and sorts objects and experiences into groups |

Adapted with permission from J. Ronald Lally, Abbey Griffin, et al., *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice* (Washington, DC: ZERO TO THREE/The National Center, 1995), pp. 78-79.
## Tier 1 Strategies

<table>
<thead>
<tr>
<th>RESPONSIVE INTERACTIONS</th>
<th>STRUCTURE THE ENVIRONMENT</th>
<th>INDIVIDUALIZED ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COOPERATION:</strong> Turn-taking, sharing, following directions, engagement specific to relationship (not structuring environment), social interaction</td>
<td><strong>PARTICIPATION IN ROUTINE:</strong> Helping behaviors (i.e. cleaning, raking, bathing, getting ready, going on walks)</td>
<td><strong>MODELING/TEACHING APPROPRIATE BEHAVIOR:</strong> Showing/teaching child appropriate SE behavior</td>
</tr>
<tr>
<td></td>
<td><strong>STRUCTURING ENVIRONMENT:</strong> Structured activity to maximize child engagement. Use of adapted devices, changing setting/situation to increase regulation (attention span, emotions), participation, and safety.</td>
<td></td>
</tr>
<tr>
<td><strong>CAREGIVER NURTURING, REINFORCEMENT, &amp; RESPONSIVE INTERACTION:</strong> &quot;Serve-Return,&quot; Physical affection, nurturing, praise, positive verbal and non-verbal interaction (smiles, eye-contact, gestures like touch), following child’s lead in play, games that encourages responsive interaction (i.e. peek-a-boo), labeling or naming what the child is doing as part of a responsive interaction, bonding.</td>
<td><strong>PREDICTABLE SCHEDULE/Routines:</strong> Structure day so child knows what comes next.</td>
<td><strong>GAVE FAMILY RESOURCES/EDUCATED PARENT:</strong> i.e. community, support groups, websites, handout pertaining to SE development</td>
</tr>
<tr>
<td></td>
<td><strong>WARNINGS FOR TRANSITIONS &amp; ANTICIPATORY LANGUAGE:</strong> Give prompts to child so they know when the activity will change</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>SENSORY/REGULATION:</strong> Providing sensory input to calm or activate child as needed using touch (deep pressure), vestibular (rocking), lighting, sound, temperature.</td>
<td><strong>PLAY THAT EXPLICITLY ADDRESSES SE:</strong> i.e. All about Me book, game or books that help child identify feelings</td>
</tr>
<tr>
<td><strong>STIMULATE COMMUNICATION:</strong> Encouraging verbalization to build social emotional competency (i.e. naming family members, feelings, encouraging positive verbal exchange, building relationships, expressing wants and needs), labeling or naming what the child is DOING</td>
<td><strong>CHOICES:</strong> Providing child more than one acceptable option.</td>
<td><strong>PRETEND PLAY</strong> Role-playing, dress-up, and imagination</td>
</tr>
<tr>
<td></td>
<td><strong>AUTONOMY:</strong> Encourage child to separate from caregiver as developmentally appropriate.</td>
<td><strong>SELF-CARE/ADAPTIVE SKILLS:</strong> Promoting toileting, dressing, feeding skills</td>
</tr>
</tbody>
</table>
### Components of Participation-based Services

<table>
<thead>
<tr>
<th>Score</th>
<th>Components of Participation-based Services (Rate each component)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>An activity/routine is the context for the child’s learning or participation (1=Yes, 0=No)</td>
</tr>
<tr>
<td></td>
<td>Mark the activity/routine: Social, play, communication, mealtime, dressing, diapering, bathing, toileting, hygiene, bedtime, songs, books, computer, drawing, community outings, outdoor play, transportation, transitions, other:</td>
</tr>
<tr>
<td></td>
<td>The activity/routine is natural for the family (i.e. not designed by the interventionist, but rather something the family would typically do if the provider were not there). Provider reading to the child while caregiver watches is NOT a naturally-occurring routine for the family (1=Yes, 0=No)</td>
</tr>
<tr>
<td></td>
<td>The predominant role of the caregiver in the session is directly practicing the strategy or routine with the child (1)</td>
</tr>
<tr>
<td></td>
<td>The caregiver is predominantly observing the interventionist and child (0)</td>
</tr>
<tr>
<td></td>
<td>The caregiver is not present in the session (0)</td>
</tr>
<tr>
<td></td>
<td>The predominant role of the interventionist in the session is teaching the caregiver (1)</td>
</tr>
<tr>
<td></td>
<td>The interventionist is predominantly observing the caregiver and child (0)</td>
</tr>
<tr>
<td></td>
<td>The interventionist is predominantly teaching/interacting with the child (0)</td>
</tr>
<tr>
<td>Total</td>
<td>Participation-based = 4</td>
</tr>
<tr>
<td></td>
<td>Traditional/non-participation based = 3 or less</td>
</tr>
</tbody>
</table>

If the score 3 or less, describe the factors/barriers that limited a participation-based segment. (may include parent, interventionist, environmental factors, interpersonal/cultural dynamics. i.e. parent very passive and difficult to engage so interventionist interacts primarily with child).

### Teaching Styles

Describe what teaching style was used.

- Direct Teaching: provider shares information about a specific strategy or routine with the intent for the caregiver to learn how to use them or understand the value.

- Demonstration with Narrative: provider takes the lead in demonstrating a strategy with the child while the caregiver observes. He or she sets up the demonstration by telling the caregiver what she is going to do and why.

- Guided Practice with Feedback: provider and caregiver work as partners with the child and exchange roles in practicing intervention strategies. The caregiver has a turn (or multiple turns) to practice using the strategy with the child as the provider makes suggestions during the interaction and offers feedback following the routine.

- Caregiver Practice with Feedback: caregiver takes the lead in interaction with the child as the provider observes and supports the interaction as needed. Support is offered by providing feedback specific to the caregiver or child’s behavior, offering encouragement, or asking a reflective question without interrupting the routine.

- Problem Solving: caregiver and provider consider and discuss strategies to improve routines and outcomes.

- Reflection: provider and caregiver discuss an activity or routine that is completed and reflect on successes and areas for improvement.
Reviewing How the Week Went
What went well this week?
What have you tried so far?
What is the most challenging part of your week?
Tell me about how you “refilled his (emotional) tank” this week
Share with me how you celebrated his successes
Show me how you did that with him

Narrating/Teaching While You [Provider] Work with the Child
Do you see how your child did that? That’s a good opportunity to praise him
See how he looked at you and said “DA”! That’s your cue to look at him and say “DA” right back!
Let’s follow him into the other room and see what he wants
I’m suggesting this so that you two can practice interacting and have fun
Did you notice that when you started texting on your phone, he began to fuss? He really wants your attention!

Asking Caregiver to Practice with Provider Feedback
Let’s trade places, now you try
Let’s practice
I like how you positioned yourself – she’s really making eye contact with you now
You really encouraged him to crawl by calling his name and singing his favorite song
Try it this way
Tell him or show him what you want him to do
I like the way you explained that to your child
When you did that, Mom, he calmed right down
This position is great for him to use his hands
When you held him here he can do it better.
See how he is using both hands together when he tries to imitate your clapping?
I like how you included his sister in this game.
I like how you gave him a choice of things to wear today
What do you think he is trying to tell you?
How can you help him use words?
How do you know what he needs?
How can you tell he likes this toy?
When you do it this way his face seems to brighten up

Information Sharing/Giving Feedback to Caregiver
He only has eyes for his Mommy
He makes great eye contact
When you smiled back at him he became so excited!
He is really using words more since I’ve seen him last.
He really responds to your praise
He seems to be eating better
Do you think he seems frustrated using a regular cup? He might do better using a sippy cup. Do you want to try it?
He brightens up when his sister enters the room

Getting Feedback From Caregiver
What do you think works best?
How do you think that went?
What do you suggest?
Is there anything else that’s on your mind that we didn’t cover?
Is this helpful?
Case Study: Pablo

Pablo is a 2-and-a-half-year-old little boy who lives with his mother, father, and 5-year-old sister. He attends a local community preschool. Pablo had a stroke as a baby and has a mild right hemiplegia, affecting his gait and fine motor coordination of right hand. Pablo is able to communicate using 2-3 word combinations, is toilet trained, and enjoys eating and listening to stories. Pablo is on a special diet due to multiple food allergies and he is on medication for chronic asthma and allergies. Pablo’s parents report that they have had a very difficult time getting his allergies and asthma under control and they think that when he has a flare up and is on multiple medications that he loses sleep and his challenging behaviors seem to increase. When his sister tries to use the same toys that Pablo is playing with, he will hit and pinch her until she returns the toys or plays with something else. He tries to get his parents to play with him and when they can’t, he will sometimes hit them. Parents admit that they often “give in” to him because they don’t want him to continue hitting. At preschool, his teachers report that at times Pablo has shown some aggressive behavior towards the other children and, less frequently, with the adults. He will hit, pinch, and sometimes bite, especially during unstructured playtime. He is most likely to have challenging behaviors during activities where he has to share or turn take or when a peer takes a toy that he wants.

The ABC’s

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
<th>What is the function of the behavior?</th>
</tr>
</thead>
</table>

What strategies might you recommend to the team to address the challenging behavior?
Child's name: Pablo

Date ASQ:SE-2 completed: September 20, 2012

Child's date of birth: April 1, 2014

Child's age in months and days: 29m 19d

Child's gender: ☑ Male  ☐ Female

1. ASQ:SE-2 SCORING CHART:
   - Score items (Z = 0, V = 5, X = 10, Concern = 5).
   - Transfer the page totals and add them for the total score.
   - Record the child's total score next to the cutoff.

<table>
<thead>
<tr>
<th>TOTAL POINTS ON PAGE 1</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL POINTS ON PAGE 2</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL POINTS ON PAGE 3</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL POINTS ON PAGE 4</td>
<td>15</td>
</tr>
<tr>
<td>Total score</td>
<td>85</td>
</tr>
</tbody>
</table>

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.

   - The child's total score is in the [ ] area. It is below the cutoff. Social-emotional development appears to be on schedule.
   - The child's total score is in the [ ] area. It is close to the cutoff. Review behaviors of concern and monitor.
   - The child's total score is in the [ ] area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

   1–33. Any Concerns marked on scored items? ☑ YES ☐ no
   Comments: Hitting, pinching, & biting aggressive behavior at school especially when he needs to share or take turns.

   34. Eating/sleeping/toileting concerns? ☑ YES ☐ no
   Comments:

   35. Other worries? ☑ YES ☐ no
   Comments:

   - Setting/time factors (e.g., Is the child's behavior the same at home as at school?)
   - Developmental factors (e.g., Is the child's behavior related to a developmental stage or delay?)
   - Health factors (e.g., Is the child's behavior related to health or biological factors?)
   - Family/cultural factors (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)
   - Parent concerns (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.
   - Provide activities and rescreen in [ ] months.
   - Share results with primary health care provider.
   - Provide parent education materials.
   - Provide information about available parenting classes or support groups.
   - Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher):
   - Administer developmental screening (e.g., ASQ-3).
   - Refer to early intervention/early childhood special education.
   - Refer for social-emotional, behavioral, or mental health evaluation.
   - Other: [ ]
Review Last Year's Class

- Discussed the supports and hindrances to social emotional competence and their effect on overall development.
- Brief overview of evidence based practices—Tier 1 strategies
- Scored and interpreted ASQ: SE-2
- Follow-up activity to practice evidence based social emotional interventions with families

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2016-17 Competency

- Two 3 hour classes plus follow-up activity
- Executive Function and SE development
- Childcare
- SE risk factors
- Engaging families – families’ culture
- Participation-based framework
- Prevention and individualized interventions
- Behavior assessment and behavior support plan
- Progress monitoring

Definition

- According to Zero to Three, social emotional health is the child’s developing capacity to form secure relationships, experience and regulate emotions, and explore and learn within the context of one’s family, community and cultural background

Source: [https://www.virtualabcsjou.org/infants-toddlers/social-emotional/lesson-1](https://www.virtualabcsjou.org/infants-toddlers/social-emotional/lesson-1)

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Why address Social Emotional Development during ages 0–3?

Supports development of executive functioning, later school success, and functional participation in society later in life.

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Executive Function and Self-Regulation Skills

Depend on three types of interrelated brain functions:

1. **Working memory** governs our ability to retain and manipulate distinct pieces of information over short periods of time.
2. **Mental flexibility** helps us to sustain or shift attention in response to different demands or to apply different rules in different settings.
3. **Self-control** enables us to set priorities and resist impulsive actions or responses.
Executive Function

Executive Function Skills Build into the Early Adult Years

Where to find information on typical/atypical SE Behavior and/or Milestones

- Ounce
- ASQ: SE-2
- CSEFEL website
- Other assessments, websites

Watch video. In your group identify:

- Social emotional competencies of toddler.
- Ways the caregiver is supporting the development of social emotional competence.
- What other SE strategies would you suggest?

[14 mo. old](https://www.youtube.com/watch?v=-hB4Aq55Trk)

Focus on Tier I Interventions

Review typical SE Development

Tier 1 Interventions include:

1. Responsive interactions: includes serve-return
2. Structuring Environment to promote regulation
3. Individual activities
4. Other Fundamental Supports: Nutrition, Parenting education

Serve Return Interaction

Continuous and mutual interaction between genetics and environment

- Architecture of the brain "wired" for experiences to "unlock" genetic instructions to shape neural circuits
- Young children naturally "reach out" - Serve
- Adults respond with same kind of vocalizing/gesturing - Return
Structure the Environment for Regulated Behavior or Positive Experience
Examples:
- Baby Gate in front of stairs - for safety and allows caregiver to focus on toddler in a different way - not on "high alert" because of stairs
- Bedtime routine and environment - low lighting, music, songs, read stories, quiet activities, predictable schedule.

Individual Activities
- General activities parents can try with their children to promote health SE development
  - i.e. All about me book, role-play, dress-up, imagination, modeling appropriate behavior.

Good Nutrition
- Household food insecurity associated with poor child development, increased child hospitalizations, and poor to fair child health
- Caregivers are often reluctant to admit insufficient food: shame or fear of losing children
- Related to adverse childhood experiences (ACEs) of caregivers and toxic stress
- There is an intergenerational cycle of food insecurity and deep poverty

Recap: What research says about improving SE outcomes for children
- Parenting Education
- Stimulating Experiences
- Health-promoting environments
- Good nutrition

"Breakthrough Research on Building Better Brains", Arthur Blank Foundation Speaker Series, Dr. Jack Shonkoff

Chilton, M and Rabinowich, J. (2012)

Participation Based Service
Four Factors: (see handout)
1. The activity/routine the context for the child’s learning or participation
2. The activity/routine natural for the family?
3. The caregiver is predominantly interacting with the child throughout the session
4. The interventionist is predominantly teaching the caregiver throughout the session.

What type of teaching? What type of SE activity?
With the child on her lap, parent practices pausing before turning pages of book during a reading activity to encourage child to look up and ask Mom to "turn page."
Provider says “He really likes to snuggle with you, and you’re giving your child opportunities to vocalize and interact with you during reading.”
What type of teaching?  
What type of SE strategy?

Teaching Method:  
Parent practice with feedback

Social Emotional Strategy:  
Responsive interaction  
Environmental strategy  
Individual activity

The "Art" of Intervention

› How to engage parents, even when it's challenging
› Cultural Sensitivity
› Role-plays and practice opportunities

Tier 2

› At risk for social emotional challenges  
› At risk for developing or may have challenging behavior  
› ITSE referral made as appropriate  
› May have targeted outcome on IFSP  
› FBA and Behavior Support Plan may be appropriate

Urban ACE Study

Abuse  
Neglect  
Poverty  
Household dysfunction  
Mental Illness  
Divorce  
Crime  
Violence  
Witnessing Violence  
Felt Discrimination  
Adverse Neighborhood Experience  
Bullying  
Foster Care

Trauma Informed Care

Grief  Anger  Shock  Sadness

↓

Anxiety  Depression  Feelings of helplessness  Eating and sleeping irregularities

http://www.samhsa.gov/programs--campaigns

CSEFEL Definition of Challenging Behavior

*What we are referring to when we say “challenging behavior:”*

- Any repeated pattern of behavior that interferes with learning or engagement in pro-social interactions with peers and adults  
- Behaviors that are not responsive to the use of developmentally appropriate guidance procedures
The ABC's

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
</tr>
</thead>
</table>
| Mom said "It's time to clean up your toys" | Trevor starts to scream and throw toys at Mom | Possible Consequences:
  - Mom throws toys back at Trevor and yells at him to clean up
  - Mom says "I know you don't want to stop but there is no throwing toys! First let's clean up. Then we can get a snack. I'll help you."
  - Mom times him out in the corner |

Hypotheses

- What happened that caused the child to react with challenging behavior?
- What was the child experiencing or feeling?
- What has caused the shift in the child's pattern of behavior?
  - What happened before the behavior?
  - With whom did the behavior occur?
  - Where did the behavior occur?
- What was the function of the behavior?

References

- http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/serve_and_return/
- Hughes, Joslyn, Wojton, O'Reilly, Dworkin. Connecting Vulnerable children and families to community-based programs strengthens Parent's perceptions of Protective Factors
- Oleksiak, Carol. "Risk and Resiliency" Failure to Thrive in the First Year of Life. A chapter in Shirilla and Weatherston: Case studies in Infant Mental Health. 2002
- U.S. Department of Education, Office of Special Education Programs

- Csefel website: Positive solutions for families, session 1, making a connection
- Oleksiak, Carol. "Risk and Resiliency" Failure to Thrive in the First Year of Life. A chapter in Shirilla and Weatherston: Case studies in Infant Mental Health, 2002
- National Association for the Education of Young Children, 2009

  DOI: 10.1207/S15327027INF0404_01