Relationships:

The Heart of Development and Learning

National Infant & Toddler Child Care Initiative

U.S. Department of
Health and Human Services

Administration for Children and Families

PREFACE

Relationships: The Heart of Development and Learning is one of three infant/toddler modules created to support consultants working in child care settings, especially consultants who have not had education or training specific to infants and toddlers in group care. These modules were designed to compliment training offered to early childhood consultants through the National Training Institute at the Department of Maternal and Child Health, University of North Carolina at Chapel Hill.

The infant/toddler modules, which also include ***Infant/Toddler Development, Screening and Assessment*** and ***Infant/Toddler Curriculum and Individualization***, provide content on early development and quality child care policies and practices for consultants working in child care settings serving children ages birth to 3. The modules do not include a focus on the development of consultation skills. As such, they are not intended to be used as stand-alone trainings but should be incorporated into training that also addresses the critical skills and process of consultation.

Information about the National Training Institute for Child Care Health Consultants can be found at *http://nti.unc.edu/* or by contacting the program at the following address:

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Relationships at the Heart of Development and Learning

LEARNING OBJECTIVES

The purpose of this module is to strengthen the content base on infants and toddlers for consultants working in child care settings.

Upon completing this module, child care consultants will be able to:

- Discuss the centrality of relationships in infant/toddler development.
- Describe the impact of relationships on a child's social/emotional development and learning.
  - Describe how interactions form the foundation of infant development.
  - Describe the importance of caregiver/child relationships to child development and learning.
  - Describe the impact of positive caregiver/parent relationships on healthy child development.
- Describe key concepts of relationship-based practices in child care settings that impact the social/emotional development of infants and toddlers.
  - Describe caregiver/child interactions that promote healthy development.
  - Demonstrate ability to coach a director or caregiver on the concept of responsive caregiving.
  - Describe the concepts of continuity of care and primary caregiving as they apply to social/emotional development and infant/toddler child care.
  - Describe what is meant by the parallel process, including the child care consultant's relationship with the director or caregiver.
- Identify resources for programs or caregivers working with infants and toddlers.

abilities that invite and engage adult interaction (Kalmanson & Seligman, 1992), such as a preference for human faces and the ability to recognize and turn to the familiar voices of their parents.

A child's unique personal characteristics also affect interactions and the development of relationships. For example, the child's temperament (see Table 1) may affect how she engages with her caregiver. A child with an easy temperament may engage quickly and invite positive interaction on the part of her caregiver, whereas a child with a difficult or feisty temperament may invite less positive engagement. The effect of temperament on development, however, is dependent on the characteristics of *both* child and adult, and is largely defined by the "goodness of fit" (Thomas & Chess, 1977) between the two. A good match supports the relationship and optimal development.

In addition to temperament, the presence of a developmental disability or special need can affect adult/child interactions. For example, an infant with Down's syndrome may have a flat affect, resulting in behavioral cues that are quite subtle and therefore more difficult for the caregiver to read. From a transactional perspective, this can lead to reduced engagement from his parent or caregiver—a circumstance that can result in fewer interactions for a child who actually needs more responsive attention to make developmental gains. In a similar manner, the motor delays often found in cerebral palsy may limit a child's ability to initiate an exchange with or respond to his caregiver. This also has the potential to lead to an overall reduction in caregiver/child interactions.

Just as infants bring characteristics to the relationship that may enhance or hinder the quality of the interactions, adults also bring their own unique traits to the exchange. Adult factors that have the potential to negatively affect transactions between parent and infant include such issues as mental health status (especially depression in the primary caregiver), substance abuse, domestic violence, a lack of resources and support, and the adult's own attachment model.

The family's culture also plays a significant role in parent/child interactions. The intimate work of raising babies is largely influenced by culture. Many aspects of infant/toddler care and interaction vary significantly between different cultures.

- Sleep patterns and arrangements,
- Positioning of the infant or toddler,
- Use of language and the parent and child role in communication,
- Values, goals, and priorities related to child development, and
- The role of extended family networks.

The Development of Positive Relationships

Relationships are a critical component of a young child's social/emotional development. The following sections provide an overview of critical aspects of development that emerge in infancy, and are dependent on relationships.

Psychosocial Development in the First 3 Years: A Look at Theories

An infant learns to trust others through the growing predictability of caregiver/child interactions and the emerging relationship between them. According to Erikson (1965), the development of trust is an essential step in healthy development. Erikson viewed psychosocial development as a series of crises or conflicts that a person resolves in response to interpersonal experiences at each stage. Erikson believed that the resolution of these conflicts have significant impact on the child's sense of self. Two of these stages occur in the years from birth to 3 (see Table 2), laying the foundation for the resolution of the conflicts that occur later.

TABLE 2

Age	Erikson's Psychosocial Stages 1 and 2
Birth to 1 year	***Trust vs. Mistrust*** When a child experiences warm, responsive care, he will learn that the world is dependable and good. He learns to *trust* his significant caregiver(s). If a child experiences harsh interactions, or receives care that is not responsive to his needs he learns to *mistrust* his caregiver(s).
1 to 3 years	***Autonomy vs. Shame and Doubt*** As motor, cognitive, and language skills develop, the child gains the capacity to make choices and act with increasing independence. *Autonomy* is nurtured when caregivers respect a child's emerging independence and exploration (within reasonable limits) and provide opportunities for this important aspect of growth during a period of incredible change. A child who is forced or shamed in her attempts to exercise new skills may emerge from this conflict with a sense of *shame or doubt*, rather than autonomy.

Erikson describes the first psychosocial conflict as the development of trust or mistrust. A child who experiences warm, responsive interactions attuned to his own actions or needs will begin to trust his caregiver and will subsequently apply his expectation of predictability and trust to later relationships.

The reverse scenario is also possible. A child who smiles but is ignored does not experience a response to his behavior and subsequently does not learn that smiling (or cooing, or other

ACTIVITY I: Supporting Interactions That Promote Trust

Part 1 – Individual or Small Group

For each brief scenario, describe a potential barrier to the development of trust. Then, describe a response the caregiver could give that would promote positive relationships and the development of trust between the infan and the caregiver.

Attachment Relationships

The emergence of attachments between infants and primary caregivers is also considered fundamental to a child's development (Bowlby, 1969). A central premise of attachment is that "virtually all infants develop close emotional bonds, or attachments, to those who regularly care for them in the early years of life" (National Research Council, 2000, p. 230), and that these attachments have a significant impact on development. Attachment relationships are described as "secure" or "insecure" depending on the nature and consistency of interactions between the child and his primary caregiver(s). A secure attachment occurs when the child perceives "the attachment figure as available and responsive when needed" (Cassidy, 1999, p.7) and provides a base from which the child is able to explore his environment and manage stress.

Awareness of the importance of attachment relationships is critical for parents and caregivers of infants and toddlers. According to attachment theory, the attachment model established with primary caregivers during the earliest years becomes the child's "working model" for the formation of future relationships (Thompson, 1999). Thus, the nature of a child's early relationships has long-lasting implications for relationships, learning, and development over time.

There is evidence that infants develop multiple attachments, typically with those who are most responsive and interactive with the infant (Cassidy, 1999), and that attachment relationships are specific to the caregiver (National Research Council, 2000, p. 235). Criteria for the development of a

ACTIVITY II: 5HÀHFWLQJ RQ $WWDFKPHQW

"*Virtually all infants develop close emotional bonds, or attachments, to those who regularly care for them in the early years of life.*"
(National Research Council, 2000, p. 230).

ñFirst and foremost, attachment theory emphasize[s] the importance of both continuity and sensitive responsivity in caregiving relationships é ò
(Rutter & O'Connor, 1999, p. 823).

ñInfants and toddlers in child care form attachment relationships with their nonparental caregivers.ò
(Howes, 1998, p.7).

ñ é relationships are the organizing focus of all early developmentò
(Kalmanson & Seligman, 1992, p. 47).

ñHuman relationships, and the effects of relationships on relationships, are the building blocks of healthy development.ò
(National Research Council, 2000, p. 4).

, Q G L Y L G X D O 5HÀHFWLRQ What responses might these points "stir up" in caregivers? How might child care consultants be prepared to help caregivers build secure attachments with infants and toddlers?

Group Discussion: ?' = Æ ?– oqy ^ t m l M ɣ ᵐ ʊ ᴀ ɪ Ô