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READING #8

Building on Common Ground: Unifying Practice with Infant/Toddler Specialists Through a Mindful, Relationship-Based Approach

Mary Benson McMullen and Susan Dixon

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Building on Common Ground

Unifying Practice with Infant/Toddler Specialists through a Mindful, Relationship-Based Approach

Mary Benson McMullen
and Susan Dixon

FOR MOST OF U.S. HISTORY, mothers and close relatives almost always provided the care and education of infants and toddlers at home. Over the past few decades, a variety of professionals in many different settings have begun to provide this care and education more and more often (Vandell 2004). As Dombro and Lerner note in the January 2006 issue of *Young Children*, “Most families today share the care of their babies and toddlers with someone else—often an early childhood professional, a teacher, or a family child care provider. Each family and professional must learn to work and make decisions together to support the child’s healthy development and to ensure the family’s well-being” (p. 29). In response to this shift in care, there has been growing recognition of the importance of the earliest years in the development of the young child.

Parallel to this, there has been a tremendous surge in attention to the professional development of individuals who work with very young children and their families. These professionals are diverse and include, for instance, physical therapists who visit infants and toddlers at home, caregivers and teachers in child care centers, providers in family child care homes, librarians in local public libraries, and professors teaching future professionals

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in college classrooms. Each touches the lives of children birth to age three and their families in some way. They are the infant/toddler specialists about whom and to whom we address this article.

(Please note: The National Infant and Toddler Child Care Initiative at Zero to Three, a project of the Child Care Bureau, U.S. Department of Health and Human Services, defines *infant/toddler specialists* as individuals whose job it is to provide support to professionals and caregivers who provide early care and education to infants and toddlers [see online www.nccic.org/itcc/publications/specialists.htm]. We use the term more broadly here to include any professionals committed to their work with infants, toddlers, and their families who have received education and/or credentialing specific to their positions.)

A vast amount of research has been conducted on how infants and toddlers grow, develop, and learn, and the infant/toddler workforce continues to increase its knowledge about how best to provide care, education, and services to very young children. (For excellent and thorough presentations of this research and how to apply it, we recommend the books listed in “Research Resources.”) However, rather than presenting a comprehensive overview of the research, we center our discussion on two consistent findings that we argue should serve as the common ground upon which all infant/toddler specialists build their practices. These two principles, which repeatedly emerged from or were implied by research, can unite the variety of professionals who call themselves infant/toddler specialists.

Specifically, we conclude from the research that high-quality infant/toddler care and education and supportive services occur in the context of mindful, thoughtful practice and through the establishment and maintenance of caring relationships (McMullen 1999; Shonkoff & Phillips 2000; Shore 2003; Butterfield, Martin, & Prairie 2004; Clarke-Stewart & Allhusen 2005). These two elements—mindfulness and a focus on relationships—can serve as principles for all infant/toddler specialists despite the unique, discipline-specific bodies of knowledge, sets of skills, and dispositions that practitioners acquire in the distinct professional development pathways they travel. Having this common ground has



These two elements—mindfulness and a focus on relationships—can serve as principles for all infant/toddler specialists.

significant implications for defining common components both for preservice preparation for infant/toddler specialists and for the creation of professional development systems for inservice practitioners.

Defining the profession

The organization Infant-Toddler Specialists of Indiana (ITSI) asks practitioners to answer the following question when considering if they fit the role: “Do you provide education, care, or supportive intervention for infants, toddlers, and families?” (2006). (See ITSI Web site at www.cfs.purdue.edu/itsi/index.htm.) We recognize that many people in multiple fields touch the lives of infants and toddlers and their families, but we ask you to consider the following questions in addition to the one posed by ITSI: Did you receive specialized education and/or credentialing related to your role in your work with, for, or about children from birth to age three? Do you engage in ongoing professional development that helps you remain current in the knowledge and practices accepted in your particular area of expertise? Are you committed to supporting your professional colleagues and the infants, toddlers, and families with whom you work? If you answered “Yes” to all of these questions, you are an infant/toddler specialist.

It is obvious that there is great variation in the positions held within this specialty, the *who* that defines the members of this profession. To understand this complexity, and what it means to be a practitioner in the field, it is important to understand the various settings in which infant/toddler professionals work. We identi-

fied four major contexts: the home, the care and education setting, the community, and the professional development setting.

The home. There are a number of different infant/toddler specialists who work primarily in the context of a child’s home. Among the most common of these are home visitors, early interventionists, nannies, and doulas.

How do you make progress if you don’t have trusting relationships? It’s the only way that families and therapists can work together. Any relationship is worth developing, and therapeutic ones are no different.

— Home-Based Physical Therapist

The care and education setting. The professionals who work in the care and education setting may come to mind most readily when we hear the term *infant/toddler specialist*. These practitioners include, primarily, child care program administrators, caregivers, teachers, and family child care providers, as well as early interventionists who work with children birth to age three and their families in school, center, or home child care environments.

I take care of babies because infancy is the most amazing time of life. You can watch them grow and learn, and if you know what you are watching for, the miracles just never stop. I can provide children with opportunities for learning things, then show their parents how to do the same things at home.

Research Resources

Building Strong Foundations: Practical Guidance for Promoting the Social-Emotional Growth of Infants and Toddlers, by Rebecca Parlakian and Nancy L. Seibel (2002)

From Neurons to Neighborhoods: The Science of Early Childhood Development, edited by Jack P. Shonkoff and Deborah A. Phillips (2000)

Infants and Toddlers in Out-of-Home Care, edited by Debby Cryer and Thelma Harms (2000)

Rethinking the Brain: New Insights into Early Development, revised edition, by Rima Shore (2003)

Right from Birth: Building Your Child’s Foundation for Life, by Craig T. Ramey and Sharon L. Ramey (1999)

What We Know about Childcare, by Alison Clarke-Stewart and Virginia D. Allhusen (2005)

— Child Care Professional in a Center-Based Program

The community. The most varied group of infant/toddler specialists are those who engage with children and their families in the community. They work primarily in their own professional settings, and infants and toddlers and their families come to them for care, education, or supportive services. These professionals can be found in numerous environments that fall into two basic categories. One category focuses primarily on child and family programs (for example, YMCA toddler classes, faith-based programs, parks and recreation programs, and so on); the other category covers programs that primarily provide resources and services related to infants and toddlers for parents and caregivers (for example, family resource centers, court systems, county extension offices, and hospitals and other medical facilities). We recognize that there is overlap, with some agencies and organizations providing both programming and resources.

We like to have classes for young children at the YMCA because this age group has amazing energy for life. It is important to us as an organization to foster their healthy growth and development and love of activity from the very beginning.

— YMCA Toddler Movement Class Instructor

The academic or professional development setting. The fourth context in which infant/toddler specialists work is the academic or professional development setting. Although, again, the work of these professionals varies, they all deliver training, mentoring, or education services related to children ages birth to three. These professionals may include

trainers and consultants, cooperative extension agents, college instructors/professors, resource and referral agents, licensing and regulation officials, and others in adult learning/professional development roles.

I learned early in my teaching that I need to teach college students the same way I want them to teach young children. I am respectful of their learning needs and goals, individual styles, and interests. I work to build a strong and trusting relationship with them.

— Early Childhood Teacher Educator

Unifying principles of practice

Mindful, relationship-based practices are supported by decades of research in numerous fields including sociology, psychology, biology, and education (Hanh 1996; Langer & Moldoveanu 2000; Ritchhart & Perkins 2000; Schwalbe 2001; Holland 2004; Germer, Siegel, & Fulton 2005). The principles of being mindful and working on relationships can and should serve as unifying principles of practice, undergirding our work with infants, toddlers, and their families, whatever our role and wherever our work is performed.



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For the infant/toddler specialist, the most important aspect of mindfulness is awareness—being aware of the needs of the infants, toddlers, and families with whom one is working.

Elements of mindful practice

We stop, and we look deeply. We stop just to be there, to be with ourselves and the world. When we are capable of stopping, we begin to see and, if we can see, we understand.

— Thich Nhat Hanh, *Peace Is Every Step*

Mindfulness can be defined as the purposeful act of being attentive, of truly being in the moment with the people or activities in which we are involved (Kabat-Zinn 1994; Hanh 1996; Langer & Moldoveanu 2000). Being mindful has been promoted as an effective method in practices as varied as those associated with spiritual meditation, psychotherapy, and gardening. For the infant/toddler specialist, the most important aspect of mindfulness is awareness—being aware of the needs of the infants, toddlers, and families with whom one is working. More than that, the mindful infant/toddler specialist needs to be totally present, in the moment with each individual with whom he or she is working at all times.

Much of what professionals have learned about being mindful in their practice in terms of respectful interactions with infants and toddlers comes from the influential work of Magda Gerber (2003) and the RIE (Resources for Infant Educators) Method (see the RIE Web site at www.rie.org), as well as from the infant schools of northern and central Italy, including those in the Reggio Emilia region (Gandini & Edwards 2001). From these programs, we have learned important lessons about being patient and letting the infant or toddler determine the pace of our interactions with them. “Never being in a hurry” when working with infants and toddlers is also fundamental to the Watching, Waiting, and Wondering method promoted by Muir and Hincks (1992) as an early intervention technique.

We propose that there is another important element of mindfulness, one closely related to being in the moment. When we asked a group of graduate students and practitioners to define mindful practice, they said it is “thinking before doing, thinking while doing, and thinking after doing.” In this conceptualization, mindfulness is a reflective cycle of planning, observing, and assessing our own behaviors and practices and the subsequent outcomes, repeated over and over. This cycle can help practitioners respond effectively to the needs of the young children and families with whom they work (McMullen 1998, 1999; Shonkoff & Phillips 2000; Clarke-Stewart & Allhusen 2005; Gonzalez-Mena & Eyer in press).

Mindfulness is not just an isolated pursuit. As infant/toddler specialists learn to be more present in their work practices and begin a cycle of self-inquiry, they need to recognize that these thoughtful processes are best shared with the children, families, and colleagues with whom they work. A major consequence of not practicing mindfully is the potential to miss important messages, spoken or not, about the relationships in which we are working. It’s all about relationships!

Ads have been removed

Being sensitively responsive means reading and understanding the communication cues, verbal and nonverbal, of another individual; to do so requires an established relationship with that person.

Elements of relationship-based practice

Relationships are all there is. Everything in the universe only exists because it is in relationship to everything else. Nothing exists in isolation.

— Margaret J. Wheatley, *Turning to One Another*

Numerous researchers have documented the critical role of adult-child relationships (parent-child and caregiver-child) in early child development. A study reported in the National Research Council's *From Neurons to Neighborhoods* (Shonkoff & Phillips 2000) indicates that "healthy development depends on the quality and reliability of a young child's relationship with the important people in his or her life, both within and outside the family." Another frequently reported finding is that child-caregiver relationships provide the organizing framework for all facets of child development, including cognitive (e.g., Kirsh & Cassidy 1997; Pianta, Nimetz, & Bennett 1997) and social-emotional domains (e.g., Laible & Thompson 1998). In other words, "all learning takes place in the context of relationships and is critically affected by the quality of those relationships" (Norman-Murch 1996, 17).

Several authors have proposed descriptions of a professional engaged in relationship-based practice that may be beneficial as we look at the infant/toddler specialist's relationships not only with children, but also with families and other professionals (Pawl 2000; Heffron, Ivins, & Weston 2005). The descriptions center on practices and behaviors that help create and sustain trusting relationships, such as respect, and skills related to both verbal and nonverbal communication.

Notions of respect and the importance of communication as cornerstone elements of healthy relationships, and therefore essential practices with infants, toddlers, and their families, have been at the heart of a number of programs throughout the world. Being "sensitively responsive" to all with whom we work (infants, toddlers, and their families) has been promoted in the United States by WestEd's Program for Infant Toddler Care (PITC, see www.wested.org/cs/we/view/pj/195) and educators such as Janet Gonzalez-Mena (Gonzalez-Mena & Eyer in press) and Magda Gerber (Gerber & Johnson 1998). Being sensitively responsive means reading and understanding the communication cues, verbal and



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nonverbal, of another individual; to do so requires an established relationship with that person.

Similarly, relationships are central to the philosophies of Great Britain's Birth to Three Matters Framework (Abbott & Langston 2005), New Zealand's Te Whariki or "woven mat" philosophy (New Zealand Ministry of Education 1996), and the methods used with infants and toddlers at the Pikler Institute in Budapest, Hungary (Gonzalez-Mena 2004; Gonzalez-Mena, Chahin, & Briley 2005). Notably, all of these philosophies focus on respectful communication and the formation of enduring relationships as central components to healthy growth, development, and learning in infants and toddlers. There seems to be growing consensus among the diversity of professionals who work with children birth to age three and their families across the global community that to be effective practitioners, we must attend thoughtfully, purposefully—mindfully—to relationships.

Mindful, relationship-based practices: Putting it together

Thinking is the place where intelligent action begins. We pause long enough to look more closely at a situation, to see more of its character, to think about why it's happening, to notice how it's affecting us and others.

— Margaret J. Wheatley, *Turning to One Another*

Positive growth, development, and learning outcomes for infants, toddlers, and their families occur when practitioners engage in mindful, thoughtful practice and create and maintain healthy, secure relationships

(Pianta, Nimetz, & Bennett 1997; Gerber & Johnson 1998; Thompson 2000; Edelman 2004; Abbott & Langston 2005). Although they are not a model or a curriculum, the principles of mindfulness and supportive relationships, when used to guide practice, can help infant/toddler specialists frame their work in the care, education, and provision of services with very young children and their families, and foster developmentally appropriate practices (Bredekamp & Copple 1997).

There are many challenges, of course, to mindful, relationship-based practices in the real-world practice of infant/toddler specialists. We all face demands on our time that make it almost impossible to be in the moment whenever we engage with children, focus our attention on the details, reflect on our practice, and build and maintain relationships. We are bogged down by paperwork and documentation, new rules and regulations, assessments and evaluations, and numerous daily tasks that require our energy and concentration. Some of us must overcome our very training; many infant/toddler specialists who are early interventionists, in particular, were trained in the medical model, which fosters the achievement of technical skill and knowledge over relationships. Others of us face cultural hurdles in engaging in more mindful, relationship-based practices, shying away from the development of the lasting and deep relationships required to engage fully and meaningfully in work of this kind (Schwalbe 2001). We must convince ourselves that, as research shows, engaging in mindful, reflective prac-

The principles of mindfulness and supportive relationships can help infant/toddler specialists frame their work in the care, education, and provision of services with very young children and their families.

tices will improve our work environments and outcomes (Langer & Moldoveanu 2000). It will enhance our overall experience, providing a sense of accomplishment and job satisfaction (Langer 1997), and perhaps most important, it will improve the lives of those for whom we provide care, education, and services.

The following suggested practices, which have emerged from the literature for infant/toddler specialists, are based on the principles of mindfulness and a focus on relationships:

- Be fully present, fully attending to the individuals with whom you are working at any given time
- Respect the individual knowledge, strengths, and needs of the infants, toddlers, and families with whom you work, as well as other professionals involved in the lives of those children and families

- Engage in the reflective cycle (“Think before doing, think while doing, and think after doing”) by carefully and thoughtfully planning, observing, and assessing all of your actions and behaviors with the individuals with whom you work
- Develop an understanding of how our own values and beliefs influence our practices, and recognition of how all of our practices affect the children and families with whom we work
- Listen carefully, observe carefully, and ask questions that can clarify and promote greater understanding
- Foster positive relationships between all of the individuals involved in all of the various contexts—home, care and education setting, community settings—that impact the life of an infant or toddler and his or her family

Clearly there is a broad overlap between the underlying principles of mindfulness and those of relationship-based practices that make these conceptual underpinnings even more powerful. To be in a relationship, not only do we need to be fully present both physically and mentally during each interaction—being attentive to what we see, hear, and feel—but we must have an awareness of the needs of each individual in the relationship as we plan, observe, and reflect on our actions.

This article seeks to inform professionals who work with infants, toddlers, and their families by proposing that, based on research, two principles—mindfulness and relationship-based practice—should emerge as critical. It is our hope that these principles will serve to unite our diverse practices, building common ground for dialogue, training and professional development, advocacy work, and policy development.

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8-Building on Common Ground. Unifying Practice with Infant/Toddler Specialists through a Mindful, Relationship-Based Approach

FOR MOST OF U.S. HISTORY, mothers and close relatives almost always provided the care and education of infants and toddlers at home. Over the past few decades, a variety of professionals in many different settings have begun to provide this care and education more and more often (Vandell 2004).

Use the Table Below to Fill in the Blank

1. In response to this shift in care, there has been growing _____ of the importance of the earliest years in the development of the young child.
2. These two elements— mindfulness and a focus on relationships—can serve as principles for all infant/toddler specialists despite the unique, discipline-specific bodies of knowledge, sets of skills, and _____ that practitioners acquire in the distinct professional development pathways they travel.
3. The most _____ group of infant/toddler specialists are those who engage with children and their families in the community.
4. The principles of being _____ and working on relationships can and should serve as unifying principles of practice, undergirding our work with infants, toddlers, and their families, whatever our role and wherever our work is performed.
5. For the infant/toddler specialist, the most important aspect of mindfulness is _____—being aware of the needs of the infants, toddlers, and families with whom one is working.
6. In this conceptualization, mindfulness is a reflective cycle of planning, observing, and assessing our own behaviors and practices and the subsequent outcomes, repeated over and over. This cycle can help practitioners respond _____ to the needs of the young children and families with whom they work.
7. Numerous researchers have _____ the critical role of adult-child relationships (parent-child and caregiver-child) in early child development.
8. Being sensitively responsive means reading and understanding the communication _____, verbal and nonverbal, of another individual; to do so requires an established relationship with that person.
9. Positive growth, development, and learning _____ for infants, toddlers, and their families occur when practitioners engage in mindful, thoughtful practice and create and maintain healthy, secure relationships
10. Some of us must overcome our very training; many infant/toddler specialists who are early interventionists, in particular, were trained in the medical model, which fosters the _____ of technical skill and knowledge over relationships.

| | | | |
|---|--------------|----|-------------|
| 1 | mindful | 2 | documented |
| 3 | effectively | 4 | cues |
| 5 | dispositions | 6 | recognition |
| 7 | outcomes | 8 | achievement |
| 9 | varied | 10 | awareness |

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Name: _____ Registry# _____

Course Name: _____ Email: _____

Date you Completed Course: _____ Circle: Family/Group Center

Phone#: _____

Training Evaluation Survey

Please circle your response here

| | | | | | |
|---|-----|----|---|---|---|
| The presentation consisted of hands on training, questions and answers, and lecture. | 1 | 2 | 3 | 4 | 5 |
| Overall effectiveness of training (I feel the training was clear and easy to understand) | 1 | 2 | 3 | 4 | 5 |
| The interactive classroom and homework assignments were helpful learning materials | 1 | 2 | 3 | 4 | 5 |
| This subject was useful and I have incorporated the information into my childcare environment | 1 | 2 | 3 | 4 | 5 |
| Overall effectiveness of training | 1 | 2 | 3 | 4 | 5 |
| The method used to present this information was in step with my learning style | 1 | 2 | 3 | 4 | 5 |
| I would recommend other providers to attend this training | 1 | 2 | 3 | 4 | 5 |
| The materials used in this training were valuable and relevant (i.e. handouts, books, homework assignments, etc.) | 1 | 2 | 3 | 4 | 5 |
| Please share your comments. We want to include you in our evaluation process | | | | | |
| What did you like best about this training/topic? | | | | | |
| What did you like least about this training session/topic? | | | | | |
| How can this training be improved? | | | | | |
| My learning style is: (please check one) <input type="checkbox"/> Visual Learner- You learn by seeing and looking. <input type="checkbox"/> Auditory Learners - You learn by hearing and listening. <input type="checkbox"/> Kinesthetic Learners - You learn by touching and doing. | | | | | |
| What class/topics would you like for us to present as it relates to this training session? | | | | | |
| Was the information presented difficult to understand? | Yes | No | | | |
| Would you like access to monthly childcare updates? | Yes | No | | | |
| The course materials were well organized? | Yes | No | | | |
| I received the materials in a timely fashion? | Yes | No | | | |
| The information will be helpful to me in my position? | Yes | No | | | |
| Would you consider taking another training offered by Child Care Providers' Helper? | Yes | No | | | |

Thank you for allowing us to serve your training needs.