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Nurturing Attachment in Infants and Toddlers¹

BY JACALYN POST, MARY HOHMANN, AND ANN S. EPSTEIN

What do infants and toddlers in early childhood settings need from their caregivers? In every interaction, these very young children need to be treated with great care and respect from a consistent primary caregiver with whom they form an attachment. Only then can they form the trusting human relationships that allow them to develop curiosity, courage, initiative, empathy, a sense of self, and a feeling of belonging to a friendly social community. Early attachments help determine our lifelong worldview — when young children develop secure attachments, they are more likely to become secure people who are better prepared emotionally to handle difficult situations in their lives and more accepting of other people's shortcomings (Honig, 2002). In this article, we will look at how to nurture positive attachment in infants and toddlers in order to set the stage for healthy growth and development.



Over time, this caregiver has come to know that this infant likes to hold on to his favorite toy and be rocked while he falls asleep.

1. This article adapted from *Tender Care and Early Learning: Supporting Infants and Toddlers in Child Care Settings*, Second Edition. HighScope Press, 2011.

The Nature of Attachment

Psychoanalyst John Bowlby (1988) defined attachment as “any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived of as better able to cope with the world. It is most obvious whenever the person is frightened, fatigued or sick, and is assuaged by comforting and caregiving” (pp. 26–27). Bowlby stressed that attachment is an essential human need that is present throughout our lives.

Most work by Bowlby (1969/1982, 1973, 1980) and other attachment researchers focuses on the critical period from infancy to early toddlerhood and the four stages of attachment development. (See “Bowlby’s Stages of Attachment” in the box on p. 3). In this context, pediatric psychiatrist Diane Benoit (2004) defines attachment as the part of the child-caregiver relationship that makes the child feel safe, secure, and protected. While caregivers may also be responsible for playing, feeding, limit-setting, or teaching, attachment is where “the child uses the primary caregiver as a secure base from which to explore and, when necessary, as a haven of safety and a source of comfort” (p. 542). The quality of attachment that an infant forms is largely determined by how the adult responds when the child’s attachment system is activated, for example, when the child is frightened, hurt, or ill. Depending on the nature of this attachment, infants feel secure enough to venture forth and explore their world, or they may be fearful and insecure about how their initiatives with people, actions, and objects will be received.

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A young child attains secure attachment with her caregiver when the caregiver consistently responds to the child’s distress in sensitive and loving ways.

2. Attachment is not the same as “bonding,” an idea put forth by Klaus and Kennell (1976), which says that skin-to-skin contact between a newborn and parent immediately after birth is essential for healthy psychological development. Studies do not confirm the concept of bonding, whereas attachment theory has been substantiated by decades of research (Jacobsen, Edelstein, & Hofmann, 1994; Waters & Cummings, 2000).

Bowlby's Stages of Attachment

Psychoanalyst John Bowlby (1969/1982) was the first to apply theories of animal imprinting to the attachment between infants and their primary caregivers. Bowlby believed that infants, like other species, are born with a built-in set of behaviors that keep a parent nearby to provide protection from danger and support as the infant masters the environment (Waters & Cummings, 2000). While initially designed for safety and competence, attachment over time is characterized by true bonds of affection, supported by the child's emerging emotional and cognitive capabilities and the adult's sensitive responses. Attachment develops in four phases, presented in the chart at right.

1. Preattachment

- Typically occurs from birth to 6 weeks.
- Child cries, gazes into adult's eyes, smiles, and grasps to communicate.
- Child recognizes caregiver's smell, voice, and face.
- Child does not mind being left with an unfamiliar adult.

2. Attachment in the making

- Typically occurs from 6 weeks to 6–8 months.
- Child does not protest when separated from primary caregiver and continues to react in a friendly way to a stranger.
- Child responds more strongly to caregiver than to a stranger.
- Child learns her behavior will elicit a response.

3. Clear-cut attachment

- Typically occurs from 6–8 months to 18 months–2 years.
- Child displays separation anxiety, becoming upset when caregiver leaves (not all show separation anxiety). Older infants and toddlers try to maintain the caregiver's presence (e.g., cling).
- Separation anxiety may actually increase between 6 and 15 months with the understanding that caregiver continues to exist although out of sight.
- Child prefers caregiver to others.
- Child uses caregiver as a secure base from which to explore.

4. Formation of reciprocal relationship

- Typically occurs from 18 months–2 years; is ongoing.
- With growing representation (the ability to hold mental images) and language skills, the child understands the comings and goings of caregiver and can predict her return.
- Separation protest declines. The child negotiates with caregiver, using requests and persuasion to alter her behavior. Child and adult act more like partners.

Children use the secure attachments they form with their primary caregivers at home as the basis for forming attachments with other significant adults in their child care setting. The creation and development of these out-of-home relationships is facilitated when children have a designated primary caregiver they can relate to in the out-of-home setting. *Continuity of care* in child care programs is thus a critical factor in helping them adjust to the separation from parents and being able to thrive in their group-care arrangements.

Beginning at about six months of age, infants come to anticipate certain responses from their caregivers based on their daily interactions with them. Mary Ainsworth and her colleagues (Ainsworth, Blehar, Waters, & Wall, 1978), pioneers in defining and measuring attachment behavior, identified four patterns that result from the nature of these interactions:

- *Secure* attachment results when the caregiver consistently responds to the infant's distress in sensitive and loving ways, such as picking up and comforting a crying infant. Secure infants seek proximity and maintain contact with the caregiver until they feel safe again.
- *Avoidant* attachment results when the caregiver consistently responds to the infant's distress in insensitive or rejecting ways, such as ignoring, ridiculing, or becoming annoyed. This type of attachment is considered *insecure*. Avoidant infants learn to ignore the caregiver in times of need and often develop adjustment problems later in life.
- *Resistant* attachment results when the caregiver responds to the infant in inconsistent ways. Sometimes the caregiver ignores the infant, and other times the caregiver gets involved but perhaps in a negative way, such as expecting the infant to worry about the caregiver's own needs or adding to the infant's distress (e.g., making a loud, scary noise even louder). Resistant infants display extreme negative emotion, perhaps hoping the caregiver cannot possibly ignore them. However, they also run the risk of a negative response. This type of attachment is also said to be *insecure* and places infants at risk for social and emotional maladjustment.
- *Disorganized* attachment results when caregivers display disordered or atypical behavior, such as physical aggression or sexual abuse toward the infant. The aberrant behavior is not limited to times when the infant is distressed. Such caregivers are often the product of childhood trauma themselves, and infants reared in these circumstances are at very high risk for developing severe behavioral problems (van IJzendoorn, Schuengel, & Baker-mans-Kranenburg, 1999).

Most infants and toddlers are remarkably resilient in forming attachments that are in tune with their needs and temperaments, while also adapting to the nature of their caregivers (Waters & Cummings, 2000). Child psychiatrist Stanley Greenspan (1997) emphasizes the following points about the normal development of attachment in young children:

Adult behaviors that promote trusting relationships:

- Sensitivity to child's nondistress (takes interest in the child's play)
- Positive regard (enjoys child's explorations)
- Lack of negativity (communicates warmly)
- Shared emotions (acknowledges child's delight and tears)
- Positive physical contact (cuddling, holding, stroking, lap sitting)
- Responds to child's communication and talk
- Helps child do things
- Talks and reads to child
- Gives child full attention

— Margaret T. Owen
(1996, November)

- *Forming an attachment takes time.* Infants get to know the response patterns of their primary caregivers over a period of months. As their own behaviors change (e.g., an infant becomes a mobile and curious toddler), children discover how the caregiver in turn responds to their changing needs.
- *Parent-child bonds form at different rates for different parent-child pairs.* Both child and caregiver bring their distinct needs, personalities and temperaments, and circumstances (family composition, health status, and so on) to the attachment situation.
- *Clear-cut attachment is generally evident by the time the child is three years old.* While this varies somewhat depending on the child's experiences with separation (e.g., whether the child has been in group-care settings or experienced home care only), most children show stable attachment patterns by preschool (Speltz, Greenberg, & DeKlyen, 1990).
- *Attachment is primarily a social behavior.* It refers to how young children relate to the primary caregiver throughout the day as a source of comfort and reassurance. Attachment is not based on providing food or meeting other basic needs (though these may play a role) but deals more broadly with how the caregiver protects the child from danger (safety) and allows the child to explore and achieve mastery over the environment (competence).
- *A child's attachment is generally directed toward a mother (or a mother figure) and lasts a lifetime.* The basic sense of security (trust) or insecurity (mistrust) that is established with the primary caregiver during the early years forms a core part of the child's identity and endures throughout a person's life (Erikson, 1950/1963).
- *Through the attachment process, the child constructs an internal working model of how human relationships operate.* This model serves as the child's guide for future relationships (Bretherton & Munholland, 2008). Longitudinal research



In an active learning setting, caregivers take pleasure in their interactions with children.

shows that attachment affects the development of social relationships through school and beyond (Jacobsen et al., 1994).

With a secure foundation based on healthy attachment, young children can use their expanding cognitive, emotional, and social capabilities to explore the world around them, interact with others, and form close bonds with other adults and peers.

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CLASSROOM HINTS

Supporting Separation, Fostering Attachment

BY JACALYN POST, MARY HOHMANN, AND ANN S. EPSTEIN

It is early morning and the children are arriving at the infant-toddler center. Malcolm, who has been coming to the center for six months, kisses his grandmother goodbye and joins his friend Lacey, who is playing with foam blocks. Toni, in her third week at the center, stands at the window after her father drops her off and watches him walk to the car. A tear rolls down her cheek. Her caregiver puts an arm around Toni and says, "It makes you sad when your daddy leaves. He'll be back at the end of the day to take you home." They stand at the window together until the car is out of sight. Then Toni says, "Play doll" to her caregiver and leads her by the hand to her favorite doll, which they dress and feed a bottle to.

Last to arrive is Jonah, a newcomer to the center. He cries and clings to his mother. Jonah's caregiver invites his mother to stay and read to him for a while, which they do in a comfortable beanbag chair. After ten minutes, when the mother signals to the caregiver that she must leave for work, the caregiver walks them to the door. Jonah protests, and his mother and caregiver reassure him that his mother will return after he spends the day playing, eating, and napping at the center. When his mother leaves, Jonah cries in his caregiver's arms as she holds and strokes him. Once he begins to calm down, she asks if he wants her to read to him. Jonah nods his heads yes. They return to the bookshelf, and Jonah hands her the same book he read with his mother. When that book is finished, he hands his caregiver another book to read, and another child joins them to listen. Jonah and the other child point to the pictures as the caregiver reads to them.

When placed in a child care setting, securely attached young children generally manage to handle the normal stress of separation from a parent (Sroufe, 1988). However, the adjustment may not be instantaneous. It requires the support of responsive adults who should be aware of several things to simultaneously support the attachment between the child and parent while fostering the develop-



ment of an attachment between the child and the primary caregiver in the early childhood setting:

- Protest and despair are a child's normal, healthy response to separation from the parent¹ to whom the child is strongly attached.
- In typical (i.e., nonresidential) child care settings, a child's separation from the parent is temporary — the parent comes back at the end of the day. Caregivers will most often see children responding to separation from the parent by protesting.
- As a child protests a parent's leaving, it is important for caregivers to calmly acknowledge the child's feelings of anger and grief and to offer comfort and contact as long as the child needs it rather than to tell the child to stop crying or to ignore or punish the child for misbehaving.
- The child protests because she or he does not want the cherished parent to leave. While a caregiver cannot be the parent, a caregiver can become a consistent, responsive, dependable, trusted parent-substitute for the child while the parent is absent.

1. In this article, we use "parent" to refer to whatever parent figure a child may have, whether it be a parent, grandparent, foster parent, or an adult sibling.

- A child who has not formed a strong attachment to a parent (because the parent is depressed or unavailable) and is left in the care of an ever-changing cast of caregivers may give up trying to find a responsive person to whom to become attached and becomes emotionally detached. This puts the child's future relationships in jeopardy.
- The child's attachment to the parent and need for a responsive, trusted caregiver in the parent's absence provides the rationale for primary care-giving and continuity of care in child care settings.

Infants and toddlers who experience adults' daily, ongoing support and respect are free from undue stress. This allows them to devote their energy to the all-important work of sensory-motor exploration, through which they construct an understanding of their social and physical world. They also have the opportunity to form

healthy working ideas about themselves and others: *I am a good person. People are generally trustworthy and pleasant to be with. The world is full of interesting possibilities. With help from trusted friends, I can meet life's challenges.*

Treating children well so they can grow and learn is the primary aim of teachers and caregivers in an active learning setting. Alison Gopnik (2009), a leading researcher on cognitive development in infants, points out that unlike older children, "babies aren't trying to learn one particular skill or set of facts; instead they are drawn to anything new, unexpected, or informative. Babies are designed to explore and they should be encouraged to do so" (p. 10). Therefore, the role of the teacher in infant-toddler care settings is "neither babysitter nor trainer but rather a caring facilitator of the child's journey toward emotional, cognitive, language, physical, and social competence" (Lally, 2009, p. 48).

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SPECIAL EDUCATION

Promoting Positive Attachment in Infants

BY CHRISTINE SNYDER, HIGHSCOPE FIELD CONSULTANT AND DIRECTOR, GRETCHEN'S HOUSE, ANN ARBOR, MI

There's no doubt that attachment plays an integral role in a young infant's development. An infant's initial and primary task is to ensure that his or her needs will be met by crying and displaying a variety of nonverbal signals. It is important that those attempts to connect are met with warm, authentic responses from a parent or caregiver. When infants have ample opportunities to build attachment with a genuine, responsive caregiver, they develop a positive sense of self, of others, and of the world around them.

Attachment continues to build with consistent caregivers through interactions that include eye contact, physical contact, body language, conversation, responses to verbal and nonverbal attempts to communicate, and genuine responses to a child's needs. Attachment occurs seemingly naturally as warm, attentive caregivers respond to the contagious coos and giggles of a young infant. But what to do when this doesn't seem to occur so naturally?

Attachment is important for every child, and sometimes we need to make modifications based on a child's temperament, physical or cognitive limitations, or specific diagnosis of special needs to help this attachment develop. We may also need to give extra attention to modeling supportive adult-child interactions to parents who are struggling with attachment issues themselves. Below are some strategies you can use with all babies to ensure that they have an opportunity to be successful in building strong and supportive attachment relationships.

Read the baby's cues. Giggling, smiling, making eye contact, or focusing on a person or object are all ways that babies indicate that they are comfortable and engaged in an activity or interaction. When babies cry, turn away, squirm, arch their back, or push away, it can indicate that they are bored, overstimulated or uncomfortable. It is



important to read these nonverbal indications from the baby to learn how he or she likes to be held and engaged with, and what kinds of stimulation are too much or too little. Be certain to respond to every cue, not just signals of distress. For example, pick up and soothe a crying baby, but also play peek-a-boo, talk with, or smile back at a cooing baby.

Make adjustments. Part of responding to a baby's cues that he or she is uncomfortable is making changes to the baby's surroundings. For example, a lot of bonding can occur while an adult is holding a baby, but you might have a baby who is uncomfortable being held due to sensitivity to touch, sensitivity to pressure, the necessity of braces or a helmet, or discomfort in various positions. One accommodation you could make in this case would be to lie next to the baby on the floor rather than holding her close. This would allow you to be on her level (making eye contact), see things from her perspective,

and engage in talking, cooing, and babbling while respecting her personal preference about being held.

Assign caregivers based on the child's temperament and individual needs/preferences. Every baby has a unique temperament as well as different needs and preferences; looking for and supporting individual differences can quickly strengthen a relationship and make a baby feel comfortable. Spending a few days getting to know a new child before placing him or her with a long-term caregiver can really help in overcoming attachment barriers. Look for clues that the child seeks out a particular caregiver — indicating that the caregiver's manner and style is compatible with that child — and then be conscious of how to schedule shifts and breaks so you can ensure that the preferred caregiver is present for dropoff, pickup, and other crucial parts of the day.

Support relationships on an individual basis. As child care workers, we provide care in a group setting; however, extended time in a group can be overwhelming and overstimulating to children — so it's important to capitalize on one-on-one opportunities. Routine bodily care times and mealtimes are one of the most important opportunities for interacting and building trust. Other possible times for individual bonding include at the beginning of the day, while children are arriving gradually; while some children are sleeping; or at the end of the day when children are getting picked up gradually.

Communicate observations with parents and guardians. Even at their young age, infants give us many clues about what they are experiencing, feeling, and perceiving. Be sure to share that information with the other important people in the child's life. Sometimes comparing notes by talking to parents about the preferences and behaviors of their infants at home is the key to finding just the right way to support a child who is struggling to develop an attachment to a caregiver.

In one circumstance, a child struggled for months to connect to her caregiver until her doctor discovered that she had very poor eyesight and needed glasses. It seemed like a small change, but once she had the glasses she could finally see her caregiver, connect a face

to a voice, and visually find her caregiver when he was moving around the room. When children appear to have deficiencies or delays, it's important to voice your concerns to parents so problems can be addressed early on and diagnosis can be determined early so the children can receive the proper tools, support, and assistance.

Be on the child's level — and not just physically. Play the way babies play. Be silly, make faces, laugh, giggle, and coo. See the world the way a baby sees the world — on the floor and with heartfelt curiosity. When you participate as a partner in an infant's play, the child learns to trust — which then allows him or her to be excited about exploring with you.

• • •

As adults, we know that life doesn't always happen the way we expect it to. Sometimes children don't develop as we expect them to, sometimes they do, and sometimes we as caregivers are met with circumstances we haven't encountered before. Whatever the case, be genuine, be authentic, be warm, and be caring. Be a caregiver who takes the time to get to know each child individually and supports the development of attachment and trust as building blocks for each child's future relationships and sense of self.

TRAINER-TO-TRAINER

Infants, Toddlers, and Temperaments—Oh My!

BY TRICIA KRUSE, HIGHSCOPE CERTIFIED TRAINER

In a classroom full of many different kinds of children, teachers are bound to question — why does he do that? Or why does she act that way? This 70-minute workshop attempts to answer those questions by examining children’s individual temperaments. During the workshop teachers will also examine their own temperament, decide how their similarities or differences might affect the bonding process (covered in detail in Step 9 of this activity), and learn how supportive adult-child interaction strategies can meet every child’s needs.

What You’ll Need: Tape, “Temperament Scale” handout (see p. 13 for reproducible handout), “Aspects of Temperament” handout (see p. 15); interaction strategy cards (see p. 16 for list of items that can be copied and cut into “cards”).

Opening Activity

(10 minutes)

What Would You Do?

- Place a long piece of tape on the floor. Read a question from the list below and ask participants to go to the part of the tape described that most represents them. Note that each question is followed by a temperament aspect.
 - When your computer breaks, do you calmly try to figure out the problem, spending up to three hours on the phone with technical support (left end of the tape line)? Or do you scream and yell so loudly your neighbor comes over to fix it again for you (right end of the line)? (Aspect: persistence)
 - Do you wake up and get out the door by 6 a.m., smiling and whistling “Whistle While You Work” (left end of the tape), or do you hit the snooze button four times and then see your dog going to the bathroom on the carpet before you get up (right end of the tape)? (Aspect: activity level)
 - If someone said to you, “Hey, squirrel meat is really good to eat — want some?” would you dive right in (left end of the tape) or say “Yeah, right” and immediately start gagging (right end of tape)? (Aspect: approach/withdrawal)
 - Can you sleep with the television on and the bathroom light shining in your eyes (left end of tape)? Or do you need to sleep with a pillow over your head to block out the light coming from under the door crack (right end of tape)? (Aspect: sensitivity)
- Explain that this activity is designed to do three things: help participants get to know each other, make them laugh, and introduce the idea of temperaments. The questions in #1 above illustrate four of the nine different aspects of temperament we are all born with — persistence, activity level, approach and withdrawal, and sensitivity level.

Central Ideas and Practice

(40 minutes)

- Share these main points:
 - Temperament is our *behavior style*. It is different from personality, which is more easily shaped.
 - Children are born with a temperament.
 - It lasts a lifetime.
 - Once a child’s nine different domains of temperament have been determined, the temperament traits can be organized into three main categories. (See Step #7. See all nine aspects on the “Temperament Scale/Temperament Quiz” handout.)
- Pass out the “Aspects of Temperament” handout. Assign small groups to each of the aspects and have all members of the group read it. Have them share their aspect with the whole group. Summarize.
- Ask each participant to think of one child. Pass out the “Temperament Scale/Temperament Quiz” handout. Ask participants to rate this child on the scale by placing the child’s initials on the rating scale line.
- Ask participants to share their findings by asking “How does this new way of looking at a child affect how you think of him or her?”
- Discuss how temperament categories vary but that HighScope uses Brazelton’s descriptors of temperament categories: “easygoing,” “quiet,” or “always on the go” (Brazelton, 1983). Discuss how this rating scale is not scientifically reliable but is a simple tool to help us get a general idea of who our children are. Ask participants whether, generally speaking, and based on the ratings, they think the child they have thought of is more “easy going,” “quiet,” or “always on-the-go.”

8. Ask “So, what does all this mean when teachers have so many children with different temperaments?!” Make the following point: *After examining who the children are and what their temperaments are like, we must examine ourselves and own temperaments.*
9. Have participants take the temperament quiz by placing their initials on the line on the handout (descriptors are for children, but participants can relate information to adult level). In pairs, have participants discuss how they compare to their selected child. Bring the group back together and discuss. Ask participants to decide how their similarities or differences to the children they care for might affect the bonding process. Cover the following points from the “Aspects of Temperament” handout (Teglasi & Epstein, 1998):
 - Temperament affects how caregivers react to a child.
 - Temperament affects how the child chooses and interprets experiences.
 - Temperaments affect our whole relationship with a child and can determine the degree and quality of attachment.
 - Temperamental differences determine both how the child deals with the world and how the world responds to the child.
10. Share that in a HighScope classroom a teacher can meet the needs of all children regardless of differing temperaments. We do this by using supportive adult-child interaction strategies that create trust, form partnerships, and support children’s intentions.

Application Activity

(15 minutes)

11. Break participants into table groups. Give each table the strategy cards and have them determine which adult-child interaction strategies will best fit the three categories of temperaments (“easy going,” “quiet,” or “always on-the-go”). Bring the whole group together to discuss findings. Share and discuss the point that, although children may have different temperaments, the strategies for meeting their needs remain the same!

Implementation Plan

(5 minutes)

12. In pairs, have participants share about temperament types and how they will use new information from this workshop.

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Temperament Scale/Temperament Quiz

1. Activity Level

Wakes up in the same position he or she fell asleep in
Sits comfortably in your lap

Turn themselves around and can't keep blanket on
Stands to hear a story

Low activity

High activity

2. Biological rhythm

Gets sleepy and hungry around the same time each day
Poops same time every day

Eats all day long
Sleeps wherever, whenever

Regular

Irregular

3. Approach and withdrawal

Goes right up to another child to play
First one to check out a new toy

Hides behind the parent's leg when entering the room
Watches others first before playing

Initial approach

Initial withdrawal

4. Adaptability

Continues playing after a fire drill
Easily sleeps during events/errands

Cries and wants to be held for a while after the drill
Needs bed, blanket

Adapts quickly

Slow to adapt

5. Mood

Usually pleasant, cheerful
More smiles

Fussy, worried, clingy
More crying

Positive mood

Negative mood

6. Intensity of reaction

How extreme is the reaction?
Child tends to laugh and bounce up and down
Screams and throws self on floor

Simply smiles
Cries or mild fussiness

High intensity

Low intensity

7. Sensitivity threshold

Scared and cries over thunder
Cries right when wets his or her diaper

Continues playing
Plays with a sagging diaper

Sensitive

Not sensitive

Temperament Scale/Temperament Quiz

8. Distractibility

Paints until it is taken away

Stops painting and follows toy cars driving by on floor

Not distractible

Very distractible

9. Persistence and attention

Does not want diaper changed when building

Easily leaves blocks, art, food for teacher request

Long attention span

Short attention span

Aspects of Temperament

Although researchers differ on the number and nature of separate domains of temperament, most agree that any listing should include the following four dimensions:

- **Emotionality** is the degree to which the child's predominant affect is positive and happy or negative and distressed.
- **Inhibition** is the degree to which the child approaches and adapts to new situations or people with openness, trust, and curiosity or with avoidance, discomfort, or fear.
- **Activity** is the degree to which the child's characteristic level of motion is high and energetic or low and lethargic.
- **Sociability** is the degree to which the child responds to and initiates interactions with people or ignores and turns away from others (Rothbart & Bates, 2006).

At a more specific level (Sturm, 2004), researchers have identified the following temperamental differences in early infancy: fear, irritability/frustration, positive affect/approach, activity level, and attentional persistence (how long an infant stays with an activity). Another dimension that appears later in infancy

is "effortful attention control," the child's ability to focus attention but to shift it with some degree of flexibility. It also includes "inhibitory control," the child's ability to feel an impulse and yet refrain from acting on it.

Temperament plays a major role in early development (Teglassi & Epstein, 1998). It affects how caregivers react to the child and how the child chooses and interprets experiences. It is important to recognize that temperament acts in a continuous feedback loop; temperamental differences determine both how the child deals with the world and how the world responds to the child.

Although temperament is based on genetics and biology, this does not mean quality of care is unimportant. On the contrary, says psychologist Ross Thompson (2009): "Children's interactions with parents, child care providers, and other people create an environment of relationships in which brain development unfolds and temperamental individuality is expressed" (p. 36). Adults need to be sensitive and responsive, respect emerging abilities, talk about emotions and how to manage them, and be flexible adapting the environment to children's ever-changing needs.



Trainer-to-Trainer Strategy Cards

Copy, respace, and cut the items below into "cards."

- Easygoing
- Quiet
- Always on-the-go
- Touch, hold, speak to, and play with children in a warm, unhurried manner.
- Take pleasure in your interactions with children.
- Respond supportively to children's needs and attention-getting signals.
- Give children time to interact and respond in their own way.
- Support children's relationships with peers and other adults.
- Interact at the child's physical level.
- Respect children's preferences and individual temperaments.
- Follow children's lead.
- Watch and listen to the child.
- Communicate and converse in a give-and-take manner.
- Make comments and acknowledgments.
- Look at children's actions from their viewpoint.
- Give children choices when they have to do something.
- Focus on children's strengths and interests.
- Anticipate children's explorations.
- Encourage and acknowledge children's choices in exploration and play.
- Help children achieve what they set out to do.
- Give children time to solve problems they encounter with materials in exploration and play.
- Support toddlers in resolving social conflicts.

NEWS BRIEFS

New Features for the Online COR Coming Soon...

Mobile Application

The mobile application is an easy way to enter data once and have it uploaded into the OnlineCOR system. This new mobile app (compatible with iPad or android-based tablets) is designed for entering and scoring anecdotes, which can be done either online through a Web browser or offline for later synchronization with the OnlineCOR account. The mobile app can also be used to review the child's tally sheet for planning and review purposes.

Teacher Planning Form

A new lesson planning feature will be introduced on the Teacher Home page. The lesson plan addition includes the following features:

- A daily lesson plan template that reflects the way teachers plan and organize their classroom calendar and daily events
- A searchable database of activities correlated to individual COR items that can be used in the daily planning process
- The ability to enter teacher created activities and save them for later retrieval
- Planning reminders when entering anecdotes to assist in creating individualized plans that support each child in the classroom
- Administrative support for reviewing and approving lesson plans
- Administrative interfaces for creating daily classroom routine templates used by teachers in the planning process

OnlineCOR Adds a New Plan – The Limited Plan

This new option is designed for programs with fewer than 100 children. It includes basic reporting, much like the reports that were available through our CD-ROM product and, in fact, replaces our COR CD-ROM. Now smaller programs can take advantage of the convenience of the online system at a lower cost. Please contact Dianna Luke for more information at 734-485-2000, extension 294.

The 2012 HighScope International Conference is scheduled for May 2–4, 2012.

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ASK US

BY JACALYN POST, MARY HOHMANN, AND ANN S. EPSTEIN

I have heard that using sign language with infants and toddlers can be helpful to them. Why is this so?
— A Preschool Teacher

Beyond promoting literacy, learning to sign also enhances general cognitive, physical, and social development. Because signing is a motor activity, it stimulates activity in the right brain (which is responsible for visual-spatial reasoning and long-term memory) as well as the left brain (which is responsible for processing language).

Using sign language is another way infants and toddlers can exercise fine-motor coordination. Infants learning sign language “babble” with their fingers in the same way that those learning to speak babble with their voices. Practicing and gradually refining finger movements is good preparation for drawing and writing as children get older.

Finally, sign language can serve as a communication bridge for English language learners and children with special needs. Not only does it enhance these children's language and literacy development, by allowing them to be participating members in their child care setting, signing helps to promote their social and emotional development. Communicating, whether with words and/or gestures, helps young children become part of the group and enjoy the give and take of social exchange.

For more information on using sign language effectively in childcare settings, see the book and accompanying DVD *Ready, Sign, Go! Using Sign Language to Promote Preschool Learning* by HighScope early childhood specialist Kay Rush (2011).



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