



Trainer Edition

Arizona WIC Training Toddler Behavior Guidebook



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Contents

| | |
|---|----|
| What Will You Learn?..... | 3 |
| Items Needed for This Course..... | 3 |
| Recommended Time | 3 |
| Things to Remember..... | 3 |
| Toddler Behavior Course Instructions | 4 |
| Module 1: Getting Started | 5 |
| Module 1: Activity 1 | 5 |
| Module 2: Caregiver Thoughts and Beliefs | 6 |
| Module 2: Activity 1 | 6 |
| Module 2: Activity 2 | 7 |
| Module 3: Six Big Developmental Changes | 8 |
| Module 3: Activity 1 | 8 |
| Module 4: Helping Caregivers Cope with Challenging Toddler Behavior | 10 |
| Module 4: Activity 1 | 11 |
| Module 4: Activity 2 | 12 |
| Module 5: Crying and Sleep Challenges and Solutions..... | 13 |
| Module 5: Activity 1 | 13 |
| Module 5: Activity 2 | 14 |
| Module 6: Summary..... | 16 |
| Module 6: Activity 1 | 16 |

What Will You Learn?

The Toddler Behavior Course and this associated guidebook are designed to provide you with basic information regarding toddler behaviors that you can use to assist caregivers with some of the most common challenges they encounter when caring for their toddlers, including food refusal, crying, tantrums, and sleeping patterns.

After completing the Toddler Behavior LMS Course and this associated guidebook, you will be able to:

- Describe some of the most common parental thoughts and beliefs of toddler behavior
- Explain the six big developmental changes of toddler behavior
- Assist caregivers in coping with challenging toddler behaviors
- Explain the difference between scripts and routines and assist caregivers in establishing and changing routines as necessary
- Explain the difference between crying and tantrums and be able to provide caregivers with ideas for managing both

Items Needed for This Course

- Pen or pencil
- Access to Toddler Behavior LMS Course
- Local Agency Referral List
- 6 Big Changes Handout (See Resources tab in Toddler Behavior LMS Course)
- Why Won't My Baby Eat Handout (See Resources tab in Toddler Behavior LMS Course)

Recommended Time

- Approximate time it takes to complete the Toddler Behavior Course: 90 minutes
- Approximate time it takes to complete the activities in this Toddler Behavior Guidebook and discuss with your trainer: One to two hours

Things to Remember

- This guidebook is yours to keep.
- You are encouraged to take notes, highlight, and write in this guidebook.
- As your trainer chooses, you may work in a group or as an individual.
- You are encouraged to ask your trainer for help, ask questions about the information in the Toddler Behavior course, or ask any questions about additional topics related to Toddler Behavior training.

TRAINER NOTE: As a trainer, you are assessing trainees for their understanding of the Toddler Behavior competencies for each module. The guidebook training activities are intended to help you assess both trainees' ability to apply basic knowledge and their critical thinking skills. Participation by trainees in the face-to-face activities and discussions is required in order for you to thoroughly assess their skills and level of competence.

Toddler Behavior Course Instructions

- ☐ Log onto <https://az.train.org/DesktopShell.aspx>
- ☐ Open and complete the Toddler Behavior LMS Course modules and the corresponding Toddler Behavior Activities in this guidebook.
- ☐ At your trainer's direction, complete the Toddler Behavior LMS Course and guidebook, either individually, with other trainees, or with your trainer.
- ☐ Complete the Toddler Behavior LMS Course Post-Test.
- ☐ Meet with your trainer at their direction to discuss each module of the Toddler Behavior LMS Course and the associated activities in this guidebook, either after each module or after all modules have been completed.

TRAINER NOTE:

Trainer Steps:

- ☐ At your discretion, trainees may work in groups or as individuals.
- ☐ At your discretion, you may review answers with trainees periodically as they complete activities of the Toddler Behavior Guidebook, or after they have fully completed it.
- ☐ "Possible responses" provided throughout the guidebook are suggested responses and are often not the only answers.
- ☐ If training more than one person at a time, be prepared for trainees to finish the coursework at different times. In order to have trainees review the face-to-face portions together, prepare a list of things that trainees who finish first can do during downtime (e.g., ask you questions for more clarification, check email, clinic observation, etc.).

Module 1: Getting Started

TRAINER NOTE: It is recommended for you to review the competency below with trainees.

MODULE 1 COMPETENCIES:

1. Trainees will be able to identify some of the most common problems experienced by caregivers of toddlers.

Module 1: Activity 1

TRAINER NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.

Directions:

List some of the most challenging toddler behaviors that you believe the caregivers of toddlers commonly encounter:

Possible responses: (Module 6, Slide title "Review")

- Food refusal
- "Picky eater"
- Crying and tantrums
- Sleeping disturbances
- "Difficulty" weaning from bottle
- Not following directions
- Not verbally communicating with caregivers

Module 2: Caregiver Thoughts and Beliefs

TRAINER NOTE: It is recommended for you to review the competencies below with trainees.

MODULE 2 COMPETENCIES:

1. Trainees will be able to identify how some of the common caregiver thoughts and beliefs can explain how they care for their toddlers.
2. Trainees will be able to describe some of the potential consequences of common caregiver thoughts and beliefs.

Module 2: Activity 1

TRAINER NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.

Directions:

Match each of the following caregiver behaviors with the common caregiver thought/belief.

C

A mother tells you that she feeds her toddler soft drinks and sweets because she wants him to know that she will provide him with anything he wants.

B

You observe a caregiver tell her one-year-old that he must sit quietly for the 30-minute WIC appointment.

A

A father tells you that they have a rule in their house where their toddler must eat at least two bites of every food offered.

A. Caregivers must get their children to eat

B. Infants and toddlers should behave like older children

C. Food is love

Correct Answers: (Module 6, Slide title "Review")

- "You have learned about some common thoughts and beliefs that guide caregivers: "They must get their child to eat," "Toddlers should be able to behave like older children," and "food is an expression of love."

Module 2: Activity 2

TRAINER NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.

Directions:

For each of the following caregiver thoughts/beliefs, describe some of the potential consequences.

1. Caregiver must get their child to eat.

Possible responses: (Module 2, Slide title “The Child Must Eat”)

- **Course narration:** “Caregivers, especially mothers, felt they had to do whatever was necessary to get their children to eat something when their children refused food.”
- **Potential impact:** In trying to get their child to eat, the caregiver could inadvertently create a stressful eating environment. Over time, children may associate mealtimes with stressful, high-pressure situations, and develop patterns of disordered eating.

2. Infants and toddlers should behave like older children.

Possible responses: (Module 2, Slide title ‘Impact of Unrealistic Expectations’)

- **Course narration:** “If toddlers don’t behave like older children, the way their caregivers expect, caregivers may use food to control behavior. For example, they may give their toddlers snacks to keep them quiet or still.”
- **Potential impact:** Caregivers may use food in an attempt to control children by getting them to behave in a manner that meets their expectations. The most common foods used to control behavior are sweets, which, over time, could have detrimental impacts on children’s health.

3. Food is love.

Possible responses: (Module 2, Slide title “Food is and Expression of Love”)

- **Course narration:** “Caregivers were motivated to feed their children less healthy food and drinks to show affection or give comfort” ... “While occasional treats aren’t a concern, some families use treats frequently. They may not even know how many treats are being given to the child.”
- **Potential impact:** Caregivers want their children to know that they love them, so will provide them with the foods they know their children will enjoy the most. The most common foods used to express love are unhealthy sweets which, over time, could have a

detrimental impact on the child's health. It is also possible that if caregivers do not communicate with each other, several of them may inadvertently provide children with unhealthy foods at the same event, such as a party or family gathering.

Module 3: Six Big Developmental Changes

TRAINER NOTE: It is recommended for you to review the competency below with trainees.

MODULE 3 COMPETENCIES:

1. Trainees will be able to identify the six big developmental changes from statements provided by caregivers.

Module 3: Activity 1

TRAINER NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.

Directions:

Match each of the following scenarios with the corresponding six big developmental changes.

C

You observe a mother putting her toddler in his car seat. He keeps trying to push his mother's hands away in an attempt to buckle himself into the seat.

B

A father tells you that his toddler is eating the same foods, but lately has been eating a lot less in general.

E

You observe a toddler pointing to a realistic-looking baby doll you have sitting on one of your shelves.

D

A father tells you that his son now requests certain songs to listen to in the car, and will sometimes scream when others are played.

A

You observe a toddler take a piece of pasta off of the fork his mother is offering, and eat it with his hands.

A. Practice Using Fingers

B. Grow More Slowly

C. Practice Motor Skills

D. Better at Remembering

E. Ask for Help Learning

F. Use Scripts to Predict

F

A mother tells you that she usually gives her daughter a bath before bed, so her daughter will cry whenever it's getting too late, and she has to skip bath time and put her straight to bed.

Supporting statements from the course: (Module 3, Slide title "Six Big Changes")

- **Practice Using Fingers:** "Babies have a strong need to practice exploring with their fingers, so they love feeding themselves and playing with food."
- **Grow More Slowly:** "When babies are 9 or 10 months old, they continue to get bigger and stronger, but their growth slows down. Slower growth means their appetites may go up and down each day."
- **Practice Motor Skills:** "Babies must practice new skills like crawling, standing and walking. They may start waking at night or refusing food to get the practice they need."
- **Better at Remembering:** "At this age, they are getting better at remembering people, familiar objects, and patterns."
- **Ask for Help Learning:** "Older babies start to 'ask' for help learning by pointing at objects to learn their names. They also will look at their caregivers' faces to decide what and who is safe and what and who is not."
- **Use Scripts to Predict:** "Toddlers use stories in their heads called scripts to help them remember how things work and predict what will happen next. When their scripts are changed, it can upset them."

Module 4: Helping Caregivers Cope with Challenging Toddler Behavior

TRAINER NOTE: It is recommended for you to review the competencies below with trainees.

MODULE 4 COMPETENCIES:

1. Trainees will be able to provide recommendations to help parents improve ineffective feeding practices.
2. Trainees will be able to offer alternative suggestions to address the food refusal of toddlers instead of referring to them as “picky eaters.”
3. Trainees will be able to explain the difference between scripts and routines.
4. Trainees will be able to describe the value in incorporating routines while caring for toddlers.

Module 4: Activity 1

TRAINER NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.

Directions:

The Toddler Behavior LMS Course outlined many different ineffective feeding practices. Complete the table below by indicating what possible recommendation you might offer to resolve the corresponding ineffective feeding practice.

| Ineffective Feeding Practice | Your Recommendation |
|---|---|
| The caregiver says they are always offering unhealthy food to their toddler every time they point to them. | Since this infant may just want to learn about the foods, the caregiver should say the name of the food and describe how it looks and tastes. The caregiver could try distracting the infant by talking about something else. If they determine that the child is hungry, they can prepare a healthy snack. |
| Have strict feeding schedules without snacks | In between mealtimes, offer sit-down snacks where family members are offered the same snacks that are offered to the toddler. |
| Offer supplemental drinks in place of meals/snacks to a toddler without any medical conditions or weight concerns | Share reasons why toddlers refuse other foods. Work with caregiver to develop solutions to eat other foods offered. |
| Use food to control behavior (e.g., offering cookies to keep child calm while in public) | Explain realistic developmental expectations regarding their toddler's ability to remain quiet. Explain that it is okay for children to be loud, or offer alternative methods for occupying child when necessary (e.g., books, toys, etc.) |

Note: Remind trainees it is important to follow the three-step process described in the course before sharing recommendations with caregivers.

Supporting statements from the course: (Module 4, Slide title "Process for Supporting Caregivers")

- When you see caregivers struggling with feeding or making it even harder to feed their toddlers healthy foods, you can use a three-step process to support them.
 1. First, explain what you understand about their toddler's behavior.
 2. Second, answer their questions.
 3. Third, brainstorm with your clients to help them find some realistic options that will work for them.

Module 4: Activity 2

TRAINER NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.

Directions:

Answer the following questions.

1. Other than describing a child as a “picky eater,” how else might you address the problem of food refusal?

Possible responses: (Module 4, Slide title ‘Reasons for Refusing Food’)

- Course narration: “You can help caregivers avoid labeling their children as ‘picky eaters’ by sharing specific reasons for refusing food.”
- The possible underlying reason(s) why the food is being refused could be discussed (e.g., routine has changed, growth has slowed down, want to use fingers to feed themselves, want to practice motor skills, etc.).

2. In your own words, explain the difference between a script and a routine.

Possible responses: (Module 4, Slide title ‘Toddler Scripts’) and (Module 4, Slide title ‘Routines’)

- Course narration: “...babies use scripts to predict what will happen.”
- Course narration: “Routines happen on the outside, they’re repeating activities and events that children experience again and again. Scripts are the stories that happen inside children’s heads about these repeated experiences.”
- A script is an idea of how the toddler believes a situation will unfold. A routine is a consistent series of events that take place in the real world.

3. In your own words, describe the general benefits of having consistent routines when caring for a toddler.

Possible responses: (Module 4, Slide title ‘Routines’)

- Course narration: “Caregivers need to decide what routine will work best for their family. Then, they must follow the new pattern consistently over time. It helps if they remember they’re teaching their baby about the world with this new routine... Routines also help babies be calmer.”

- Routines can help parents soothe their toddlers by providing them with systems to help toddlers be able anticipate the upcoming steps in a process. In general, things run more smoothly, with fewer frustrations for both parents and caregivers, when routines are consistently followed.

Module 5: Crying and Sleep Challenges and Solutions

TRAINER NOTE: It is recommended for you to review the competencies below with trainees.

MODULE 5 COMPETENCIES:

1. Trainees will be able to differentiate between crying, shorter tantrums, and longer tantrums.
2. Trainees will be able to provide recommendations for the creation of routines in specific scenarios.
3. Trainees will be able to provide caregivers ideas to assist them with the creation of routines.

Module 5: Activity 1

TRAINER NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.

Directions:

For each of the following situations, indicate what toddler behavior is being displayed (crying, shorter tantrum, or longer tantrum), and what you believe would be the most appropriate response from the parent or caregiver.

1. Jose (23 months) took the bottle from his infant sister's hands, and his mother immediately took it from his hands and returned it to his sister. Jose started crying and stomping on the floor.

Possible responses: (Module 5, Slide title 'Tantrums')

- **Shorter Tantrum (typically 1-3 minutes) – these tantrums usually pass without much help from the caregivers.**
- **No response may be needed since Jose is likely to calm down on his own, or quickly lose interest and turn his attention to something else.**

2. Janelle (15 months) walked to the park with her mother. Shortly after arriving, she went to explore the sand pit. After a minute of playing in the sand, she looked around, couldn't immediately locate her mother, and began crying.

Possible responses: (Module 5, Slide title 'Crying and Exploring')

- **Course narration – “Babies may cry when they are afraid. The more babies are able to explore the world, the more they worry about separation and unfamiliar people... Their caregivers are the ‘home base’ where toddlers can return to safety.”**
- **Crying – Her mother should walk over to Janelle and console her.**

3. Lucia (21 months) told her father that she would like to have pancakes for breakfast, and her father responded by telling her that he was preparing eggs and toast. Lucia started screaming that she wanted pancakes, and when her father didn't initially respond, she threw herself on the floor, started kicking the air, and hitting her head on the tile floor.

Possible responses: (Module 5, Slide title 'Tantrums')

- **Course narration: “Longer, more challenging tantrums last longer than three minutes and usually include several behaviors like kicking, hitting, and crying. During these tantrums caregivers need to help their children, making sure they don't hurt themselves or anyone else and helping them calm down.”**
- **Longer Tantrum – Her father should prevent Lucia from injuring herself and try to calm her down. Once calm, he could offer her alternative methods of expressing her emotions.**

Module 5: Activity 2

TRAINER NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.

Directions:

Sometimes a caregiver may express frustration about their toddler's behavior after a routine is changed, or they may not have a good routine in place. For each of the following scenarios, describe what ideas you might offer the caregiver to help them change / develop a routine.

| Current Scenario | Your Recommendation for Changing the Routine / Develop a New Routine | Routine Ideas |
|--|--|--|
| A father tells you that he was previously waiting to feed his toddler dinner after playtime, but do a schedule change, he's been trying to have playtime | Try to develop a whole new routine by starting with something entirely new / unexpected. Maintaining consistency with the new | Create a short mealtime song/dance, and encourage the child to participate before having the child seated for dinner. |

| | | |
|---|---|---|
| come after dinner. However, his toddler has been very upset by this change, and has been refusing to eat dinner. | routine can also be soothing for the toddler as well. | |
| A mother tells you she lets her toddler, Adrianna, go to bed whenever she wants. She says, "She cries a lot and gets pretty upset when she is getting tired. After a while, she usually just wears herself out and passes out somewhere. Then I'll just pick her up and put her in her crib." | Develop a consistent bedtime routine that can help prevent the crying and tantrums that may be associated with "wearing herself out." It can also help the toddler develop good sleep habits and sleep more consistently during the night. | Give Adrianna a bath or similar washing activity. Read her a book or sing a song. Lay her in the crib, whether she is asleep or not. |

Notes about this activity:**Follow the process for supporting caregivers from Module 4 (Module 4, Slide title "Process for Supporting Caregivers")**

When you see caregivers struggling with feeding or making it even harder to feed their toddlers healthy foods, you can use a three-step process to support them.

1. First, explain what you understand about their toddler's behavior.
2. Second, answer their questions.
3. Third, brainstorm with your clients to help them find some realistic options that will work for them.

Relevant references for scenario 1: (Module 4, Slide title "Caregiver Solutions", Slide title "Routines")

- Course narration: "Restricting babies to eat by the clock rather than when they are hungry may make it harder for them to learn how to self-regulate how much to eat."
- Course narration: "Family meals are important, but toddlers' appetites vary from day to day. Many toddlers need healthy snacks between meals until they get a little older."
- Course narration: "To help their children make a new script, caregivers need to decide what routine will work best for their family. Then, they must follow the new pattern consistently over time."

Relevant references for scenario 2: (Module 5, Slide title "Routines to Reduce Resistance at Bedtimes")

- Course narration: "Remember 'variety to waken' from the Baby Behavior training? Older babies and toddlers love learning new things too. Variety and novelty are stimulating to them. However, overstimulation before bedtime can make it harder for the child to fall asleep."
- Course narration: "Caregivers can reduce resistance at bedtime by reducing stimulation and creating calming routines."

Module 6: Summary

TRAINER NOTE: It is recommended for you to review the competencies below with trainees.

MODULE 6 COMPETENCIES:

1. Trainees will be able to identify the six big developmental changes from statements provided by caregivers.
2. Trainees will be able to provide participants with explanations of each of the six big changes.
3. Trainees will be able to provide recommendations to resolving caregiver concerns using the three-step support process.

Module 6: Activity 1

TRAINER NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.

The Toddler Behavior LMS Course outlines a three-step support process for helping caregivers struggling with their toddlers' behavior:

1. Show you hear her concern and explain what you understand about her toddler's behavior.
2. Answer their questions.
3. Brainstorm with participants to help them find some realistic options that will work for them.

Directions:

For each of the following caregiver concerns, identify which of the six big changes most likely explains the toddler's behavior. Write what you might say to explain the big change involved to the participant, and what recommendations you may offer, keeping the three-step support process in mind.

1. "It's been pretty frustrating trying to feed Tanisha lately. She just tries to pick up the food off the spoon I'm trying to feed her with the whole time. Whenever I skip the spoon and just put scoops of food on her plate and let her use her hands, it seems like way more food gets on the table or the floor than what actually makes it into her mouth."

Possible responses: (Module 6, Slide title 'Six Big Changes Review')

Practice Using Fingers –

1. "That does sound frustrating. Would it be okay if I shared some information with you that may help? (wait for participant to affirm)"

2. Tanisha is undergoing some pretty big changes at her age, and one of them is that she wants to get more practice using her fingers.

3. *(Remind trainee that step 3 involves brainstorming solutions with caregiver. The following example is a possible response depending on the outcome of the “brainstorming” conversation.)* “I know that it can be pretty challenging when you feel like you always have to clean up after her, but if you just think that her getting practice using her fingers is an important part of her development, and that over time she will get much better, it might make it a little easier. Maybe having a damp towel nearby can help make clean-ups easier? What do you think?”

2. “When we started regular foods with Carter at six months, it seemed like he would eat a lot of whatever we would offer: applesauce, yogurt, bananas, avocados, all that. But it seemed like the day he turned 10 months, he has become such a picky eater. He’ll still eat the foods that we give him, but it seems like so much less than he used to eat before. Now we just don’t know how to get him to eat more. Do you have any ideas?”

Possible responses: (Module 6, Slide title ‘Six Big Changes Review’)

Grow More Slowly –

1. “Yes, I have some thoughts I’d be happy to share with you. The behavior that you’re noticing in Carter is completely normal.

2. Chances are excellent that his growth is just slowing down, which is expected at his age.

(Remind trainee that step 3 involves brainstorming solutions with caregiver. The following example is a possible response depending on the outcome of the “brainstorming” conversation.)

3. I wouldn’t worry about trying to get him to eat a certain amount of food. As long as you keep doing a great job offering him a wide variety of foods to eat at regular meal and snack times, you can feel confident knowing that he will eat the right amount for his growth. How does that sound to you?”

3. “Things are going pretty well, but I’m not getting as much sleep as I used to. Anthony used to be such a great sleeper, but now he keeps waking up a bunch at night. I try to rock him back to sleep, but it’s like he keeps crying and trying to wiggle out of my arms to get to the floor. I’ve even almost dropped him a couple of times. I’ve just been giving him a bottle to get him back to sleep, but sometimes it takes a while because he keeps crying. How can I get him to go back to sleeping through the night?”

Possible responses: (Module 6, Slide title ‘Six Big Changes Review’)

Practice Motor Skills –

1. “I know it can be so hard when you’re not getting enough sleep. Would it be okay if I shared some information with you? (wait for participant to affirm)

2. So Anthony is going through some pretty amazing changes right now. One of them is that he is getting so much better with his motor skills. One reason that a lot of children his age start waking up at night is to practice their motor skills.

(Remind trainee that step 3 involves brainstorming solutions with caregiver. The following example is a possible response depending on the outcome of the “brainstorming” conversation.)

3. A lot of other moms have told me what works for them is to make sure that they have offered extra opportunities to run around and play during the day. Is that something that you're already doing, or does that seem like something that you might like to try?"

4. "Leticia has really been a stinker when I'm trying to feed her lately. Like, she's as happy as a clam at dinner as long as I'm giving her whatever foods she likes, but whenever we don't give them to her, she just loses it. Lately I've just been giving her whatever she wants just because it's so much easier."

Possible responses: (Module 6, Slide title 'Six Big Changes Review')

Better at Remembering –

1. "Feeding toddlers when they keep refusing food can certainly be challenging. Would it be okay if I shared some information with you? (wait for participant to affirm)

2. So what it sounds like to me is that Leticia has gotten so much better at remembering what foods she likes and that's why she is so insistent on being offered those foods.

(Remind trainee that step 3 involves brainstorming solutions with caregiver. The following example is a possible response depending on the outcome of the "brainstorming" conversation.)

3. One approach that I've heard is to offer at least one food that she is familiar with during family mealtimes, bread for example, but to continue to offer her all of the other foods the family eats as well. That way, hopefully, she'll always feel comfortable knowing that there is one food she can eat, but over time, she will start to eat the same foods as everyone else, especially if she sees everyone eating them during mealtimes. Does that sound like something that would work for you?"

5. "I don't know what the deal with Ashton is lately. It seems like whenever I'm eating something, he keeps pointing to it like he wants to eat it. I'll sit him in his chair and give him some, but he just plays with it. So annoying. Have you heard of this before?"

Possible responses: (Module 6, Slide title 'Six Big Changes Review')

Ask for Help Learning –

1. "Yes, I've had many other moms tell me the same thing. Would it be okay if I shared some information with you that might help? (wait for participant to affirm)

2. What could be happening is that Ashton isn't actually hungry, and he just wants to learn about things. It's very common for kids his age to point at lots of stuff, including food, not even because they're hungry, but just because they're curious about what it is.

(Remind trainee that step 3 involves brainstorming solutions with caregiver. The following example is a possible response depending on the outcome of the "brainstorming" conversation.)

3. An option that may help you decide if Ashton is hungry is to continue offering regular meals and snacks, and any time that Ashton points to a food, you could try just telling him what it's called, or describe it for him. If you want, you could even let him hold it for a while so he could explore it, and explain that you'll offer it to him later to eat. How do you feel about describing the foods when he points, before you decide if he's expressing curiosity or hunger?

6. “Oh my goodness. The last few nights for Aubrey have been ROUGH. Usually we all have family dinner, and then I give her a bath, but since my husband has been working later, I’ve been trying to give her a bath before dinner, and she is just not having it. By the time I’ve finished giving her a bath and I’ve gotten her ready for dinner, she’s a complete mess. She’s hardly eating anything so I’ve just been putting her to bed with a bottle of milk to calm her down and get her to sleep. Any ideas?”

Possible responses: (Module 6, Slide title ‘Six Big Changes Review’)

Use Scripts to Predict –

1. “Yes, I do have some ideas that might help.

2. It sounds to me like Aubrey has a script in her head of how the evening is supposed to go, and since she’s gotten so used to getting a bath after dinner, she really doesn’t like it when things don’t follow that routine.

(Remind trainee that step 3 involves brainstorming solutions with caregiver. The following example is a possible response depending on the outcome of the “brainstorming” conversation.)

3. Often it helps to develop a whole new routine, especially by starting with something completely different. The idea is that she will be interested in learning about the new thing going on, and will be less likely to become upset with the routine change.

For example, you could play with some of her bathtub toys in the living room, before taking the toys with her to the bathroom. You could put on her favorite song when you get to the bathroom and sing it to her while you give her a bath. Hopefully, if you’re consistent with whatever new routine you try, the idea is that it will be easier to adopt, and she will create a new script in her head. What kind of routine do you think would be most likely to work?”