

Handouts Reading Children's Cues

STRATEGIES FOR CHILDCARE

I. Theories of Child Development

Erickson

- For each stage there is a central task that consists of an either/or configuration and will be resolved favorable or unfavorably. There are eight stages.
- Infancy: basic trust vs. mistrust
- Toddler: autonomy (“I can do it myself”) vs. shame (unacceptable) and doubt (ineffectual)
- Preschooler: sense of initiative (intrusiveness and lots of questions) vs. sense of guilt (when what he plans cannot be permitted or accomplished)
- School-age: Industry vs. inferiority (focuses upon reality and the larger social sphere)

Piaget

- Birth -Two years old: Sensorimotor Period: thought is derived from sensation and movement and is linked with the child' s motor and sensory experiences
 - ★ Concept of object permanence (increasing competence with time and space)
 - ★ Goal directed behavior
 - ★ Experimenting and deliberate manipulation
 - ★ Primitive grasp of cause and effect concepts
- Two -Seven years old: Preoperational Thought: thinking is no longer restricted to sensorimotor experiences
 - ★ Deals at a much higher level with symbols
 - ★ Uses language and memory and has a growing understanding of past, present and future
 - ★ Child is not capable of understanding relationships between concepts due to undeveloped concept of reversibility

Characterized by egocentrism and centering of thought

Parent/Caregiver Roles and Responsibilities During the Feeding

Sensitive to Cues

Caregivers are sensitive to child cues when they position the child so they:

- Can see the infant's eyes and face
- Hold the infant in close contact with their body so they can feel the child's movement

Caregivers recognize and respond contingently to the child cues when they:

- Position the child so they can see and feel the cues the child gives
- Pace the amount and intensity of their activities to the needs of the child, i.e. when the child shows hunger cues the caregiver starts a feeding

Responsiveness to distress

Caregivers recognize and respond to the infant's potent disengagement cues when they:

- Stop the feeding
- Change the infant's position
- Touch or talk in a soothing manner

Provide Growth Fostering Situations

Caregivers engage in social-emotional experiences when they:

- Make eye contact and say positive things
- Touch affectionately
- Laugh and smile during the feeding
- Hold the child in close contact with their body
- Relax and enjoy the feeding
- Move in and out of the *en face* position

Caregivers provide cognitive experiences when they:

- Talk about sights, sounds and experiences
- Allow and encourage exploration by the infant

Infant's Roles and Responsibilities During Feeding

Clarity of Cues

Infants give clear cues to their parents when they:

- Give recognizable hunger cues when hungry
- Demonstrate satiation cues when full
- Give interaction (engagement) cues as they attend to the caregiver
- Show rest (disengagement) cues when they want a break or to withdraw

Responsiveness to Parent/Caregiver

Infants are responsive to their caregiver when they:

- Show interest in sucking and eat when food is offered
- Look in the direction of their parents'/caregivers' face or eyes
- Adapt their body physically to being held or moved
- Respond to their parents' /caregivers' attempts to interact and soothe

10/11/00

Adapted from Keys to CareGiving™, NCAST publications, U of W

Engagement Cues "I want to interact"

Potent (easy to see)

Looking at caregiver's face
Movement of arms to caregiver
Turning head to caregiver
Smiling
Smooth movements of arms and legs
Feeding sounds

Babbling
Facing Gaze
Giggling
Mutual Gaze
Mutual smiling Reaching for caregiver Talking

Subtle (less easy to see)

Raising head
Eyes wide and bright
Face bright
Hunger posture
Feeding posture

Brow raising
Immobility

Disengagement Cues "I need a break"

Potent (easy to see)

Back arching
Turning head away
Kicking/Squirming
Crying/Fussiness
Cry face
Halt hand
Pulling away
Falling asleep
Pale skin or red skin
Falling asleep
Spitting up/vomiting
Coughing/choking

Crawling away
Lateral head shake
Maximal lateral gaze aversion
Overhand beating movement of arms
Pushing away
Saying "no"
Tray pound
Walking away
Whining
Withdraw from alert to sleep state

Subtle (less easy to see)

Looking away
Fast breathing
Yawning
Wrinkled forehead
Dull-looking face/eyes
Frowning
Hiccoughs
Increased sucking noises
Hand-to-mouth
Facial/lip grimace
Hand-behind-head
Hand-to-ear

Shoulder shrug

Tongue show
Ugh face
Sobering
Leg kicking

Clustering of Cues (a combination of engaging and disengaging cues, potent and subtle, generally around a specific event, such as feeding)

Hunger Cues “I'm hungry”

Fussiness
Mouthing
Clenched fingers and fists
Over chest and tummy
Hand-to-mouth
Sucking movements and sounds
Feeding sounds

Crying
Back arching
Mouthing
Rooting
Turning to Caregiver
Flexed arms and legs

Satiation Cues “I 'm full”

Falling Asleep
Arms and legs extended
Lack of facial movements
Arms straightened along sides

Decreased sucking
Back arching
Extended and relaxed fingers
Pushing away

"Infant/Child Communication" Adapted from Keys to CareGiving™, NCAST, by Skagit County Health Department

1 Overheads - Reading Children's Cues

2 **Readings Children's Cues
and
Promoting Healthy Behaviors**

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3 Theories of Child Development

Erickson

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10 **THE Barnard Model**

1 Caregiver Characteristics

- Sensitivity to Cues
- Alleviation of Distress
- Providing Growth Fostering Situations

2 Caregiver Characteristics

- Sensitivity to Cues
- Clarity of Cues
- Responsiveness to Caregiver

11 **Engagement Cues
"I want to interact"**

1 Potent (easy to see)

- Looking at caregiver's face
- Movement of arms to caregiver
- Turning head to caregiver
- Smiling

- Smooth movement of arms and legs
- Feeding sounds
- Babbling facing gaze
- Giggling
- Mutual gaze
- Mutual smiling
- Reaching for caregiver
- Talking

2

Subtle (less easy to see)

- Raising head
- Eyes wide and bright
- Face bright
- Hunger posture
- Feeding posture
- Brow raising
- Immobility

12 **Disengagement Cues**
“I need a break”

1

Potent (easy to see)

- Back arching
- Turning head away
- Kicking/Squirming
- Crying/fussiness
- Cry Face
- Halt hand
- Falling asleep
- Pulling away
- Pale skin or red skin
- Spitting up/vomiting
- Coughing/choking

2

Potent (easy to see)

- Crawling
- Lateral head shake
- Maximal lateral gaze aversion
- Overhand beating movement of arms
- Pushing away
- Saying “no”
- Tray pound
- Walking away
- Whining
- Withdrawal from alert to sleep state

13 **Disengagement Cues**
“I need a break”

1

Subtle (less easy to see)

- Looking away
- Fast breathing
- Yawning
- Wrinkled forehead
- Dull-looking face/eyes
- Frowning
- Hiccough
- Increased sucking noises
- Hand-to-mouth

2

Subtle (less easy to see)

- Facial/lip grimace
- Hand-behind-head
- Hand-to-ear
- Shoulder shrug
- Tongue show
- Ugh face
- Sobering
- Leg kicking

14 **Clustering of Hunger cues**
“I’m Hungry”

1

- Fussiness
- Mouthing
- Clenched fingers and fists over chest and tummy
- Hand-to-mouth

- Sucking movements and sounds
- Feeding sounds

- 2
- Crying
 - Back arching
 - Mouthing
 - Rooting
 - Turning to caregiver
 - Flexed arms and legs

15  **Clustering of Satiation cues
“I’m Full”**

- 1
- Falling asleep
 - Arms and legs extended
 - Lack of facial movements
 - Arms straightened along sides

- 2
- Decreased sucking
 - Back arching
 - Extended and relaxed fingers
 - Pushing away

16  **Points to Remember**

- No one cue has singular value
- There will always be a mix of engagement/disengagement cues
- All interactions have engaging/disengaging qualities about them
- All cues are meaningful

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