

Overheads - Reading Children's Cues

Reading Children's Cues and Promoting Healthy Behaviors

- **Loretta Bezold RNBSN
Caroline Lokkins RN BSN
Island County Health Department**

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)**

Theories . . .

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

Theories . . .

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

Elements of Healthy Relationship

Unique Characteristics

Responsiveness

Empathy

Repair

Mutuality

The Barnard Model

- **Caregiver-infant interaction is a dynamic process**
- **Research shows that early caregiver-child interaction is likely to predict the subsequent style and nature of later interactions**
- **Critical to the success of interactions is the ability of the caregiver and infant to adapt to each other**
- **Caregiver and infant have responsibilities during the interaction**

THE Barnard Model

- **Each participant responds and reacts to the other, adapting their behavior to accommodate or modify the other's behavior.**
- **This adaptation is seen as a smooth, positive interaction.**
- **Interference in this process causes the interactive system to break down.**
- **The interference may come from the caregiver (lack of knowledge, illness, stress), the infant (preterm infants, drug-exposed infants, physical disabilities) or the environment (crisis in the environment, general noise/activity level).**
- **A combination of several of these factors may occur resulting in maladaptive interactions.**

THE Barnard Model

Caregiver Characteristics

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

Caregiver Characteristics

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

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 movement 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
- Falling asleep
- Pulling away
- Pale skin or red skin
- Spitting up/vomiting
- Coughing/choking

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

Disengagement Cues

“I need a break”

Subtle (less easy to see)

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

Subtle (less easy to see)

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

Clustering of 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**

Clustering of 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**

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**