

Week 2: Trust, Cultural Beliefs, Introduction

I. Highlights

- A. The three Rs to build trust with infants: Respect, Responsive, Reciprocal care
- B. Four trusts children must establish before building relationships: trust the environment, the caregiver, the other children, and themselves.
- C. Teacher turnover is a huge issue when trying to establish trust.
- D. We each bring our own cultural biases into relationships. The biggest barrier to seeing people with disabilities as people first is my own bias / thoughts.
- E. "Disability" is defined by various state and federal laws.
- F. Social-emotional is the most important domain of development.
- G. Society's attitude toward disabilities has changed from hiding them in 1900 to supporting and including them now.
- H. Parents are children's first teachers. We can't do our jobs without their support.
- I. We don't teach directly in ECE. We facilitate learning.

II. Homework

- A. Bring printed info on an agency to use for our group presentation.
- B. Read Chapter 2 by next week. (No written work due.)

III. Class Folders

- A. Anything with her initials (F.Z.) = take it home
- B. Keep all paperwork, especially assignments, until grades post on your transcript at the end of the course.
- C. Leave a note in the folder if you tell her anything or send her an email. That way she has it there for reference and can write back if needed.

IV. Discussion

A. Children often interact very differently for us than for their parents, sometimes exactly the same. It's an interesting phenomenon.

B. What we said we want to learn about in this class:

1. Autism & sensory disorders
2. Behavioral disabilities
3. Social-emotional issues
4. Trust, continuity of care, how to support that
5. "Everything"
6. Supporting children with IEP/IFSP
7. Observation/assessment
8. Developmental delays
9. Intervention strategies
10. Music, art
11. Bullying/teasing
12. Strategies & support for teachers on difficult days
13. Nutrition, its affect on Autism

C. Trust

1. Three Rs to build trust of infants: Respect, Responsive, Reciprocal care
2. Have to develop trust in order to develop a relationship, and everything we do involves relationship
3. How do we help children build trust with us?
 - a) Physically holding, comforting, touching, talking to them, in their language if possible
 - b) Making them feel safe during transitions

- c) Repeated, consistent care. You don't just build trust once; it's an ongoing relationship.
 - d) Meet their needs in a timely manner, which for young children means "now!" They have no sense of "I'll get to you in ten minutes when I have a chance." Over a period of time, they develop that trust.
4. What kinds of trust do children have to build at school?
- a) Trust the environment itself. Am I safe here? Will I be fed when I'm hungry? Am I going to get hurt here? Where is the bathroom? Take even a very young infant on a tour of the room and introduce them to the elements of the environment. Introduce them just like you would adults.
 - b) Trust based on familiarity with the consistent caregivers. Will my needs get met?
 - c) Trust other children. A lot of them are new to group care. May need repeated intervention from caregivers to help them learn gentle touches.
 - d) Trust themselves to survive in this new environment without Mom/Dad.
 - e) These 4 trusts must develop before they build relationships. Often takes 6-8 weeks to happen. Can't say, "I've been nice to him for 3 days! Why is he still crying?" Not the point. He has to develop all four trusts. Give it time.
5. All of this trust/relationship matters for all children, but 2-3x harder when caring for children with special needs. They need more support in trusting themselves, more positive input learning to believe in themselves.
6. Also need to trust that their parents will come back. Can be especially hard if they're the last child to be picked up, especially in winter when it's already dark outside. Then may not trust that Mommy's coming back, and not trust you because you said Mommy would come back and she didn't.
7. Much easier to lose trust than to build it.

8. Teacher turnover is a huge problem with trust! Children develop a relationship with the teacher, then the teacher leaves in 4 months... After 3-4 turnover teachers, sometimes children build up a defensive wall, stop trusting the new teachers because they think you're going to leave too. Won't listen, won't look new teachers in the eye, don't want to invest in a new relationship because they don't know it might not last.
 - a) To help teachers stay: good pay, good benefits, enough vacation. Lots of recognition (get a plaque at 5 years, a diamond pendant at 10 years).
 - b) Assistant teachers tend to have higher turnover than leads. Leaves a mark on the children, means the next teacher has to work twice as long, twice as hard to earn that trust from the children.
 - c) Children test us more when they don't feel consistent expectations.
 9. In our profession, the word "child" means nothing by itself. Children come with families. Families are a very important part of what we do! We would not have a job without families.
 10. Also need to develop a relationship with our coworkers. We see each other more hours than we see our spouses some days. We can get onto one another's nerves, can be very negative experience if not a good match. We almost always work with other people in our room. "Coworker problems" is the most common answer to why people left their last job.
 11. Teachers also have relationships with the administration and with the community as a whole.
- D. Will talk about Autism later on, including an Oprah interview from a few years ago.
1. Now the medical community has concluded that immunizations don't cause Autism, so less discussion about that now.

2. Nutrition is a big topic of discussion in this. Often their bodies can't absorb the nutrition from the food, so have to watch what they eat and make sure their digestive systems are cared for so they can get the nutrients the way healthy people do.

V. My Culture believes _____ about disability.

- A. My family culture: is nothing to be embarrassed about, brings its own set of blessings. My American culture: has a right to be included, but still something to feel sorry for because they can't achieve at the same level in a culture driven by achievement/performance.
- B. Aware it exists in general, but first defense is denial when it's happening to them or their family.
- C. Assume that any disability means lower intelligence.
- D. South America 30 years ago: Children with disabilities don't leave the house, are hidden, don't attend cultural events.
- E. Little town in Mexico: children with disabilities can't go to general school, have to go to special school far away
- F. Here: often staring when people are loud, have trouble walking, etc.
- G. Pity those with disabilities, be grateful that it's not you or deny there's any disability in the family.
- H. May feel it's the parents' fault. Father may blame the mother. You gave birth to this child, you weren't cautious enough when you were pregnant, you family has this defective gene, etc...
- I. One parent may even leave because they blame the other parent so much, they can't handle it.

- J. If the child isn't talking or walking or communicating/behaving as expected, may think the child is not applying themselves or trying hard enough. If I beat them up, it will get out of them.
- K. Small town in Pennsylvania: no stigma, no separation, because no diagnoses.
- L. "Saving face" is important in many Asian culture, see disability as a shame, if don't spend time talking about it, maybe it will go away. Brush it under the rug.
- M. Consider the history of child development:
1. Long time ago, believed children were born in sin, had to beat the devil out of them.
 2. Philosophy changed to see them born with a clean slate, but even then, often saw a disability as a sin that was in the child, had to beat it out of them. (True of homosexuality too sometimes, even now.)
- N. "Jonny and Friends" is a worldwide organization that works with churches and other organizations to help integrate families with special needs more effectively, help those families find the resources they need.
- O. Why are we discussing this? Why does this matter in our work?
1. We bring these perspectives/biases into our classrooms. We can't help but bring our culture with us wherever we go. It's part of who we are.
 2. Have to recognize how families from a different culture may see their children. Have to go beyond our own culture.
 3. Is also true if our home culture is different from the surrounding culture.
 4. May be a subconscious effect, but how we were brought up to think about disabilities may have an effect on how we form relationships with these families. Need to become consciously aware of it, and "table it" for the time that we're working with other people's children. Not easy to do, because our culture is deeply instilled in us since before birth.

VI. Slideshow: Introduction to Children with Disabilities and Special Needs

A. Activity: Invisible Barriers

1. Do you have any limitations or challenges yourself?
 - a) Have an accent because English isn't her first language. (In a small town in Kansas, everyone talked louder and slower to her.)
2. Can you compensate for your challenges and have you done so?
 - a) Bringing my glasses to class so I can see the board. Need to first accept that she can't see as well as 10 years ago.
 - b) Slow processing, take my time answering. Sometimes frustrates other people and myself, but remember it's better to think about it than to blurt out something stupid. Anxiety builds inside while she's trying to answer appropriately. (Imagine when a young child is going through this and can't express it as well as she just did! We have to learn to be patient, let people process or translate into their head.)
 - c) Let children who can't hear as well sit closer to you so they can look at your face. The children who need touch input all the time can sit by you at circle time.
 - d) We all compensate a lot. Maybe someone turns their head when you're talking because one ear works better than the other. Maybe one shoe wears down faster than the other because one leg is stronger.
3. What is the difference between a limitation and a disability?
4. Might someone have lower expectations of you because of your limitation or disability?
 - a) They might, or you might think they think so.
 - b) Assuming a child with a speech/hearing issue will be slower throughout school. Teachers talk to each other, pass those biases onto next year's

teachers. Talk about what a “sweet little boy he is,” rather than all the things he’s good at.

- c) Tell a teacher a child has ADD/ADHD or something else, even before they’ve met that child, begin to build assumptions about the kinds of behaviors to expect, expect to have to struggle with that child.
 - d) People have many abilities and one part disability.
5. What are the barriers that may keep you from viewing a person with a disability as a person first?
- a) Physically obvious disability is the first thing you see.
 - b) Inability to communicate makes it hard to form a relationship.
 - c) The strongest barrier is my own culture, thoughts, biases toward special needs. The main barrier comes from me, not from the person with the disability.
 - d) If I’m bringing negativity (even subconsciously) into the relationship, it affects the relationship, and models that negativity for other children and adults.

B. 1 out of 5 children here has a special need, counting 2nd language learners as having a special need.

C. Definition of Disability

1. Is defined by each agency/law that addresses families with special needs:
 - a) California Early Start Program
 - b) California Department of Education, Special Education
 - c) Maternal and Child Health Bureau, US Department of Health and Human Services
 - d) The Americans with Disabilities Act
 - e) Lanterman Developmental Disabilities Services Act

- f) These definitions do overlap / agree, especially in California because we are more progressive in meeting citizens' individual needs. Here, then East Coast, then Midwest.
2. California Early Start (California Early Intervention Services Act)
- a) Children birth to 3 years with disabilities or who are at risk for a disability
 - (1) "At risk" means environmental threats like lead / toxic environment, domestic violence, severe malnutrition, mother using drugs or alcohol during pregnancy, etc. that can lead to later disabilities
 - (2) 0-3 is the most important time to catch it. Best if can diagnose before first birthday and start early intervention then!
 - b) Infants and toddlers with a developmental delay in one or more developmental areas (physical, cognitive, social/emotional)
 - (1) Not saying a word by 1st birthday or turning head to where voices are coming from
 - (2) 9 months old, can't move or try to roll over
 - (3) Child doesn't recognize primary caregiver after several months together
 - c) Infants and toddlers with established risk conditions
 - (1) One or both parents using drugs during pregnancy or at home
 - (2) Hereditary / genetic conditions
 - (3) Domestic violence
 - d) Infants and toddlers who are at risk for having substantial developmental disability due to a combination of biomedical risk factors
 - (1) Heart problems
 - (2) Cerebral Palsy
 - (3) Cystic Fibrosis
 - (4) Low Apgar scores at birth

3. California Department of Education, Special Education

- a) Children 3-22 years of age with a disability having a disabling condition or an established medical disability such as:
- (1) Autism (not recognizing social cues + severe communication issues)
 - (2) Hearing impairment or deaf-blindness
 - (a) Tested at birth now
 - (b) If not caught, can inhibit language development because most children get language through verbal interactions
 - (c) Deaf-blind together is tough, but there are special sign interpreters who can help with that
 - (3) Mental retardation
 - (a) Is a wide spectrum of levels
 - (b) Need to use lots of different materials to learn (does well with Montessori materials because all 3-D hands-on materials)
 - (4) Multiple disabilities
 - (5) Orthopedic impairment (spine or arms/legs or muscles, may need equipment to help them function) or other health impairment (allergies, asthma, etc.)
 - (6) Serious emotional disturbance (brings behavior problems too)
 - (7) Learning disabilities (especially found at elementary school age)
 - (8) Traumatic brain injury / damage
 - (9) Speech or language impairment (speech therapy early on makes a big difference. Can be fixed in adulthood but much much harder.)
 - (10) Visual impairment (including colorblindness)
 - (11) Established medical disability (diabetes, cancer or chemotherapy, etc.)
- b) Maternal and Child Health Bureau, US Department of Health and Human Services, defines children with special health needs as:

- (1) Children who have or are at risk of chronic physical, developmental, behavioral, or emotional condition and
 - (2) Also require health and related services beyond that required by children generally (need more help/services than a typically developing child)
- c) The Americans with Disabilities Act defines disability as an individual who:
- (1) Has a mental or physical impairment that substantially limits one or more of the major life activities of such individuals such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working
 - (2) Has a record of such impairment; or
 - (3) Is being regarded as having such impairment (such as a burn victim, who looks disabled but isn't, but may still be discriminated against)
 - (4) ADA applies throughout life. Education laws apply birth to age 22, discrimination protection applies throughout life no matter when the disability starts.
- d) Lanterman Developmental Disabilities Services Act
- (1) A disability which originates before an individual attains age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual
 - (2) Examples: Mental retardation, cerebral palsy, epilepsy, autism
 - (3) Epilepsy is on the rise, especially in Asian populations, not sure why, can be extra difficult if the doctor doesn't speak the family's language
 - (4) Looking at environmental and nutritional factors for Autism.
4. Social-emotional development is the most important domain. Whatever special need they have, if we can meet their social-emotional need and

develop relationship with them, we can make a difference in their lives. Need typically developing children as role models, so

D. Early attitudes about people with disabilities

1. Forget and hide (early 1900s and before)
2. Screen and segregate (1950s)
3. Identify and help (1960-late 1980s)
4. Include and support (since 1990)
5. Specific laws contributing to these stages are outlined in the textbook.

E. Myths and facts

1. Myth: People with disabilities are brave, courageous
Fact: They're adapting to life
2. Myth: People who use wheelchairs are sick
Fact: Wheelchairs are used for a variety of reasons, it's okay to let children ask about it
3. Myth: Wheelchair use is confining
Fact: Wheelchair is a device that enables someone to get around
4. Myth: People with hearing disabilities read lips
Fact: Lip reading skills vary among people
5. Myth: People who are blind acquire a 6th sense
Fact: Senses are more fully developed out of necessity
6. Myth: People with disabilities always need help
Fact: People with disabilities are often quite independent. Ask if they want/ need your help.
7. Myth: There is nothing that one can do to help eliminate the barriers confronted by people with disabilities.
Fact: Everyone can contribute to change and help remove barriers. Take ownership of the fact that we are members of society, we can and will make a

change. Advocate for children (and adults) with disabilities to make sure they are respected in the way that they should be. Do it by role modeling that respect and sometimes by speaking up when necessary. All children deserve our respect. Even more so when we're working with children with special needs, because other people may not be respecting them the way they should.

F. Summary

1. Early educators can create a climate of acceptance.
2. Attitudes and values about disabilities impact our behavior. (Attitude isn't what you think; it's what you do with those thoughts.)
3. Lack of information and experience, misinformation and fear lead to negative attitudes and stereotypes.
4. Young children naturally notice and accept differences.
 - a) Can talk about a new child's special need before the child comes. If possible, simulate it for the other children using a wheelchair, cloudy glasses, ear plugs, etc.
 - b) If they experience the disability, they can become familiar with it and support/integrate that child more easily in the class.
5. Many resources about children with disabilities are available to you. A lot of our assignments in this class are about finding these resources so we will be prepared to support the families of our children.

VII. Interview assignment

- A. Interview a parent of a child with a special need. Child should be from birth to 2nd grade (age 8).
- B. At least 25 questions. Will develop these questions together in small groups tonight.

C. Type out the list of questions asked and the parent's answers. Then write the interview paper:

1. Introduce the family, give the mother's age and any other siblings. Don't use real names.
2. Discuss the information they gave in a narrative style.
3. Write a conclusion with the outstanding points from what they said.
Summarizing the key points of what they've told me.
4. Give a short reflection with my own thoughts. "Because she told me this, I feel this way..." None of my own thoughts/judgements/feelings in the earlier part of the interview, only this part. It's okay for this part to be short if you don't have much to say in response.

D. Do not ask questions that put the parent in an uncomfortable situation. Explain that this is an assignment, answers are confidential.

E. Ask about prenatal development (how the pregnancy was), how the birth went (epidural, natural, c-section, etc.), about the child's development (physical, cognitive, social/emotional), when was diagnosed with a special need, what kind of supports the family receives. Does the child have an IEP/IFSP? How is that working? Sometimes the mother has a lot of issues with the people who are supporting them, sometimes feel dissatisfied. Majority of the time, parents have to fight to get what their child needs, even if there is a plan. May be state budget cuts, may be trouble qualifying, etc.

F. Brainstorm questions together:

1. Describe the pregnancy. (nutrition, medical care, etc.)
2. Was he full-term or premature?
3. Does the child have any allergies? How severe?
4. What kind of self-help skills does the child have? Does he feed himself? If not, is it because he can't or because the parent feeds him due to cultural reasons?

5. Does she get to choose what kind of clothes she wears, food she gets to eat?
Why or why not? If not, is it because she can't or because parents don't think she's capable?
6. What kind of support does the child or family receive? Is there a plan?
 - a) What services does the child receive during the day? How often? Where?
 - b) What services does the family receive as a whole? Do you get any respite care? Parents' night out?
7. What kind of support do you need as parents? Are you getting it? What more can the school district or other agencies do to help?
8. What behaviors, symptoms, etc. did you see that alerted you to your child's special needs? Who first alerted you to it?
9. Is there a family history of this (or other) special need?
10. Is she getting occupational therapy? Speech therapy? Physical therapy?
11. Does she have any siblings?
12. What is her home routine like? Does she sleep regularly? How long? Does she sleep through the night? Does she nap?
13. What are her favorite foods? Anything we can provide at school to help?
14. Favorite activities?
15. Does he use the restroom independently? Are bowel movements regular?
16. What are his favorite activities? What does he do for fun at home or school?
Does he have friends he spends time with outside of school?
17. What does your family do for fun together, if anything?
18. How do you deal with behavior problems/consequences at home? What do you do at home if the child gets in trouble at school? What could your child's teachers be doing to make this more consistent? Do you know what your child's teachers do for discipline at school? We don't use time out. What do you do at home?

19. Is the child responsible for any chores at home?
20. Who else lives in the home?
21. When did your child start speaking? How many words are in his verbal vocabulary at this point?
22. Can she follow single-step directions? Two-step?
23. Are his gross motor skills on par for his age? Play with a ball? Jump on one foot? Hold a pencil?
24. How are his sensory experiences? How does he react to sand, water, playdough, etc.?
25. When was his last pediatrician visit? Are there any other doctors involved in the child's care?
26. If it's not too personal, can I ask if there were any drug or alcohol use (mom or dad) in the few months before conception? Mom during pregnancy?
27. How do the siblings treat him? Conflict? Support each other? Competitive?

VIII. Decide on our groups for the group presentation.

- A. Focus in Santa Clara County, find an agency. Come up with two so there's a choice in case someone else comes up with the same or it's hard to find information on one. Find information, introduce that agency to the rest of the class.
- B. First, meet each other and brainstorm agencies we're interested in or have worked with. Choose two agencies.
- C. Come next week with a hard copy of the agency that we think we should do.

IX. Review Textbook Chapter 1

- A. Philosophy of the text
 1. Important to help all children integrate and participate in the community

2. See the child in the family context
3. Understand how to provide developmentally appropriate curriculum to help children reach their fullest potential
4. Need to understand what is the range of “normal” in order to be able to identify a special need. Need to know what to strive for. (Children must be integrated with typically developing children to see this.)

B. Mainstreaming and inclusion

C. Pioneering influences

1. Jean-Marc Itard in France in 1800
2. Maria Montessori, Casa de Bambini
3. Piaget
4. All three worked at supporting children through:
 - a) Observation
 - b) Developing materials to help them learn through sensory materials
 - c) Believing all children have strengths and potential
5. Involving the five senses supports cognitive development from the moment of birth. Everyone acquires knowledge through our five senses, so we need to give our children these opportunities.

D. Project Head Start in 1965

1. Started in Arkansas because it was a very poor area
2. First government-supported agency caring for kids with special needs
3. Includes families! Parents are kids’ first teachers, and are our partners. We can’t succeed at our job without their support.

E. Many laws evolving over time. (See handout for simplified list of laws.)

F. Supporting children’s development requires developmentally, individually, culturally, and creatively appropriate practice

1. Individually appropriate = tailored to their needs. A “normal” child walks at one year. Some at 8 months, some at 15 months. Those individual differences come from that child and their environment/experiences.
 2. Culturally appropriate = consider the family/ cultural context
 3. Creatively appropriate = adapting to the learning tools around
- G. In some cultures, mothers show love by feeding the child instead of letting them feed themselves. The child brings their home culture to school, which is another source of differences among children. It doesn't mean those differences are special needs.
- H. We don't teach. We facilitate learning. Make learning possible through the materials/environment we make available. We can show children how to do something if needed, then back off and let them experience it.
- I. Parent relationships are all about two-way communication. Be honest with parents about why we say what we say. What is my agenda? Too often guilty of feeling like we know better than the parents because we have ECE training, when in reality we know more about some things, but they know more about their child and culture. We can learn from each other. Be sensitive, and share information without judging. Instead of saying, “You should...,” you could tell parents, “At school, we are practicing ___, so if you see them doing that at home, that's why.” or “Tell me about how you ___ at home. How does your family do...?”
- J. As professionals, we need to be aware of NAEYC and other standards, best practices for taking care of other people's children.
1. Licensing is a baseline. Everyone has to follow this.
 2. NAEYC accreditation is an optional higher standard. Includes a cultural match between the children in the room and the dolls/books/posters in the room. The room should represent your children.

3. PITC (Program for Infant Toddler Care) standards say that in infant care:
- a) Group size matters
 - b) Physical environment matters
 - c) 1:3 ratio with primary caregiving (or 1:4 if older toddlers)
 - d) Continuity of care for ages 0-3 (same teachers stay with the children)
 - e) Cultural & family continuity (teachers are same cultural background as the children at the center, helps develop child's identity which is essential to development and care)