

Challenging Our Assumptions

Helping a Baby Adjust to Center Care

Enid Elliot

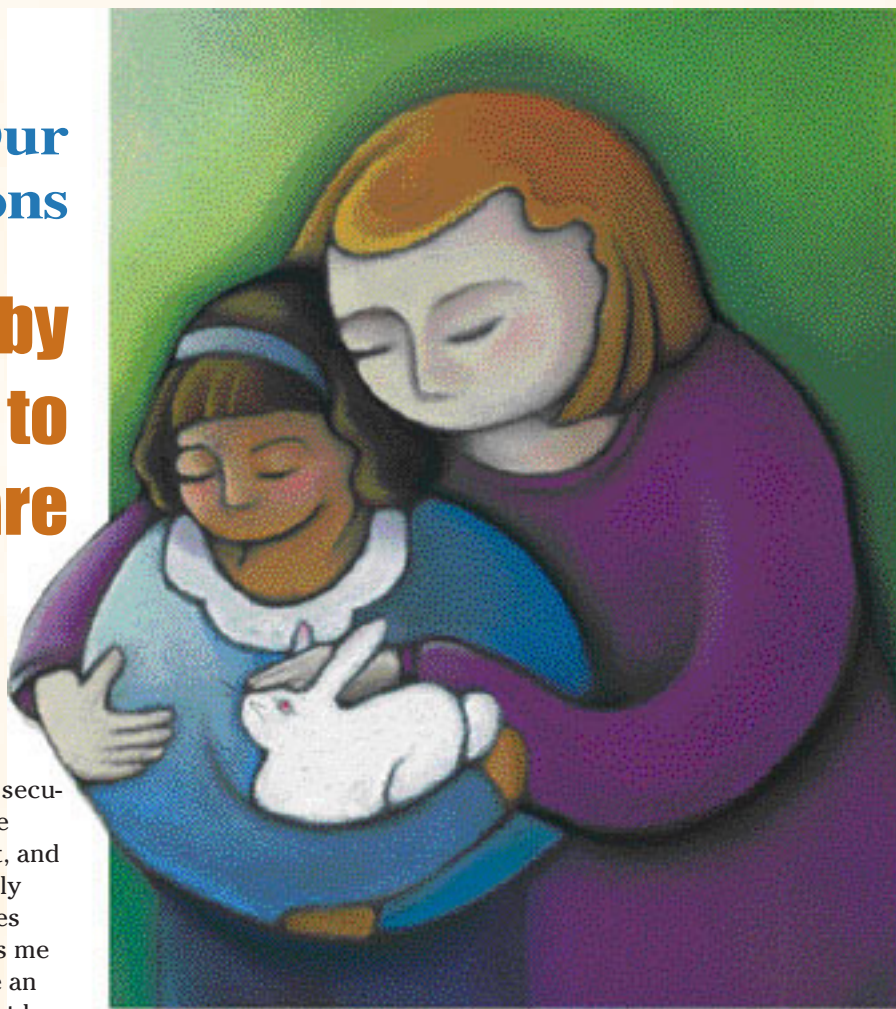
Once in a while a false sense of security creeps over me. Life in the infant/toddler care program gets quiet, and any problems that do crop up are easily solved. I even start to categorize babies and mothers; each new family reminds me of a previous family. I begin to feel like an expert. Then comes a baby who cannot be categorized.

Several years ago we had such a baby at a child care center I supervised. Our usual tricks of the trade did not work. By challenging our assumptions about how to care for three-month-old infants, we eventually arrived at a successful solution. This took observation, thought, and commitment to the baby and her mother.

Since then I have thought often about Serena and her mother, Krista. Serena seemed to contradict the child development texts I had studied. Theorists tell us

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that babies do not develop stranger anxiety until the second half of their first year. As Barton and Williams note, “Data from the few studies that have looked at age of enrollment suggest that infants enrolled in substitute care during the first half of the first year are less vulnerable to disturbances in the attachment relationship than infants enrolled in substitute care in the second half of the first year” (1993, 452).

In my work I am aware of the usefulness of theories and of their limitations. Serena’s story reminded me once again to be careful of making too many assumptions about babies. Theories do apply to most children, but it is also important to remember that every child is an individual.

An alternative program for young mothers and babies

Options Daycare is part of the Girls’ Alternative Program (GAP) of the public school system in Victoria, British Columbia. GAP is for pregnant teens and young mothers who need an alternative to the regular school system. The school and the child care staff work as a team to help the young mothers balance their academic and parenting responsibilities. GAP provides an individualized academic pro-

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gram for young mothers, so a student is not penalized, for example, if her baby is sick and she must take time off.

Options serves 12 babies; four caregivers look after the babies while their supervisor supports them in a multitude of ways. Usually six younger infants are in one group, with six older infants, 9 to 18-plus months, in another. We keep an anecdotal log on each baby as well as photos and videos. The log is used to communicate with the mother about her baby's day; it is informal and, understandably, positive in tone.

Our experience with one baby—A case study

When I began to recall our experiences with Serena, I had her anecdotal record and video to work from. I interviewed Serena's mother and her former caregiver to get a fuller picture. This case study is based on the interviews and a review of the informal written and videotape records covering a 10-month period, September to June. The names of everyone involved have been changed.

Serena's arrival

It was Options' third year of operation with the same group of caregivers when three-month-old Serena arrived at the center. We worked well as a team, employing a coherent philosophy of sensitive and responsive caregiving. Each baby was assigned a primary caregiver who established the main relationship with both mother and child. Children stayed with their caregivers, if at all possible, throughout their two years in the program.

The staff worked as primary caregivers within a team framework. Our team had solved a number of problems together and felt that the babies developed a sense of security and well-being in our program. Our approach was to observe and respond sensitively to each baby. We worked at creating a calm and unhurried atmosphere.

Her family

Krista had been in GAP while she was pregnant. When her baby was born, she continued in school and brought Serena to the child care center. Krista was a very sociable 18-year-old who liked school and did well in her classes.

Krista gave birth to Serena on June 12, two weeks early. She weighed five pounds, eight ounces. Krista

lived in a group home with Serena and other young mothers and their babies. Serena's father Don was very attentive, involved in her life from the beginning. In November Don and Krista moved in together (and subsequently married). Both parents were very attached to Serena. Her father regularly spent time with her at child care.

Serena's primary caregiver, Harriet

At three months Serena started our program at the beginning of the school year in September. Her primary caregiver, Harriet, had met Serena at a drop-in program we ran during summer vacation. Harriet recalls that six-week-old Serena was not comfortable when she first held her then, relaxing only when she was returned to her mother.

From a very young age, Serena preferred her mother to all others and was often anxious when separated from her. Experience had taught us that when babies enter the child care center at three months old, they have a period of adjustment as they become accustomed to our environment and their assigned caregiver. It also takes time for the caregiver

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to adjust to a baby's rhythms. But the transition for three-month-old infants tends to be smoother than for older infants, who are often more accustomed to a home routine or setting. Younger babies seem able to respond to the sensitive caregiving provided by our program. However, it took Serena more than six months to adjust and to feel comfortable with Harriet.

Our review and reflection on the events

Early on, Harriet's notes in the communication log describe Serena as a wriggler. When we review the videotape we see a petite, nicely chubby baby. She moves steadily, her legs up and arms waving. But there is an anxious expression on her face. She watches people and events around her with focused concentration.

Harriet remembers Serena as a tense baby who was very alert. Both she and Krista comment on a sound—*ging*—that four-month-old Serena repeated when distressed. They recall that when she was upset, Krista was very effective in calming her; indeed she was the only one who could.

Throughout the fall we waited for Serena to settle in. We wondered, Why hasn't Serena responded to the separation anxiety strategies that work well with other babies? The mothers were just down the hall, and their teachers were used to the caregivers calling them to come and feed or settle their babies. Krista nursed Serena, but we also fed her by bottle. We fetched Krista often, whenever Serena was distressed. She preferred the breast and her mother.

Trying various strategies

Krista became frustrated by the frequent interruptions. We attempted to give her a break by trying several things we thought might help Serena relax and allow us to begin to meet her needs. We tried reducing stimulation by wrapping her tightly, even covering her head with a blanket when she was tired and needed to sleep. We put a steamer in the nap room to create white noise that cut down on the distracting noise from the school and the child care program. We hoped she could stay asleep once she fell asleep.

Krista used a pacifier with Serena. While Serena took the soother from her mother, she did not like to take it

from Harriet. We tried a variety of ideas; however, not wanting a baby to be in distress for long, we usually ended up getting her mom. As Krista recalls, Serena could be hyperventilating when she arrived, but as soon as she picked her up, her baby would stop and relax. Serena found comfort only in her mother's presence.

Krista was a very caring mom, but she could see that other babies were adjusting to the center, and she felt bad that Serena wasn't making a smooth transition. She had a clear commitment to her daughter. This was a frustrating situation for Krista and for everyone else. But we were optimistic that Serena would eventually settle down and feel comfortable.

By the end of September, when Serena arrived in the mornings with her mother, she

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would look happily at the other children and the toys. On a videotape she is seen watching a one-year-old with intense interest. But while Serena seemed to like coming, she became anxious as soon as her mother left. Some days she coped by fussing, but usually she lost all restraint and wailed. “It was like she panicked,” says Harriet. If she fell asleep, it was usually only a light sleep that was not very restful.

Furthering our attempts to comfort

By the end of October, we decided to lengthen the time spent responding to Serena before getting Krista. We used swaddling, stimulation reduction, rocking, and crooning; we took Serena outside, hoping fresh air would calm her. Each strategy worked for a bit, only to prove ineffective in the long run. We hoped that Serena was absorbing the message that we were dependable and trying to help her, even if we did not always find the right moves. When she was unhappy, we tried to listen and understand.

The process was wearing. Serena screamed, often for as long as 45 minutes at a time. She had good days, but might still slip into a panic that only her mother could address. It was a delicate balance. Harriet remembers being on pins and needles, never knowing when Serena would start to cry. Then there would be no stopping her until she was exhausted or we got Krista.

By December we were all unhappy with the situation. Krista thought she was not meeting Serena’s needs and felt confused, not knowing what those needs were. Harriet, feeling like a failure, thought, “This job is not for me.”

I was puzzled too. Why wasn’t anything working? We were an organized, uncrowded center with highly skilled staff, yet we had not come up with a solution for Serena. We considered medical problems, but the doctor assured us that Serena was healthy. We wondered if she was getting enough to eat. She nursed only for short periods but fairly often, and she did not eagerly accept a bottle. She was small but not skinny.

With the holidays coming, Krista and Don planned to go away for a quiet time by themselves with Serena. A break would be welcome! We hoped that after vacation matters would sort themselves out, as they often do. Then Krista’s grandmother died, and Krista and Serena traveled east for the funeral to be with her family.

The trip was traumatic for Serena, Krista says. Hers is a large family, with lots of commotion and everyone wanting to hold the baby. Without Don, and in strange surroundings, Krista believes, Serena was overwhelmed. She also had a cold, which developed into bronchitis.

Finally!—The plan that worked

When Serena and Krista returned in January, the situation at the center did not improve at all. We developed a new plan. This time we took the advice of Magda Gerber. From her work with infants in the Loczy Institute, Gerber (1979) says that if things are *very* consistent, infants learn to know that they are, for instance, always the third one to be fed and thus can tolerate the wait.

We decided to start anew, and we asked Krista to begin by spending much of her time in the center for a while. Our hope was that we could get Serena to count on her mom’s presence as a secure base and then that the feeling would extend to being in child care without her mom.

Each morning Krista arrived at about nine and spent an hour settling Serena: changing her diaper, feeding her pabulum, nursing, and sitting close by while the baby played. Then Krista had an hour away. She would meet

with her teacher, then return and stay until one o'clock when she had another half-hour break. This schedule was possible because our program was in an alternative education program. Each young woman worked at her own pace. The school supported our child care program in its process; we had discussed our concerns and plans together.

What was happening?

In the log Harriet had noted, "It's now been two days that our plan has been in effect, and I can already see changes in Serena. She seems much happier; her cry seems less panicky than usual."

A month later, after both mother and child were out sick for a week, Harriet wrote, "Welcome back, guys. Glad to see you're both feeling better. Serena had a good day today. She seemed quite pleased to be back and played happily all day. She sure has grown since the last time I saw her. . . . It seems to me that Serena is feeling much safer and secure, so tomorrow we can start the new schedule, which will allow you more time for school, Krista." Gradually Krista took longer times away from the center.

While Krista hung out in the baby corner with Serena, Harriet established a closer relationship with Krista. Together they played games with the baby. Harriet sat close to Krista so Serena could see them together. They played peekaboo games and encouraged Serena to go from one lap to the other. Harriet's goal was to become associated in Serena's mind with Krista.

Progress is evident

On March 2 Harriet wrote, "Serena had a wonderful day today. She seemed quite cheerful and content all day. It's so wonderful to see how safe she feels here. She plays happily, exploring every possible little corner of the babies' side of the infant/toddler room. Every once in a while when she starts getting upset, she makes her way over to me for a reassuring hug, and then she's off again. She really is a wonderful little girl. Once again I must commend you, Krista. All your hard work paid off."

By May, Harriet noted that Serena was even beginning to go to other staff. She was making the transference from her mother to Harriet and then to other caregivers. From this point on, the picture is that of a baby who was developing well, relaxed and secure in her setting.

It took from September to March for us to say that Serena had settled in. At three months old she had wanted her mother and did not easily accept a substitute. But by the end of March, after seven months, our

If things are very consistent, infants learn to know that they are, for instance, always the third one to be fed and thus can tolerate the wait.

10-month-old Serena was part of the program. She reminded us to stay alert to each baby and to each situation. Some situations are familiar and easily solved while others require thought and creativity.

Harriet continued as Serena's primary caregiver. She remembers Serena as a child who was "sensitive to everything." Harriet expands on this description by recounting an incident from Serena's toddlerhood, after she had settled happily into child care. One afternoon while Serena napped, the staff moved a shelf to a more convenient place. After waking up, Serena came out of the nap room and stopped in the middle of the room. She looked around and tears started to roll down her cheeks. Harriet asked her what was wrong, but Serena just continued to cry, looking apprehensive. Finally it dawned on Harriet that the room change had upset Serena. Harriet and the staff moved the shelf back to its original place and changed it later when Serena was awake and involved.

Discussion and conclusions

I had not expected a three-month-old baby to react to her mother's absence with such tenaciousness. It seemed that Serena was actively seeking her mother as she fussed and cried, and our efforts to comfort her only increased her determination to get to her mother. It took persistence on our part to discover a solution that facilitated Serena's attachment to Harriet, her caregiver.

Our support of this baby, caregiver, and mother took time and energy, and fortunately our program is set up to provide extended time and individualized care. This experience convinced me that some babies need very careful nurturing as they make the transition to child care.

I worry about the babies who attend busy centers with a higher child-to-adult ratio. How do overworked center staff respond to infants like Serena? How do babies who are alert, sensitive, and slow to include the caregiver in their attachment system cope with caregivers who do not have time to listen to their concerns?

Greta Fein notes that "some infants enter child care with dispositions associated with poor developmental outcomes in home-reared infants. . . . However, the quality of interaction provided by caregivers is crucial. Con-

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ceivably, well-trained and interactive caregivers can modulate the distress most infants experience when they enter child care. Inhibited, self-soothing infants may be especially vulnerable because they are easy to ignore even in relatively high-quality child care settings” (1995, 274). Harriet’s role in Serena’s adjustment to the center was key; yet like most caregivers, she also needed support to keep actively engaged in the process.

Kagan and Snidman estimate that 10 percent of infants are “vulnerable to a specific form of anxiety that is generated by unfamiliar people, settings, or challenges” (1991, 858). These children, whom they call *inhibited*, show high levels of motor activity and crying in response to novelty at four months of age and do not welcome change, new people, or strange situations.

Research indicates that infants, like adults, have different temperaments (Thomas & Chess 1977). As caregivers we have a responsibility to respond to each child as an individual. We must take time to observe, ponder the meaning of what we see, and explore the best possible approach for each baby and family.

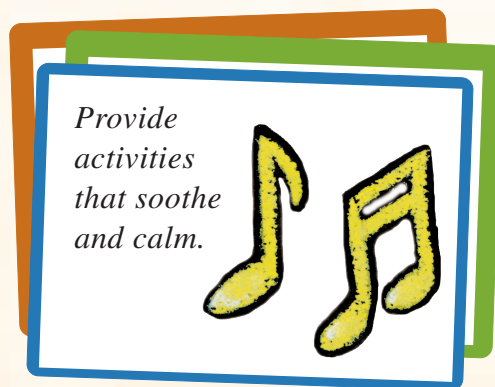
Consistent evidence suggests that quality care encourages optimal child development (Howes & Olenick 1986; Howes, Phillips, & Whitebook 1992). The National Day Care Study (Ruopp et al. 1979) identified group size, child-to-staff ratios, and caregiver training as significant predictors of both caregiver behavior and child outcome. “Larger group sizes and higher child-to-staff ratios were associated with more restrictive and management-focused staff behavior, with diminished social interaction and language stimulation between staff and children, and with increased apathy and overt distress among infants” (Barton & Williams 1993, 456).

Because we keep both group size and the child-to-staff ratios low at Options, we can focus on the babies and their mothers. Within a small group a level of intimacy and trust is reached that is not possible in a larger group.

Caregivers must be sensitive and involved; they must particularly be “self-reflective and expert in their field” (Howes & Hamilton 1993, 30). We must protect and support our caregivers so they have the time and energy to reflect and respond with sensitivity to the infants in their care. Harriet benefited from our frequent daily meetings, which were crucial to maintaining her

sense of competence. Serena’s was a situation that would have tested anyone’s sense of efficacy. Staff collaborated with Harriet to develop strategies. Collaboration like this should be built into the daily operations of any quality program, along with crucial inservice staff development and support (Hopkins 1990).

It is also important to give infants consistent care. There is a high staff-turnover rate in the field of early childhood education. It may take time to settle an infant like Serena into a program, and that process is seriously disrupted by a change in caregivers (Raikes 1993). Ensuring that caregivers have the knowledge, skills, and support they need to perform their jobs should increase the probability of infants doing well in nonfamilial care.



Epilogue

It was four years later when I worked with Krista on this account of Serena’s adjustment to the center. She said she was unaware it had been so difficult from the beginning. Later, when talking to a friend who had

known Serena from birth, she heard a new story. The friend had cared for five-month-old Serena when Don and Krista went out for an evening. Serena had been upset and inconsolable. The friend called her own mother, a nurse, who suggested that she wear something that smelled like Krista. She put on Krista’s makeup so Serena could smell the familiar scent while being held. Only then did Serena fall asleep.

I enjoyed meeting Serena at five years old, a little girl with an open, sunny manner. The small baby with the bald head—slow to get hair—was now a beautiful child with lovely auburn hair. Greeting me with curiosity and warmth, she showed me a well-thumbed child care scrapbook. As I talked with her mom, Serena listened with great interest to stories of her babyhood.

As I left, Serena gave me a large baby photo of herself to show to Harriet. When I returned the photo some time later and told her that Harriet had said hello, she grinned and wriggled with delight.

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