

Responding to Individual Temperament Tendencies in Group Care: Recommended Care Teacher Strategies

Start by viewing temperament as a window for understanding how young children relate to people, objects, actions, and the world around them. It can be helpful to ask the following questions:

- What is the child’s temperament telling you about what he or she needs from you?
- How should you treat this child based on what you know about temperament?

Activity Level

- Implement small group size and primary care.
- Acknowledge the effect of children’s behaviors on others.
 - For children **high in activity level**:
 - Provide ample opportunities for large motor movement and loud vocalizations.
 - For children **low in activity level**:
 - Acknowledge quieter children’s more subtle communications.

Reaction to the Unexpected

- For children **high in reaction to the unexpected**:
 - Introduce new experiences gradually.
 - Allow more time to move into new experiences and interactions.
 - Be available as an emotional support and provide a physical connection by staying close.
 - When the child engages in a new activity or is playing with a new child, acknowledge it with a positive statement: “It looks like you are having fun playing with [Elijah].”

Attention and Regulation

- For children ***low in attention and regulation***:
 - Jointly engage the child in activities to support his or her ability to focus and sustain attention.
 - Allow the child to explore the environment at his or her own pace.
 - Avoid trying to shift the child’s attention from one object or activity to another too quickly or unnecessarily.
 - Provide opportunities for the child to engage in making decisions to inhibit responses, wait, or control impulses.

Considerations for Understanding and Responding to Expressions and Experiences of Emotions in Group Care

- **Intensity**
 - What is the strength of the infant or toddler’s typical emotional reaction?
- **Threshold**
 - What is the level of provocation at which the infant or toddler’s emotion is triggered?
- **Duration**
 - How long does the infant or toddler’s emotional reaction typically last?

Exuberance, Enthusiasm, Cheerfulness

- For infants and toddlers who express ***high intensity exuberance, enthusiasm, or cheerfulness***:
 - Acknowledge a child’s enthusiastic response or joy. When an exciting activity is overstimulating and dysregulating, help the child find quieter ways to express exuberance or experience.
 - When these emotions override the child’s ability to self-regulate, talk to the child about how one’s feelings influence how one acts and affect others.
 - Establish a calm tone and introduce potentially fun or exciting activities in a low-key manner that allow the child to regulate responses to the fun or exciting situation.

- For example, introduce small and large group activities with a calming song, rhyme, or finger play to help calm intense emotions and ease transitions.
- For infants and toddlers who have a ***high threshold for exuberance, enthusiasm, or cheerfulness***:
 - Engage in cheerful interactions and support their engagement with yourself and other children.

Anger, Irritability, Frustration

- For infants and toddlers who express ***high intensity anger, irritability, or frustration***:
 - Observe actions or situations that might lead a child to respond with intense anger, irritability, or frustration, so you can anticipate the expression of these emotions.
 - Provide anticipatory support by being emotionally attentive and physically available.
 - Design the environment to minimize triggering intense emotions (for example, try to provide multiples of desirable play materials).
 - Validate children’s emotional responses while supporting appropriate and respectful expressions of anger, irritability, or frustration.
 - Be very specific about what part of an infant or toddler’s behavior needs adjustment when a child has hit, pushed, or forcefully taken something from another—avoid saying the child’s emotion is inappropriate or trying to change the child’s emotion (e.g., anger, desire for the object in possession).
 - Model respectful ways to express anger, irritability, or frustration.
 - Suggest to children appropriate ways that they can express these emotions.
- For infants and toddlers who tend to express ***anger, irritability, or frustration for a long duration***:
 - Make sure that these infants and toddlers feel that they have a special relationship with someone who is looking out for them and cares for them.

- For infants and toddlers with a ***low threshold for expressing anger, irritability, or frustration***:
 - Observe actions or situations that might lead a child to respond with intense anger, irritability, or frustration, so you can anticipate the expression of negative emotionality.
 - Provide anticipatory support by being emotionally attentive and physically available.
 - Design the environment to minimize triggering intense emotions (for example, try to provide multiples of desirable play materials).
 - Maintain clear, age- and child-appropriate routines with songs or rhymes to signal and ease transitions—these routines can help minimize reaching a child’s low threshold for anger and frustration during transitions.
 - Provide calming and gentle touch for young infants (e.g., such as holding them or lightly stroking their back).

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Primary Care Teacher

“Very young children need to feel connected to someone familiar whose presence and caring attention meets their physical and emotional needs throughout the day.”

The primary care system sets the stage for deep connections.

The primary care teacher:

- Is assigned to a small group of children for a significant part of each child’s day in care. (A child should have no more than two primary care teachers per day.)
- Cares for the children during most of the routines of the day, including greetings and departures, feeding, diapering, napping, indoor and outdoor play, bathing and dressing, record keeping, and tracking each child’s development.
- Builds a relationship through routines and other activities with each child.
- Is the person the child turns to when in physical or emotional need.
- Works closely with each child’s family to develop a partnership beginning at the time of enrollment.
- Learns about the child’s care at home and provides information about the program.
- Communicates with parents about the benefits of primary care.
- Supports the child’s relationship with his or her family culture.
- Shares information with the family on a daily basis, during regular parent conferences, and as needed.
- Works as a team with another primary care teacher (or other infant care teachers).
- Is the main resource and a member of a team with the family and other adults involved with the child, such as other primary and secondary infant care teachers, the program manager, and specialists for a child with disabilities or other special needs.

