

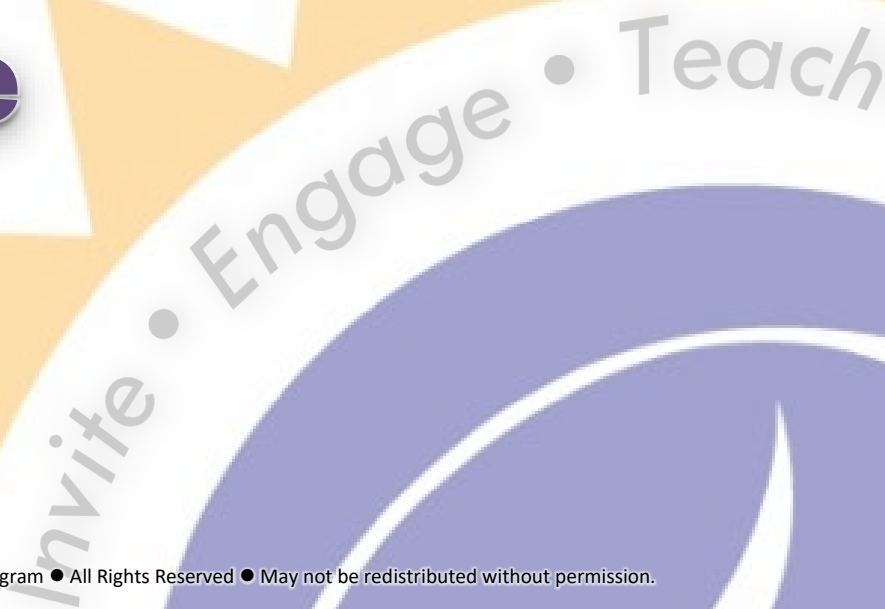


Series

**SUPPLEMENT TO NATURAL
LEARNING ENVIRONMENT
PRACTICES**

Hear Understand Give Success

Response Plan



INTRODUCTION

The *HUGS Response Plan* is a guide for early childhood practitioners who support families, caregivers, and teachers (referred to throughout this manual as “caregivers”). The *HUGS Response Plan* guides early childhood practitioners through the process of using a coaching interaction style to help caregivers diffuse challenging behaviors exhibited by young children and promote positive social-emotional interactions during everyday home, school, and community activities and routines. For the purposes of this manual, **challenging behavior** is defined as any repeated pattern of behavior or perception of behavior that interferes with or is at risk of interfering with the child’s engagement or participation in everyday activities and routines (Dunlap, et al., 2006). **Coaching** is an interaction style that uses joint planning, practice opportunities, practitioner and caregiver observation, reflection, and feedback to build the caregiver’s capacity (Rush & Shelden, 2020). In the case of social-emotional interactions, coaching is used to build caregiver confidence and competence with teaching the child positive social-emotional skills and communication competencies. **Everyday activities and routines** are the contexts in which children and family members, caregivers, and/or peers naturally interact. Everyday activities and routines serve as the core context for child learning, so the *HUGS Response Plan* helps practitioners enable caregivers to demonstrate and teach positive social-emotional interactions that maximize the child’s engagement in everyday learning opportunities.

The *HUGS Response Plan* Capitalizes on Natural Learning Environment Practices

The *HUGS Response Plan* is intended to be a supplement to natural learning environment practices to promote child learning. The *HUGS Response Plan* should be used by practitioners to mediate challenging behaviors when they interfere with the child’s participation in everyday activities and routines. Once the practitioner has helped the caregiver successfully address the challenging behavior, the practitioner can resume implementing natural learning environment practices.

The Role of Co-Regulation within the *HUGS Response Plan*

The *HUGS Response Plan* uses a tiered parallel process. Children practice social-emotional competencies while interacting with others during everyday activities and routines. Caregivers support children by demonstrating effective self-regulation during interactions with the child, and practitioners maintain self-regulation as they provide caregivers with the support needed to help their children. The supportive process between caregivers and children that fosters self-regulation development is called co-regulation (Rosanbalm & Murray, 2017). Young children’s ability to self-regulate is in part impacted by their caregivers providing warm and responsive interactions during everyday activities and routines (Murray, Rosanbalm, Chrisopoulos, & Hamoudi, 2015). Co-regulation has a foundational role in helping all individuals, including young children, learn how to manage behaviors and develop self-control through their lifespan. When children’s needs are met in this way, they learn to trust their caregivers and can self-regulate in more complex ways over time. Practitioners using the *HUGS Response Plan* should reflect on and practice self-regulation as they support caregivers to also reflect on and practice self-regulation as caregivers support children to practice self-regulation.

Practitioners can use and teach caregivers to use the following strategies to promote self-regulation and set the tone for positive and supportive interactions:

- Take a deep breath
- Count to ten
- Smile
- Tense and relax the body
- Engage in positive self-talk
- Use a neutral voice
- Lower voice volume
- Stay with the child and take a step closer if he/she needs comfort
- Stay with the child and take a step back if he/she is lashing out or pushing you away

Contexts Appropriate for the *HUGS Response Plan*

The *HUGS Response Plan* can be used in a variety of settings that focus on caregiver-child interactions in everyday contexts, including early childhood intervention, Early Head Start, nurse-family partnership programs, childcare, and other home visiting programs. The *HUGS Response Plan* should be implemented in real-life contexts in which participation and the behaviors naturally occur.

HOW THE HUGS IS ORGANIZED

The *HUGS Response Plan* is organized with a variety of resources and ready-to-use materials, including the following:

Framework

Page 4

Understanding the HUGS framework allows you to seamlessly use it when needed. This manual describes and illustrates the HUGS framework and how it should be applied in action. Practitioners should familiarize themselves with the framework prior to implementing the practices described throughout the manual.

Instructions

Page 5

Step-by-step instructions are provided for implementing the *HUGS Response Plan* with families and caregivers. Practitioners should follow the instructions carefully to ensure the *HUGS Response Plan* is implemented with fidelity and to achieve the intended outcomes.

Helpful Hints

Page 5

The *HUGS Response Plan* provides several helpful hints for practitioners as they get started with using the HUGS framework with caregivers.

Flow of a Conversation

Page 6

The *Flow of a Conversation* enables a practitioner to use the HUGS framework to engage in a conversation at any time regarding any behavior.

Coaching Guidance

Page 7

The manual provides two pieces of key guidance consistent with the use of a capacity-building coaching interaction style, brainstorming and modeling. The *Coaching Guidance: Brainstorming* helps practitioners engage with families in a way that builds their capacity to generate and evaluate ideas even when the practitioner is not present. The *Coaching Guidance: Intentional Modeling* helps practitioners ensure they are modeling responsive strategies when needed and in a way that empowers families and caregivers to learn and use the strategies during and between intervention sessions. Since brainstorming and modeling are only effective when implemented at the appropriate time and in a manner consistent with research, practitioners should familiarize themselves with this guidance prior to using the *HUGS Response Plan*.

Informative Feedback

Pages 8-14

The manual includes informative feedback practitioners can learn, elaborate on, and provide to help caregivers understand how communication, child interests, child development, sensory preferences, trauma, parenting influences, and temperament impact the child's ability to communicate and manage his/her own emotions and behaviors. Each of the gold boxes provides information about the importance of considering factors that influence behaviors (e.g., sensory preferences, trauma, parenting influences) and how a practitioner might use his/her knowledge of the factor to help the caregiver effectively **hear, understand, give,** and promote **success**. Practitioners should determine which type of feedback, how much to provide, and how to provide it in a way that matches the caregiver's learning style. Practitioners will likely not need to provide informative feedback in all areas to every family. Practitioners should seek to understand the factors that influence behavior and use the information to help caregivers anticipate which factors may pertain to the child. In some cases, practitioners and caregivers may not know with factors are influencing specific child behaviors and the practitioner and caregiver may need to experiment with responsive strategies based on an informed guess. Careful observation and systematic trial and error using the strategies listed on the *Guide to HUGS Responsive Caregiver Strategies* insert will help the practitioner and caregiver become more efficient at predicting which responsive strategies work best for the child.


Practitioners should seek more information on the topics when needed. Resources for further information are included within each informative feedback box to help practitioners increase their knowledge and skills with promoting social-emotional development within the context of everyday child and family activities and routines. The resources provided are not community-specific but were included to provide practitioners with sources of additional information about factors that influence child behaviors, caregiver-child interaction styles, and professional resources widely available to help promote child and family well-being.


HOW THE HUGS IS ORGANIZED (CONT.)


Roadmaps


Pages 15-21

The manual includes a series of *Roadmaps* that apply the HUGS framework to high-frequency challenging behaviors. The *Roadmaps* are diagrams that show the flow of a capacity-building coaching conversation. The *Roadmaps* are not scripts and should not be read word-for-word during a conversation with a caregiver. The *Roadmaps* are a training tool and a prompt to help practitioners operationalize the HUGS framework during a behavioral support conversation. The *Roadmap for HUGS Interest-Based Learning: General Behaviors* (p. 15) shows how the HUGS framework is operationalized in a conversation on a detailed level. This *Roadmap* can be used for any conversation about challenging behaviors. Additional *Roadmaps* are included to show how the *Roadmaps* are easily adjusted for conversations about specific high-frequency challenging behaviors including following directions (p. 16), temper tantrums (p. 17), clingy behavior (p. 18), risk-taking behavior (p. 19), injurious behavior (p. 20), and disengaged behavior (p. 21). Page 22 contains a roadmap for identifying additional resources when needed. Roadmaps are color coded.

 Each *Roadmap* begins with the question or issue that triggers the conversation. The triggers are located in the purple circle on the upper left side of the *Roadmap*. Start each conversation at the purple circle.

 The green boxes indicate reflective questions designed to prompt the family's increased awareness, analysis, alternatives, or action planning. Keep in mind, some questions may need to be asked more than once, rephrased, or omitted based on the information the caregiver is providing. Note the questions are open-ended to prompt thorough conversation rather than closed-ended questions (i.e., yes or no).

 The gold boxes indicate an opportunity to provide informative feedback or direct teaching to the family. Practitioners may need to use the *Coaching Guidance: Brainstorming* to know when and how to offer ideas and/or *Coaching Guidance: Intentional Modeling* to know when and how to demonstrate strategies for caregivers. Practitioners should be mindful to provide information at the caregiver's preferred pace and level of understanding.

 The red square signifies that directive feedback may need to be given. Directive feedback is only provided in situations where danger is imminent.

 The pink circle signifies an appropriate ending point to the conversation.

Frequently Asked Questions

Pages 23-24

The manual includes the answers to frequently asked questions to help practitioners refine their use of the *HUGS Response Plan*.

Inserts

The manual includes removable inserts found in the middle of the manual that can be used as quick-reference guide or directly with caregivers.

- The *Guide to HUGS Responsive Caregiver Strategies* is for practitioners to use to teach and track responsive strategies for use by the caregiver. The practitioner can checkmark strategies as they are taught to or demonstrated by the caregiver. The insert can also be used to prompt practitioners to be mindful of the many ways in which caregivers can demonstrate responsiveness to tune-in, respond, and teach social-emotional competence to children.
- The *HUGS Quick Reference Guide for Practitioners* is a summary of the HUGS framework. Practitioners can carry this insert with them or post it in a convenient location to serve as a daily prompt for how to apply to the HUGS framework to daily situations.
- The *HUGS Quick Reference Guide for Caregivers* is a summary of the HUGS framework using caregiver-friendly language. Practitioners can recommend that caregivers keep the *Guide* in an easy-to-see location.
- The *Joint Plan for Using HUGS Responsive Caregiver Strategies* is for use directly with the caregiver. The *Joint Plan* provides a visual reminder to caregivers about the steps in the HUGS framework and provides space for the caregivers to document the specific strategies they are planning to use. As the ideas on the *Joint Plan* build from visit to visit, they become a set of "quick reference" prompts to remind caregivers of the responsive strategies they know to use during challenging interactions.

THE HUGS FRAMEWORK

The HUGS is a framework for supporting a child's social-emotional competence, communication, and self-regulation during everyday activities and routines. Research has shown that caregivers' positive methods of responding to and supporting their children's interests in everyday activities and routines has a more powerful influence on child development than therapist-child interactions alone (Davis, 2014; Dunst, 2006; Raab, 2005). For this reason, caregivers are the focus of the HUGS intervention.

H-U-G-S refers to ways the caregivers can:

Hear—Tune-in and hear what the child wants, feels, or is interested in by using **hear** strategies listed on the *Guide to HUGS Responsive Caregiving Strategies* (insert). Think about the possible messages the child might be trying to send.

Understand—Let the child know his/her communication is understood. Practitioners and caregivers may need to make a reasonable guess as to what the child's behavior is communicating. Putting the caregiver's perceptions into words can help confirm attunement to the child's need. (e.g., "You like climbing on the couch and Mommy won't let you.").

Give—Use responsive strategies to give a response to the message the child was communicating to promote self-regulation and social-emotional growth within the child. (e.g., "The couch is for sitting, it's not safe to be on the back of it. You can climb on the giant bear. Let's get your giant bear out.").

Success—Offer the child many chances to engage with the caregiver during everyday activities and routines that provide opportunities to practice teaching communications and self-regulation skills.

The flow chart below shows the relationship between the components of the HUGS framework.



INSTRUCTIONS FOR USING THE TOOL

The *HUGS Response Plan* has been developed to help practitioners support a caregiver to de-escalate challenging child interactions so that the caregiver and child can resume engaging positively in a development-enhancing everyday activity or routine. When the practitioner observes or is told by the caregiver that the child is demonstrating a behavior and the caregiver struggles to respond, the practitioner should follow the steps below:

1. Use the *Roadmap* that best matches the circumstance.
2. Adjust the *Roadmap* as needed to ensure the interaction is conversational. For example, the practitioner may omit a question on which the caregiver has already elaborated or vary the amount of informative feedback to match the caregiver's preferred pace of learning.
3. Use the *Coaching Guidance: Brainstorming* (p. 7) to help the caregiver think about multiple ideas when prompted on the *Roadmap*.
4. Use the *Informative Feedback* guidance (pp. 8-14) to provide information and/or strategies when the caregiver indicates the need.
5. Make sure the informative feedback includes using the HUGS framework to select responsive strategies the caregiver might like to try.
6. Return to the *Roadmap* to help the caregiver analyze and use the information and strategies.
7. Provide opportunities for the caregiver to apply the information or practice using the strategies, and model as needed using the *Coaching Guidance: Intentional Modeling* (p. 7).
8. Use the *Roadmaps* to help the caregiver reflect on the usefulness of the strategy and develop a back-up plan for times when the strategy might not work. Use the *Joint Plan for Using HUGS Responsive Caregiver Strategies* to document the caregiver's preferred strategies for supporting the child's behavior.
9. Resume the planned activity/routine while watching for opportunities to prompt the caregiver to apply the responsive strategies when needed.

Practitioners may need to move between *Roadmaps* as a challenging behavior evolves. For example, when a tantrum becomes dangerous, the practitioner may choose to turn to the *Roadmap for Injurious Behavior* to continue the conversation.

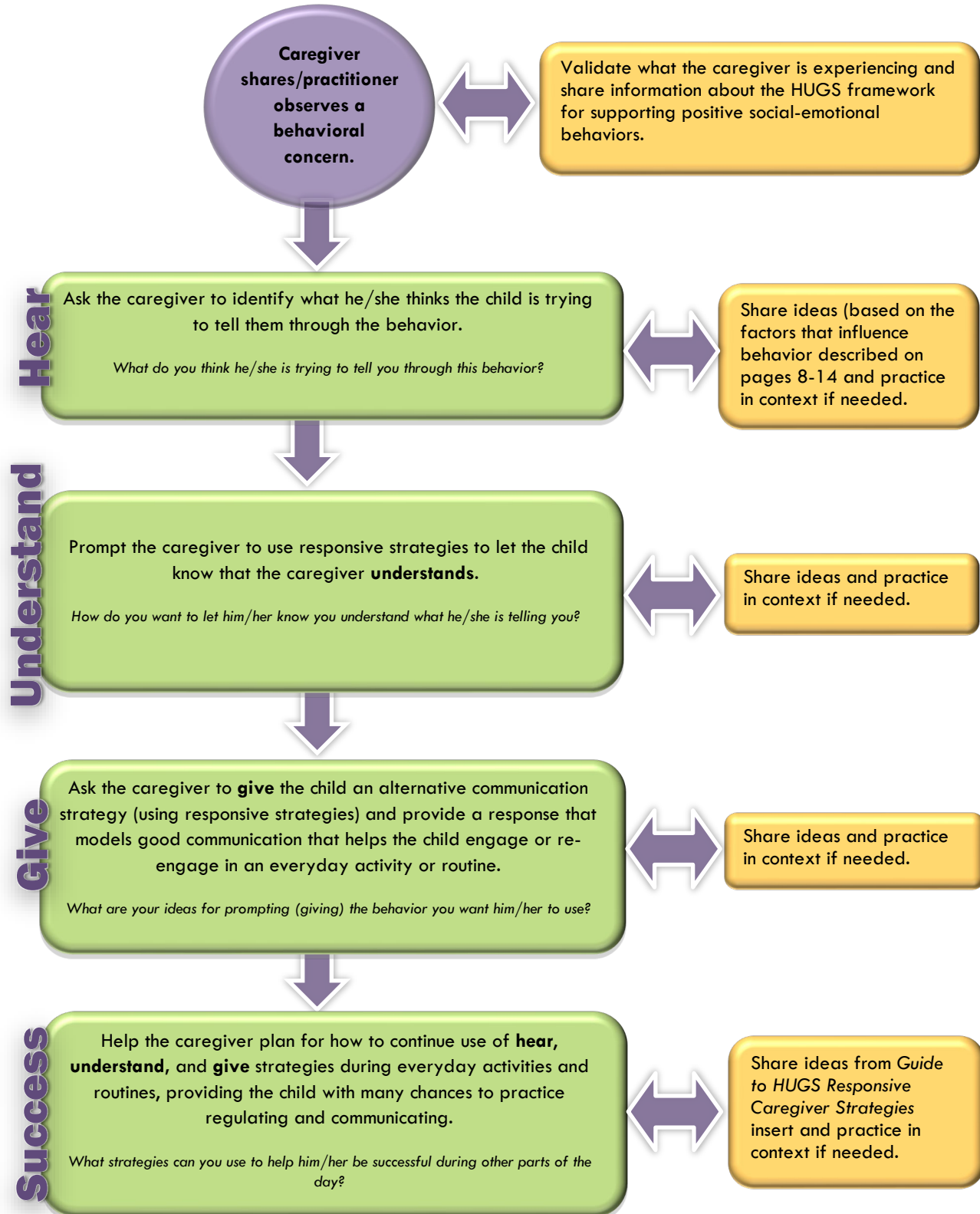
Some practitioners may need to build their expertise by using the informative feedback on pages 8-14 or reviewing the references and resources listed. Some challenging behaviors are dangerous. In these situations, the practitioner should ensure caregivers have a specific plan for when and how to get immediate help from a qualified professional between visits. Some circumstances may fall outside of the practitioner's expertise and professional scope of practice and may require the practitioner help the family identify additional resources needed to support the child and/or family. The *Roadmap* on page 22 is designed to help practitioners engage in a capacity-building conversation to identify additional family support resources. Practitioners should understand their own expertise and scope of practice and refer the family for additional mental health support when needed.

HELPFUL HINTS

- Familiarize yourself with the *HUGS Response Plan* manual prior to using it.
- The more you practice using the *HUGS Response Plan* manual and guidance, the easier it will become to implement consistently.
- Review the resources within the *Informative Feedback* guidance before you think you will need it so that you are prepared to share information with the caregiver when needed.
- Using the HUGS framework multiple times during a visit and over multiple visits may be necessary before caregivers internalize the process and apply it regularly enough to see the benefit of the caregiver's responsive efforts.
- Practitioners can set a calm, neutral tone for positive caregiver-practitioner interactions, which sets the tone for positive caregiver-child interactions. Practitioners are co-regulating with caregivers and caregivers are co-regulating with children.
- Be prepared to help caregivers know how to read the child's cues.
- When brainstorming ideas with families, remember that it is a collaborative process designed to build the caregiver's capacity. Prompt the caregiver to share ideas before adding your own.
- Know the limitation of your professional scope of practice and refer the family for additional help when their needs exceed your expertise.

FLOW OF A CONVERSATION

The diagram below shows the basic flow of a capacity-building conversation when applying the HUGS framework. In a capacity-building conversation, the practitioner systematically helps the caregiver consider and use each component of the HUGS framework (**hear**, **understand**, **give**, and **success**). The practitioner provides informative feedback and ideas for being responsive (gold box) throughout the process as needed. The *Roadmaps* that follow use the basic framework below to build the caregivers' capacity and promote positive social-emotional interactions.



COACHING GUIDANCE: BRAINSTORMING

One purpose of coaching is to build the caregiver's capacity to solve problems (identify, evaluate, and implement effective solutions). One way to do that is to capitalize on opportunities to talk with the caregiver when there is time to collectively brainstorm ideas to support the child using the HUGS framework. Brainstorming should be collaborative with a focus on prompting the caregiver to take the lead role in identifying potential solutions/ideas. The following prompts can be used to ensure the practitioner provides ample opportunities for the active participation of the caregiver being coached.

- What else have you done/thought about?
- What other options can you think of?
- What are the advantages and disadvantages of each idea?
- Would you like to try one of these ideas now (avoiding assumption)?

After these (or similar) prompts, some additional ideas from the practitioner may be appropriate.

- Would it be helpful if I offer what I know (asking permission)?

After the ideas are on the table, the practitioner reinforces the caregiver by asking what he/she thinks about the ideas, then works with the caregiver being coached to develop a joint plan for further use of the ideas. Brainstorming is not always possible when the caregiver and child are engaged in an interaction. The practitioner may need to schedule special time with the caregiver in order to support and strengthen the caregiver's use of brainstorming as a problem-solving technique.

(Rush & Shelden, 2020)

COACHING GUIDANCE: INTENTIONAL MODELING

Modeling should be reserved for situations when the caregiver learns best by seeing the strategy demonstrated, the activity is appropriate for the practitioner to model, and/or the caregiver asks for a demonstration before doing it himself/herself. If the practitioner chooses to model, the purpose of modeling is to determine how an idea or strategy that the practitioner and the caregiver have identified together might work or to help the caregiver see the idea in action. When needed, practitioners should use the least intrusive form of support necessary to build the caregiver's capacity (which may not include modeling). Modeling can include role-playing with the caregiver or demonstrating with the child, while the caregiver observes. Modeling should always be intentional, direct, specific to a strategy, and voluntary. Steps of intentional modeling include:

1. Prior to modeling, the practitioner explains to the caregiver what the practitioner is going to do and why.
2. The practitioner gives the caregiver something specific to observe or do related to the reason for modeling.
3. The practitioner demonstrates while the caregiver observes the practitioner implement what the practitioner and caregiver planned. Depending on the circumstances, the practitioner and/or the caregiver may analyze the activity and attempt alternatives during the observation. The demonstration can be a role-play between the practitioner and caregiver, a demonstration by the practitioner with a prompt, or a demonstration with the child where the caregiver observes. The demonstration should be the least intrusive type needed to help the caregiver be able to understand and try.
4. The practitioner debriefs with the caregiver about what happened during the demonstration. The debriefing includes a discussion of what worked, what did not work, what the practitioner could have done differently, how this scenario might look the same or different than what the caregiver ordinarily does, and what ideas the caregiver obtained that he or she might try.
5. The practitioner always invites the caregiver to try what the practitioner demonstrated. The caregiver may choose not to try the strategy.
6. The practitioner and caregiver reflect on what happened when the caregiver tried the activity (if the caregiver chose to try the strategy). The debriefing includes a discussion of what worked, what did not work, what the caregiver would do differently, how the caregiver would continue to do the activity, and what other ways or at what other times the caregiver could try the activity or behavior.
7. The practitioner and caregiver develop a plan for how the strategy or activity will happen when the practitioner is not present if the caregiver expresses interest in using the strategy in the future.

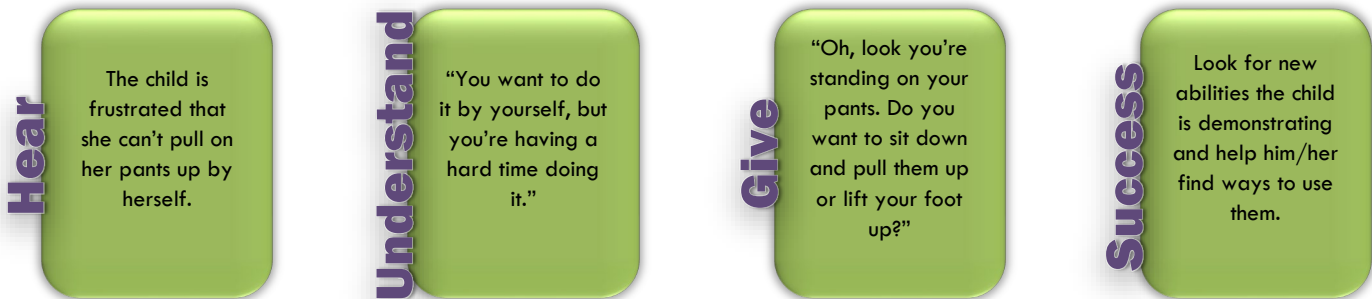
(Rush & Shelden, 2020)

INFORMATIVE FEEDBACK FOR CAREGIVERS: THE ROLE OF TYPICAL CHILD DEVELOPMENT

Some of the challenging behaviors demonstrated at home or in the community are typical and appropriate for a child's stage of development, context, or family situation. Young children seek out strong attachments to a primary caregiver. As they become independent of their caregivers, they often continue to use the caregiver for "emotional refueling," and need the caregiver physically and emotionally present during tough times. Young children's development is also marked by turbulent transitions. Typically, children demonstrate a period of disorganization directly before a developmental growth spurt. This period of disorganization can often include rebellion, changes in communication, increased tantrums, inconsolability, and behaviors that seem to signal both "I need you" and "I want to do it myself" at the same time. This period of disorganization is difficult for most children to manage and can be confusing to caregivers. Sometimes knowing that periods of disorganization are expected and age appropriate makes it easier for caregivers to manage them and provide appropriate support to help the child navigate them.

When the behaviors are not temporary or are so extreme that the child is causing injury to him/herself or to others, alternative explanations and strategies may help. Seek out team members or mental health professionals equipped to help with dangerous behaviors. Caregivers can use the HUGS framework to help the child manage periods of disorganization by having a calm and consistent physical and emotional presence.

Share the following ideas for how to **hear** what the child is communicating, let the child know he/she is **understood**, **give** the child a response, and build on the **success** by looking for new opportunities for the child to practice regulating and communicating. The following is an example of how the HUGS framework might be applied.



Recommended resources for more information about typical child development:

- Administration for Children and Families (n.d.). Milestones: Understanding your child's social-emotional development. Retrieved from <https://www2.ed.gov/about/inits/ed/earlylearning/talk-read-sing/feelings-milestones.pdf>
- Zero to Three (n.d.). Birth to 12 months: Social-emotional development. Retrieved from <https://www.zerotothree.org/resources/238-birth-to-12-months-social-emotional-development>
- Zero to Three (n.d.). Challenging behaviors. Retrieved from <https://www.zerotothree.org/early-development/challenging-behaviors>

INFORMATIVE FEEDBACK FOR CAREGIVERS: THE ROLE OF INTEREST-BASED CHILD LEARNING

Children learn most efficiently when they are interested in what they are doing. When children are highly interested, they become interactive and engage longer. The more children interact with objects and people, the more they practice new and existing abilities and the more they learn about the world around them. As children learn and can do more, their interests tend to increase. As children's interests increase, so does their range of interest-based learning opportunities. When children are interested, they also tend to enjoy themselves and the people they are with, thus promoting positive relationships between the child and caregiver (Raab, 2005). Sometimes helping a child overcome challenging behaviors can be as simple as inviting and engaging the child in an interest-based, activity, routine, or interaction. Caregivers can do this by using the HUGS framework.

Share the following ideas for how to **hear** what the child is communicating, let the child know he/she is **understood**, **give** the child a response, and build on the **success** by looking for new opportunities for the child to practice regulating and communicating. The following is an example of how the HUGS framework might be applied.

Hear

The child is communicating they want to be picked up.

Understand

"You want to be close to Daddy right now. You missed him while he was at work."

Give

"Daddy can't hold you right now because he's washing dishes, but you can stand on the step stool and help me."

Success

Create more opportunities for positive communication and interactions.

INFORMATIVE FEEDBACK FOR CAREGIVERS: THE ROLE OF PARENTING INFLUENCES

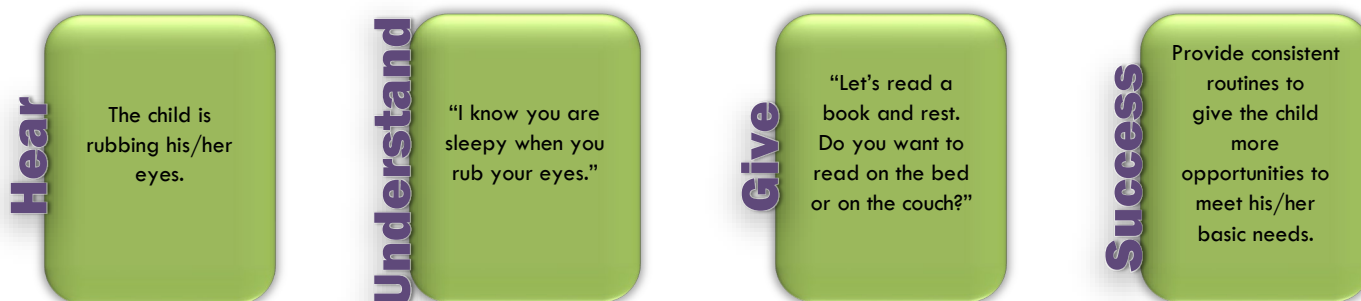
Factors to consider when working with families includes a caregiver's understanding of healthy everyday routines. Families can set the stage for healthy social-emotional interactions by providing opportunities for children to get ample sleep and nutrition. Much has been written about the effects of food insecurity and lack of sleep (Black, 2012; Hunger + Health, n.d.). A child's physical and mental health, including brain development, are heavily influenced by these two factors alone. Moodiness, irritability, and overreaction are but a few of the side effects that can be expected from lack of sleep and limited or poor nutrition.

Providing predictable mealtimes, self-care routines (including dressing, bathing, sleep times), and play opportunities with family and friends provides a sense of security for children as they learn what to expect. They also provide a basis for practice and gaining new abilities and skills.

A child's caregiver may also influence child relations by bringing with them their culture, family values, and preferences. These influences may include, communication and interaction style, sensory preferences, trauma history, education, socio-economic level, beliefs about discipline, and desired outcomes for themselves and their family. The practitioner's task then is to provide judgement-free information that helps caregivers make informed decisions regarding their family's well-being.

If the practitioner and caregiver think the child's behavior is impacted by sleep, hunger, thirst, or other needs, the HUGS framework may guide the caregiver to select responsive strategies that help with reading the child's cues about getting basic needs met.

Share the following ideas for how to **hear** what the child is communicating, let the child know he/she is **understood**, **give** the child a response, and build on the **success** by looking for new opportunities for the child to practice regulating and communicating. The following is an example of how the HUGS framework might be applied.



Recommended resources for more information about parenting influences:

- American Academy of Pediatrics (2016). AAP supports childhood sleep guidelines. Retrieved from <https://www.healthychildren.org/English/news/Pages/AAP-Supports-Childhood-Sleep-Guidelines.aspx>
- Hunger + Health (n.d.). What are the connections between food insecurity and health? Retrieved from <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/hunger-health-101/>
- Lerner, C. (2016). Managing your own emotions: The key to positive, effective parenting. Retrieved from <https://www.zerotothree.org/resources/338-managing-your-own-emotions-the-key-to-poitive-effective-parenting>
- Satter, E. (2015). Ellyn Satter's division of responsibility in feeding. Retrieved from <https://www.ellynsatterinstitute.org/wp-content/uploads/2016/11/handout-dor-tasks-cap-2016.pdf>.
- Slaughter, C. (2013). *Hungry for love: Creating a mealtime environment that builds connection, life skills, and eating capabilities*. North Charleston, SC: CreateSpace Independent Publishing Platform.
- Zero to Three (2010). Creating routines for love and learning. Retrieved from <https://www.zerotothree.org/resources/223-creating-routines-for-love-and-learning>

INFORMATIVE FEEDBACK FOR CAREGIVERS: THE ROLE OF TOXIC STRESS/TRAUMA

Trauma is an emotional response to an extremely negative event. Traumatic events can include repeated disruption to attachments with primary caregivers (e.g., placement in foster care, incarcerated caregivers, military deployment of a caregiver). Traumatic events can also include a lengthy hospitalization, a serious accident, abuse, neglect, domestic violence, chronic chaos, poverty, a natural disaster, or other highly stressful events experienced by a caregiver or child. Research has shown that neural connections, which are particularly vulnerable in the early stages of life (even infancy) can be disrupted and damaged during periods of extreme and repetitive stress, referred to as toxic stress (American Academy of Pediatrics, 2019). Trauma can result in delayed or maladaptive development, inappropriate coping mechanisms, mental health disorders, and learning difficulties. Traumatic events can result in mild to severe challenging behaviors and have lasting adverse effects on a caregiver or child's ability to maintain mental, physical, social, emotional, or spiritual well-being. (SAMHSA, 2014).

When a child is behaving in a way that is unexpected and seems irrational or extreme, he/she may be experiencing a trauma trigger. A trigger is some aspect of a traumatic event that occurs in a completely different situation but reminds the child of the original event. Examples may be sounds, smells, feelings, places, postures, tones of voice, or even emotions. When this happens, the brain shifts from higher functioning tasks (such as logic and planning) and shuts down. This allows all of one's energy to run away, fight or freeze. Fight, Flight or Freeze can look like: irritability, fussiness, startling easily or being difficult to calm, frequent tantrums, clinginess, reluctance to explore the world, activity levels that are much higher or lower than peers, repeating traumatic events over and over in dramatic play or conversation, delays in reaching physical, language, or other milestones, holding their breath, heart pounding and/or decreased heart rate, shutting down, and/or feeling unable to move (Child Welfare Information Gateway, 2014).

Share the following ideas for how to **hear** what the child is communicating, let the child know he/she is **understood**, **give** the child a response, and build on the **success** by looking for new opportunities for the child to practice regulating and communicating. The following is an example of how the HUGS framework might be applied.



Recommended resources for more information about trauma and toxic stress:

- Centered on the Developing Child (n.d.). ACES and toxic stress: Frequently asked questions. Retrieved from <https://developingchild.harvard.edu/resources/aces-and-ACES-stress-frequently-asked-questions/>
- Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Viking.
- Hoffman, K., Cooper, G., & Powell, B. (2017) *Raising a secure child: How circle of security parenting can help you nurture your child's attachment, emotional resilience, and freedom to explore*. New York, NY: Guilford Press.
- Siegel, D. J. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being*. New York, NY: W.W. Norton.
- Siegel, D., & Hartzell, M. (2004). *Parenting from the inside out*. New York, NY: Jeremy Tarcher/Penguin.
- Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghost in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academic of Child Psychiatry*, 14(3), 387-421.
- Kozlowska, K., Walker, P., McLean, L., & Carrive, P. (2015). Fear and the defense cascade: Clinical implications and management. *Harvard Review of Psychiatry*, 23(4), 263–287. doi:10.1097/HRP.0000000000000065

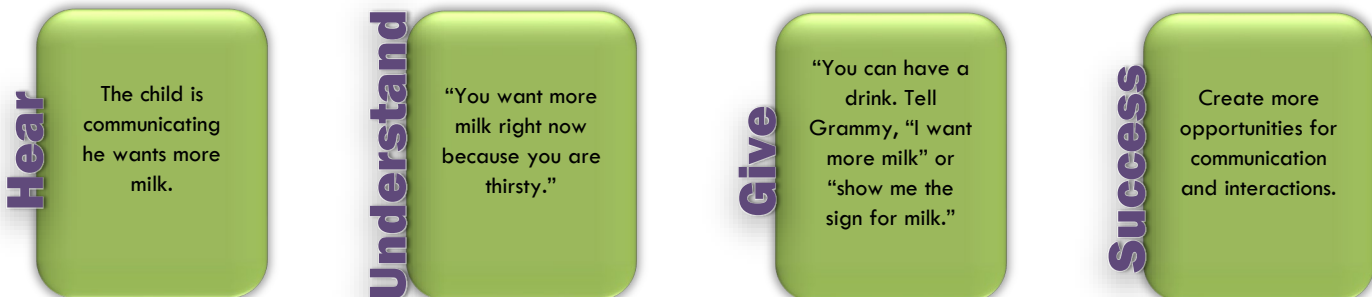
INFORMATIVE FEEDBACK FOR CAREGIVERS: THE ROLE OF LANGUAGE DEVELOPMENT ON CHILD BEHAVIOR

Caregivers and children have many social interactions and communications every day. Successful communication between a caregiver and the child includes four steps:

1. The caregiver identifies what the child wants or does not want to do in any given activity.
2. The caregiver lets the child know that the caregiver understands his/her intentions.
3. The caregiver responds to the child regarding his/her interests in the activity.
4. The child lets the caregiver know he/she understood the caregiver's response concerning the activity.

Young children use a variety of ways to communicate with adults, including verbal and non-verbal means. Sometimes, especially when a child is struggling with using language, these communications come across as challenging behaviors. The challenging behaviors can be demonstrated in a variety of ways ranging from physical actions, tantrums, loud verbalizations, and emotional outbursts. When the caregiver understands that all behavior is communication, it can become easier to take the time to figure out what the child is trying to convey through the behavior. When caregivers **hear** the message the child is conveying, they can respond by telling the child they **understand** the communication and **give** the child an alternate communication strategy and a response that models clear and positive communication. By responding to the child's communication, the caregiver is teaching the child how to have a **successful** communication loop. These challenging times are opportunities for the caregiver to teach the child how to communicate ideas, get along with others, and regulate emotions. Caregivers can use the HUGS framework to teach their child how to use language to communicate more effectively.

Share the following ideas for how to **hear** what the child is communicating, let the child know he/she is **understood**, **give** the child a response, and build on the **success** by looking for new opportunities for the child to practice regulating and communicating. The following is an example of how the HUGS framework might be applied.

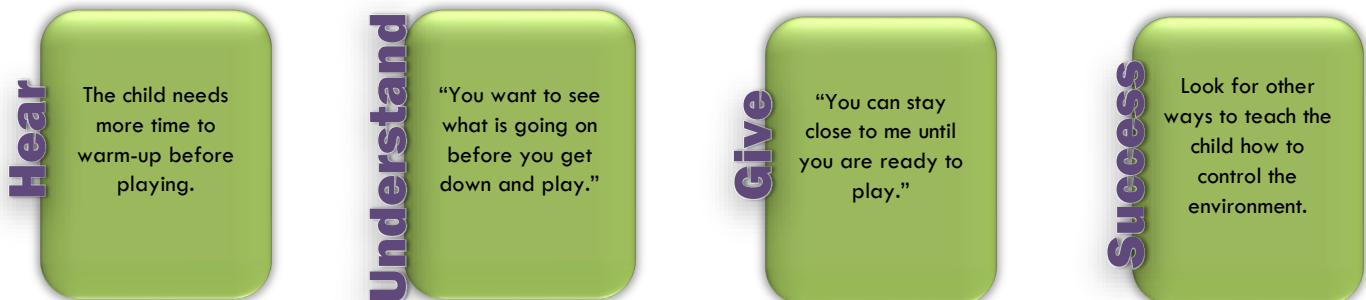


INFORMATIVE FEEDBACK FOR CAREGIVERS: THE ROLE OF TEMPERAMENT

Most experts agree that temperament has a genetic and biological basis that, in combination with environmental factors, maturation, and specific relationships, modify the ways a child's personality is expressed (Saudino, 2005). Children are born with a temperament behavior style. It is not a choice they make (Parlakiam & Lerner, 2016). An individual's temperament changes and matures, however, temperamental traits tend to endure over a lifespan. Temperament is one part of the unique wiring of an individual's nervous system, but its expression is interwoven with the dynamics of the family system (Kagan, 2012).

Although temperament traits influence behavior, they do not predict behavior. Practitioners can help caregivers understand the impact that differing temperaments can have on successful caregiver-child interactions. For instance, highly energetic caregivers who have a slow to warm-up child or slow-paced caregivers who have a highly active toddler or fussy baby can feel frustrated during interactions (McClowry, Rodriguez, & Kollwitz, 2008). What looks like a "behavior problem" may actually be a difference between the caregiver's and child's temperament. By understanding the wide range of individual temperamental differences within a family, practitioners can support strategies that foster greater goodness-of-fit in the family. Caregivers who understand both their own and the child's temperament can work with the strengths of the child instead of trying to change them. Caregivers can use the HUGS framework to understand and accept the child's temperament and diffuse challenging behaviors.

Share the following ideas for how to **hear** what the child is communicating, let the child know he/she is **understood**, **give** the child a response, and build on the **success** by looking for new opportunities for the child to practice regulating and communicating. The following is an example of how the HUGS framework might be applied.



Recommended resources for more information about temperament:

- Dunn, J., & Kendrick, C. (1982). Temperamental differences, family relationships, and young children's response to change within the family. In *CIBA foundation symposium* (Vol. 89, pp. 87-105).
- Kagan, J. (2010). *The temperamental thread: How genes, culture, time, and luck make us who we are*. Dana Press.
- Stocker, C., Dunn, J., & Plomin, R. (1989). Sibling relationships: Links with child temperament, maternal behavior, and family structure. *Child Development*, 60(3), 715-727.

INFORMATIVE FEEDBACK FOR CAREGIVERS: THE ROLE OF SENSORY PREFERENCES

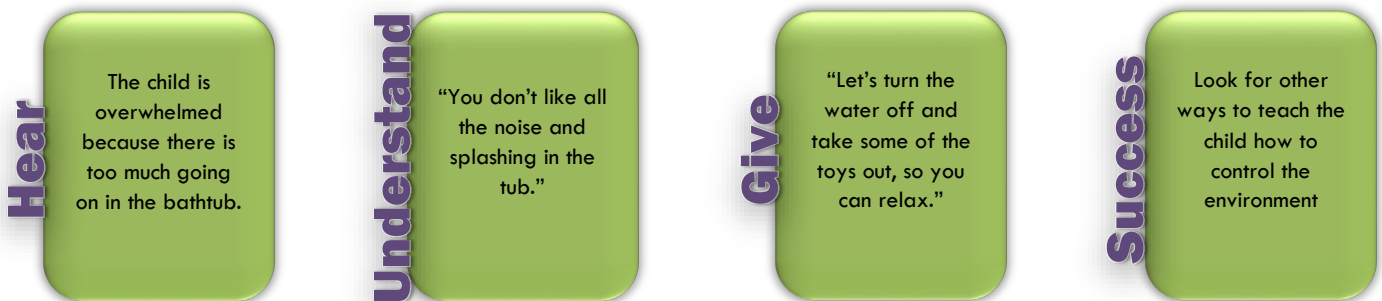
The nervous system processes information from our senses every second of the day. In this context, the senses refer to touch, hearing, taste, smell, movement, and vision. We all process sensory information differently. Sometimes the way we process information interferes with getting things done. We can over-react or under-react to sensory information in our environment. Understanding how and why someone reacts to his/her environment can help us formulate strategies to accommodate or adapt to the sensory needs of an individual.

Dunn's Sensory Processing Framework (Dunn, 2014) presents us with four possible sensory processing patterns of behavior that impact how individuals perceive their world. Many of us exhibit multiple patterns during different circumstances and sometimes all at once.

- Registration (Bystanders): Bystanders are flexible and easy-going but may miss more sensory cues that others notice easily.
- Seeking (Seekers): Seekers find ways to get more sensory input to stay alert.
- Sensitivity (Sensors): Sensors are discerning, cautious, aware of all stimuli, and react quickly and more intensely.
- Avoiding (Avoiders): Avoiders create routines and sameness to reduce sensory input. They are content to be alone and may be withdrawn or disruptive. They may need places to get away and regroup.

If the practitioner and caregiver think the child's behavior is impacted by extreme sensory processing patterns, then the HUGS framework can be helpful to select responsive strategies that compliment what the child needs in order to regulate.

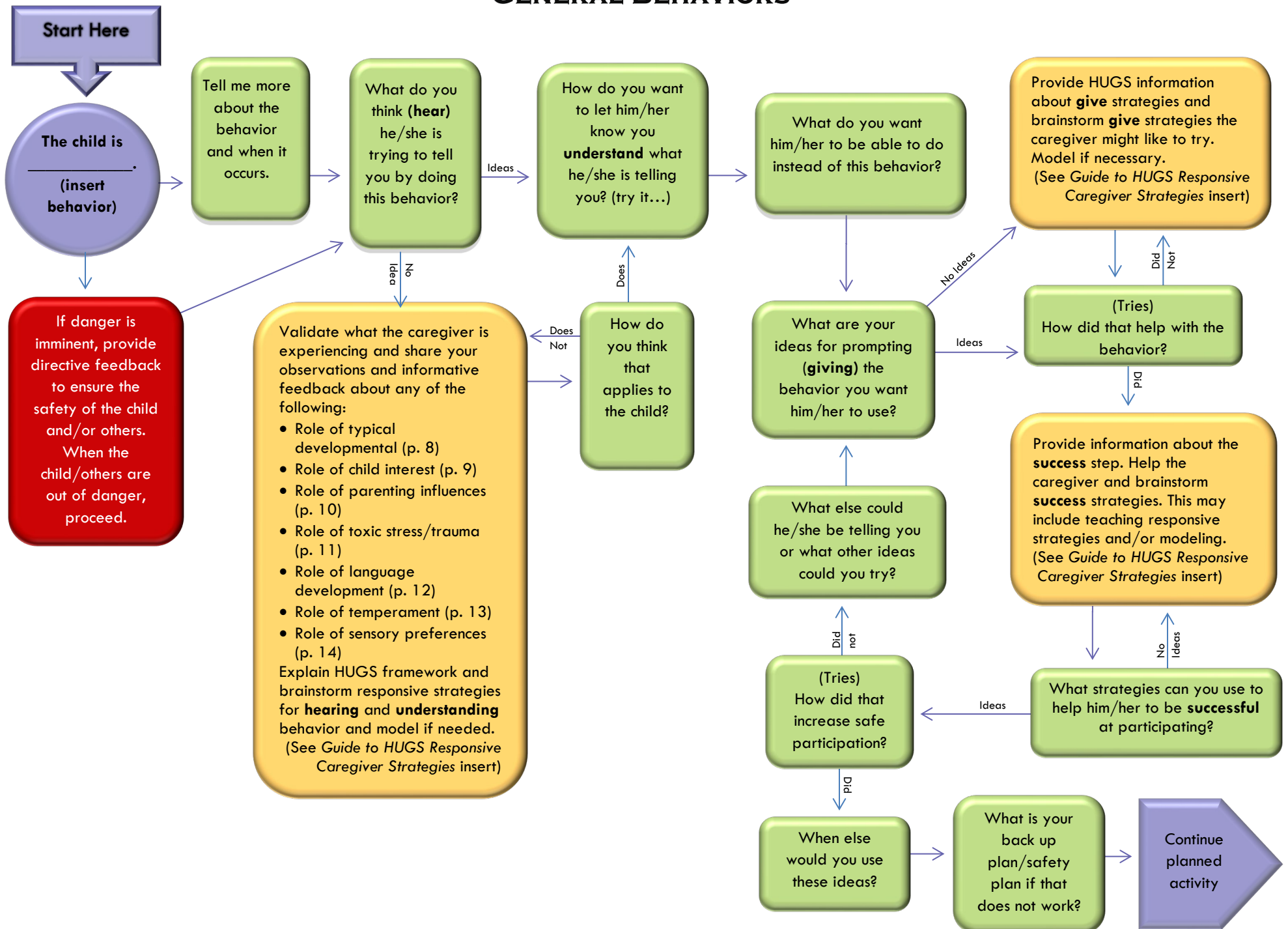
Share the following ideas for how to **hear** what the child is communicating, let the child know he/she is **understood**, **give** the child a response, and build on the **success** by looking for new opportunities for the child to practice regulating and communicating.



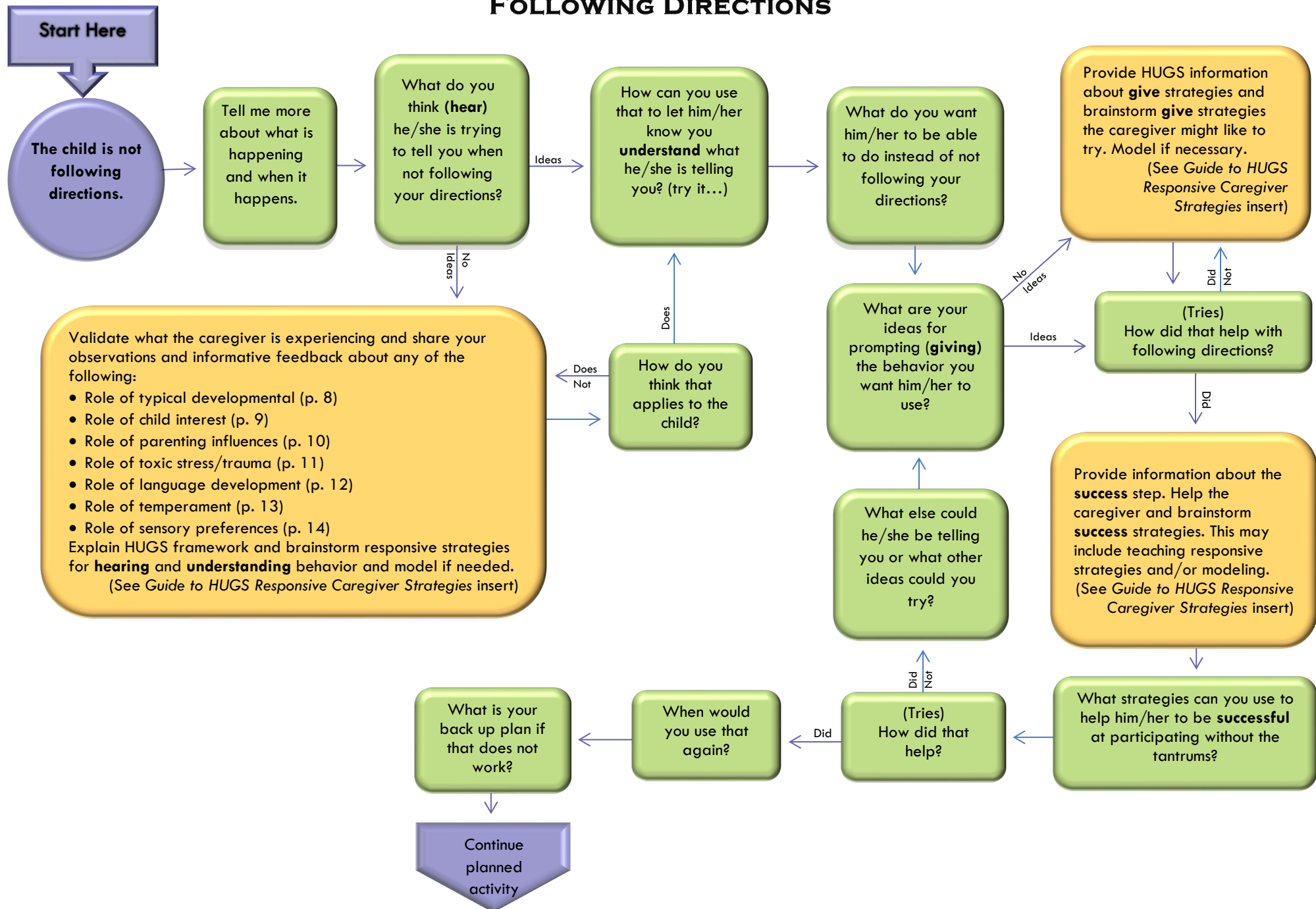
Recommended resources for more information about sensory preferences and processing:

- Dunn, W. (2007). *Living sensorially: Understanding your senses*. London, UK: Jessica Kingsley Publishers.
- Dunn, W. (2014). Infant sensory profile 2. Bloomington, MN: Pearson. Retrieved from <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Motor-Sensory/Sensory-Profile-2/p/100000822.html>
- Dunn, W. (2014). Toddler sensory profile 2. Bloomington, MN: Pearson. Retrieved from <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Motor-Sensory/Sensory-Profile-2/p/100000822.html>
- Dunn, W. (2014). Child sensory profile 2. Bloomington, MN: Pearson. Retrieved from <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Motor-Sensory/Sensory-Profile-2/p/100000822.html>

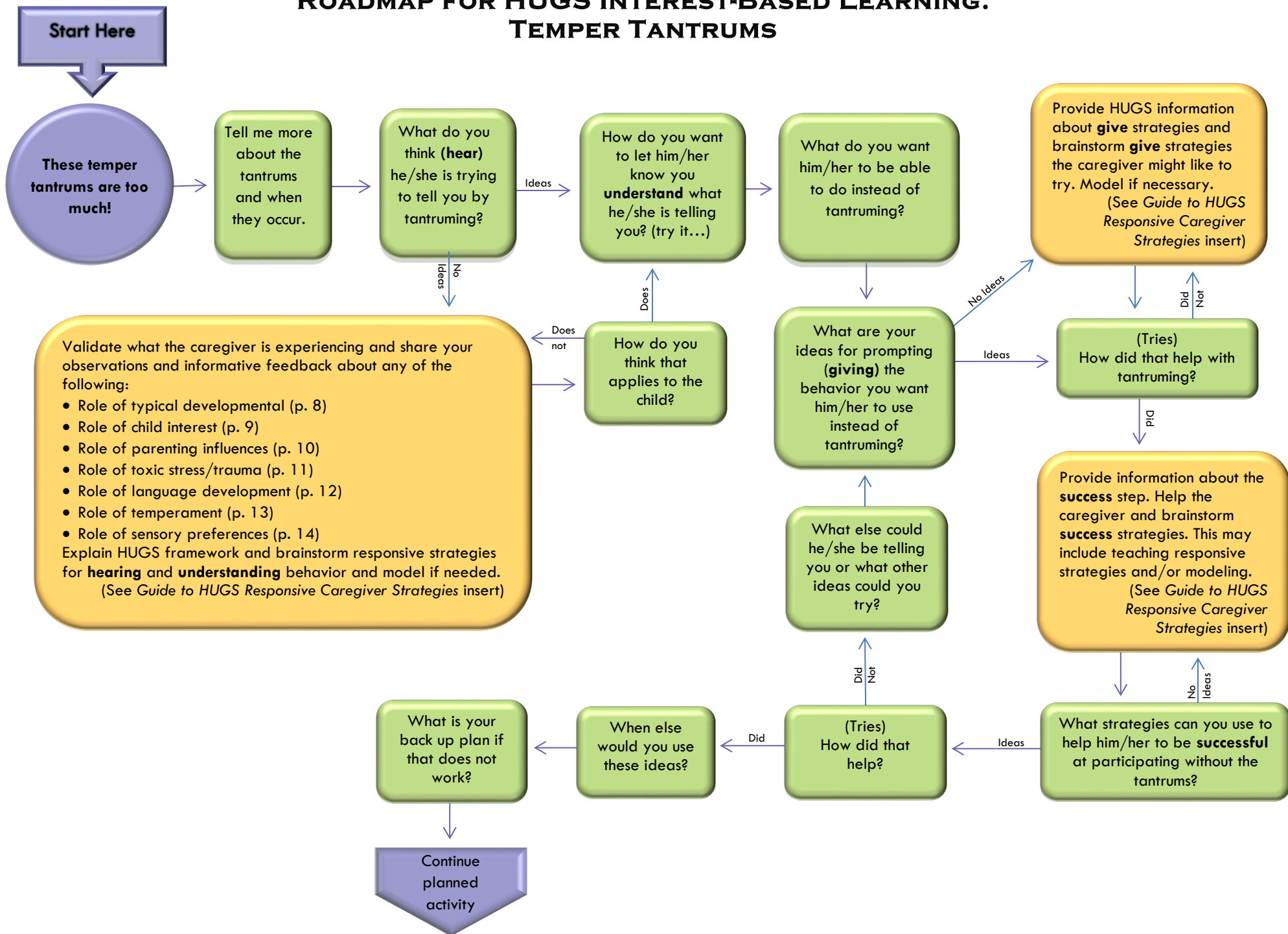
ROADMAP FOR HUGS INTEREST-BASED LEARNING: GENERAL BEHAVIORS



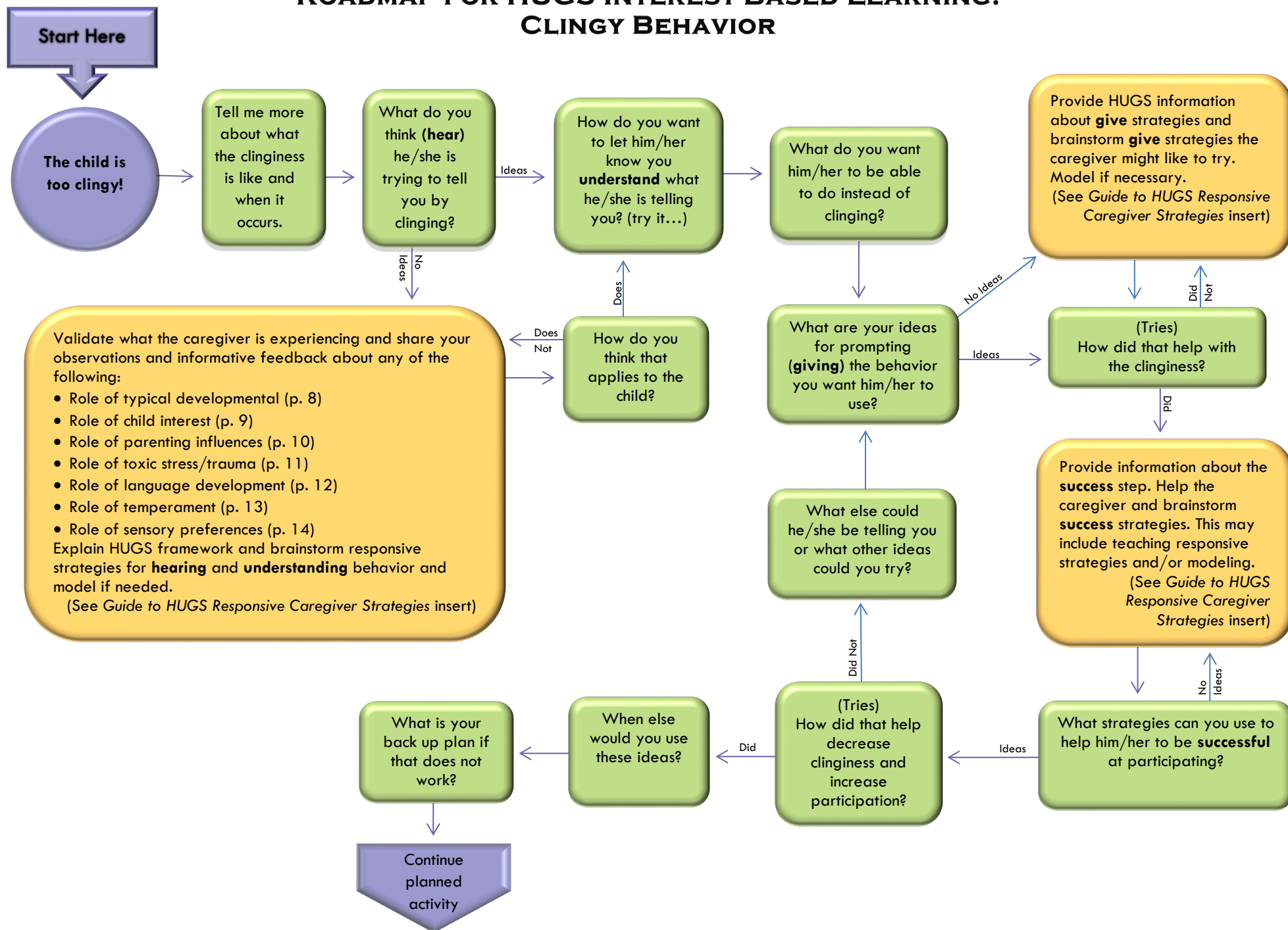
ROADMAP FOR HUGS INTEREST-BASED LEARNING: FOLLOWING DIRECTIONS



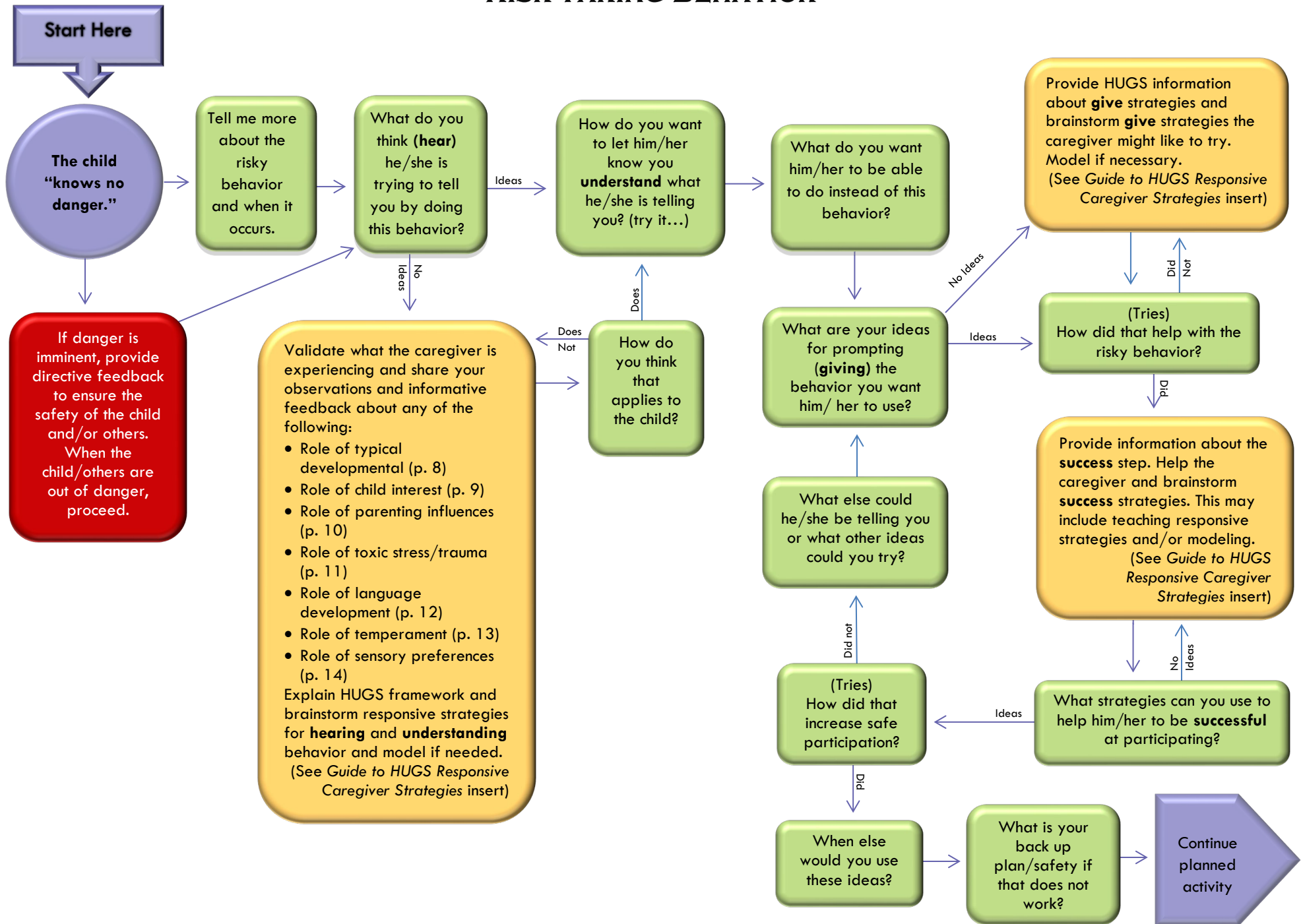
ROADMAP FOR HUGS INTEREST-BASED LEARNING: TEMPER TANTRUMS



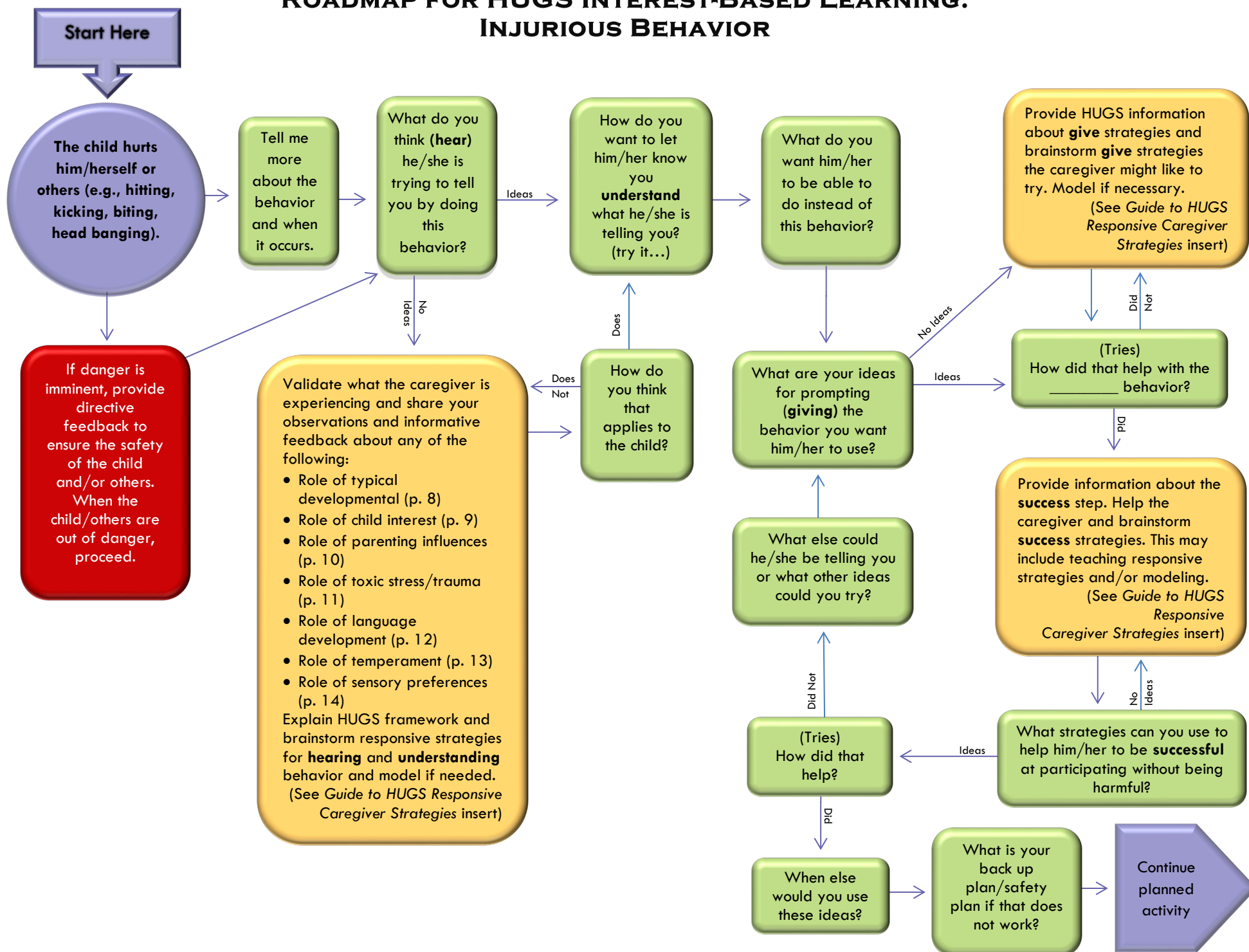
ROADMAP FOR HUGS INTEREST-BASED LEARNING: CLINGY BEHAVIOR



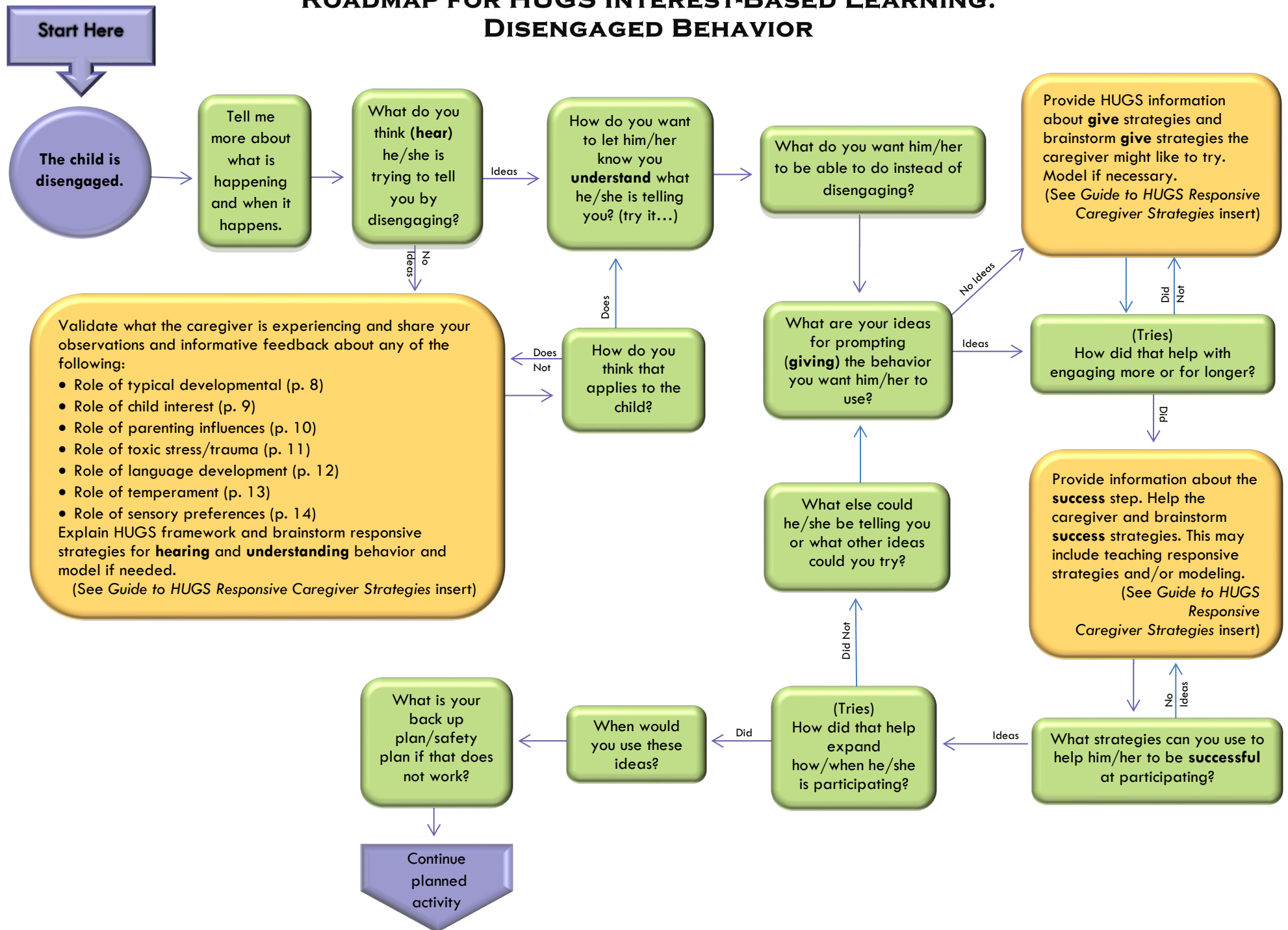
ROADMAP FOR HUGS INTEREST-BASED LEARNING: RISK-TAKING BEHAVIOR



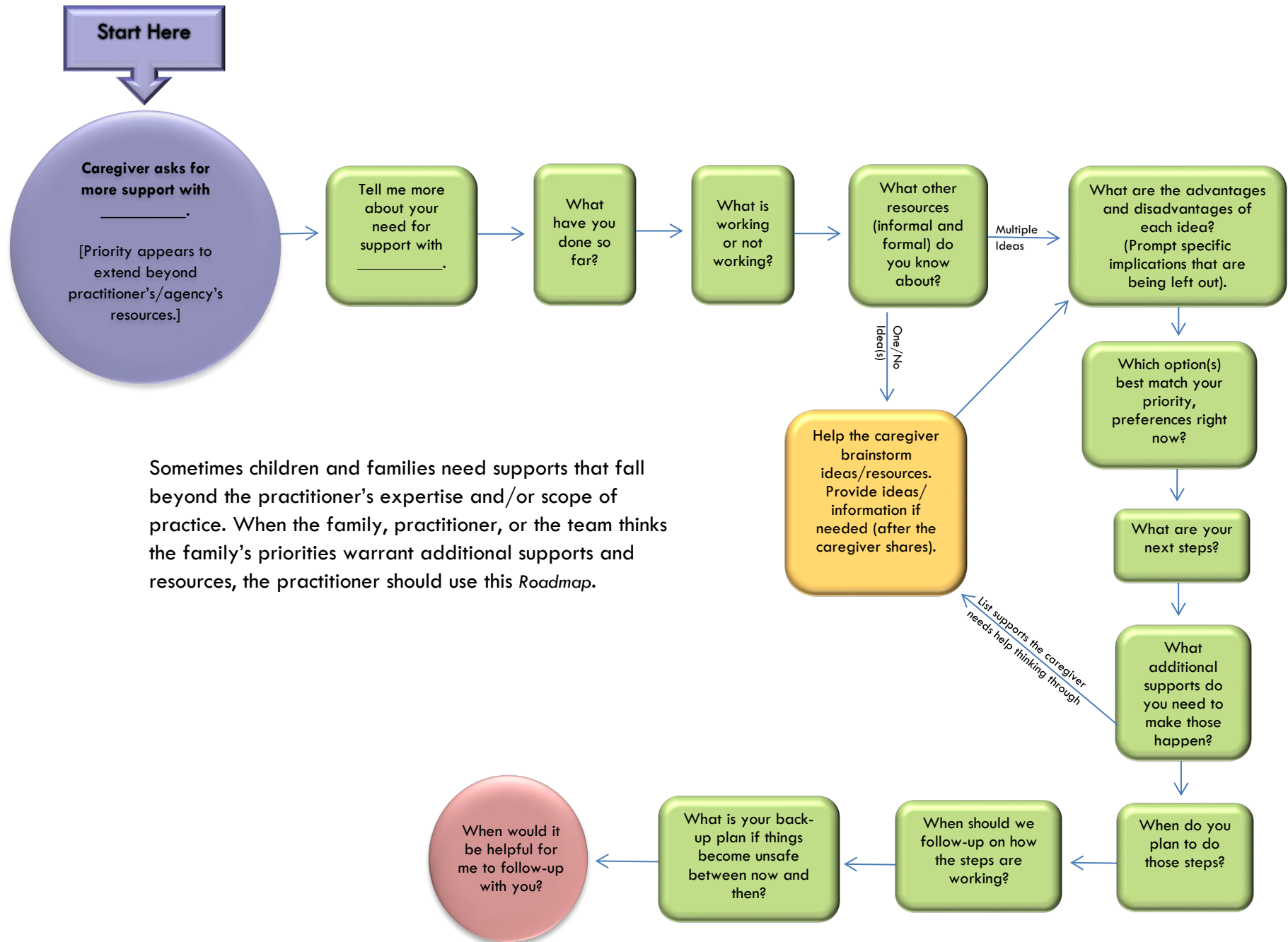
ROADMAP FOR HUGS INTEREST-BASED LEARNING: INJURIOUS BEHAVIOR



ROADMAP FOR HUGS INTEREST-BASED LEARNING: DISENGAGED BEHAVIOR



ROADMAP FOR HUGS: WHEN ADDITIONAL RESOURCES ARE NEEDED



FREQUENTLY ASKED QUESTIONS

What do I do if a caregiver struggles with reading or understanding their child's cues?

Children experience the same range of emotions as adults and their communications have meaning. Very often these communications can be subtle especially for children who are younger or have a delay in development. It may be a challenge understanding what children are trying to tell us. Children may give us clues (cues) in a variety of ways that involve facial expressions, eye contact, turning away or hand or body movements. The following is a list of possible ways that children may be trying to engage or disengage with us. Practitioners may need to use this list or other resources to teach parents how to recognize and interpret the child's cues.

Engagement Cues

- Babbling
- Brow raising
- Eyes wide and bright
- Face gaze
- Facial brightening
- Feeding sounds
- Feeding posture
- Giggling
- Hands open, fingers slightly flexed
- Head raising
- Hunger posture
- Immobility
- Mutual Gaze/Smiling
- Reaching towards caregiver
- Smooth cyclic movements
- Talking
- Turning head toward caregiver

Disengagement Cues

- Arms straightened along side
- Back arching
- Cling posture
- Choking
- Clenched fists
- Coughing
- Crawling/walking away
- Crying/cry face
- Diffuse body movement
- Dull-looking face/eyes
- Eyes blink/clinched
- Facial grimace
- Fast breathing
- Finger extension
- Frown, brow lowering
- Fussing
- Gaze aversion
- Hand-behind-head
- Hand-to-back-of-neck
- Hand-to-ear
- Hand-to-mouth
- Hand-to-stomach
- Halt hand
- Head lowering
- Hiccups
- Join hands
- Hunger posture
- Immobility
- Increase in sucking noise/movements
- Increased foot movement
- Join hands
- Lateral-head shake
- Leg kicking or straightened with tension
- Lip compression
- Lip grimace
- Looking away
- Maximal lateral gaze aversion
- Overhand beating movement of arms
- Pale/red skin
- Pout
- Pucker face
- Pulling/pushing away
- Rapid wrist rotation
- Saying "no"
- Self-clasp
- Shoulder "shrug"
- Sobering
- Spitting/spitting up
- Tongue show
- Tray pounding
- Turning head
- Ugh face
- Vomiting
- Walking away
- Whimpers
- Wing palm
- Withdraw from alert to sleep state
- Wrinkled forehead
- Yawn

Excerpted from: Oxford, M. L., & Findlay, D. M. (Eds.). (2013). *NCAST caregiver/parent-child interaction teaching manual* (2nd ed.). Seattle, WA: NCAST Programs, University of Washington, School of Nursing.

To read more on reading children's cues go to:

The Center on the Social and Emotional Foundations for Early Learning (n.d.). *Understanding your child's behavior: Reading your child's cues from birth to age 2* [PDF file]. Retrieved from http://csefel.vanderbilt.edu/documents/reading_cues.pdf

FREQUENTLY ASKED QUESTIONS

How does the HUGS compare with time out and other behavior modification/management approaches?

The *HUGS Response Plan* focuses on successful communication exchanges as well as the developmental and environmental factors that result in more opportunities for increased social-emotional learning, successful and enjoyable parenting, and nurturing and supportive relationships. Maintaining a child's purposeful learning and engagement is key for learning the socially and emotionally acceptable exchanges that are expected in his/her everyday life.

In comparison, many other behavior modification/management approaches focus on punishment because of undesirable behavior. These approaches may temporarily stop a behavior but are not designed to teach children the way they learn best. Approaches that interrupt a child's engagement in a potential learning opportunity are less efficient and effective in the long run. Since children learn best in context, appropriate behaviors should be taught in the context in which they will be used.

How do I help the caregiver stay regulated when the interaction with the child becomes heated?

The practitioner can start by helping the caregiver identify existing strategies for regulating his/her own emotions. In addition, the practitioner can help the caregiver to maintain regulation by taking a deep breath themselves and modeling regulation for the caregiver, while validating the caregiver's feelings (e.g., frustration, sadness, anger). Also, by reassuring the caregiver that the practitioner is present to help the caregiver figure out the best way to interact with their child to help regulate the child. The practitioner should remind the caregiver to use the inserts to guide his/her interactions. The Quick Reference Guide reminds parents of the HUGS framework and the *Guide to Responsive Caregiver Strategies* and *Joint Plan* remind caregivers that they have a variety of strategies they can use. Practitioners can also remind the caregiver that changes take time and practice and do not happen instantaneously.

How does co-regulation apply to me as I engage in supportive interactions with caregivers?

As human beings, we all have feelings about every situation we encounter. Remaining aware of our feelings (and biases) and monitoring how they may be expressed by our body language, tones of voice, and/or facial expressions is important when engaging with caregivers and children. This self-awareness by the practitioner, in addition to engaging in reflective practice (feedback from others, observations, use of standards and competencies, etc.) helps to maximize the relationship between practitioner and family, allowing co-regulation to occur.

I don't feel comfortable that I have the expertise to fully help the caregiver. How do I know if I have exceeded my professional scope of practice?

Even with the guidance provided in this manual, some children and caregivers need more help than what you are able and ethically allowed to provide. If you find that implementing the *HUGS Response Plan* and guidance is not working, or if the behaviors of the child or the caregiver are more extreme than what you feel comfortable with (e.g., the child seriously injures him/herself, a family member, or pet) the child and caregiver likely need additional professional help. If you have read through all the guidance in this manual and the guidance is not helping you and the caregiver understand and address the challenging behaviors, involve other members of your multidisciplinary team or refer to local mental health providers for additional help. Practitioners can continue to help caregivers use the HUGS responsive strategies even while they are getting supports elsewhere. If you are uncertain whether the services being provided fall outside of your scope of practice, you can also access your professional organization for information on behavioral supports.

What if the strategies are not working right away?

The strategies must be used consistently and across contexts to be effective. If the strategies are not working, consider providing caregivers with more opportunities to practice by providing a burst of services within a short period of time and/or focusing on using the strategies during multiple activities or routines. Consider how you are preparing the caregiver to use the strategies between visits. Caregivers may need more practice with the strategies or may need the strategy modeled in order to replicate it in context effectively. Also consider the degree to which you are implementing the *HUGS Response Plan* as intended. When practices are not implemented as designed, the effects can be diluted.

NOTES

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