



## **Preceptor Edition**

# **Toddler Behavior Guidebook**

This training was created by the Arizona WIC program with materials adapted from UCDAVIS Human Lactation Center.

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## What Will You Learn?

The Toddler Behavior Course and this associated guidebook are designed to provide you with basic information regarding toddler behaviors that you can use to assist caregivers with some of the most common challenges they encounter when caring for their toddlers, including food refusal, crying, tantrums, and sleeping patterns.

After completing the Toddler Behavior LMS Course and this associated guidebook, you will be able to:

- Describe some of the most common parental thoughts and beliefs of toddler behavior
- Explain the six big developmental changes of toddler behavior
- Assist caregivers in coping with challenging toddler behaviors
- Explain the difference between scripts and routines and assist caregivers in establishing and changing routines as necessary
- Explain the difference between crying and tantrums and be able to provide caregivers with ideas for managing both

## Items Needed for This Course

- Pen or pencil
- Access to Toddler Behavior LMS Course
- Local Agency Referral List
- 6 Big Changes Handout (See Resources tab in Toddler Behavior LMS Course)
- Why Won't My Baby Eat Handout (See Resources tab in Toddler Behavior LMS Course)

## Recommended Time

- Approximate time it takes to complete the Toddler Behavior Course: 90 minutes
- Approximate time it takes to complete the activities in this Toddler Behavior Guidebook and discuss with your preceptor: One to two hours

## Things to Remember

- This guidebook is yours to keep.
- You are encouraged to take notes, highlight, and write in this guidebook.
- As your preceptor chooses, you may work in a group or as an individual.
- You are encouraged to ask your preceptor for help, ask questions about the information in the Toddler Behavior course, or ask any questions about additional topics related to Toddler Behavior training.

**PRECEPTOR NOTE:** As a Preceptor, you are assessing trainees for their understanding of the Toddler Behavior competencies for each module. The guidebook training activities are intended to help you assess both trainees' ability to apply basic knowledge and their critical thinking skills. Participation by trainees in the face-to-face activities and discussions is required in order for you to thoroughly assess their skills and level of competence.

### **Toddler Behavior Course Instructions**

- Log onto [MDH LMS-My Absorb \(https://minnesota.myabsorb.com/#/login\)](https://minnesota.myabsorb.com/#/login)
- Open and complete the Toddler Behavior LMS Course modules and the corresponding Toddler Behavior Activities in this guidebook.
- At your preceptor's direction, complete the Toddler Behavior LMS Course and guidebook, either individually, with other trainees, or with your preceptor.
- Complete the Toddler Behavior LMS Course Post-Test.
- Meet with your preceptor at their direction to discuss each module of the Toddler Behavior LMS Course and the associated activities in this guidebook, either after each module or after all modules have been completed.

### **PRECEPTOR NOTE:**

#### **Preceptor Steps:**

- At your discretion, trainees may work in groups or as individuals.**
- At your discretion, you may review answers with trainees periodically as they complete activities of the Toddler Behavior Guidebook, or after they have fully completed it.**
- "Possible responses" provided throughout the guidebook are suggested responses and are often not the only answers.**
- If training more than one person at a time, be prepared for trainees to finish the coursework at different times. In order to have trainees review the face-to-face portions together, prepare a list of things that trainees who finish first may do during downtime (e.g., ask you questions for more clarification, check email, clinic observation, etc.).**

### **Module 1: Getting Started**

**PRECEPTOR NOTE:** It is recommended for you to review the competency below with trainees.

#### **MODULE 1 COMPETENCIES:**

1. Trainees will be able to identify some of the most common problems experienced by caregivers of toddlers.

## Module 1: Activity 1

**PRECEPTOR NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.**

Directions:

List some of the most challenging toddler behaviors that you believe the caregivers of toddlers commonly encounter:

**Possible responses:**

- Food refusal
- “Picky eater”
- Crying and tantrums
- Sleeping disturbances
- “Difficulty” weaning from bottle
- Not following directions
- Not verbally communicating with caregivers

## Module 2: Caregiver Thoughts and Beliefs

**PRECEPTOR NOTE: It is recommended for you to review the competencies below with trainees.**

MODULE 2 COMPETENCIES:

1. Trainees will be able to identify how some of the common caregiver thoughts and beliefs can explain how they care for their toddlers.
2. Trainees will be able to describe some of the potential consequences of common caregiver thoughts and beliefs.

## Module 2: Activity 1

**PRECEPTOR NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.**

Directions:

Match each of the following caregiver behaviors (1-3) with the common caregiver thought/belief (A-C).

1. A mother tells you that she feeds her toddler soft drinks and sweets because she wants him to know that she will provide him with anything he wants.

2. You observe a caregiver tell her one-year-old that he must sit quietly for the 30-minute WIC appointment.
3. A father tells you that they have a rule in their house where their toddler must eat at least two bites of every food offered.
  - A. Caregivers must get their children to eat
  - B. Infants and toddlers should behave like older children
  - C. Food is love

**Answers: 1-C; 2-B; 3-A**

## **Module 2: Activity 2**

**PRECEPTOR NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.**

Directions:

For each of the following caregiver thoughts/beliefs, describe some of the potential consequences.

1. Caregiver must get their child to eat.

**Possible responses:**

**In trying to get their child to eat, the caregiver could inadvertently create a stressful eating environment. Over time, children may associate mealtimes with stressful, high-pressure situations, and develop patterns of disordered eating.**

2. Infants and toddlers should behave like older children.

**Possible responses:**

**Caregivers may use food in an attempt to control children by getting them to behave in a manner that meets their expectations. The most common foods used to control behavior are sweets, which, over time, could have detrimental impacts on children's health.**

3. Food is love.

**Possible responses:**

**Caregivers want their children to know that they love them, so will provide them with the foods they know their children will enjoy the most. The most common foods used to express love are unhealthy sweets which, over time, could have a detrimental impact on the child's health. It is also possible that if caregivers do not communicate**

with each other, several of them may inadvertently provide children with unhealthy foods at the same event, such as a party or family gathering.

### Module 3: Six Big Developmental Changes

**PRECEPTOR NOTE:** It is recommended for you to review the competency below with trainees.

MODULE 3 COMPETENCIES:

1. Trainees will be able to identify the six big developmental changes from statements provided by caregivers.

### Module 3: Activity 1

**PRECEPTOR NOTE:** Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.

Directions:

Match each of the following scenarios with the corresponding six big developmental changes.

**Scenarios:**

1. You observe a mother putting her toddler in his car seat. He keeps trying to push his mother's hands away in an attempt to buckle himself into the seat.
2. A father tells you that his toddler is eating the same foods, but lately has been eating a lot less in general.
3. You observe a toddler pointing to a realistic-looking baby doll you have sitting on one of your shelves.
4. A father tells you that his son now requests certain songs to listen to in the car and will sometimes scream when others are played.
5. You observe a toddler take a piece of pasta off of the fork his mother is offering and eat it with his hands.
6. A mother tells you that she usually gives her daughter a bath before bed, so her daughter will cry whenever it's getting too late, and she has to skip bath time and put her straight to bed.

**Six Big Developmental Changes:**

- A. Practice Using Fingers

- B. Grow More Slowly
- C. Practice Motor Skills
- D. Better at Remembering
- E. Ask for Help Learning
- F. Use Scripts to Predict

**ANSWERS: 1-C; 2-B; 3-E; 4-D; 5-A; 6-F**

## **Module 4: Helping Caregivers Cope with Challenging Toddler Behavior**

**PRECEPTOR NOTE: It is recommended for you to review the competencies below with trainees.**

MODULE 4 COMPETENCIES:

1. Trainees will be able to provide recommendations to help parents improve ineffective feeding practices.
2. Trainees will be able to offer alternative suggestions to address the food refusal of toddlers instead of referring to them as “picky eaters.”
3. Trainees will be able to explain the difference between scripts and routines.
4. Trainees will be able to describe the value in incorporating routines while caring for toddlers.

### **Module 4: Activity 1**

**PRECEPTOR NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.**

Directions:

The Toddler Behavior LMS Course outlined many different ineffective feeding practices. Complete the table below by indicating what possible recommendation you might offer to resolve the corresponding ineffective feeding practice.

<b>Ineffective Feeding Practice</b>	<b>Your Recommendation</b>
Trick the toddler into eating more (e.g., cereal in the bottle)	<b>Trust that the toddler will eat the appropriate amount of food for their growth. Offer the toddler the same foods that are offered to everyone else during meals and snacks.</b>
Have strict feeding schedules without snacks	<b>In between mealtimes, offer sit-down snacks where family members are offered the same snacks that are offered to the toddler.</b>
Only offer the toddler's favorite foods in attempt to get the toddler to eat more	<b>Only offer the toddler the same foods that are offered to everyone else during meals and snacks.</b>
Bribe the toddler to eat some foods (e.g., "Eat this and you can have dessert.")	<b>If the family is having dessert, offer it with the meal instead of after.</b>
Alter foods in unhealthy ways (e.g., covering vegetables in unhealthy sauces)	<b>Continue offering foods the same way they are prepared for everyone in the family.</b>
Offer supplemental drinks in place of meals/snacks to a toddler without any medical conditions or weight concerns	<b>Explain that the child has learned that if they don't eat, they are rewarded by being offered a sweet drink instead. Trust that the toddler will eat the appropriate amount of food for their growth. Offer the toddler the same foods that are offered to everyone else during meals and snacks.</b>
Use food to control behavior (e.g., offering cookies to keep child calm while in public)	<b>Explain realistic developmental expectations regarding their toddler's ability to remain quiet. Explain that it is okay for children to be loud or offer alternative methods for occupying child when necessary (e.g., books, toys, etc.).</b>
The toddler is given milk in a bottle at bedtime	<b>Explain that milk given in a bottle at bedtime could result in tooth decay. Only offer milk during meal and snack times. Offer water at all other times, including bedtime.</b>

## Module 4: Activity 2

**PRECEPTOR NOTE:** Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.

Directions:

Answer the following questions.

1. Other than describing a child as a “picky eater,” how else might you address the problem of food refusal?

**Possible responses:**

**The possible underlying reason(s) why the food is being refused could be discussed (e.g., routine has changed, growth has slowed down, want to use fingers to feed themselves, want to practice motor skills, etc.).**

2. In your own words, explain the difference between a script and a routine.

**Possible responses:**

**A script is an idea of how the toddler believes a situation will unfold. A routine is a consistent series of events that take place in the real world.**

3. In your own words, describe the general benefits of having consistent routines when caring for a toddler.

**Possible responses:**

**Routines can help parents soothe their toddlers by providing them with systems to help toddlers be able anticipate the upcoming steps in a process. In general, things run more smoothly, with fewer frustrations for both parents and caregivers, when routines are consistently followed.**

## Module 5: Crying and Sleep Challenges and Solutions

**PRECEPTOR NOTE:** It is recommended for you to review the competencies below with trainees.

MODULE 5 COMPETENCIES:

1. Trainees will be able to differentiate between crying, shorter tantrums, and longer tantrums.

2. Trainees will be able to provide recommendations for the creation of routines in specific scenarios.
3. Trainees will be able to provide caregivers ideas to assist them with the creation of routines.

## Module 5: Activity 1

**PRECEPTOR NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.**

Directions:

For each of the following situations, indicate what toddler behavior is being displayed (crying, shorter tantrum, or longer tantrum), and what you believe would be the most appropriate response from the parent or caregiver.

1. Jose (23 months) took the bottle from his infant sister's hands, and his mother immediately took it from his hands and returned it to his sister. Jose started crying and stomping on the floor.

**Possible responses:**

**Shorter Tantrum – His mother should wait until he calms down and calmly explain how to make better choices in the future.**

2. Janelle (15 months) walked to the park with her mother. Shortly after arriving, she went to explore the sand pit. After a minute of playing in the sand, she looked around, couldn't immediately locate her mother, and began crying.

**Possible responses:**

**Crying – Her mother should walk over to Janelle and console her.**

3. Lucia (21 months) told her father that she would like to have pancakes for breakfast, and her father responded by telling her that he was preparing eggs and toast. Lucia started screaming that she wanted pancakes, and when her father didn't initially respond, she threw herself on the floor, started kicking the air, and hitting her head on the tile floor.

**Possible responses:**

**Longer Tantrum – Her father should prevent Lucia from injuring herself and try to calm her down. Once calm, he could offer her alternative methods of expressing her emotions.**

## Module 5: Activity 2

**PRECEPTOR NOTE:** Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.

Directions:

Sometimes caregivers may not even realize that they would benefit from incorporating a routine. For each of the following scenarios, describe why you would recommend incorporating a routine, and what ideas you might offer the caregiver to help them develop a routine.

Current Scenario	Your Recommendation for Incorporating a Routine	Routine Ideas
A father tells you that they don't have mealtimes and that they have their toddler, Eric, trained to eat from the "snack cabinet" anytime he gets hungry.	<b>Having family meals together can help family relationships, teach children good eating habits, and improve the health of family members.</b>	<b>Start with one family meal or snack per day and add more over time. Steps could include washing Eric's hands, setting him in the highchair, offering him the same foods as other family members, and having him help clear the table afterward.</b>
A mother tells you she lets her toddler, Adrianna, go to bed whenever she wants. She says, "She cries a lot and gets pretty upset when she is getting tired. After a while, she usually just wears herself out and passes out somewhere. Then I'll just pick her up and put her in her crib."	<b>Having a consistent bedtime routine can help prevent the crying and tantrums that may be associated with "wearing herself out." It can also help the toddler develop good sleep habits and sleep more consistently during the night.</b>	<b>Give Adrianna a bath or similar washing activity. Read her a book or sing a song. Lay her in the crib, whether she is asleep or not.</b>

## Module 6: Summary

**PRECEPTOR NOTE:** It is recommended for you to review the competencies below with trainees.

MODULE 6 COMPETENCIES:

1. Trainees will be able to identify the six big developmental changes from statements provided by caregivers.
2. Trainees will be able to provide participants with explanations of each of the six big changes.
3. Trainees will be able to provide recommendations to resolving caregiver concerns using the three-step support process.

## Module 6: Activity 1

**PRECEPTOR NOTE: Allow trainees time to read through the following activity and answer all questions. Discuss the questions together to check for understanding and consider other appropriate responses.**

The Toddler Behavior LMS Course outlines a three-step support process for helping caregivers struggling with their toddlers' behavior:

1. Show you hear her concern and explain what you understand about her toddler's behavior.
2. Answer their questions.
3. Brainstorm with participants to help them find some realistic options that will work for them.

Directions:

For each of the following caregiver concerns, identify which of the six big changes most likely explains the toddler's behavior. Write what you might say to explain the big change involved to the participant, and what recommendations you may offer, keeping the three-step support process in mind.

1. "It's been pretty frustrating trying to feed Tanisha lately. She just tries to pick up the food off the spoon I'm trying to feed her with the whole time. Whenever I skip the spoon and just put scoops of food on her plate and let her use her hands, it seems like way more food gets on the table or the floor than what actually makes it into her mouth."

**Possible responses:**

**Practice Using Fingers – "That does sound frustrating. Would it be okay if I shared some information with you that may help? (wait for participant to affirm) Tanisha is undergoing some pretty big changes at her age, and one of them is that she wants to get more practice using her fingers. I know that it can be pretty challenging when you feel like you always have to clean up after her, but if you just think that her getting practice using her fingers is an important part of her development, and that over time she will get much better, it might make it a little easier. What do you think?"**

2. “When we started regular foods with Carter at six months, it seemed like he would eat a lot of whatever we would offer: applesauce, yogurt, bananas, avocados, all that. But it seemed like the day he turned 10 months; he has become such a picky eater. He’ll still eat the foods that we give him, but it seems like so much less than he used to eat before. Now we just don’t know how to get him to eat more. Do you have any ideas?”

**Possible responses:**

**Grow More Slowly – “Yes, I have some thoughts I’d be happy to share with you. The behavior that you’re noticing in Carter is completely normal. Chances are excellent that his growth is just slowing down, which is expected at his age. I wouldn’t worry about trying to get him to eat a certain amount of food. As long as you keep doing a great job offering him a wide variety of foods to eat at regular meal and snack times, you can feel confident knowing that he will eat the right amount for his growth. How does that sound to you?”**

3. “Things are going pretty well, but I’m not getting as much sleep as I used to. Anthony used to be such a great sleeper, but now he keeps waking up a bunch at night. I try to rock him back to sleep, but it’s like he keeps crying and trying to wiggle out of my arms to get to the floor. I’ve even almost dropped him a couple of times. I’ve just been giving him a bottle to get him back to sleep, but sometimes it takes a while because he keeps crying. How can I get him to go back to sleeping through the night?”

**Possible responses:**

**Practice Motor Skills – “I know it can be so hard when you’re not getting enough sleep. Would it be okay if I shared some information with you? (wait for participant to affirm) So Anthony is going through some pretty amazing changes right now. One of them is that he is getting so much better with his motor skills. One reason that a lot of children his age start waking up at night is to practice their motor skills. A lot of other moms have told me what works for them is to make sure that they have offered extra opportunities to run around and play during the day. Is that something that you’re already doing, or does that seem like something that you might like to try?”**

4. “Leticia has really been a stinker when I’m trying to feed her lately. Like, she’s as happy as a clam at dinner as long as I’m giving her whatever foods she likes, but whenever we don’t give them to her, she just loses it. Lately I’ve just been giving her whatever she wants just because it’s so much easier.”

**Possible responses:**

**Better at Remembering – “Feeding toddlers when they keep refusing food can certainly be challenging. Would it be okay if I shared some information with you? (wait for participant to affirm) So what it sounds like to me is that Leticia has gotten so much better at remembering what foods she likes and that’s why she is so insistent on being offered those foods. One thing I might recommend would be to continue to offer at least one food that she is familiar with during family mealtimes, bread for example, but to**

continue to offer her all of the other foods the family eats as well. That way, hopefully, she'll always feel comfortable knowing that there is one food she can eat, but over time, she will start to eat the same foods as everyone else, especially if she sees everyone eating them during mealtimes. Does that sound like something that would work for you?"

5. "I don't know what the deal with Ashton is lately. It seems like whenever I'm eating something, he keeps pointing to it like he wants to eat it. I'll sit him in his chair and give him some, but he just plays with it. So annoying. Have you heard of this before?"

**Possible responses:**

**Ask for Help Learning – “Yes, I’ve had many other moms tell me the same thing. Would it be okay if I shared some information with you that might help? (wait for participant to affirm) What could be happening is that Ashton isn’t actually hungry, and he just wants to learn about things. It’s very common for kids his age to point at lots of stuff, including food, not even because they’re hungry, but just because they’re curious about what it is. I would recommend just sticking to offering regular meals and snacks, and any time that Ashton points to a food, you could try just telling him what it’s called, or describe it for him. If you want, you could even let him hold it for a while so he could explore it and explain that you’ll offer it to him later to eat. What do you think about those ideas?”**

6. “Oh, my goodness. The last few nights for Aubrey have been ROUGH. Usually we all have family dinner, and then I give her a bath, but since my husband has been working later, I’ve been trying to give her a bath before dinner, and she is just not having it. By the time I’ve finished giving her a bath and I’ve gotten her ready for dinner, she’s a complete mess. She’s hardly eating anything, so I’ve just been putting her to bed with a bottle of milk to calm her down and get her to sleep. Any ideas?”

**Possible responses:**

**Use Scripts to Predict – “Yes, I do have some ideas that might help. It sounds to me like Aubrey has a script in her head of how the evening is supposed to go, and since she’s gotten so used to getting a bath after dinner, she really doesn’t like it when things don’t follow that routine. One thing that I might recommend would be to develop a whole new routine, especially by starting with something completely different. The idea is that she will be interested in learning about the new thing going on and will be less likely to become upset with the routine change. For example, you could play with some of her bathtub toys in the living room, before taking the toys with her to the bathroom. You could put on her favorite song when you get to the bathroom and sing it to her while you give her a bath. Hopefully, if you’re consistent with whatever new routine you try, the idea is that it will be easier to adopt, and she will create a new script in her head. What kind of routine do you think would be most likely to work?”**

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