Learning Through Relating

A COMPREHENSIVE SYSTEM FOR EXPANDING LEARNING FOR CHILDREN BIRTH TO THREE

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**HIGH-RISK, HIGH-POTENTIAL**

The birth-to-three period is the highest-risk, highest potential developmental phase in the human lifespan. Infant-toddler care is the highest-cost, least available, and lowest quality type of child care, and research has shown that 40% of infant care may be of low enough quality as to actually harm children’s development.

LTR can be a critical tool in developing model infant-toddler programs.

**The LTR System:**

- Coaching
- Skill Waves
- An individualized planning tool, based on the authentic assessment.
- An authentic assessment in which teachers document children’s assets in developmental progressions across 18 areas.
- Can and should be modified for individual children’s developmental goals.
- LTR Activities
- LTR Actions
- LTR Promotes...
- Depth
  - CHILDREN’s development goes beyond a yes or no question. The focus is on how accurately, how independently, and how comfortably a child can do something.
  - CAREGIVERS, rather than spending time trying to get the child to the next developmental level, foster optimal quality of development by encouraging complexity and variety in what the child is doing now.
- Expansion
  - CHILDREN are gently pushed beyond the top of their skill range.
  - CAREGIVERS are challenged to transform each interaction into a learning moment.
- Intentionality
  - CHILDREN experience interactions that serve an individualized developmental purpose. Play is deliberate.
  - CAREGIVERS show parents and the world that they are not simply playing with children, but educating them.
- High-Risk, High-Potential
  - The birth-to-three period is the highest-risk, highest potential developmental phase in the human lifespan.
  - Infant-toddler care is the highest-cost, least available, and lowest quality type of child care, and research has shown that 40% of infant care may be of low enough quality as to actually harm children’s development.

LTR is... A comprehensive learning system/curriculum, designed to be adopted program-wide, to have an immediate and measurable impact on instructionally-focused quality improvement regardless of the educational backgrounds of teachers. You are unlikely to have this type of impact with:

- Courses or trainings taken by individual teachers, with no links to the philosophy, structure, and leadership of the program
- “off-the-shelf” curricula that are lists of activities, detached from developmental purpose and devoid of implementation support

**Modeling**

LTR is NOT a strict regimen for imposing adult agendas on infants and toddlers. It brings developmentally appropriate practice to life by giving the adult tools and strategies for HOW to adjust her behavior to the child. At the same time, LTR holds adults responsible for addressing all areas of development, setting a positive tone, and creating well-regulated interactions.

**The 4 major elements of the LTR system take place on a backdrop of peer-supervisor/coach support and continuous improvement, which can flexibly adjust to various program formats.**
Meets the goal of the LTR Action pretty well. Teachers are more willing to see themselves in the example, and by extension, that they can still do more.

An exaggerated example of bad caregiving in which the basic goal of the Action is not met will be rejected by teachers as not applying to them. This will prevent them from even getting to the ideal form, much less thinking deeply about it.

Always phrased as a self-reflective question. Teachers learn that Actions are “good reminders” for even the best of caregivers.

In LTR, teachers and home visitors learn that Actions and Activities are important because they serve developmental goals. This approach reduces the overwhelm associated with having to choose from long lists of detached activities or games, and most importantly, deepens the appreciation of the developmental purposes of play.

An example of how LTR translates expansive caregiving in a way that teachers can understand and use:

<table>
<thead>
<tr>
<th>LTR Action</th>
<th>“Good Enough” Caregiving</th>
<th>Expansive Caregiving</th>
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</thead>
<tbody>
<tr>
<td>Am I looking at the child expectantly and giving time for an answer when I ask questions (even if it is an infant and no “real” answer is expected)?</td>
<td>Saying, “What does the cow say?” to a pre-verbal child, giving time to answer, and then saying “Moo”.</td>
<td>Saying, “What does the cow say?” to a pre-verbal child, giving time to answer, and then saying, “A cow says moo, doesn’t he? Show me that cow. That’s right, there is the cow who says ‘moo’”.</td>
</tr>
</tbody>
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Incorporates the good enough interaction but adds on. Touches on multiple skills and interactional complexities (repetition, imitation, comprehension, following directions, fine motor, praise and reinforcement), not just the obvious one (language).

This caregiver demonstrates the knowledge that “moo” is not the moral of this story. In one brief interaction, the infant is shown multiple times that his active participation and understanding is expected. This is how infants begin to make connections in their brain between their own actions, influence on the environment, and desired effects.

The improvement of “expansive” over “good enough” is intuitively obvious, but can be expanded upon in coaching. Teachers learn to generate the multiple domains of development that are touched on in one, brief, expansive interaction.

The PRIORITY TRIANGLE →

Infant-toddler learning systems are rare, and the ones we have seen focus too much on activities. This doesn’t lead to intentional practice because the emphasis becomes the WHAT (counting bears, “Open, Shut Them”, mud pies), rather than the WHY (categorization, affect sharing, sensory repertoire, etc.).

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Key theoretical and evidentiary research bases for the system include:


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