

## Ideas for Using BabyCues Cards with Parents and Caregivers

### Introduction

This set of BabyCues cards should provide you with opportunities to elicit a dialogue with caregivers regarding their knowledge and understanding of their baby's cues, or language. Because infants are hardwired to send these nonverbal cues, the more we respond to their communications the greater sense of self-efficacy infants develop. Nonverbal cues are the primary manner in which young children "speak."

Many of the cues in this card set represent cues that both babies and adults use. Think about the last time you were uncomfortable at a meeting or on a date; did you put your hand to your mouth? Did you yawn? Did you clear your throat and look away? Did you press your lips together? These are typical cues used by adults, children, *and* infants to regulate interactions, signifying a need either to disengage momentarily or reflect uncertainty or stress.

As service providers we can help caregivers observe their infants and recognize that infants are sending cues just like the ones adults send. By responding to these cues, and then adjusting their behavior, caregivers will enhance their relationship with their infants and toddlers.

Sensitive and responsive caregiving can be defined as actions taken by a caregiver that indicate the caregiver is aware of the infant's or toddler's mental state (tired or excited, for example) and their emotional state (such as scared or happy). Sensitive and responsive caregivers are also capable of responding in an appropriate and timely way to adapt to the mental and emotional state of the child, such as providing comfort to a tired and frustrated baby or joining in play with a happy and excited toddler.

The same is true for adult interactions. Interactions that are the most rewarding are those in which adults recognize the mental state of the "other" (i.e. tired, excited, overwhelmed) and the emotional state of the "other" (such as happy, sad, mad) and engage in a way that is responsive to both states. Thus, making the interaction mutually reinforcing, this is a form of "matching" or "mirroring" the "other" in the interaction. It's easy to match when someone is excited and happy; join in and smile! But what if someone is overwhelmed and scared or tired and frustrated? When we match other's negative states with emotional, verbal or behavioral displays that convey sympathy, empathy or concern, we consider the interaction to be congruent. However, the interaction is incongruent when one person displays one set of cues, such as tired and

frustrated, and the other responds with an incongruent response, such as laughing or teasing.

Congruent interactions are at the core of mutuality in a relationship. Relationships that are one-directional and unresponsive to another's cues are not mutual, congruent, or rewarding. The more caregivers are able to recognize and then respond to their child's cues the more rewarding and congruent the interaction will be for both baby and caregiver.

### Some Ideas for using BabyCues

Using BabyCues helps to consider creative ways to support caregivers' capacity to read their babies' cues. As a service provider it's important to engage with caregivers in a way that is nonjudgmental and is also sensitive and responsive to the caregiver's mental and emotional state.

#### Normalizing

One way to approach psychosocial education using BabyCues is to normalize infants' and toddlers' behavior, in particular their disengagement behavior. In our research we have watched hundreds of video observations of caregiver-child dyads during play, teaching, and feeding. One pattern that is noted is how some parents try so hard to engage their baby that it becomes overwhelming to the child, leading ultimately to potent disengagement cues (Big Turn Away, Crying, Walking Away, and Back Arching, for example). This pattern has also been coined 'Chase and Dodge'.<sup>1</sup> The parent "chases" the child by not allowing him to look away or take a brief break; the child "dodges" the parent's attempt to engage by using multiple disengagement strategies.

You might wonder how the parent feels about a child who is turning away or avoiding eye contact. Do they feel rejected? Or do they recognize that the baby needs to disengage from the interaction to take a break? We believe that many parents who engage in "chase and dodge" interpret a child who is looking away as rejection of the caregiver; caregivers in turn become anxious and "chase" the baby by moving baby's body or their own to regain eye contact. Helping parents understand that babies "take breaks" all the time may alleviate the parent's anxiety about a child sending disengagement cues. Normalizing a child's need for little breaks will help the parent relax and wait until their child is ready for more interaction. If the infant or toddler's little breaks (for example, Joining Hands or Looking Away) don't slow the pace or provide the relief they are seeking, they will take progressively bigger breaks (such as Big Turn Away or Back Arching). Service providers can discuss children's need to take breaks and how allowing breaks and slowing the pace of the interaction will improve it.

### Interaction Flow Exercise

Look at this series of images below.



In the first clip the baby is fully engaged (Green Light: Facing Gaze), but at some point she begins to show signs that she needs a break (Yellow Light: Joining Hands) and eventually mother brings child up for additional interaction and baby shows a more potent cue that she is ready for a bigger break (Red Light: Big Turn Away). You can lay these three cards out in a sequence and talk about the “flow” of the interaction and that the baby turns away so that she can take the break she needs; if mom waits and slows her pace, then baby will turn back when she is ready; if mom persists, it may be the case that baby will have to send additional cues to get a break (such as Back Arching, Pushing Away, or Pulling Away).

### Yellow Light and Cues<sup>1</sup>

The majority of the Yellow Light cues are ones in which the child is processing information or regulating the amount of incoming stimulation. Yellow Lights are signs that the infant needs more time to adapt, adjust, take a break, or process the information. For this reason we believe that not all cues need an *active response*, sometimes waiting and watching is enough. We believe that many of the Yellow Light cues are very closely linked to *pace* and thus by waiting, watching and following the child’s lead we are allowing them the time necessary to adapt to or regulate the interaction and take the next step (which may be to engage or to disengage). We suggest waiting or slowing down a bit because we don’t want to inadvertently encourage caregivers to become anxious and overly zealous about responding to Yellow Lights; rather, often times, slowing the pace is all that is needed.

### Another exercise to try:

If you have a strong relationship with the caregiver and feel a game would be appropriate, one idea might be to show the caregiver the cards and have a discussion. If for a moment we focus on the Yellow Light cues, as they are the hardest to “see,” we can

discuss what these cues look like and what they are saying. Pulling all the Yellow Light cues from the deck, ask the caregiver to play or feed her child as she normally would, and while they are doing this activity, ask the caregiver to identify any Yellow Light cues that she notices. Each time the caregiver notices a Yellow Light cue, pull the corresponding card from the card set. This task can also be done by videotaping the parent and child during an interaction and then watching the video together, stopping it as necessary, rewinding it and watching for cues, then pulling the cards out as the cues are noted. Then discuss and debrief the exercise

### Underlying Meaning of Cues

Different cues mean different things, as evidenced by the work of Dr. David Givens<sup>iiii</sup> and Dr. Kathy Barnard, who categorized the meaning of these cues by their function. Below is a description of the cues and their function, knowledge of which will help us all become more responsive social partners.

1. **Displacement Cues** - Displacement cues are out-of-context behaviors that occur during times of psychosocial uncertainty and conflict. These displacement behaviors are related to a relevant activity (preening, eating, sleeping, breathing, or courting) but at irrelevant times. Displacement cues are found in fish, birds, and mammals. Ethnologists believe these cues appear in response to approach and avoidance tendencies.

In infants and toddlers displacement cues occur at times of stress or uncertainty or during deliberation. These behaviors include:

- a. Sleep Displacement: Hand-Behind-Head, Hand-to-Ear, Yawn, Stretch
- b. Eating Displacement: Hand-to-Mouth (Sucking Digits), Tongue Show, Lip-Bite
- c. Self-Touch (Preening): Skin Tending (Scratch, Pick At, Adjust), Self-Clasping, Joining Hands
- d. Breathing: Cough, Clear Throat, and Sniff

Think about this sequence between a researcher (stranger) and a 4-month-old child:

*(a) Researcher vocalized and gazed at child; (b) child looked away from toys, gazed at researcher, sucked a finger, maintained gaze; (c) child gazed away, removed finger from mouth, looked at toys. In this case digit sucking took place out-of-context and in response to gazing at researcher; the finger was removed when the gaze was terminated. It is believed that digit sucking in this interaction allowed the child to modulate their stress during eye-contact with a stranger; the displacement ended when the gaze was terminated.*

Displacement behaviors allow engagement in the interaction while simultaneously regulating stress induced by the interaction. Many of the Yellow Light cues are a form of displacement, they signal to the caregiver that the child is in a state of heightened stress or deliberation. As noted earlier, we don't necessarily recommend active intervention in these moments or even termination of the interaction. However we do recommend that caregivers slow down the pace, allowing the child time to regulate the interaction and determine for themselves if they are ready to return to the interaction (send a Green Light cue) or if they need to terminate the interaction (send a Red Light cue).

2. **Reluctance to relate to person or object** - Other Yellow Light cues are those that show a reluctance to engage in the interaction (person or object). These may be fleeting but indicate an attempt to avert engagement. These include: Pout, Ugh-Face, and Tongue Show.
3. **Assertive Gestures** - Assertive cues are those that explicitly express "dislike: or "like" of an activity or interaction, they are cues of assertion. Some explicit Red Light assertive cues include: Pushing Away, Walking Away, Crawling Away, and Shaking Head 'No.' Similarly, some Yellow Light cues are distinct in that they are asserting a child's aversion to an activity or interaction, for example, Frowning. There are also positive Green Light cues that indicate "like": Reaching, Pointing, Nodding Head 'Yes.' These cues are typically more evident in the older child and are considered more mature signs of engagement and disengagement, whereas younger infants are only capable of evading, by crying or passively resisting interactions they don't like.
4. **Beating Movements** - Beating movements such as Pounding on Table or Overhand Beating often occur in the context of assertion of dislike (such as a caregiver taking away a toy), but may also be an action that occurs at times of excitement in which case these movements function to dissipate the buildup of energy.
5. **Satiation Cues** - Another observation we have made regards the challenge to respond to satiation cues. There are reliable clusters of cues that let the caregiver know that baby is getting full. However, sometimes caregivers pursue the child with food, thus overriding the child's internal cues of satiation. Showing the cue cards representing Satiation may help caregivers feel less anxiety about terminating feeding and more comfortable relying on these signals as real forms of communication.
  - a. Satiation in Infants
  - b. Satiation in Toddlers

Consider this sequence in a 4-month-old baby:

*Child begins to feed with arms flexed, hands grasping mother's shirt, vigorous sucking; (b) infant begins to pause, finger extension movements, hand-to-ear, (c) longer pausing, self-clasping, hands over abdomen, hand-to-ear, head withdrawal, increased foot movement; (d) arms extended along sides, finger extension, head withdraw; (e) feeding terminated.*

Consider this sequence in a 12-month-old baby:

*Child begins to accept spoon feeding, opening mouth, facing gaze, brows elevated; (b) child continues to eat, reaches for spoon, legs relaxed; (c) child looks away while chewing; (d) child does not open mouth for spoon, mother persists, child takes food looks away; (e) mother offers food, child looks away, increased leg movement, child pushes spoon away; (f) mother waits, offers food again, child looks away, hand-to-head, slumps in high chair and kicks feet, back arch, and cry face; (g) feeding terminated.*

Both of these scenarios demonstrate young children's ability to display their satiation cues and remind us that caregivers should be aware of these nonverbal cues during their feeding interactions, just as during their regular daily interactions with their children.

Thus, it is crucial to discuss with caregivers the importance of responding to their baby's cues in positive and sensitive ways, and to trust in the language of children's nonverbal cues. When infants send a cue that is appropriately responded to most of the time, they learn something very important: that they are effective and competent communicators and that their caregiver is predictable and caring. This knowledge becomes a core part of how children see themselves in the world. We hope that you find the BabyCues card set useful in imparting this knowledge to the parents and caregivers with whom you work.

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<sup>i</sup> Beebe, B. & Stern, D. (1977). Engagement-Disengagement and Early Object Experiences. *Communicative Structures and Psychic Structures: The Downstate Series of Research in Psychiatry and Psychology*.

<sup>ii</sup> Givens, David (1978). Social Expressivity during the First Year of Life. *Sign Language Studies*, p251-274.

<sup>iii</sup> Givens, David (2000). *The Nonverbal Dictionary of Gestures, Signs & Body Language Cues*. Center for Nonverbal Studies Press. Spokane, WA