6. Atypical Situations and What to Do If Things Go Wrong

Studies don’t always go the way we planned, and neither do interactions with parents and children. Some situations might require delicate handling. When mishaps occur, or you think a parent may have come away with a negative impression, it is important to let the supervisor and PI know IMMEDIATELY. When you think something may have gone wrong, TELL US. You will never get in trouble for telling us things we need to know.

Sometimes parents will inform you of an atypical situation (e.g. child is not typically developing, child does not speak English, child was born prematurely) as you are recruiting. Specific details are below, but as a general guideline, run these children as you would any other child. After the child & parent leave, make a note of the exceptional circumstance so the lead researcher knows. In the rare case that there is no possible way to run the study (e.g. a verbal task for children who don’t speak English), it may be prudent to inform the parent that we may not be able to run the full study, but we would be happy to have them come over and learn about the research if they want. In all cases, give a full educational opportunity to parents.

Below are a few sample atypical situations, and suggestions about how to respond.

1. The child is physically hurt during the study.
   a. Allow the parent to assess the injury.
   b. Seek help from museum staff.
   c. No matter how serious or minor the injury is, tell the PI and lead researcher immediately.

2. The child gets upset (cries, yells, etc.).
   a. For non-infants – ask the child if they’d like to be done. Stop the study.
   b. For infants – stop the current trial. Depending on the severity of the crying, try the next trial to see if the child re-engages. It’s almost always a good idea to stop the study sooner rather than later. Remember that first and foremost, we want families to have a positive experience, and it’s best to allow the child to redirect to another activity before full-fledged tantrum mode is reached.
   c. Always defer to the parent’s judgment – if the parent thinks the child should stop, then stop.
   d. Assure the parent that we understand children have their own ways of letting us know that they don’t want to participate in the study.
   e. Let the parent know that it’s helpful for us to know when our stimuli are not engaging enough for kids – it may mean we need to make changes.
   f. Make sure you still debrief the parent (if parent is not occupied with upset child), and make sure they get a sticker/certificate.

3. You notice before or during a study that a child is not typically developing.
   a. Most importantly, we are not about any speculations or judgments about the health of a child. If the parent has not explicitly stated her child’s condition, do not offer observations or advice.
   b. Recruit inclusively – a not-typically-developing child has the same right as any other child to participate, and all adults may learn about our science.
   c. If you run the child, make a note on data sheet that child is possibly not typically developing (describing behaviors observed), or name the condition if informed by parent.
      i. Most likely, data will not be used. If you have questions, consult the study PI.
   d. If a parent asks if the data will be used, or if her child’s condition makes a difference, explain that our research generally describes, on average, what children may be capable of at a certain point in development. Therefore, we usually collect data on typically developing children within a certain age range. However, all participants help us learn about cognitive development and all children are welcome to participate. Always make a parent and their child feel that they are positive contributing to our science.
   e. If you cannot run your study as planned, modify as best you can. You may want to plan ahead of time how you can modify your protocol for atypical situations. It might be a good idea to remove questions or specific instructions and focus on portions where the child is playing on his own or watching something happen in order to maximize the child’s enjoyment.

4. The child is colorblind, and your stimuli are color-coded.
   a. Color blind children can often still tell apart shades. Ask the child if the colored objects look different and rename them accordingly.
      i. “Do these two blocks look different from one another? How so? Okay, let’s call this block the light block, and this block the dark block.”
   b. If the child can’t tell apart the objects, proceed as best you can. Often colors are a guide to help children keep track of categories or different types of objects. The child might simply have a harder time keeping things in order but can go through the procedure.
   c. Most likely, data will not be used. Make a note on the data sheet and inform the lead researcher.

5. Child does not speak English.
   a. Depending on the study, this may or may not affect participation. For example, some infant looking studies may not involve language. Either way, make a note on the data sheet and inform the lead researcher.
   b. If you cannot find alternative communication, modify your study accordingly. If the child can understand you, then it’s still possible to give instructions (“Figure out which blocks should be yellow, and which should be blue”), but you may need to remove questions that require verbal responses (e.g. “What happens when I put two yellow blocks together?”). The child may be able to point to answer some of your questions. Make sure to speak clearly and slowly.
   c. If the child can’t understand your words, then focus on play. Think about how you can demonstrate how the stimuli works, and let the child play on his own. Smile, clap, and be visibly encouraging.
   d. Debrief the parent, of course.
   e. Most likely, data will not be used. Make a note on the data sheet and inform the lead researcher.
6. The parent does not speak English.
   a. If you approach a parent for recruitment and discover that the parent does not speak English, use your smile and simple words to depart the situation. A simple "Ok, I understand, thank you", with a nod and a wave is sufficient.
   b. A parent who does not understand English well CANNOT give informed consent. This is the bottom line, even if the child speaks English well, the parent is legally responsible for the child and must be able to read and understand ALL information in the consent forms.

7. The parent wanders away or leaves the room during the study. Parents may have more than one child with them, and sometimes need to follow a wandering sibling. **We cannot be alone with children at the museum (parents must be present).**
   a. Pause the study immediately.
   b. Take the child over to the parent, and inform the parent that she must remain in the area for the duration of the study.
      i. If the parent questions, inform him/her that it’s a museum policy.

8. Other children/adults interrupt (or are on the verge of interrupting) your study.
   a. Take interruptions in stride. Be friendly and clear in your directions to the interrupter. Know your protocol well enough to be able to pick up from where you left off before the interruption, or go back to an appropriate point to make sure the child didn’t miss any evidence.
   b. Inform other children that “This is a one-at-a-time game, and it’s Billy’s turn now. You can be next if you can wait patiently over there.”
      i. Never tell a child they can’t participate.
      ii. If a child is waiting to run the study next, motivate them to be patient by saying something such as “I want this game to be a surprise for you!” and redirect them with “Go check out that really cool slide!”
   c. If interrupted by an adult (barring any emergency concerns), inform them that you’re conducting a research study and would be happy to talk to them in just a few minutes.
   d. If you’re concerned about whether the interrupted session can be kept, inform the lead researcher and if necessary review the tape together.

9. Parent/child outside of age range want to participate.
   a. Anyone is welcome to participate if they’d like.
   b. Let parent know what age range you’re testing. Explain that you’d be happy to demonstrate the study and explain what you’re studying. Make it clear that you are not collecting data and your video is not turned on.
   c. If you’re running an infant study and the interested parent/child is not an infant, explain that we have special ways of finding out what infants know, like measuring the amount of time they look at simple video clips, and that it would probably be very boring for an older child. Explain how our methods differ for older children.
   d. If appropriate, feel free to modify/shorten your procedure and focus on the child being able to play with your stimuli and have a good time. While the child is playing, you can explain the study to the parent.
   e. Especially if the child is struggling with your tasks/questions, explain to parent that the study was carefully designed for children of a particular age range, and may not be compelling to a child older/younger.
   f. Debrief parents of study motivations/questions.

10. Child with a caregiver (non-legal-guardian) wishes to participate
   a. Explain to the caregiver that we do actually need a legal guardian’s signature in order to conduct the study, but we’d be happy to show the child how it works and tell the caregiver all about the science. If the caregiver visits the museum with the child often, they are welcome to take a permission slip home and bring it back with a parental signature the next time that they visit.

11. Parent interferes – talking, pointing, etc.
   a. Remind the parent not to point or help their child.
      i. “We’re carefully controlling what cues we give.”
      ii. “We’re interested in what the child will pay attention to on her own”
   b. Depending on how (and how much) the parent interfered, you may need to drop the data. Make a note of any parent interference and inform study PI.

12. Parent informs you their child was premature.
   a. Run them as you would a full-term child.
   b. Ask how many weeks premature, and record information on consent form.
   c. Consult the study PI with questions.

13. You have technical issues:
   a. Remain positive and professional.
   b. With your toy stimuli:
      i. Continue as best you can, even if you will not be able to recover useable data.
      ii. If feasible, explain the malfunction to the child/parent: “whoops, looks like the wire came loose, let me just fix that.”
      iii. If the child breaks your toy, remain calm and smile/laugh it off.
1. Let them know it’s easily fixed and has happened before.
2. If you can continue the study, do so.
3. Never blame the child. Remain positive and professional. “This block is pretty flimsy, don’t worry about it. I need to make a sturdier version.”

iv. If you can’t continue the study, apologize to the child, and give him a certificate/sticker: “It looks like my toy is broken, I’m sorry! Let me give you a certificate and a sticker for being so good at helping me today. I’m sorry we couldn’t finish our game, but you did a great job.”

v. Make sure you debrief parent on whole study.