EARLY SOCIAL-EMOTIONAL DEVELOPMENT

Your Guide to Promoting Children's Positive Behavior

NICOLE M. EDWARDS
Foreword by Susanne Denham

Early Social-Emotional Development

Your Guide to Promoting Children's Positive Behavior

by

Nicole M. Edwards, Ph.D.
Rowan University
Glassboro, New Jersey

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Contents

About the Author vii
Foreword *Susanne Denham* ix
Preface xiii
Acknowledgments xvii

Section I Overview: Early Social-Emotional Development and Intervention 1
Chapter 1 The Impact of Early Social-Emotional Development 3
Chapter 2 Environmental Influences and the Educator's Role 23

Section II Supporting Social-Emotional Growth 53
Chapter 3 Guiding Principles 55
Chapter 4 Strategies Supporting Social-Emotional Growth 81

Section III We Can't Do It Alone: Anticipating and Overcoming Obstacles 103
Chapter 5 Potential Roadblocks to Implementing PBIS 105
Chapter 6 Effective Family–Provider Communication 127
Chapter 7 Next Steps for Sustaining Healthy Social-Emotional Development 151

References 175
Index 197

About the Author

Nicole M. Edwards, Ph.D., Assistant Professor of Special Education, James Hall College of Education, Department of Interdisciplinary and Inclusive Education, Rowan University, Glassboro, NJ 08028

Dr. Nicole Megan Edwards is Assistant Professor of Special Education at Rowan University and previously worked at Georgia State University as Associate Director of a statewide early intervention professional development initiative. She began her career as a center- and home-based early intervention provider in New York City, working with infants and toddlers with special needs and their families. She earned her M.Ed. in early childhood special education from New York University. She earned her Ph.D. in special education from University of Maryland, College Park. She became a faculty member at Rowan University in 2013 and was awarded tenure with promotion to Associate Professor, effective September 2018. Dr. Edwards teaches several courses, including Positive Behavior Support Systems.

Dr. Edwards is a member of the Division for Early Childhood (DEC) and Teacher Education Division (TED) of the Council for Exceptional Children (CEC), the National Association for the Education of Young Children (NAEYC), ZERO TO THREE, and the American Educational Research Association (AERA). She is an annual conference proposal reviewer for DEC and AERA, reviews for *Early Education and Development* and *Journal of Early Intervention,* serves on the editorial board for *TEACHING Exceptional Children,* serves as co-leader of the DEC's Early Intervention Special Interest Group, and disseminates research at professional conferences and in peer-reviewed journals.

Dr. Edwards' research interests include improving access to and quality of early intervention and early childhood/early childhood special education (across birth–5 settings), family–provider collaboration and capacity building, the perceived role of caregivers and providers in early emotional development, and roadblocks to implementing positive behavior interventions and supports. She lives with her husband and two sons in Pennsylvania.

1

The Impact of Early Social-Emotional Development

For early childhood educators and service providers to understand young children's behavior, and to provide appropriate intervention when needed, it is crucial first to understand not only their emotional development, but also their progress across other domains. Chapter 1 will provide an overview of early growth and learning across developmental domains from birth–5, with particular emphasis on the components of emotional development in young children with and without special needs. As you read, you'll come to understand how emotional development fits into the larger picture of growth across domains.

Emotional development is associated with adaptive or challenging behavior as well as a child's social and academic outcomes and family outcomes. All of these aspects of a child's life are interrelated. Understanding and articulating the links among them, and the links among different developmental domains, will help you be more effective in supporting young children's emerging emotional development.

DEVELOPMENTAL DOMAINS IN EARLY CHILDHOOD

For those who work in the fields of early childhood education or early childhood special education, it is essential to recognize and be able to comfortably discuss and support various *developmental domains*—that is, areas in which young children learn and develop. Particularly in the first 5 years of life, there is exciting and remarkable growth across multiple domains (Harms, Clifford, & Cryer, 2014; Kim, 2011; Phillips & Shonkoff, 2000), including the following:

- *Fine motor skills:* Using one's hands and/or pincer grasp (thumb and pointer finger) to engage in activities such as picking up a crayon, holding a toy, or pushing a button
- *Gross motor skills:* Using one's arms and/or legs to engage in activities such as crawling, standing, running, or throwing a ball
- *Expressive language skills:* Verbally communicating needs, wants, feelings, or information such as "Daddy, up!" "I see brother," or "Can I have more milk please?"
- *Receptive language skills:* Responding to others' one-step or multistep requests to do such things as picking up a toy, holding someone's hand, or helping with getting dressed

- *Cognitive development:* Engaging in activities that demonstrate an emerging ability to problem-solve, remember, or manipulate increasingly complex toys or objects; examples may include identifying a cause–effect relationship, matching or classifying objects by one or more attribute, or making predictions about what will happen to a character in a story
- *Adaptive development:* Activities of daily living (ADLs), or ADL skills; this term refers to one's emerging ability to complete everyday tasks like putting on a coat, combing one's hair, or brushing one's teeth
- *Social-emotional development:* One's emerging ability to effectively label, express, and regulate emotions, and to interact meaningfully with others by engaging in activities such as sharing, taking turns, delaying gratification, and smoothly making transitions between tasks.

As noted in available research literature about development in early childhood, it is important to remember that "[s]kills are not traits set in stone at birth and determined solely by genes. They can be fostered. Cognitive and noncognitive skills change with age and with instruction. Interventions to improve skills are effective to different degrees for different skills at different ages" (Kautz, Heckman, Diris, Ter Weel, & Borghans, 2014, p. 2).

The Role of Play in Early Development

In early childhood, development in each domain is fostered by play. Scholars have long acknowledged play as one important vehicle for understanding and supporting early child development (Eisert & Lamorey, 1996; Lifter, Mason, & Barton, 2011). As an example, think about which developmental areas or domains are involved when children play with blocks, as depicted in Figure 1.1. This activity potentially requires both fine motor skills, such as the ability to manipulate and stack blocks of varying size and shape, and gross motor skills, such as the ability to stand or bear weight while playing, walk across a row of blocks like a balance beam, or perhaps toss blocks into a nearby

Figure 1.1. Children playing with blocks. Think about which developmental domains are potentially involved when a child engages in this activity.

container. Depending on the specific type of play, it might also call upon the child's cognitive skills—for example, organizing different towers by block color or shape, counting the number of blocks in each tower, and problem solving. Moreover, during play, the child is likely to communicate with others. An educator examining the child's development in the language domain would consider not only the child's expressive language skills—the string of sounds, utterances, or words the child uses; sentences like "Me block" or "Look, I do it myself!"—but also his or her receptive language skills. Receptive language encompasses skills such as the ability to follow a one-step direction, such as "Take this block" or comply with a two-step direction, such as "Can you pick up that block and put it on the table?" In addition, the activity might call upon the child's adaptive skills—that is, skills involved in completing ADLs. For instance, following the teacher's lead to clean up at the end of the activity is an adaptive skill; so is the ability to complete everyday tasks that are part of the classroom routine, such as hanging up one's coat, using the bathroom, and washing one's hands.

Lastly, observing block play provides an educator with a great snapshot of the domain which is the primary focus of this book: the child's social-emotional skills. For example, when playtime begins, the teacher might look at any of the following:

- The child's ability to calmly make the transition to playing with blocks when playing begins, and, later, to cleaning up the blocks when playtime is over
- The child's willingness to share/take turns with others
- The child's emotional response when a tower falls or when waiting for a desired block

You might have already noticed a certain degree of overlap across developmental domains. For example, refer to Figure 1.2 and consider how a child demonstrates cognitive, receptive language, and social-emotional skills (in response to your request and toward a peer) when calmly following a request to share a specific type of block, the light-colored triangle block, with a peer named Amy. The child uses receptive language skills to understand what you are asking him or her to do. The child uses cognitive skills to identify the block that has two specific properties (light color, triangular shape) and to distinguish it from other blocks that have a different color or shape. Finally, the child uses social-emotional skills to complete the request.

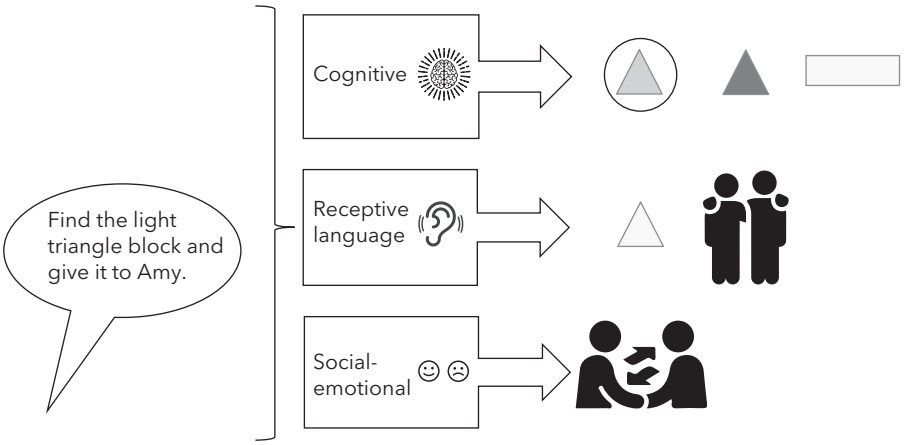

Figure 1.2. One verbal request may involve a child demonstrating skills across multiple developmental domains.

For example, patience and persistence might be needed to find the block and find Amy. If the child wants the light-colored block for him- or herself, giving it to another child instead also involves social-emotional skills, such as delaying gratification and sharing.

Developmental Milestones Within Each Domain

In reading the previous example, you might already have formed some ideas of how a typical child might manage transitions, sharing with others, and so forth, depending on his or her age. In the field of early childhood education, performance expectations for each age group—infants, toddlers, preschoolers, and children in prekindergarten and kindergarten—are influenced by what researchers, pediatricians, program administrators, and practitioners know about typical *developmental milestones*. That is, there tends to be a time during which most children of a particular age are expected to master or gain proficiency in certain skills across domains. For instance, think about when children typically begin to 1) smile and visually fixate on faces, 2) sit up independently, 3) crawl, 4) show hesitation around strangers, 5) bang two objects together, 6) point to show someone what they want, 7) run, 8) say two- to four-word sentences, 9) follow directions with two or three steps, 10) understand "same" and "different," or 11) tell the difference between real and make-believe. Table 1.1 summarizes a sampling of milestones within each developmental domain. (For more information, see the resources listed in the online companion materials for this chapter.)

As you read the following vignette about 6-month-old Nathanial, consider what you know about cognitive development in infants. Think about what might explain Nathanial's emotional response to the situation described.

Table 1.1. Sampling of typical milestones across developmental domains

	6 months	2 years	4 years
Fine motor	Transfers objects from one hand to the other	Copies straight lines and circles	Uses scissors
Gross motor	Begins sitting without support	Begins running	Begins to stand on one foot
Expressive language	Makes sounds to show emotions	Uses two- to four-word sentences	Enjoys telling stories
Receptive language	Responds to own name	Points to pictures when they are named	Follows three-part commands
Cognitive	Explores by putting things in mouth	Begins sorting by shape and color	Understands the difference between "same" and "different"
Adaptive	Begins to hold bottle independently	Follows directions to put away familiar items	Can pour and mash
Social-emotional	Knows familiar faces	Shows defiance by doing what he or she is told not to do	Prefers playing with others rather than alone

Not Seeing Mommy Behind the Curtain: Understanding Infant Development

Emily has just finished feeding, burping, and changing her 6-month-old baby boy, Nathanial. She wraps him in a soft blanket and places him securely in one of his favorite places, a rocker that allows him to gently bounce as he wiggles and listens to lullaby music. Emily says, "Hi, sweet boy. Mommy loves you!" and smiles at him as she gets ready for her shower and turns on the water. She hopes to quickly take a shower before he starts to cry. Showers used to be a calm place to recharge, but Emily now finds them to be a source of heightened stress. As anticipated, as soon as Emily closes the shower curtain, Nathanial begins to scream. Emily tries singing to Nathanial as she lathers and washes her hair, but his screams grow louder. When the soap is washed off her face, Emily pulls back the curtain to assure Nathanial she is still there. Nathanial instantly stops crying and smiles in his rocker. Emily closes the curtain to continue her shower, but Nathanial resumes screaming. Once again, he settles down when the curtain is opened. Emily feels harried as she quickly finishes showering with the curtain half open.

Some readers may have had a similar experience with a young child. In this vignette, Emily felt a bit stressed, but she was not alarmed, because she had taken time to review helpful web sites on child development. She understood that babies do not typically establish object permanence until nearly 9 months of age. At 6 months, baby Nathanial actually thinks Mommy is no longer there when she is hidden by the shower curtain. Screaming at him to stop crying or ignoring his cries would *not* have helped Nathanial's emotional development. Notice how his mother's sensitivity to where he was developmentally aided both mother and baby in this situation. Being reassured that his trusted caregiver was still there greatly helped Nathanial, and Emily could be comforted by the fact that this phase would likely only last a few more months. (For more detailed information on developmental milestones in various domains, see Gerber, Wilks, & Erdie-Lalena, 2010, for motor milestones; see Hoff, 2006, or the Communication Matrix web site at https://communicationmatrix.org/ for language milestones; see Wilks, Gerber, & Erdie-Lalena, 2010, for cognitive milestones; see Denham, Wyatt, Bassett, Echeverria, & Knox, 2009, or Saami, 1999, for social-emotional milestones.)

The Wide Range of Developmental Variability

Educators should be familiar with the typical progression of skills and developmental milestones to establish realistic baseline expectations for what is likely to occur at different ages. At the same time, individual differences in strengths, needs, and experiences must be considered. Rather than having a one-size-fits-all approach to working with and supporting children and families, skilled providers are aware that, within the range of what is considered developmentally typical, there is a great deal of variability. For example, if you search on various web sites that provide information about early language development, you will see that the typical age for babies to say their first true word can range from 10 to 14 months, with more than 75% of children saying their first word before the age of 12 months (Schneider, Yurovsky, & Frank, 2015). As noted by Neitzel (2011, p. 25),

> Many young children will focus on mastering one particular skill before moving on to others. For example, an infant might spend much of his time learning how to crawl and have little interest in babbling. Another child, on the other hand, might be more interested in learning how to talk. Typically developing children will quickly catch up in the areas they have neglected once they have mastered a particular skill of interest; however, children who experience true developmental delays will continue to experience difficulties.

Skilled providers show enhanced sensitivity to this wide variability by *tailoring* their approach and information-sharing on children's emerging development whenever possible.

Furthermore, a child's chronological age may not necessarily neatly align with the same child's developmental age across domains (Frank & Esbensen, 2015). Suppose Billy is chronologically 18 months old. Billy may be at the level of a typical 18 month old in motor skills (age-appropriate), but at the level of a typical 12 month old in expressive language and social-emotional skills (below age level). Educators may also work with a child who is developing in the same overall progression as typically developing peers but at a slower pace across all developmental domains (Berglund, Eriksson, & Johansson, 2001). Other children may display *splinter skills,* meaning they skip over some skills within an expected progression of developmental milestones (e.g., going from sitting to walking, without ever crawling). As noted by Gomez Paloma, D'Anna, and Agrillo (2013, p. 1),

> [Instead of] the stereotyped idea of fixed phases [it is] important to underline that apart from the neurological development of the child, there can also be psycho-motor, mechanical and environmental factors, for example their previous experiences, motivations, external stimulations and various other aspects that can change from person to person.

No matter what type of educational setting you work in, be prepared to encounter a wide range of developmental variation. Educators in center-based, inclusive settings will likely work with children with and without delays or disabilities, and those who are at risk for being diagnosed with disabilities. Educators and therapists in home-based settings can share advice with families on how siblings or playmates with and without disabilities can successfully and meaningfully engage in the same activities in the natural environment with the right accommodations. Even in a self-contained setting, where all students have diagnosed special needs, there will be notable variation in children's strengths, interests, temperament, experiences, and level of functioning across domains.

Recommended Practices for Supporting Development Across Domains

Although the remainder of this book focuses on understanding roles in supporting the emotional development of young children with and without disabilities, other sources (e.g., Barton & Smith, 2015; Salazar, 2012; Sandall & Schwartz, 2008; Turnbull, Turnbull, Wehmeyer, & Shogren, 2013; Wood, 2015) focus on inclusive practices and ways to meaningfully embed service plan goals into naturally occurring routines and activities. One such source is the Division for Early Childhood's (DEC's) 2014 document on evidence-based recommended practices for all learners.

DEC Recommended Practices The publication *DEC Recommended Practices in Early Intervention/Early Childhood Special Education* (2014) addresses eight areas: leadership, assessment, environment, family, instruction, interaction,

teaming and collaboration, and transition. The following subsections explore each practice area.

Leadership The DEC notes that "Leaders have a professional responsibility to use all the mechanisms within their control to create the conditions needed to support practitioners . . . " (p. 6). For example, the third recommended practice in this area (L3) is that "Leaders develop and implement policies, structures, and practices that promote shared decision making with practitioners and families" (p. 6).

Assessment The DEC defines *assessment* as "[T]he process of gathering information to make decisions" (p. 8). Regarding assessment, one DEC Recommended Practice (A2) is that "Practitioners work as a team with the family and other professionals to gather assessment information" (p. 8).

Environment The DEC explains that "Environmental practices refer to aspects of the space, materials (toys, books, etc.), equipment, routines, and activities that practitioners and families can intentionally alter to support each child's learning across developmental domains" (p. 9). For example, the fourth recommended practice pertaining to environment (E4) is that "Practitioners work with families and other adults to identify each child's needs for assistive technology to promote access to and participation in learning experiences" (p. 9).

Family The DEC describes goals in the family area as

> Ongoing activities that (1) promote the active participation of families in decision-making related to their child (e.g., assessment, planning, intervention); (2) lead to the development of a service plan (e.g., a set of goals for the family and child and the services and supports to achieve those goals); or (3) support families in achieving the goals they hold for their child and the other family members" (p. 10).

For example, the fifth DEC Recommended Practice in the family area (F5) is that "Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities" (p. 10).

Instruction The DEC defines *instructional practices* as "intentional and systematic strategies to inform what to teach, when to teach, how to evaluate the effects of teaching, and how to support and evaluate the quality of instructional practices implemented by others" (p. 12). For example, the fifth recommended instructional practice (INS5) is that "Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities" (p. 12).

Interaction The DEC notes that "Sensitive and responsive interactional practices are the foundation for promoting the development of a child's language and cognitive and emotional competence" (p. 14). For example, the first recommended instructional practice (INT1) is that "Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions" (p. 14).

Teaming and Collaboration The DEC explains that "Teaming and collaboration practices are those that promote and sustain collaborative adult partnerships, relationships, and ongoing interactions to ensure that programs and services achieve

desired child and family outcomes and goals" (p. 15). For example, the second Teaming and Collaboration DEC Recommended Practice (TC2) is that "Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions" (p. 15).

Transition *Transition* is defined by the DEC as "the events, activities, and processes associated with key changes between environments or programs during the early childhood years and the practices that support the adjustment of the child and family to the new setting" (p. 16). For example, the second recommended practice for transition (TR2) is that "Practitioners use a variety of planned and timely strategies with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family" (p. 16).

Other Applications Related to Recommended Practices The DEC Recommended Practices document is available through the DEC web site (see the related entry in this book's reference list for details). You may wish to consult that publication for additional examples and ideas related to any previously discussed specific area. Readers are also strongly encouraged to visit the DEC web site and review the video explanations provided for each practice. A link to these explanations is provided in the Chapter 1 online companion materials.

As previously noted, the eight practices described by the DEC (2014) are applicable to all learners in early childhood settings. In addition, universal design for learning (UDL) supports diverse learners by providing multiple ways for children to represent, express, and engage in learning. One DEC Recommended Practice (E2) refers directly to UDL: "Practitioners consider Universal Design for Learning Principles to create accessible environments" (p. 9). The DEC Recommended Practices document highlights specific examples relevant to young children, such as ensuring sufficient space for children to access all areas and activities and meaningfully embedding learning opportunities across all settings in the child's daily routine (e.g., classroom, playground, dinner and bath time at home). A number of useful articles also address UDL in early education (e.g., see Stockall, Dennis, & Miller, 2012).

Finally, it is important to keep in mind, consistently, the wide range of variability in young children's development within different domains—not only in working directly with children, but also in your interactions with and recommendations for families. For specific recommendations, see the Collaborating With Families discussion in this chapter about fostering development across domains.

Collaborating With Families: Fostering Development Across Domains

For children not meeting typical developmental milestones, educators must avoid being too quick to label or to assume a diagnosis for a child. Instead, educators play a critical role in:

- Helping fellow providers and family members collect and reflect on objective, detailed information about which strategies are working/not working across settings to support the child, and gaining clarity as to specific concerns during certain times or parts of the day, and the frequency/duration of concerns.

- Encouraging the family to follow up with a developmental pediatrician or developmental neurologist (both of whom have an advanced specialization in development). For example, educators might say something like, "We have noticed concerns with [domain or area of development] during [these times of the day]. For example, [objectively describe a specific situation, what the child did, and how the provider responded]. I think sharing these concerns with a doctor could be very helpful."
- Connecting the family with relevant and timely educational resources. This may include giving families of children under the age of 3 information on the state Part C Early Intervention (EI) referral number so that a free developmental assessment can take place and to see if the child may be eligible for services. (Note that the Early Childhood Technical Assistance Center web site at http://www.ectacenter.org/contact/ptccoord.asp lists the Part C EI coordinators in each state.) Or, if the child is over age 3, this may include sharing contact information for the local district referral number for preschool special education.
- Linking the family with broader supports, such as local or national parent-to-parent support networks, sib shops to support and provide fun activities for the sibling of a brother or sister with a disability, respite or planned/emergency care for a child or adult with disabilities, local play groups, or online information to learn more about a particular disability (Edwards, 2012; Hanson, Lynch, & Poulsen, 2013; Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2015).

To enhance your understanding of early screening, see also the supplemental exercise at the end of this chapter.

EARLY SOCIAL-EMOTIONAL DEVELOPMENT: AN OVERVIEW

Early childhood is a critical period in social-emotional development. As noted in the research literature, "The early years of life present a unique opportunity to lay the foundation for healthy development [with] [r]esearch on early childhood [underscoring] the impact of the first five years of a child's life on his/her social-emotional development" (Cooper, Masi, & Vick, 2009, p. 3). We will begin by focusing primarily on the emotional aspects of social-emotional development.

When discussing *emotions* in early childhood, what comes to mind? Some readers may think of a child's various feelings, such as feeling happy, sad, tired, or angry. Others may envision certain times during the day when a child may react negatively or positively to various situations—for example, crying, or feeling sad, when someone knocks down a block tower; smiling, or feeling happy, when the child gets to play with his pet at the end of the day. Sometimes, as in situations like these, it might be easy to anticipate what a typically developing child will feel. Other times, however, as Figure 1.3 demonstrates, what a child is likely to feel may be less clear. One child might be excited to arrive at school in the morning; another might be grumpy; still another might be anxious—and, of course, the same child might have a different emotional response on different days.

External behaviors, including expressive communication, may indicate what emotions a child is experiencing. Consider the photos in Figure 1.4 of the young boy in his high chair at mealtime. What emotions seem to be displayed by this child? Look closely at his nonverbal cues and body language. Ask yourself, "What do I think he is trying to say?" That is, imagine if you could put words to what you are seeing.

His crying and banging on the tray in the first photo may suggest feelings of anger or frustration that he had to wait for his food (e.g., "I don't like to wait! I want

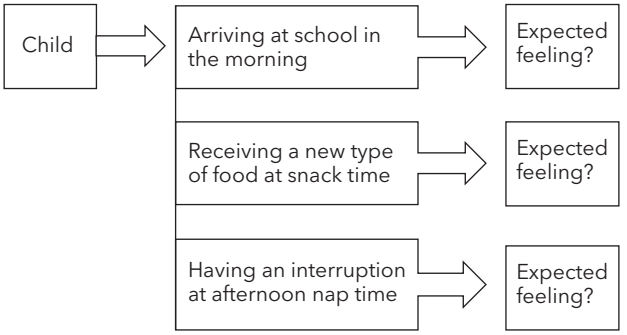

Figure 1.3. Each child may feel differently about, and react differently to, a range of predictable routines and unexpected situations.

my food!"). At the same time, even though he does not yet have the ability to express himself using multiword sentences, his visibly calmer expression and body language in the second photo suggest he felt happy once his food arrived (e.g., "I love getting my food! I am so relieved!").

A Complex, Interconnected Emotional System

It is important for educators to recognize and appreciate that emotions are more than just simply feeling happy, sad, tired, and so on. *Emotion* is a term (or construct) that represents something that is quite complex and multifaceted. There is even some debate in the literature about its definition (Russell, 2012). As noted by Izard (2013, pp. 3–4), "emotions constitute the primary motivational system for human beings" and so the definition of emotion must account for the following:

- The conscious feeling of emotion
- Processes that take place in the brain or nervous system
- The observable, expressive pattern of emotion, particularly in the face

It can also be helpful for educators to view emotions as *processes* that help generate, sustain, or interrupt the connection between a person and his or her environment (Campos, Campos, & Barrett, 1989). In fact, there is an interconnected emotional

Figure 1.4. Ask yourself, "What do I think this child is trying to say in both photos?"

system in our brains that is constantly changing, with *feelings* (i.e., the inner mental states of emotion) helping to monitor and influence these changes (Hoeksma, Oosterlaan, & Schipper, 2004). As explained by Cummings, Davies, and Campbell (2002), there is a *continuous reorganization* of emotional competencies. As the child gains preliminary skills across domains, this promotes evolving adaptation to environmental stimuli, which in turn sets the stage for mastering new skills. Given that earlier skill attainment informs later development, "an early disturbance in functioning may ultimately cause much larger disturbances to appear later on" (Stein, Leventhal, & Trabasso, 2013, p. 363). Better understanding changes in brain development may help explain why emotions appear so variable during childhood (Goldsmith & Davidson, 2004). The "continuous reorganization" of emotional competencies is influenced by ongoing growth across the earlier mentioned domains. In the first 2 years of life, young children exhibit fundamental or *primary emotions* (characterized in part by universal facial expressions). Emerging in the first year of life (at or shortly after birth through 12 months of age), these primary emotions include fear, joy, anger, sadness, disgust, and surprise (Lewis & Michalson, 1983; Lewis, Sullivan, Stranger, & Weiss, 1989).

When children are between 3 and 9 months old, they typically undergo a distinct shift in response to their own emotions, going from automatic/reflexive patterns (e.g., sucking their finger) to more intentional and voluntary responses (Cummings et al., 2002; Goldsmith & Davidson, 2004). The child's developing motor, cognitive, and visual abilities contribute to this shift. Growth across domains, for example, enables a child to turn his or her head away from something upsetting or toward something calming, reach or grasp for a soothing toy or person, distinguish facial features, and make sense of simple emotions expressed by others (Dunsmore & Karn, 2001).

Young children then become more goal-directed in navigating social contexts. This is in part due to growth in motor skills and development of the frontal lobes of the brain (e.g., becoming increasingly able to move away and/or redirect attention from adverse stimuli). Children begin to more readily check in with caregivers, a process called *social referencing*, when faced with new situations or people. According to Campos, Sorce, Emde, and Svejda (2013, p. 57), social referencing refers to "the active search by a person for emotional information from another person, and the subsequent use of that emotion to help appraise an uncertain situation." This goal-directed ability may also include devising plans to get adult support and using play/exploration to divert attention, or look away, from negative stimuli. As children make these advances in cognition and develop greater awareness of their social world (including social rules/scripts), they commonly begin to exhibit *secondary emotions*—usually toward the middle of the second year of life. These secondary emotions include embarrassment, empathy, and envy, followed by pride, shame, and guilt (Lewis & Michalson, 1983; Lewis, Sullivan, Stranger, & Weiss, 1989). (See also the Encyclopedia on Early Child Development article "Emotions: Synthesis" available at http://www.child-encyclopedia.com/emotions/synthesis.)

In the older preschool years, children continue to grow in self-awareness and in their emerging understanding of which things in the environment may trigger stress. A child gradually builds his or her repertoire for ways to cope or respond to stressors. A wide repertoire of coping behaviors supports healthy emotional development, whereas a limited repertoire may be less helpful. For example, suppose a child masters the option of looking away when faced with something stressful. Consider various situations in which this is not likely to be useful or effective. Rather than rely on one approach, children may likely experience long-term success if they are explicitly taught, and subsequently able to select from, an array of constructive strategies to use

at different times, depending on the demands of the situation (Gilliom, Shaw, Beck, Schonberg, & Lukon, 2002). Teachers and families should help guide and reinforce use of a range of techniques at appropriate times. These techniques may include the following:

- Redirecting attention by focusing on a toy
- Redirecting attention by looking away (averting eye contact)
- Trying to remove the source of stress
- Walking to another part of the room
- Seeking comfort from a trusted caregiver (a technique possibly used less often by older children)

Emerging Competencies in Social-Emotional Development

You probably noticed earlier that social development and emotional development are merged as a single domain: social-emotional development. To understand development in this domain, it is necessary to examine both aspects closely: emotional competence and affective social competence.

Emotional Competence *Emotional competence* falls under the larger umbrella of social-emotional development (Dunsmore & Karn, 2001). It can be broken down further into three components: emotion knowledge, emotion expression, and emotion regulation (Denham et al., 2003). Examples of each of these are depicted in Figure 1.5.

Emotion knowledge involves an emerging ability to infer or identify basic emotions from facial expressions or situations, use proper emotion language, and learn to identify others' emotions that may differ from one's own in the same situation (e.g., feeling happy versus upset when going fast on a swing). *Emotion expression* refers to ways in which children display their emotions behaviorally. This includes showing appropriate *affect,* or emotional response, during social interactions (e.g., not smiling

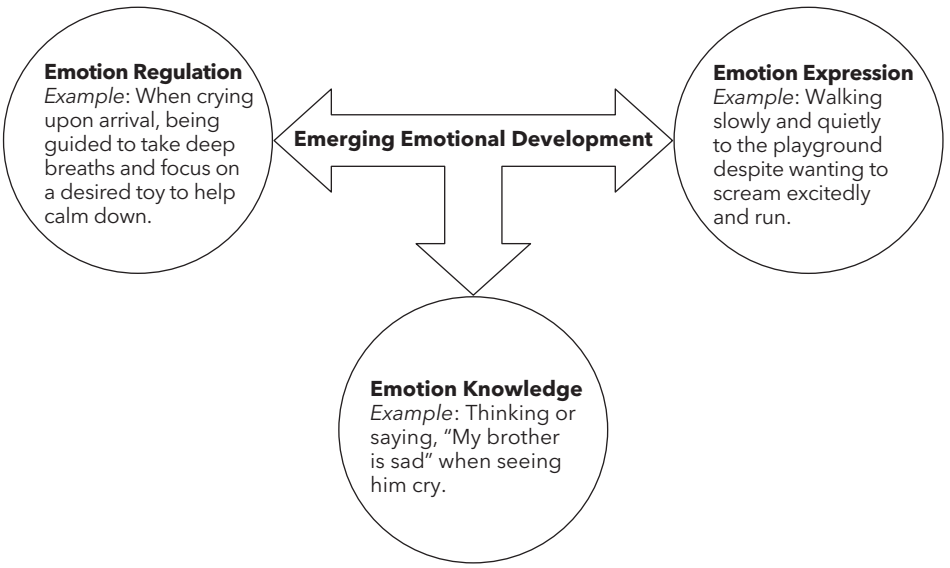

Figure 1.5. Three components of emerging emotional development.

when a friend gets hurt on the playground), or holding back (suppressing) or activating expression of positive or negative emotion depending on the situation (e.g., Dennis & Hajcak, 2009). *Emotion regulation* has to do with children's emerging ability to self-soothe and control or inhibit impulses.

Affective Social Competence Readers may have already suspected or noticed from their own practice that the components of emotional development described may overlap during certain situations or events—and that they overlap with a child's development of social skills. Social competence and emotional competence are closely related; both involve awareness of *affect* or emotional state in oneself and others. These abilities can be termed *affective social competence.* Building on a model for affective social competence (Denham, 2006; Halberstadt, Denham, & Dunsmore, 2001), children must:

- Learn to be attuned to their own and other people's affect or emotions
- Make sense of ever-changing social situations or contexts
- Show emerging competences in managing and regulating emotions

It is helpful for early childhood providers to remember that there is continuous growth in the three components of emotional development, and social situations provide rich opportunities to teach and improve existing skills. Consider how emotional and social competence are intertwined in the following scenario.

Suppose Kyle is upset with his prekindergarten teacher for removing the box of crayons from the table before he is finished with his drawing. What would be a negative way for Kyle to respond? What would be a more positive way for Kyle to respond? If Kyle expresses his negative emotions by yelling and/or throwing himself on the ground, this will not be well-received by his teacher. Instead, gaining *emotion regulation* skills can help realign his emotion system along a more favorable path (Hoeksma et al., 2004). That is, when Kyle gains these skills, his emotion system is able to change its course to help him feel less angry and to avoid experiencing a negative consequence for yelling or throwing himself on the ground. Emerging growth within his emotion system can help him make a more appropriate choice by using words, a picture cue, or another means of communication to calmly let the teacher know he was not finished with his drawing and to ask for more crayons. Chapters 2, 3, and 4 will highlight specific ways in which teachers and caregivers contribute to this early growth and learning.

Think about a young child you have known (e.g., on your caseload, in your classroom, or from a more personal connection in your family or neighborhood). Can this child:

- Self-soothe?
- Understand/label different emotions experienced by the child and others?
- Redirect attention away from something he or she finds upsetting?
- Resist the urge to jump up and down excitedly in the middle of a quiet activity (e.g., storytime) when hearing exciting news?
- Transition or switch between activities or parts of the home/school routine with minor reluctance?
- Calmly manage personal disappointment?
- Not show lengthy, excessive positive or negative emotions that lead to negative behavior or inappropriate social interactions?

These abilities are all part of learning emotion regulation (Chang, Schwartz, Dodge, & McBride-Chang, 2003; Contrerras, Kerns, Weimer, Gentzler, & Tomich, 2000; Fitzgerald, McKelvey, Schiffmen, & Montañez, 2006).

The child you were considering may not yet be able to do some or all of these tasks. If a typically developing preschool child is not able to do what is described in the bulleted list most of the time, this child *may* be experiencing some degree of emotion dysregulation (Cole, Michel, & Teti, 1994). Specific strategies to provide tailored supports for children experiencing emotion dysregulation are outlined in subsequent chapters.

Embracing and Accounting for Individual Variation

Developmental changes in how children talk about, express, and regulate emotions have to do in part with changes in the brain. This is true both in terms of general developmental changes children undergo—for example, prefrontal cortex not fully developing until later in development for all children—and changes an individual child undergoes, such as expressing oneself or responding in different ways to the same situation or context (Goldsmith & Davidson, 2004). Some of the variation in children's emotional responses and development can be accounted for by differences in gender, by the presence or absence of different kinds of disabilities, and by differences in executive functioning.

Gender Differences Based on common stereotypes about boys and girls, and/or personal, anecdotal examples of some boys and girls, readers may suspect that boys tend to display more externalizing emotions (e.g., anger) and girls tend to exhibit more internalizing emotions (e.g., sadness, anxiety). A meta-analysis of 166 studies (Chaplin & Aldao, 2013) suggested these and other significant but *notably small* gender differences in male and female children's emotional expression. These authors also emphasized variation in gender differences as a result of age (e.g., toddler/preschool age, middle childhood, adolescence) and context (e.g., with parents, with an unfamiliar adult, with peers, or alone). More specifically, they found more pronounced gender differences in displaying positive emotions as children get older (e.g., increasingly more positive emotions among girls). Interestingly, boys may exhibit greater externalizing emotions in early and middle childhood (compared to girls), but fewer externalizing emotions than girls in adolescence. It is important to keep in mind how such differences may be influenced by ways in which male and female children are socialized (e.g., sociocultural expectations) (Brody, 1985; McClure, 2000). For example, in a study of 60 4 to 6 year olds, fathers attended more to preschool daughters' submissive emotion (compared to sons') and responded more to early school age sons' disharmonious emotion (compared to daughters') (Chaplin, Cole, & Zahn-Waxler, 2005). At the same time, children may show less evidence of gender differences when they are with their parents, with more pronounced differences in positive emotions when they are with unfamiliar adults and in externalizing emotions when they are interacting with peers (Chaplin & Aldao, 2013).

Potential Differences Arising From Disabilities The presence or absence of certain kinds of disabilities can also affect emotional expression. For example, infants with visual impairment have been found to display a more limited range of facial expressions and less responsiveness compared to typically developing infants (Troster & Brambring, 1992). Young children (ages 2.5–5 years) with hearing impairment, even

when receiving a cochlear implant, were shown by Wiefferink and colleagues (2013) to score lower on verbal and nonverbal measures of emotion understanding, compared with typically developing children. Furthermore, high-functioning individuals with autism spectrum disorder (ASD) may vary in their sensitivity to and production of emotional expressions compared to others (Macdonald et al., 1989). Similarly, a laboratory study compared reactions of three groups of children (i.e., children with ASD, intellectual disability, and those without disabilities) to varying emotions displayed by adults. Findings indicated that, compared with the other groups, children with ASD paid less attention to adults' emotional responses and were more engaged in toy play when adults pretended to be hurt (Sigman, Kasari, Kwon, & Yirmiya, 1992). Moreover, compared with children with hearing impairment, those who have both hearing impairment and ASD may demonstrate delays in emotion recognition during sign language processing (Denmark, Atkinson, Campbell, & Swettenham, 2014).

There is emerging research on treatments to enhance social interaction across individuals with disabilities. For example, a medical trial with only seven treated participants (including adolescents and young adults with ASD) suggested improvement in emotion recognition (e.g., while looking at faces clearly displaying strong emotions) when participants were given a certain medication over a 10-month period to activate brain regions involved in social and emotional perception (see Hadjikhani et al., 2015). Chapters 3 and 4 will present evidence-based educational and developmental strategies, and suggestions early childhood educational staff can use to support emotional development in young children. (For a comprehensive discussion of how emotional development is affected across a wide range of disabilities, see Lewis & Sullivan, 2014.)

Differences in Executive Functioning Differences in executive functioning (an aspect of cognitive development) can also affect emotional expression. Executive functioning in early childhood comprises several emerging, teachable skills. This aspect of development is increasingly receiving attention in the research literature (Schore, 2015; Ursache, Blair, Stifter, & Voegtline, 2013). It includes four specific areas:

- Focus (staying engaged in the task at hand)
- Working memory (remembering specific rules and directions during the task)
- Cognitive flexibility (adjusting to ever-changing demands or contexts)
- Inhibitory control (resisting the desire to behave in a way that may not be appropriate in that particular setting)

These skills help a child keep track of information, avoid distractions, and adjust to changing situations. Variation in executive functioning may help account for some differences in emotion regulation or expression across same-age peers (Hoeksma et al., 2004). For example, if a child is not yet proficient in remembering specific directions (executive functioning), the child may have difficulty adjusting to a change in the scheduled routine and/or resisting temptation to act silly during a listening/quiet activity (emotional regulation and expression).

Other Factors Affecting Differences in Emotional Expression Finally, several additional factors may help account for differences in emotional development and expression. For instance, innate, biological considerations such as genetic factors or the child's temperament contribute to some variability in emotional development. Temperament, for example, comprises multiple components, including emotional intensity, activity level, frustration tolerance, reaction to new people, and reaction to

change. As Keogh (2003) explained, "thinking in temperament terms does not excuse a child's unacceptable behavior, but does provide direction for responding to it." Researchers suggest a noteworthy interconnection between emotion reactivity and emotion regulation in infants, and early executive functioning (Ursache et al., 2013). More specifically, in a large low-income, rural sample, Ursache and colleagues found that children with high levels of emotional reactivity and poor emotion regulation had difficulties with executive function. In contrast, children with high levels of emotional reactivity and high levels of emotion regulation had high levels of executive function. Interestingly, participating infants with high emotional reactivity and high emotion regulation were more likely to have caregivers who displayed positive, supportive interactions when observed one-on-one with their child. (We'll talk more about what these positive interactions may include in subsequent chapters.)

As stated earlier, it is important for educators to track variability in where children are developmentally and generate tailored plans for next steps in social-emotional growth. This information can then become an informative baseline, or starting point, from which to improve each child's foundation of emotional competencies. Chapters 2–4 will provide a more in-depth discussion of teachers' role and specific strategies teachers can use.

Emotions and Behavior

Practitioners may find it difficult or nearly impossible to look solely at emotions without also thinking about the child's behavior. Certain concerning behaviors might be described by terms such as *negative*, *problematic*, *challenging*, *inappropriate*, or *maladaptive*. For consistency, the term *challenging* will be used throughout this book to refer to behaviors that are cause for concern. (Elaboration on a word of caution when using this term can be found in this book's Preface.) *Adaptive* will be used to refer to those behaviors that are associated with positive social and emotional outcomes, and that educators can foster in children to best support early emotional development.

Leading scholars view challenging behavior in early childhood as a "serious impediment to social-emotional development" (Dunlap et al., 2006). Estimates suggest 10%–20% of preschoolers display challenging behavior (National Scientific Council on the Developing Child, 2008; Powell, Fixsen, & Dunlap, 2003), with some estimates as high as 25% of young children (Raver & Knitzer, 2002). Challenging behavior can be *internalizing* (e.g., social withdrawal, extreme shyness) and/or *externalizing* (e.g., physical aggression, defiance) (Edwards, 2012), and oftentimes, the two co-occur (Bayer, Hiscock, Ukoumunne, Price, & Wake, 2008). See Table 1.2 for additional examples of both types of challenging behaviors.

Table 1.2. Challenging internalizing and externalizing behaviors

Challenging, internalizing behaviors	Challenging, externalizing behaviors
Sliding under table to avoid answering the teacher or therapist during snack	Screaming, "No!" in response to the teacher or therapist's request during snack
Crying when not being chosen to be line leader	Knocking over a chair when not chosen to be line leader
Going to the opposite side of the room to avoid sand play with peers	Pushing peers and throwing sand toys during small-group sand play

Challenging behaviors that are prolonged, or exhibited for several weeks or months, may suggest an existing limitation in the ability to regulate emotions (Spinrad et al., 2007). Such behaviors are often detectable in the early years in both home- and center-based contexts. Some readers might ask, "Won't concerning behaviors just go away on their own because the children are so young?" Unfortunately, the literature suggests this is not typically the case. Challenging behaviors that persist into the preschool years are likely to *continue through adulthood* in the absence of intervention (Alink et al., 2006; Kimonis et al., 2006).

EARLY SOCIAL-EMOTIONAL DEVELOPMENT AND LATER OUTCOMES

Throughout this chapter, the focus has been on emerging emotional competencies in the first 5 years of life. Indeed, individuals do not become proficient or fully capable in certain emotional skills until late adolescence or adulthood (Zimmermann & Iwanski, 2014). Some readers may initially question the extent to which it matters whether young children display basic emotional skills and early adaptive behavior. Does emotional competence in the early years really matter in the long run?

The short answer is, yes! Early emotional development is of critical importance. As noted previously, if children who exhibit challenging behaviors do not receive appropriate interventions, these behaviors persist. Moreover, emotion dysregulation and challenging behaviors have been associated with negative short- and long-term social and academic outcomes for children (Benedict, Horner, & Squires, 2007; Denham, 2006; Peth-Pierce, 2000; Smith, Lochman, & Daunic, 2005). These impact a child's life at school and, later, in the broader community, as well as impacting family life at home.

Social and Academic Outcomes at School

Readers have likely heard of the concept of *school readiness,* which influences social and academic success. Being "ready" for school is influenced by one's emotion knowledge, emotion self-regulation, social competence, and family/school involvement (Denham, Bassett, Brown, Way, & Steed, 2015; Webster-Stratton, Reid, & Stoolmiller, 2008). Readers may not be surprised that a child's emotional expression and regulation can influence teachers' perceptions of school readiness (Denham, 2006) and reported school adjustment (Herndon, Bailey, Shewark, Denham, & Bassett, 2013; Wilson, Fernandes-Ruchards, Aarskog, Osborn, & Capetillo, 2007). Expressiveness, regulation, and emotion knowledge predict preliteracy performance (alphabet knowledge and print and phonological awareness) when controlling for gender, age, maternal education, and attentional abilities (Curby, Brown, Bassett, & Denham, 2015). Social competence and school success are also linked (Raver & Knitzer, 2002).

Thus, developing emotional competence is an essential developmental task in the early childhood years with notable implications for academic and social development (Rodriguez et al., 2005). As noted by Wagner and Davis (2006, p. 227), children with concerning behavior coupled with limited social skills may:

- Demand teachers' attention
- Interfere with instruction
- Experience strained social relationships
- Negatively impact the learning environment for all students

Furthermore, for children who display emotional and behavior concerns, the national expulsion rate is alarmingly high. More specifically, children are expelled from preschool at a rate 3.2 times higher than the *combined* rate for all students in kindergarten through twelfth grade, with higher rates for older preschoolers and African Americans, and with boys being 4.5 times more likely to be expelled than girls (Gilliam, 2005). To address the high expulsion rate, some researchers have investigated a promising state-specific initiative to increase the number of early childhood mental health consultants and improve providers' use of evidence-based practices to address and minimize challenging behavior (Vinh, Strain, Davidon, & Smith, 2016).

A child's early emotional and social competence and tendency toward adaptive or challenging behavior have long-term significance throughout the school years and beyond. There is a connection between emerging emotional competence during early development and long-term growth during middle and late childhood (Izard, Trentacosta, King, & Mostow, 2004). Early behavior concerns have been linked to poor school performance and grade retention (Denham, 2006), and aggressiveness has been shown to account for a large proportion of special education referrals (Smith, Lochman, & Daunic, 2005).

Family Outcomes

In addition to resulting in adverse child outcomes, emotion dysregulation can negatively influence the family unit. Negative long-term outcomes are certainly not the case for every child and family experiencing challenging behavior on the child's part. Outcomes depend on various considerations, such as the presence or absence of a significant disability, the duration and severity of the child's behavior, additional stressors in the family's life, and the quality of existing systems of support. With this in mind, research has suggested that brothers and sisters of children with developmental concerns may possibly feel resentful when restrictions are placed on family activities, embarrassed by certain behaviors, or upset that they may receive less parental attention (Gray, 2002; Howlin, 1988). At the same time, siblings of children with developmental concerns might have higher levels of social competence, with negative outcomes depending on other risk factors in the home (Macks & Reeve, 2007). Furthermore, parents of children with challenging behavior may experience diminished confidence in childrearing abilities, depression, feelings of isolation and stigmatization, increased caregiver stress, marital discord (negative interactions with their spouse), and/or poor family–provider communication (Dadds, Sanders, Behrens, & James, 1987; Levac, McCay, Merka, & Reddon-D'Arcy, 2008; Shaw, Connell, Dishion, Wilson, & Gardner, 2009; Webster-Stratton, 2015).

Long-Term Child Outcomes and Their Broader Impact

For young children with and without special needs, emotional competence over time influences the quality of interactions with others (Wilson et al., 2007). Moreover, long-term child outcomes ultimately have an impact upon the broader community. A study that tracked children from early childhood to late adolescence suggested that "among children with early externalizing behavior problems, increased risk for later antisocial behavior or mood dysfunction may be identifiable in early childhood based on levels of overt aggression and emotion dysregulation" (Okado & Bierman, 2015, p. 735). Adolescents with emotional and behavioral disorders (EBD) experience one of the

highest rates of school dropout of any disability category (Cullinan & Sabornie, 2004). Furthermore, kindergarten social competence has been linked to negative young adult outcomes beyond education, affecting employment, criminal activity, substance abuse, and mental health (Jones, Greenberg, & Crowley, 2015).

The association with long-term outcomes may be even more enduring for those with more severe challenging behavior and those exposed to numerous risk factors (Benedict, Horner, & Squires, 2007). There may also be greater concern for those with special needs because cognitive and/or language delays may coincide with emotional and behavioral difficulties (Nungesser & Watkins, 2005).

Mental health needs of young children and adults, including issues that arise from emotion dysregulation, have resulted in widespread public health concerns (Bayer et al., 2008). There remains a shortage of mental health professionals; pervasive stigma about having a mental disorder; and a need for earlier, more proactive interventions (Patel, Flisher, Hetrick, & McGorry, 2007). As noted by the World Health Organization (2001, p. xiii), "Sectors other than health, such as education, labour, welfare, and law, and nongovernmental organizations should be involved in improving the mental health of communities."

The Role of Early Childhood Educators and Service Providers

It may seem daunting to consider the potential long-term impact of emotional dysregulation and challenging behaviors upon children, their families, and their communities. Rather than having a grim outlook, however, it is important for educators and service providers to recognize the great potential for what we can do to help young children and families. Coaching others and explicitly teaching skills in a meaningful, supportive, and developmentally appropriate manner will help promote more adaptive behavioral displays of emotion and contribute to positive developmental outcomes.

Building on this chapter's overview of early emotional development, subsequent chapters will empower readers to appreciate their pivotal role in collaborating with all families to facilitate a strong foundation for adaptive emotions and behavior in the first 5 years of life.

QUESTIONS FOR REFLECTION

1. Review the developmental domains introduced at the beginning of this chapter. Can you think of another skill emerging in early childhood that might fit within each domain? List at least one skill or activity that exemplifies learning in each domain. Then, add an example of a skill or activity that is an example of overlap across domains.
2. Suppose you work with a child who is not meeting some of the typical developmental milestones. What are some ways you can approach this?
3. List three things you can do to address the needs of those with and without disabilities in your classroom.
4. Review the term *continuous reorganization.* What does this term mean to you? Do you see this as positive or negative? Think of the emotional competencies you have today, compared to what you recall having when you were a teenager.
5. What problems might emerge if a child is only taught one way to respond to frustration? Can that child successfully cope with adversity? Why or why not?

6. Recall that this chapter discussed three components of emotional development. Read the behaviors described in the following bulleted list. Which component of emotional development does each represent? Would you classify each behavior as adaptive or challenging? Why?
   - A child calmly counts "1 . . . 2 . . . 3 . . . 4 . . . 5" and says, "I'm ready to make nice," when asked to "calm his body" after pushing another child.
   - A child runs over and knocks down blocks when told he cannot go outside.
   - A child tells you, "I am making a picture for Sam because he looks sad."
7. Have you noticed differences in emotional responses among children with and without disabilities? What specifically have you observed (or what would you anticipate) to be different?
8. Think about a child you know who engages in challenging behavior. How are the child's parents and siblings affected by his or her emotions and behavior? What are this family's strengths? What concerns or needs do family members have related to their child's behavior?

SUPPLEMENTAL EXERCISE: DEEPENING UNDERSTANDING OF DEVELOPMENTAL MILESTONES

Review Table 1.1's list of developmental milestones in early childhood. You may also wish to view an online developmental milestone checklist, such as the one provided by the Centers for Disease Control and Prevention (available in English, Spanish, and Vietnamese; go to the Checklists section of https://www.cdc.gov/ncbddd/actearly/freematerials.html) or the one provided by the Child Development Institute (http://childdevelopmentinfo.com/child-development/normaldevelopment).

Next, choose two age groups (e.g., 2-year-olds and 4-year-olds). Use the information provided in this chapter, along with the information in any supplemental resources you consult, to compare the two. For the first age group, identify one example of where most children are expected to be within *each* of the listed domains (e.g., "In the Cognitive domain, this age group should be able to _____."). Do the same thing for the other selected age group, across each of the listed domains (e.g., "In the Cognitive domain, this age group should be able to _____."). What noteworthy differences did you find? What insights can you gather through this comparison?

ONLINE RESOURCES

See the online companion materials for Chapter 1, available at www.brookespublishing.com/edwards/materials to learn more about the following topics:

- Disabilities: Emotional Responses and Screening
- Executive Function
- Expulsion
- Developmental Milestones
- Recommended Practices
- Temperament
- Universal Design for Learning

"Helping young children develop the social-emotional skills they need to be effective in life is an important responsibility of early care and education providers, and this book will help them to understand why and how they can carry out this responsibility. I can't wait to have a copy of it on my bookshelf!"

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"Dr. Edwards has created a comprehensive text for EI/ECSE professionals. She provides sound, practical strategies for adults to use across settings to support the emotional development of young children. The text provides current, up-to-date knowledge regarding best practices and approaches, including the use of the Pyramid Model."

–Erin E. Barton, Ph.D., BCBA-D, Associate Professor, Department of Special Education, Vanderbilt University

"Dr. Edwards provides an easy-to-read guide for practitioners who wish to know more about why and how to support young children's social-emotional development. The writing is accessible while also presenting current research findings, so practitioners will have the most up-to-date information. Dr. Edwards provides clear, practical examples that bring concepts to life. Questions for reflection and supplemental exercises are provided throughout the book to aid in applying the book's content to practice."

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Behavior is one of the biggest and most pressing challenges faced by early childhood educators and providers. Find research-based guidance and strategies in this book, an essential resource for professionals working with children from birth through age 5.

You'll start with a comprehensive, reader-friendly overview of early growth and learning across developmental domains, with special emphasis on the components of emotional development and the environmental factors that influence it. Then you'll learn the guiding principles for nurturing social-emotional development, aligned with the positive behavior interventions and supports (PBIS) framework and the Pyramid Model. Concrete examples of specific techniques help you

- Apply evidence-based universal prevention strategies to proactively support social-emotional growth
- Collect data and use tailored secondary behavior strategies with children who have more intensive challenges
- Collaborate with families and share concerns sensitively
- Overcome roadblocks to PBIS through team communication and consistency
- Encourage mindfulness in yourself and parental caregivers
- Ensure that providers, caregivers, agencies, and other stakeholders work together and share accountability
- Engage in ongoing reflection to improve your self-efficacy and confidence

A keystone of professional preparation for both preservice and in-service early childhood providers, this book will show you how to work effectively with children, families, and colleagues to foster social-emotional growth in the critical early years.

KEY FEATURES INCLUDED:

- Authentic sample scenarios
- Suggestions for collaborating effectively with families
- Insights and direct quotes from parents and educators
- Reflection questions
- Exercises to reinforce what you have learned

ABOUT THE AUTHOR: **Nicole M. Edwards, Ph.D.,** earned her doctorate in Special Education from University of Maryland at College Park and was recently awarded tenure with promotion to Associate Professor at Rowan University. Dr. Edwards' research interests include improving access to and quality of family-centered, strength-based service delivery for young children at risk for and with diagnosed special needs across diverse birth–5 settings; family–provider collaboration and capacity-building to better support emerging emotional development; and roadblocks to implementing multi-tiered positive behavior interventions and supports.

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