

Key Principles Related to Early Social-Emotional Development

<i>Principle</i>	<i>Findings</i>	<i>Implications for Practice</i>
Social-emotional development is important for children’s overall healthy development	<ul style="list-style-type: none"> ➤ Emotional development begins early in life; ➤ It is a critical aspect of the development of overall brain architecture and has enormous consequences over the course of a lifetime; ➤ Foundations of social competence developed in the first five years are linked to emotional well-being , ability to adapt in school, and form successful relationships throughout life; ➤ Into adulthood, same social skills are essential for the formation of lasting friendships and intimate relationships, effective parenting, the ability to hold a job and work well with others, and for becoming a contributing member of community (National Scientific Council on the Developing Child, n.d.) 	<ul style="list-style-type: none"> ➤ Early childhood programs must balance focus on cognition and literacy skills with significant attention to emotional and social development; ➤ Science of early emotional and social development must be incorporated into services to support parents to manage routine behavioral difficulties or more serious social or emotional problems; ➤ Care providers and educators must have sufficient knowledge and skills to address common behavior problems (e.g., significant aggression, difficulties with attention and hyperactivity); ➤ Program access to specialized mental-health services to meet the needs of young children that cannot be addressed by staff; ➤ Expertise in early identification, assessment and clinical treatment for children with serious mental-health problems (e.g., depression, anxiety and significant antisocial behaviors); ➤ Agencies investigating suspected abuse or neglect must include a detailed assessment of the child’s developmental status, including cognitive, linguistic, emotional and social competence; ➤ Children’s feelings must get same level of attention as their thinking (National Scientific Council on the Developing Child, n.d.)
Early relationships with significant adults affect children’s social-emotional development	<ul style="list-style-type: none"> ➤ Healthy social-emotional development depends on the quality and reliability of a young child’s relationships with the important people in his/her life; ➤ Children who have healthy relationships with their mothers are more likely to develop insights into others’ feelings, needs, and an emerging conscience; ➤ Sensitive and responsive parent-child relationships associated with stronger cognitive skills and enhanced social competence and work skills later in school; ➤ Children’s relationships with teachers and peers are important to school adjustment (National Scientific Council on the Developing Child, 2004). 	<ul style="list-style-type: none"> ➤ Emphasis should be placed on the skills and personal attributes of the caregivers, and improving the wages and benefits affecting staff turnover; ➤ “School readiness” must include the capacity to form and sustain positive relationships with teachers, children and other adults and develop the social-emotional skills for cooperating with others (National Scientific Council on the Developing Child, 2004).
Parental mental health (e.g., maternal depression) influences children’s mental health	<ul style="list-style-type: none"> ➤ Children with parents with mental health problems (e.g., depression) are at increased risk for emotional and behavioral problems; 	<ul style="list-style-type: none"> ➤ Screening for maternal depression (Boyd, et al., 2005): <ul style="list-style-type: none"> ○ Screening is ideal at or more than 2 weeks after childbirth;

	<ul style="list-style-type: none">➤ Addressing parents' health problems can positively influence children (Child Trends, 2001)➤ Post partum blues (baby blues) is considered normal and is experienced by 50-80% of all mothers within the first 10 days after childbirth;➤ Estimated 14-25% of pregnant women display enough symptoms of prenatal depression to meet criteria for a clinical diagnosis, about 50% of all women who experience prenatal depression also develop PPD;➤ Estimated 8-15% of women experience post-partum depression during the first year after childbirth (Ozunaku, 2005) ➤ Maternity blues is a mild mood disturbance experienced by roughly 50% of childbearing women within 3-6 days after delivery, which many times resolves itself within a few hours or days;➤ Perinatal depression encompasses major and minor depressive episodes that occur either during pregnancy or within the first 12 months following delivery;➤ Estimates of depression rates during postpartum period range from 5-25%, depending on assessment method, timing of assessment, and population characteristics (Gaynes et al., 2005) ➤ Major depression doesn't last as long but has stronger, more disabling symptoms than Minor depression (also called dysthymia);➤ Postpartum major depression (occurs in approximately 10% of women) may begin anywhere from 24 hrs to several months after delivery, may include the baby blues;➤ Baby blues typically peak 4-5 days after delivery, may last hours to days and resolves itself by the 10th postnatal day;➤ Postpartum major depression may resolve itself within several months but can linger into the second year postpartum (Epperson, 1999) ➤ DSM-IV specifies the postpartum onset of depression as an episode beginning within the first 4 weeks	<ul style="list-style-type: none">○ As the length of time after delivery increases, it is possible to use general depression screening instruments;○ Overall, reasonable to conduct a first screen of postpartum depression between 2 wks and 6 months post-partum
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	<p>postpartum;</p> <ul style="list-style-type: none"> ➤ Previous investigations utilized a variety of postpartum time criteria, often up to 6 months after delivery; ➤ All participants in current study fulfilled diagnostic criteria for major depression during the first postpartum year; however, 1/3rd didn't experience the onset within the first 6 postpartum weeks; ➤ The results of the current study are consistent with previous reports of perinatal depression beginning during pregnancy or later than 6 weeks post partum (Stowe et al., 2005) 	
<i>Promising Programs/Strategies</i>	<i>Demonstrated Outcomes</i>	<i>Implications for Practice</i>
<p>Home visitation</p> <p>*Parents as Teachers (PAT)</p>	<ul style="list-style-type: none"> ➤ Gains in parent-child attachment, positive interactions, and parental involvement in learning; ➤ improved social competency in toddler participants; ➤ fewer behavior problems long-term; ➤ gains in parental capacity and functioning (Daro, 2006) ➤ Better problem solving skills, persistence, and social skills for children at 36 mo.; ➤ More adaptive behavior at 24 months for low SES intervention children (Klein & Weiss, 2006) 	<ul style="list-style-type: none"> ➤ Connections with other services is essential; ➤ Participants enrolled during pregnancy show stronger parenting outcomes; ➤ Nurses more effective than paraprofessionals in intervention efforts (Daro, 2006) ➤ Key factors of programs likely to meet expectations (Home Visit Forum): <ul style="list-style-type: none"> ○ Internal consistency linking specific program elements to outcomes ○ Well trained staff with high quality supervision ○ Sound organization capacity ○ Links to other community support and resources ○ Consistent implementation of program components ○ Modest program expectations as quality can suffer when widely produced ○ Planning for complementary changes that need to occur in major institutions (health services, public education) (Daro, 2006)
Fast Track	<ul style="list-style-type: none"> ➤ Increased involvement in learning at home and school, reduced harsh discipline practices; ➤ Reduced aggressive behavior and increased social-emotional competence; ➤ Reduced special education referrals (Caspé & Lopez, 2006) 	
Early Risers	<ul style="list-style-type: none"> ➤ Improved discipline practices and family social functioning; ➤ Increased social competence and basic reading skills; reduced self-regulation problems (Caspé & Lopez, 2006) 	

Families and Schools Together (FAST)	<ul style="list-style-type: none"> ➤ Increased number of self-referrals to substance abuse treatment, mental-health counseling, rate of volunteer work, improved family adaptability and social networks; ➤ Increased academic competence and social skills, reduced special education referrals and childhood anxiety and aggression (Caspé & Lopez, 2006) 	
Incredible Years	<ul style="list-style-type: none"> ➤ Decreased harsh discipline practices, improved child-parent interactions, increased parent-teacher bonding, and increased parental involvement with children at home and school; ➤ Increased use of prosocial conflict management strategies and play skills; ➤ Increased school readiness (Caspé & Lopez, 2006) 	
Early Head Start	<ul style="list-style-type: none"> ➤ Children who had year or more performed significantly better on measures of cognitive, language, and social-emotional dev.; ➤ Parents showed more emotional support and less negativity toward child; ➤ Families more likely to attend school or job training, and levels of parenting stress and family conflict declined (Love et al., 2001, 2002, 2005; U.S. Department of Health and Human Services for Children and Families Office of Planning Research and Evaluation, 2001) 	<ul style="list-style-type: none"> ➤ Effects found primarily in programs that used combo of center- and home-based services (Love et al., 2001, 2002, 2005; U.S. Department of Health and Human Services for Children and Families Office of Planning Research and Evaluation, 2001)
Starting Early Starting Smart (SESS)	<ul style="list-style-type: none"> ➤ Increases in access to and use of mental health services, decreases in substance abuse, and decreases in verbal aggression; ➤ Caregivers reported greater reductions in perceiving their children as difficult; ➤ Number of positive and responsive interactions between caregivers and children increased over time; ➤ For children 3 and older, decrease in internalizing and externalizing problem behaviors and increase in language development (Springer et al., 2003) 	
The Incredible Years Parent Training Program	<ul style="list-style-type: none"> ➤ Decreases in children's aggressive, oppositional, and destructive behavior and increases in social competence; ➤ Increases in positive parenting practices; ➤ Effects maintained long-term and reliably established in different age, gender, ethnic, socioeconomic groups of children and parents (Gross et al., 2003; Reid, Webster-Stratton, & Baydar, 2004; Reid, Webster-Stratton, & Beauchaine, 2001) 	

Dare to Be You	<ul style="list-style-type: none"> ➤ Improved child-rearing skills, increased satisfaction in social support networks; and reduced harsh discipline; reduced oppositional behavior (Casper & Lopez, 2006) 	
Strengthening Families Program	<ul style="list-style-type: none"> ➤ Increased parent-child bonding, reduced social isolation and depression, improved family cohesion and organization ➤ Reduced school problems and conduct disorders, improved behavior and social competencies (Casper & Lopez, 2006) 	
Parent-Child Interaction Therapy (PCIT)	<ul style="list-style-type: none"> ➤ Parents less likely to report physical abuse 2-3 years later; ➤ Demonstrate less negative parent-child interactions (Chaffin et al., 2004; Hood & Eyberg, 2003) 	
Second Step Violence Prevention Program	<ul style="list-style-type: none"> ➤ Boys reduced aggressive behavior in rates ranging from 4 to 51 percent more than the control group; (Orpinas et al., 1995) ➤ Marginally significant decrease in physical negative and overall negative behaviors in the classroom; ➤ Significant decrease in observed instances of negative physical behavior in the cafeteria or playground; ➤ At posttest, the rate of observed neutral or prosocial behavior in the cafeteria or playground setting increased by 17.1 more episodes per child-observation hour in the intervention group than in the control group; ➤ At the six-month follow-up, physical aggression in the classroom setting was significantly lower (Grossman et al., 1997) ➤ Children with high baseline ratings in antisocial behavior, showed greater declines in antisocial behavior; significant but smaller differences for students with low baseline scores; ➤ Intervention students with low baseline scores showed no change, whereas control students increased their rates of antisocial behavior (Frey et al., 2005) 	
Cognitive Behavioral Family Intervention	<ul style="list-style-type: none"> ➤ Reduced children's disruptive behavior and maternal depression (Sanders & McFarland, 2000) 	

<p>The Getting Ready Project (Principal investigators: Drs. Sheridan & Edwards)</p>	<ul style="list-style-type: none">➤ When implemented in the context of a comprehensive preschool program (e.g., Head Start, Early Head Start), the value added by the GR intervention is in children's social-emotional functioning➤ Significantly greater positive effects in the area of social-emotional functioning over time, relative to a control group (Sheridan et al., 2007)➤ Significantly greater reductions over time in activity/impulsivity and negative emotionality for infants and toddlers (age 2-36months)➤ Significantly enhanced levels of attachment behaviors with adults, increased initiative (i.e., ability to act and think independently), reduction in anxiety/withdrawal behaviors, and a increased self/social awareness for preschool children (age 3-5 years)➤ Parents and children in a parent engagement treatment group were observed to spend significantly more time interacting and engaging with one another ($t(69)=2.98; p<.01$), and parents were rated as significantly more involved in the home visit ($t(69)=3.26, p<.01$).	
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