



Early Social and Emotional Development: Risks & Vulnerabilities

Silvia L. DeRuvo, MA

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Agenda

- Review reflections: Atypical Development
- Discussion questions
- Social Emotional Development
 - Influences
 - Theories
 - Impact of disabilities



Reflection

- How will you use the knowledge of atypical development in your work?
- Discuss with your table group possible scenarios in which this knowledge will help you and the parents you work with.



Discussion Questions

1. Describe the Attachment theory
2. What is the difference between temperament and personality?
3. What are some of the influences that create anti-social behaviors?
4. Describe the importance of play.
5. Describe some of the theories of social emotional development.
6. Describe some of the common social and emotional assessment processes.



Early Social and Emotional Development: Risks & Vulnerabilities

- Theory:

- Children evolve through a complex system of experiences into social & emotional competence
- Factors that enhance growth are the same for all children
- Development evolves naturally due to casual interaction in the environment
 - Disabilities:
 - Impose restriction on this development
 - Careful and deliberate planning is necessary for development
 - Social competence hold the greatest emphasis in early childhood programs



Attachment Theory

- Infants form bond with adults – a safe place from which to explore the environment
- Attachment relationship developed based on infants perception of these bonds
 - These relationships are either
 - Secure- warmth, sensitivity and responsiveness
 - Results in confidence in new social situations
 - Anxious or insecure- unresponsive to infants overtures
 - Results in an expectation of a lack of responsiveness and distrust



Influences on Development

- Temperament: set of personality traits that a child is born with
 - Plays an important role in how caregivers respond to child and the child's future personality
 - Easy child: receives a great deal of adult attention: interactions are pleasant and reinforcing
 - Difficult child: less positive adult attention: provided less positive feedback to caregiver
 - Slow to warm up child: longer time to elicit positive responses: some positive adult attention
- Adult sensitivity and responsiveness to infants social cues establish the foundation of healthy social and emotional development
- Temperament has great implications for future social and emotional development- disabilities often create impaired self-concepts



Early Interactions

- Temperament exerts a powerful influence on the care they are given
- Transactional model:
 - Child is a responder as well as initiator of social interactions
 - Reciprocal process teaches child how their behavior influences their environment
 - Interaction produces an empathic bond promoting a clear self-identity



Personality Development

- Children born with certain personality traits
 - Not fixed at the time of birth
 - Affected by many factors
 - Changes over time
 - Manifested in:
 - Emotion: expression of feelings, need and desires
 - Social behavior: general quality of response to people and situations



Personality Development Affected by:

- Physical Appearance:
 - Strong and lasting impressions based on appearance
 - Lower expectations of unattractive children
 - Unattractive children are more likely to be more active, aggressive and boisterous
- Name and Gender
 - Some names elicit a more positive response from other children
 - Unpopular or unattractive names handicap social interactions
 - Males are reinforced for more active behavior



Personality Development Affected by:

- Sibling Relationships

- First borns get more attention

- Don't learn social skills from siblings
- Have less confidence, greater fears, social awkwardness

- Later born siblings

- More outgoing and seek out socialization

- Stress

- Personality closely related to types and levels of stress in early years



Personality Development Affected by:

- Parental Style:
 - Authoritarian Parent:
 - Control by power philosophy
 - Inconsistent in caregiving
 - Associated with anti-social behavior
 - Authoritative Style:
 - Consistent and predictable
 - Positive social behavior



Antisocial Behavior

■ Fear

- Occurs early in a child's life
 - Decreases as a child matures

■ Aggression

- Erupt due to the fact that communication is limited
- Physical aggression decreases as language skills are established
- Can be influenced by:
 - Being victimized, watching aggressive acts, being punished severely, being denied objects
 - Punitive punishment and control of behavior
 - Reinforcement of aggressive behaviors



Antisocial Behaviors

- Dependence
 - Need for continuous attention and reassurance
 - Frequently unpopular with peers
 - Relies on caregiver to meet all needs
 - Passive support from parent facilitates this situation
- Jealousy
 - Response to undesired competition
 - May become aggressive toward object of jealousy or at another
 - May become passive or withdrawn
 - May regress to immature behaviors



Importance of Play

- Freud considered play to be a means for a child to exercise cognitive abilities
- Used more as an assessment instrument today – developmental perspective
- Foundation of early intervention for special needs children
- Distinctive Characteristics:
 - Spontaneous and voluntary
 - Self generated
 - Involves active participation
 - Intrinsically motivated
 - Pleasurable
 - Differs from child to child
- Mechanism for a child to initiate social interactions
- Uses a wide range of cognitive, language, social and behavioral skills.



Theories of Social and Emotional Development

- Psychosocial Theory: development occurs in emotional conflicts
 - Trust Versus Mistrust
 - Physical bond creates an atmosphere of trust
 - Consistency in caregiving and physical comfort
 - Inconsistent caregiving creates an atmosphere of mistrust
 - Frustration and discomfort
 - Interferes with normal development
 - This conflict period lasts to about 18 months



Theories of Social and Emotional Development

- **Autonomy versus shame and guilt**
 - Development of self-control and feelings of independence
 - This occurs when child has freedom to explore new environments and initiate own activities
 - Poor self-control leads to doubt and shame
 - Doubt ability to control environment
 - Shame in being powerless
 - Self regulations usually occurs by age 3



Theories of Social and Emotional Development

- Initiative versus guilt
 - Child becomes aware of power to be an initiator of an activity
 - Control environment as he masters own body
 - Understands different motivations and perceptions
 - Some actions lead to feelings of guilt
 - Inhibiting leading to a lack of initiative
 - When this conflict is resolved child sees self as separate from parents



Theories of Social and Emotional Development

- Social Learning Theory
 - Focus is the influence of environment on the development of personality and specific behaviors
 - Socialization is child's range of experience from which personality and appropriate behaviors are learned
 - Learning occurs through modeling observation and imitation
 - Sound models that encourage prosocial behavior are of primary importance to facilitate normal development



Assessment of Social and Emotional Development

- Multimodal Assessment

- Combination of strategies for collecting information

- Systematic observations, interviews, rating scales and paper-pencil tasks
 - Direct observation in various setting
 - Interviews are less reliable, but give good information if recent information is requested
 - Interviews with children are limited by verbal skills, but are a good tool for developing rapport

Types of Assessment Instruments



- **Systematic Observation**

- Observation in various settings for particular behaviors

- **Interviews and Questionnaires**

- Social and family history
 - Open ended questions/assess social-emotional

- **Rating Scale**

- Maximize reliability
 - Know child well, use many raters, use clearly defined points, use several response alternatives

- **Projective Tests:**

- Use is declining of these tests
- Drawing, matching pictures to moods, word association and creative play



Child with special needs:

- Children with cognitive differences
 - Not born with feelings of inferiority
 - Teasing, ridicule lead to social inadequacy and isolation
 - Difficulty giving positive cues to caregivers
 - Attachment is weakened by lack of response
 - Development is more consistent with mental age than chronological age
 - More likely to :
 - Have sustained interaction with peers, higher levels of solitary play, fewer friendships, less interest in social play
 - Same levels of:
 - Imaginative play, toy choice, play content



Children with special needs

- **Sensory Impairments:**
 - **Visual impairment**
 - Reactions of others: lack of social interaction with caregiver affects development of child
 - Child is less apt to explore and take risks
 - Interferes with development of self concept and independence
 - Emotional disturbance more common with visual impairments
 - Dependence-independence conflict increases frustration which produces aggressive acts and deviant behavior



Children with Special Needs

- Autism

- Display emotion at inappropriate times and in inappropriate ways
- Fail to attend jointly
- Difficulty with emotional understanding
- General lack of social attention creating difficulties with social relationships



Children with special needs

- Hearing Impairments
 - Restricted in communication
 - Parents are more authoritarian
 - Resort to spanking due to frustration
 - Children are more likely to
 - Be impulsive, lack empathy, temper tantrums
 - Due to inability to communicate verbally
 - Ridicule, alienation, exploitation negatively affect self confidence
 - Very young hearing impaired children do well communicating with peers and develop their own communication strategies
 - Implications are that early social interaction is important!

Children with emotional disorders



■ Personality disorders

- Anxiety, awkwardness in social situations
 - Leads to alienation, ridicule and self fulfilling prophecy

■ Conduct disorders

- Difficulty establishing close relationships
 - Antisocial behavior
 - Disobedience, aggressiveness, irritability, destructiveness, and impertinence
 - Behaviors usually incur punitive from adults thus reinforcing negative attention getting behaviors

■ Immaturity

- Difficulty dealing with the daily demands appropriate for their chronological age

Other Impairments



Physical impairments include

- children who have limited movement, poor control of voluntary motor acts, atypical physical features
 - Suffer same risks as other impairments
 - 1 in 10 children who had physical handicap displayed emotional disorder
 - Support that caregiver interaction and expectations are key factors in developing social-emotional skills
- Attention Deficits
 - Neurologically based problem
 - Inattention, distractibility, impulsivity and hyperactivity
 - Typical consequences that occur include: poor self-esteem, family conflicts, alienation from peers and uncompleted school work
 - Continuous negative feedback creates poor self esteem and stress

Promoting Social and Emotional Development



- Interventions for children with special needs
 - For infants focus on positive interactions between children and caregivers and developing secure relationships
 - For preschoolers focus should be on social interaction with peers to develop secure peer relationships and acquire specific social skills.

Promoting Social and Emotional Development



- Skills of the caregiver
 - Consistency of care
 - Provide help in determining child's needs
 - Teach to not overrespond to child's cues
 - Ensure that interactions between caregiver and child are positive
 - Provide high quality interaction
 - Encourage verbal and nonverbal communication
 - Provide words for feelings and objects of need
 - Provide alternative communication skills if necessary
 - Provide diverse experiences
 - Provide opportunities for enjoyable experiences outside the home
 - Meet with other parents for support and socialization for children

Skills of the Interventionist



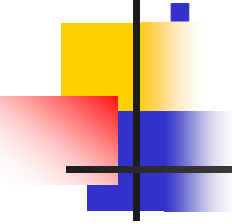
■ Being Consistent

- Child controls behavior based on anticipated behavior and consequences
 - Facilitate self control by providing environment where child can predict behavior is appropriate or inappropriate
 - Consistency in responding to behavior supports the child's predictions

■ Exercising Control

- Planned experiences teach these skills
 - Playing: allow to play without constant adult supervision allowing for some independence
 - Choosing: allow the child choices allowing for self direction
 - Failing: allow child to fail teaches realistic consequences

Skills of the Interventionist

- 
- Modeling
 - Learn from what they see practiced than from what they are told
 - Positive interactions , appropriate emotions and responses, rules of socialization, sharing
 - Role playing a good strategy to use modeling
 - Providing Cues
 - Providing consistent environmental cues
 - Location of objects can signal a child to behave in desirable or undesirable ways
 - Provide an environment that will encourage desirable behavior
 - Setting Limits
 - Develops internal controls, develops environment that allows child to freely explore and be successful
 - Degree of confidence that they are protected from themselves
 - Limitations should be necessary and understood



Reflection

- Why is it important to understand how disabilities affect social competence?