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Addressing Social Emotional Competence in Early Childhood Through Research-Based Assessment and Evaluation Practices / Working with Families and Children to Promote the Development of Social Emotional Competence

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Working with Families and Children to Promote the Development of Social Emotional Competence

by

Theresa Evans

Starred Papers

Submitted to the Graduate Faculty of

St. Cloud University

In Partial Fulfillment of the Requirements

for the Degree

Master of Science in

Child and Family Studies

September, 2015

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Jane Minnema, Chairperson
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Dedication

I dedicate this Starred Paper project to Donald, my husband, for his unending patience,

wisdom, and support.

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I would like to acknowledge the thoughtful contributions of my committee

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Chapter I: Introduction

The groundwork for social emotional development is embedded in the early positive emotional experiences between caregivers and young children. These early relationships provide the foundation for how children view themselves, each other, and the world around them (Bagdi & Vacca, 2005). Researchers, educators, and mental health workers from a variety of disciplines have engaged in the continuing effort to better understand the nature of social emotional development and to also recommend prevention and intervention practices for families and young children.

Early relationships with mothers, fathers, grandparents, and other caregivers are critical for providing the necessary support, engagement, continuity, and emotional nourishment for healthy relationships with infants and toddlers (Bagdi & Vacca, 2005). Within secure relationships, children can learn about the effect of their behaviors on others and begin to understand that their behavior provides them with some control over the environment (Hemmeter, Ostrosky, & Fox, 2006). Interventions that have demonstrated effectiveness in promoting social emotional well-being in young children have focused on teaching nurturing, responsive interactions between the parent and child (Powell & Dunlap, 2010).

Professionals working with young children and their families encounter new challenges in fostering social-emotional skills. Multiple factors contribute to mental health and well-being for young children. Early predictors for children include temperament difficulties, developmental disabilities, premature birth, or medical conditions. Additionally, researchers identified family factors such as maternal

depression, history of trauma, domestic abuse, marital and family stress, limited resources, and family instability that can affect social, emotional, and behavioral development. Finally, low quality early childhood settings have an impact on child outcomes related to social-emotional development (Hemmeter et al., 2006). The development of secure attachments between children and caregivers is important because positive social and emotional development can provide increased long term mental health and well-being as well as increased academic success.

Research Questions/Focus of Review

The overall purpose of this study was to identify the elements of effective interventions that support families and children in promoting social emotional competence. More specifically, in this literature review, I sought to gather information on the recommended practices for guiding and supporting parents in order to determine how these practices could influence my own work in early intervention. Thus, I sought to answer the following questions:

1. What are the effects of parent interventions on social emotional development of young children?

2. What are the elements of effective parent interventions that support the promotion of social emotional competence in young children?

In collecting information for this study, I utilized the St. Cloud State University electronic library system, searching for articles in the online journal sources in Academic Search Premier, EBSCO, and Eric. Searching for related material, I used search terms either individually or in combination. These search terms include: (a) social emotional

development; (b) early childhood; (c) parenting; (d) and coaching. Search filters were used to contain searches within peer-reviewed sources as well as conducting searches of relevant journals and reference lists of retrieved studies.

The initial scope of this literature search was focused on families and children under 3 years old. In collecting a large set of literature pertaining to working with families to address social emotional issues, some of the articles reviewed considered early childhood preschool environments. Since these preschool-focused articles contained pertinent information for the benefits of teaching social emotional skills in both home and school settings, these articles were included in this Starred Paper review.

Definition of Terms

Meta-analysis is described as a method that helps to define a certain research field, to find out which studies exist and what they have produced. The empirical study is the unit of analysis in a meta-analytic study (Bakermans-Kranenburg, van Ijzendoorn, & Juffer, 2003).

Coaching is an adult learning strategy in which the coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use the action in immediate and future situations (Rush & Sheldon, 2011).

Early childhood is a period of development between the ages of 2 and 5 years where the child undergoes a great deal of cognitive and social development (Trawick-Smith, 2006).

Early intervention is described as a system of services that helps infants and toddlers with development delays or disabilities. Early intervention focuses on helping eligible infants and toddlers to learn basic and new skills. Each state is responsible for the implementation of services for infants/toddlers and their families (Odom & Wolery, 2003).

Early interventionist is a professional that provides early intervention services including special educators, speech clinicians, physical and occupational therapists, social workers, psychologists, vision specialists, nurses, and audiologists (Center for Parent Information and Resources, 2014)

Infancy marks the period of development from birth to 1 year that is marked by rapid physical growth and brain development (Trawick-Smith, 2006).

Parent sensitivity is a critical element of attachment theory that refers to the ability to correctly interpret and respond appropriately to infants' signals (Mesman, Oster, & Camras, 2012).

Responsive parenting is described as an affective emotional style of interactions between caregivers and children that includes acceptance of the child as a unique individual with needs and interests of their own (Landry, 2014).

Risk factors in early development refers to factors within the child, family, or environment that could have a negative impact on development including: child temperament, delay or disability, health and medical issues, poverty, maternal depression, domestic violence, drug and alcohol addiction, and community violence (Trentacosta, Hyde, Shaw, Dishion, Gardner, & Wilson, 2008).

Secure attachment is an affectional bond between an infant and adult caregiver in which the infant is able to seek out the attachment figure in times of distress and need, and have the ability and confidence to engage in activities and explore separate from the attachment figure (Dunst & Kassow, 2008).

Social emotional development is a broad area that covers how children feel about themselves and their relationships with adults and peers. It refers to children's behavior and responses to play and work activities, attachment to family members, caregivers, teachers, and friends. Infant Mental Health is another term that is used interchangeably with social emotional development (CSEFEL, 2008).

Toddlerhood is the last half year of infancy from approximately 18 months to 2 years marked by changes in intellectual, language, and motor growth (Trawick-Smith, 2006).

Importance of the Topic

The importance of early social emotional development on academic and long-term well-being is well documented in the literature. Parent and caregivers contribute significantly to the development and growth of social emotional skills and competences that children carry with them well into adulthood. Professionals working in the field of early intervention have the opportunity to assist parents in understanding their child's development and build their capacity to provide sensitive and responsive caregiving that benefits both the child and family. The next section of this paper reviews the literature related to parenting skills that support social emotional development as well as interventions that support and build the parents' capacities.

Chapter II: Literature Review

Overview

During the first 3 years of development, infants and toddlers rely heavily on adults to help them experience, regulate, and express emotions. Through close, secure relationships with parents and caregivers, young children learn what is expected of them and what to expect of other people.

The capacity to form close and secure interpersonal relationships refers to the very important developmental concept of attachment. Attachment is a term used to describe the emotional relationship that develops over time between infants and their primary caregivers (CSEFEL, 2008). Secure attachment has been found to be related to enhanced cognitive, social, and emotional development throughout early childhood (Raikes, & Thompson, 2008).

When it comes to social emotional skills for children, the development of secure attachments between children and caregivers is important throughout a lifetime. Better social and emotional development benefits children at young ages as well as providing long-term positive social, emotional, and academic success that are carried into adulthood (Rawlston Wilson, & Hanson, 2009). In their review of relevant literature, Brophy-Herb et al. (2009) found that sensitive parent child interactions—the mother's ability to interpret and provide support for their child's mental states such as thoughts, desires, interests, feelings—predicted attachment states at 12 months, and predicted preschoolers' ability to handle disappointment at age 5. More specifically, when mothers are open and

accepting of their feelings and behaviors, toddlers, in turn, are able to use their mothers as key resources in learning to manage emotions (Brophy-Herb et al., 2009).

Important Role of Relationships in Early Social Emotional Development

Several different theoretical perspectives contribute to our understanding of how early relationships impact social emotional development. From a social learning perspective, the parent child relationship is the primary influence shaping children's social, emotional, and behavioral development and forms the foundation for later social emotional competence (Clark, Tluczek, & Cranley Gallagher, 2004; Powell & Dunlap, 2010). Bandura (1974) theorized that social behaviors are learned though either direct experience and reinforcement, or through observation of others in which certain behaviors are rewarded. Sameroff and Fiese (2000) posited that children's social emotional development is dependent on multiple child, parent, and environmental factors, including nutrition, responsive care giving, parental mental health, safety of neighborhoods, and quality schools. In Brofenbrenner's bio-ecological systems theory, daily interactions of life, quality of parent-child interactions matter more than temperament, medical conditions, depression, or education (Clark et al., 2004).

Through quality interactions with others, especially primary caregivers, the foundational capacities for social emotional competence emerge (Brophy-Herb et al., 2009; Powell & Dunlap, 2010). Children learn how to understand and regulate their emotions and behavior through their experiences and interactions with caregivers (Raikes, Robinson, Bradley, Raikes, & Ayoub, 2007). Optimal early care-giving experiences are characterized by a sense of safety, satisfaction of needs, mutual

enjoyment in activities, freedom to explore, age appropriate expectations, and limit setting (Clark et al., 2004).

**Parenting Skills that Support Social
   Emotional Development**

Research shows that supportive relationships have a tangible, long-term influence of children's healthy development, contributing to optimal cognitive and social emotional development for infants and toddlers (CSEFEL, 2008). For example, mothers who sensitively respond to children help them to deal effectively with negative emotional states. By anticipating transitions, redirecting attention, responding to distress timely, mothers were able to support children's ability to regulate their emotions independently and cope effectively with stressful situations (Raikes et al., 2007). In a sample of 2,441 low-income children aged 14-36 months, this study used growth modeling to measure children's ability to regulate their emotions over time. Positive growth in their regulation occurred between the ages of 14 and 36 months; however, children who demonstrated a high degree of negativity at 14, 24, and 36 months had lower scores in self-regulation at 36 months as measured by the Behavior Rating Scale (BRS) completed by examiners following the administration of the Bayley Scales of Infant Development (BSID). Additionally, results of this study indicated that higher quality mother child interactions at 14 and 24 months were associated with better self-regulation at 36 months. Ratings of the mother child interactions were obtained through videotaped play sessions measuring the degree of mutuality, shared enjoyment, and positive emotional states. This study highlights the importance of smooth parent-child interactions as a contributor to the later development of emotional regulation.

Mothers' sensitive parenting, characterized by interactions that are warm, child-centered, stimulating, and involved at 12 months is positively associated with language and social competence at 24 months (Barnett, Gustafsson, Deng, Mills-Koonce, & Cox, 2012). Data were collected during laboratory visits when the children were 12, 24, and 36 months. At the 12-month visit, mothers and children were rated during a 10-minute free play interaction. At the 24-month visit, ratings were given during a 10-minute puzzle completion task. During the 24 month and 36 month visits, researchers administered the language assessment, and mothers completed several questionnaires, including a measure of child's social competence.

Rating scales of parent behavior were used at each time point measuring sensitivity, intrusiveness, detachment/disengagement, positive and negative regard for the child, animation, and stimulation of cognitive development. This study serves to identify the specific pathways facilitating language and social behaviors across early childhood and to inform prevention and intervention efforts to identify children who may be at risk for social and language difficulties.

In their analysis of data from previous studies, Dunst and Kassow (2008) found that contingent responsiveness was the best predictor of secure attachment in young children and identified 10 characteristics of sensitivity illustrated in Table 1. This article summarized the findings from two practiced-based research syntheses regarding the relationships between caregiver sensitivity and secure infant attachment, and one practice-based research synthesis of interventions aimed at strengthening caregiver sensitivity. By comparing effect sizes from the original research syntheses, the

researchers were able to establish the extent to which 10 sensitivity characteristics were related to secure infant attachment. Among the characteristics of sensitivity, mutuality, synchrony, response quality, and responsiveness showed the strongest relationship with secure attachment. The results of this study support the premise that qualitative aspects of caregiver-child interactions-mutuality, synchrony, response quality, and responsiveness are strongly related to secure infant attachment (Dunst & Kassow, 2008).

Table 1

Ten Characteristics of Caregiver Sensitivity

1. Caregiver /Child Synchrony	Includes interactions that are reciprocal and rewarding to both the child and the caregiver
2. Mutuality	Reflects interactions where the child and the caregiver are attending to the same thing simultaneously and the caregivers is responsive to the infants cues and modulates arousal
3. Response Quality	The caregiver's ability to accurately perceive and interpret the infants signals and respond promptly and appropriately
4. Caregiver Responsiveness	Refers to responses that function as a reinforcement that maintains the infants behavior toward the adult
5. Caregiver Contiguity	Prompt and frequent responses toward infant signals
6. Physical Contact	Quality and quantity of physical contact
7. Cooperation	Avoidance of intrusive and interfering behaviors toward the infant that respects autonomy but demonstrates skill when necessary without exerting control
8. Support	Attentiveness and availability that supports the infants efforts to explore while providing a secure base
9. Positive Attitude	Expression of positive affect, warmth, empathy, and affection
10. Stimulation	Encouragement, affective stimulation and arousal of infant

(Dunst & Kassow, 2008)

Responsive care giving can also support infants and toddlers in beginning to manage and express their emotions. When care giving is responsive to young children, adult caregivers interactions are warm and accepting, follow the child's cues, initiations and needs, and are appropriate to the child's developmental level, interests, and needs (Powell & Dunlap, 2010). These researchers stated further that optimal responsive care giving is mutually rewarding for all involved in these care giving interactions. In this way, positive emotional experiences serve as the building blocks for development of social emotional well-being of infants and toddlers (Bagdi & Vacca, 2005).

The quality of parent-child interactions influences the development of self-regulation. Children learn how to regulate their emotions and behavior through their reciprocal interactions with caregivers (Raikes et al., 2007). Reciprocal interactions are characterized by balancing a "give and take" relationship between the parent and the child. For example, if a baby's smiles or coos are followed by the parent's smile or form of acknowledgment, the baby is likely to continue smiling. These interactions support babies' in looking to their caregiver for reciprocal responses (Mahoney, 2009).

During the toddler years, children begin learning early self-regulation skills as in recovering from distress or decreasing the intensity of their expressed distress. Toddlers are expected to begin to regulate these emotional states while experiencing less assistance from parents or caregivers even though environmental demands are greater (Raikes et al., 2007). This ability to regulate emotions is considered to be an important predictor of children's successful management of social situations (Brophy-Herb et al., 2009). During the first 3 years of life, several components of children's early experiences affect

development of regulating skills. Differences in early experiences lead to individual differences in the ability to self-regulate. The way parents interact with children plays an important role in contributing to the developmental outcomes they attain. Parenting behaviors shown to influence emotion regulation include socialization messages around emotion, parental warmth, positive interactions, and parental supportiveness of the child (Bocknek, Brophy-Herb, & Banerjee, 2009). Sometimes, parental messages play an important role in teaching children appropriate emotional behavior within socially challenging situations. Parents and caregivers must strive to provide consistent care while fostering a feeling of social emotional security within and across learning settings and living environments. In doing so, these types of interactions are more likely to translate into positive development of self-regulation (Onchwarie & Keengwe, 2011).

Interventions and Ttraining to Iincrease
Parent Responsiveness

In a meta-analytic study of 70 published studies presenting 88 intervention effects on sensitivity and attachment, Bakermans-Kranenburg et al. (2003) established that interventions can successfully increase parents' ability to provide responsive, sensitive interactions and these skills impact children's social emotional and behavioral development, and attachment outcomes.

Interventions aimed at enhancing maternal sensitivity only showed the strongest effect sizes on infant attachment security. Highly intensive interventions with numerous sessions focusing on sensitivity, representation, and support demonstrated negative effect sizes on attachment security. The researchers found evidence for fewer contacts being

somewhat more effective, along with interventions starting later than 6 months, and including video feedback (Bakermans-Kranenburg et al., 2003).

In a secondary analysis of this original research synthesis, Dunst and Kassow (2008) investigated three different kinds of interventions that included: (1) behavior interventions aimed at enhancing and promoting caregiver sensitivity, awareness, interpretation, and responsiveness to their child's behavior, (2) providing social support in the form of advice, guidance, and emotional assurance aimed at strengthening caregivers feelings of confidence and competence, and (3) changing caregivers understanding and awareness of their roles in influencing their child's behavior.

Taken together, the results from these two different sets of analysis indicated that interventions are most effective for teaching parents about responsive and sensitive interactions when they have the following characteristics: a) are brief and highly focused; b) take place around 6-8 months; c) use videotape models and feedback to illustrate sensitive child-caregiver interaction styles or to provide feedback to caregivers about their interactional behavior; and d) emphasize caregiver awareness and attention to the child's signals and behavior, accurate interpretation of child's cues and signals, and prompt and appropriate parent responsiveness to the child's behavior (Bakermans-Kranenburg et al., 2003; Dunst & Kassow, 2008).

Some research points to the effectiveness of parenting intervention, education, and training programs that extended beyond teaching responsive and sensitive interactions to including parenting skills needed as children develop in the early years. These interventions focus on parent's attitudes, expectations, promote parent-child

relationships, teach behavior management skills, and teach parents to support their child's social emotional, self-regulation, and competencies (Bagner, Rodriguez, Blake, & Rosa-Olivares, 2012; Barlow, Parsons, & Stewart Brown, 2005; Landry, Smith, Swank, & Guttentag, 2008).

Kaminski, Valle, Filene, and Boyle (2008) found that teaching parents emotional communication skills, interaction skills, and responsive, sensitive nurturing produced strong effect sizes. Bagner et al. (2012) also found that mothers demonstrated significant improvements in their interactions following an intervention aimed at strengthening the parent child interaction to change child behavior. Mothers were observed to be more positive and better able to follow their child's lead in play.

Early intervention and other support programs can help parents establish healthy relationships that support social emotional growth that ultimately prevent challenging behaviors. Programs that combine child focused activities with attention to parent-child interaction patterns as well as relationship building have the greatest impact on development (Kelly, Zuckerman, & Rosenblatt, 2008; Niccols, 2009).

For instance, Niccols (2009) focused on parenting styles and strategies for children in late infancy and toddlerhood. The COPing With Toddler Behavior (CWTB) was designed to train parents in effective parenting styles and strategies for parenting very young children. The short-term improvements in child behavior and parenting found in this study provided support for the effectiveness of parent training to support the social emotional development of young children. These parents benefited in terms of more positive parenting behavior while experiencing less over reactivity and depression.

Their children exhibited fewer behavior problems and more prosocial behaviors such as compliance to group directions.

In another study of a parent training program, mothers and their infants ages 12 to 15 months who displayed elevated problems on a brief screener of social emotional functioning, Bagner et al. (2012) found significant improvements in mother-child interactions immediately and at the 6-month follow-up. Mothers were observed to be more positive in their interactions, better able to follow their child's lead in play, and reported fewer externalizing and dysregulation problems on the Infant Toddler Social Emotional Assessment follow up (Bagner et al., 2012). In this particular study, the Parent-Child Interaction Therapy (PCIT) was adapted for use as a home-based preventative intervention. The Child Directed Interaction (CDI) phase of the PCIT was maintained while addressing the unique needs of infants. The intervention consisted of six sessions. The first session of the CDI included orientation to the intervention and discussion of specific strategies used to follow their child's lead in play. Following the teaching session, parents and children participated in five coaching sessions in which the therapist actively coached the parent in using the skills with their child. Parents were taught to avoid giving commands, asking questions, or using negative statements. Parents were coached in using the following strategies; using praise, reflecting the infants' speech, imitating play, describing behavior, and expressing enjoyment in the play. During coaching sessions, therapists sat close to the parents and provided feedback quietly. Parents were also encouraged to use physical touch-patting the infant, non-

verbal praise-clapping hands, along with verbal praise to enhance reinforcement of appropriate behaviors.

Finally, the Play and Learning Strategies (PALS), developed by Landry et al. (2008), enhanced mothers' skills showing greater increases in behaviors associated with aspects of responsiveness. These aspects included responding contingently to infants' signals, expressing with warmth and positive affect, avoiding negative responses, maintaining and building the child's interest, using rich language input that is responsive to the child's signals to label objects or actions and to support understanding. Increases in these behaviors resulted in greater increases in the child's skills including greater improvements in social cooperation, decreased negative affect, increased use of words, and heightened complex play skills. The children were also noted to generalize these skills to other adults, and demonstrate more complex play when playing independently.

A second phase of PALS was developed to address the question of whether support for caregivers contributed to sustained increases in social emotional and cognitive skills. In other words, was PALS intervention during infancy and toddler-early preschool necessary for sustained increases in child skills? Landry et al. (2008) noted that one challenge parents face in meeting the demands for consistent responsive parenting across early childhood is their lack of understanding for their child's changing developmental needs. As children's developmental needs change, parents in turn needed to adjust their responses to these new demands.. Additionally, parents with fewer economic resources and lower levels of education are at a higher risk for having difficulty attending to this complex and demanding developmental process.

In the PALS II, an additional session was developed to address supporting children's challenges in regulating behavior. Results of this research indicated that some responsive behaviors such as warmth and expression of pleasure are best facilitated across the infant developmental period, while responsive verbal input received the best support during the toddler and preschool developmental period. Finally, contingent responsiveness and other verbal scaffolding behaviors directly linked to child's signals required PALS intervention across both early and later periods for optimal levels. Contingent responsiveness is a more complex behavior than warmth and positive affect because it required the caregiver to notice and respond to the child's cues and signals promptly as related to what the child signaled (Landry et al., 2008).

Family-Centered Strategies and
   Collaboration

The important role of family-centered strategies is well documented in the research on early parent-child relationships and their influences on children's social emotional development (Woods, Wilcox, Friedman, & Murch, 2011). One of the most important values when working with young children is emphasizing family-centered strategies. Early interventionists are in a unique position to foster the emotional health and well-being of all children and families by supporting parents to feel confident as their child's primary caregiver, teacher, and advocate. Furthermore, helping parents access and utilize resources to enhance their child's social emotional well-being and provide healthy family functioning (Woods et al., 2011).

Family-centered practice included establishing parent-provider relationships that recognize the parents and caregivers as having the immediate role in promoting overall

development and social emotional competence for their children. In addition, family-centered practices are individualized, focused on strengths, building capacity, and reflective of the family's priorities, culture, and values (Woods et al., 2011). A common theme supporting the effectiveness of family centered services is that due to their constant presence in their children's lives, parents and caregivers have many more opportunities to influence learning and development when compared to service providers (Mahoney & Wiggers, 2007). Parents have valuable knowledge about family goals and values, typical routines, resources, social supports, and stressors.

Some studies suggested that although there is a consensus that family-centered practices are necessary for effective intervention, a gap exists between what is recommended and what is put into practice. Home-visit time is often provider-child focused rather than caregiver-child, or provider-caregiver interaction (Peterson, Luze, Eshbaugh, Jeon, & Kantz, 2007; Salisbury, Cambray-Engstrom, & Woods, 2012). Early intervention providers are not engaging in practices that facilitate parent competence and support the parent-child relationship. Caregivers often assume a passive role during home-visits, watching while the provider works with the child (Woods et al., 2011). In contrast, researchers in another study found that early intervention providers tended to underreport the actual use of coaching strategies in case notes and were in fact implementing practices that were collaborative and family centered. They suggested that providers may need additional support and training to implement these strategies with fidelity (Salisbury et al., 2012).

Shah, Muzik, and Rosenblum (2011) identified four strategies within family-centered care that support parent-child relationships.

1. Supporting the Family. Building an alliance by providing parents with an opportunity to tell their story. Specifically, listening to their concerns, perceptions about their child's behavior, and hearing about their hopes and worries.

2. Observing. Observing the quality of early parent-child interactions provides valuable information about parent attitude toward the child, degree mutuality, ability to read child cues and structure the environment accordingly, and the child's ability to use the parent a source of comfort and security.

3. Addressing Specific Risk Factors. Inquiring about risk factors, paying close attention to the role of culture on parenting practices, understanding, and interpretation of child behavior, and development. Understanding the "cultural lens" provides a framework in providing guidance and feedback and formulating an intervention plan.

4. Reflecting, Reframing, Reinforcing, and Referring. Reflecting on what is discussed demonstrates to parents that they have been heard and that you are partners in this process. Once parents are assured that their concerns have been heard it becomes easier to offer another perspective. Providers should help parents understand behavior in terms of the child's capabilities. A child may hit because he or she is frustrated and does not have words to use. Most importantly, providers should highlight and reinforce the family's strengths.

Coaching Strategies

A program's goals are guided by a theory of change that describes how participation in program activities will lead to attainment of goals, and how the program staff will interact with participants to target identified goals (Hughes & Peterson, 2008). In early intervention the main goal is to strengthen the family's capacity to support their children's development. The provider's role is to share information and resources, suggest and demonstrate intervention strategies with the caregiver, support the caregiver's learning by observing and letting them take the lead, engage the caregiver in problem-solving, and reflection to increase their understanding of why certain strategies are used as well has how to implement them (Friedman, Woods, & Salisbury, 2012; Hughes & Peterson, 2008).

Coaching has emerged in early intervention as a relationship based process that serves as a framework to maximize caregiver confidence and ability so that the child's learning and development of new skills occurs naturally as a part of everyday life. Coaching is a scientifically based process of reflection and feedback used to provide support and encouragement, refine existing practices, develop new skills, and provide continuous self-assessment and learning (Rush & Sheldon, 2011).

The role of the coach is to provide a supportive environment in which the family members and coach can jointly reflect on current activities that encourage and enhance their child's learning. The goals of coaching are to facilitate the caregiver's development of competence and confidence, self-reflection, self-correction, and the generalization of new skills and strategies by working alongside the parent rather than acting as a lead

player. Coaching offers a structured system for planning with families, modeling

effective practices, and encouraging feedback to promote continuous self-assessment and

capacity for sustaining parenting practices that support children's learning and

development. Rush and Sheldon (2011) outlined five practice characteristics of

coaching: (a) joint planning, (b) observation, (c) action and practice, (d) reflection, and

(e) feedback. These strategies provided early interventionists and caregivers with

opportunities to share information, learn and practice strategies, and solve problems in a

manner guided by the caregivers' identified priorities. This method of service delivery

equips caregivers to support children in everyday routines and activities when providers

are not present (Woods et al., 2011).

To successfully coach caregivers and build their capacity to support their child,

early intervention practitioners must know how to collaborate with other adults.

Well-defined, measurable processes and procedures can be used to increase the

provider's ability to engage with families to provide support and strengthen the caregiver-

child relationship (Friedman et al., 2012; Sanders & Burke, 2014). There seems to be an

agreement regarding the roles; however, specific actions need to be identified and

understood by providers so that they can coach and collaborate with caregivers (Peterson

et al., 2007; Woods et al., 2011).

In a review on coaching strategies, Friedman et al. (2012) also proposed a

framework for describing coaching behaviors that reflects the principles of adult learning

and family-centered practice. This framework outlined a sequence of actions to guide

providers in the coaching and collaboration process that included the following:

1. Setting the Stage—the provider sets the stage by developing and nurturing their relationships with the caregiver, the caregiver provides updates related to the child and family, the provider shares information and reviews the plan for the session;

2. Application opportunities and feedback—the caregiver practices with support from provider and a discussion time is included to promote deeper understanding and use of new knowledge and skill, and

3. Mastery—the caregiver generalizes and problem solves the use of strategies that promote child learning and development across settings and situations (Friedman et al., 2012).

In addition to the framework, Friedman et al. (2012) also coded and defined nine coaching strategies that could be used within the framework to attain the outcomes that are identified by the caregivers' priorities. The strategies include: conversation and information sharing, observation, direct teaching, demonstrating, guided feedback with practice, caregiver practice with feedback, joint interaction, problem-solving and reflection, and a child focus (Friedman et al., 2012).

Guided Participation

The most successful parenting interventions employ methods such as modeling, rehearsal, practice, feedback, and homework. Effective parent consultation also involves interpersonal skills such as building a collaborative relationship, facilitating parents' willingness to try new ideas or skills, managing resistance, promoting parents' self-regulation, increasing parents' confidence in their ability to solve problems independently

and maintain gains achieved (Sanders & Burke, 2014). The guided participation model was developed and applied for the Triple P system of parent consultation. It was designed to encourage parents' participation in their intervention and can be applied to all phases of parent consultation. The model employs four phases of parent consultation: initial engagement, assessment, behavior change, and termination. The program content and processes work together to support parents to make meaningful changes in their own and their child's lives. Further research is needed to determine how this model contributes to outcomes for parents and children.

Promoting First Relationships

To further extend the field's understanding of how practitioners can support parental responsiveness to their infants and toddlers, Kelly et al. (2008) described a relationship-focused intervention program, Promoting First Relationships (PFR). The program and results from this study were designed to improve the relationship-focused skills of early interventionists serving young children and their families. This information draws attention to the concern that despite the research on the importance early intervention programs that focus on positive parenting skills and building parent capacity, it is still uncommon for early intervention programs to focus on the parent-child relationships. Lack of structure and training are the main factors that prevent the shift from working directly with the child to working with the parent and child. Through the use of training videos, written manual, and handouts, the Promoting First Relationships Curriculum incorporate provider consultation strategies similar to those described by Rush and Sheldon (2011), in which the provider first established an emotional connection

with the parent and then gave verbal feedback that is contingent, positive, and instructive. The provider also used videotapes of parent-child interactions to help parents observe their responses to their child's behavior and used a parent coaching method to increase parents' sensitivity and responsiveness to their children. Finally, reflective questioning is used to focus on underlying feelings and needs of parents and young children (Kelly et al., 2008).

The content of the parent curriculum provided parents with information about social emotional needs specific to infant and toddler development, and demonstrated care giving qualities and activities that promoted security, trust, and emotional regulation during infancy as well as activities to promote motivation and social competence in the toddler years. The parent component also included intervening with challenging behaviors. Through discussion and observation, providers assisted parents in identifying possible causes for challenging behaviors, reframing behaviors for caregivers, and developing intervention plans. Finally, providers guided parents to explore their own sense of self, emotion regulation, and supported that influence in the care-giving environments. Results from this study demonstrated that providers focused more of their time on the mother-child dyad after the training, mothers increased their contingent interactions, and infants became more responsive to their mothers following the intervention.

In a similar study, Peterson et al. (2007) examined the relations between strategies and parent engagement. This study included two types of home visiting programs:

(a) Part-C early intervention programs, and (b) Early Head Start Programs. Research found that the percent of time devoted to supporting the parent-child interaction via direct coaching or modeling was limited in both programs. Part-C providers spent 51% of their time directly teaching the child, generally initiating activities, controlling materials rather than facilitating parent child interactions or providing focus on the parent to provide guidance. Early Head Start providers spent 19% of their time modeling and coaching parent-child interactions, but half their time was spent talking with parents. Mothers were highly engaged when the early interventionist was listening to her and asking her for information; but, engagement dramatically increased to 62% with the use of coaching strategies that included the parent directly interacting with their child. The results of the study indicated that although high levels of maternal engagement are associated with the use of coaching and modeling, the amount of time devoted to these strategies demonstrated that it is more difficult than it appears.

Group-based or Home-based
  Interventions

Evidenced-based information can be both collected and analyzed to better inform educational practices that better support parent-child relationships to enhance social emotional well-being. When these practices are used in the practical work with parents and caregivers, it is necessary to also consider the format within which those services are delivered.

Group-based parenting interventions may take advantage of powerful mechanisms that would be missing in individual interventions such as opportunities for social networking with other parents, guidance and support of peer parents, therapeutic group

processes and parental empowerment through the act of helping others (Moore, Barton, & Chrionis, 2014; Niccols, 2009). Groups should be kept small (5-6 families) and allow enough time for parents to support each other, share progress, and discuss the implementation of strategies (Moore et al., 2014).

Yet, in a meta-analytic study, Lundhal, Risser, and Lovejoy (2006) found that parent training programs designed to reduce disruptive child behavior delivered individually as opposed to group setting produced greater child change, especially for economically disadvantaged families. Barlow et al. (2005) reviewed several studies with the intent to establish whether group-based parenting programs are effective in improving the emotional and behavioral adjustment of children under three 3 years old, and to assess their role in the prevention of emotional and behavioral problems. Five studies taken from a sample of 140 reviewed, revealed the parenting programs provided at the primary and secondary preventative basis have potential to improve infant and toddler social emotional development.

Utilizing the Coping Model Problem Solving Approach, Niccols (2009) developed the COPEing with Toddler Behavior (CWTB) parent training group focusing on parenting styles and strategies for parenting infants and toddlers. The results of this study provided support for group training for parents of children under the age of three3. The parents in this study exhibited more positive parenting behavior, less over reactivity, and depression, and their children demonstrated more positive behavior and compliance, and fewer behavior problems following the group.

In contrast, home-based individual interventions have notable advantages such as the ability to address specific needs of individual families and allow practitioners to assess family environments (Niccols, 2009). Relationships between home-visitors and parents are vital for the development of the parent. In an examination of the effectiveness of parent training programs designed to reduce child abuse, researchers found that the use of a home-visitor delivering services in both the home and office, and the use of both group and individual sessions produced significant effects for behavioral orientation (Powell & Dunlap, 2010). Moore et al. (2014) suggested that individual support is sometimes necessary to help families identify which strategies they used well and how to implement them in their home. Other researchers suggested that interventions in the home would make it easier for low-income families to attend sessions regularly given limited access to transportation (Bagner et al., 2012).

Influences on Parenting Behaviors and
   Challenges to Interventions

A complete review of the literature addressing how young children's social emotional development can be supported best within family-centered interventions would be incomplete without considering the multiple challenges involved in this important work.

Risk Factors

Child and caregiver relationships are multifaceted. It is important to recognize the risk factors that influence children's social emotional well-being. Infants and parents influence each other over time and both the parent and the child shape the relationship. Child characteristics including difficult temperament, physical or developmental

disability, prematurity, or medical conditions can contribute negatively to the parent-child relationship. Caregivers in families may experience chronic illness, homelessness, hospitalizations, stress, history of trauma and maternal depression (Shah et al., 2011). Families from lower socio-economic backgrounds often experience adversities that can undermine young children's social emotional development (Raikes et al., 2007). Early intervention personnel need to be skilled at identifying family factors that are influencing appropriate parenting and addressing them through direct intervention or partnering with other community services to provide more intense services and supports. They must be able to adjust the delivery of parenting interventions to accommodate parent circumstances, culture, capabilities, needs, and preferences to ensure that parents benefit from interventions.

Culture

Providers in early childhood must be sensitive to the range of life and cultural experiences that parents bring to the job of parenting. Culture influences every aspect of human development, including how social emotional development is understood, adult's goals and expectations for young children's development, and the child rearing practices used by parents and caregivers (Bagdi & Vacca, 2005). For all families, the cultural framework plays a critical role in the goals parents set for their children. Understanding a family's cultural framework can help practitioners to better serve them. When offering parents advice, it is important to remember that optimal child development can follow many paths.

Practitioners may find it difficult to understand that views differing from their own views are acceptable. For instance, one of the most frequently studied aspects of cultural values is in the way family members think about and emphasize independence and interdependence. The U.S. culture commonly stresses values of independence, while the non-western cultures focus more on interdependence. The most important goal of raising independent children is for them to be self-sufficient and act on their own personal choices. The primary goal of raising interdependent children is for them to be a part of a larger system of relationships and to depend on others for well-being (Christensen, Emde, & Flemming, 2004).

There are significant variations among cultures for topics found in parenting education curriculum, such as communication, sleeping, discipline, parent-child bonding, family structure and roles, play, and gender role development. For example, emotions are universal, yet there are variations in the way they are expressed or communicated. Emotional expressions that tend to vary across cultures are animation, intensity of expression, volume of speech, directness of questions, directness of eye contact, touching, use of gestures, and physical proximity (Center on Social Emotional Foundations for Early Learning, n.d.). Children learn appropriate ways of expressing emotion based on their culture and family norms. Thus, practitioners need to understand how culture influences the interactions among parents and their children with regard to these topics, consider their underlying cultural goals, and support parents who use alternative patterns to incorporate new behaviors into their cultural framework. In other

words, parents have varying goals for their children that influence the decisions they make in parenting–important considerations for practitioners (Peterson et al., 2007).

This concludes the review of literature related to the effects of parenting interventions on children's social emotional development and elements of effective parenting interventions aimed at promoting social emotional competence in young children. The next chapter summarizes the findings based on the study of this topic.

Chapter III: Summary

In summary, early social emotional wellness develops within the context of relationships. Sensitive, and responsive interactions early in life help children express emotion, develop emotional regulation, and form close, secure relationships with others. By applying family-centered strategies that focus on building collaborative relationships with parents and caregivers, early interventionists are better able to support the social and emotional well-being of young children.

Parenting skills that included expressed warmth and positive affect, avoidance of negative responses, maintaining the child's interest, and language that was responsive to the child's signals were shown to decrease negative affect, and increase children's cooperation, initiating and use of language, and expanded play skills (Barnett et al., 2012; Case-Smith, 2013; Kassow & Dunst, 2005; Landry et al., 2008). Caregiver interventions that promoted children's social skills included modeling appropriate social behaviors, providing opportunities to practice with reinforcement, imitation of the child's actions, waiting for responses, and providing natural consequences.

Parents who were taught emotional communication skills (such as listening and labeling emotions), positive interaction skills (such as engaging in child directed activities and providing positive reinforcement), and responsive and sensitive nurturing (such as physical contact and affection) were more positively engaged and better able to follow their child's lead (Case-Smith, 2013; Kaminski et al., 2008). Two parent training programs, Coping with Toddler Behavior (Niccols, 2009), and Play and Learning Strategies (Landry et al., 2008), demonstrated short-term improvements in child behavior

and parenting skills. Timing was also noted as a factor in sustained increases in social emotional and cognitive skills. The research indicated that some responsive behaviors are best facilitated during infancy, while responsive verbal input has much more importance during toddler and preschool development (Landry et al., 2008).

Other research focused specifically on the benefits of both group and home-based settings for interventions. Results of the COPEing with Toddler Behavior parent training program (Niccols, 2009) found that group-based support had promising effects for parents of children under the age of 3. Group-based programs provide parent with opportunities for social networking, guidance, empowerment, and support from other parents. Moore et al. (2014) suggested that groups should be kept small, and allow time for parents to support one another, share progress, and discuss strategies. In a similar study, Niccols (2009) noted that sometimes individual support is needed to help families to identify specific strategies and implement them at home. Home-based interventions allow providers to assess family environments and build relationships that are vital to the parent.

Additionally, interventionists who promote social emotional growth in very young children focus on parent-child interactions. These programs teach parents how to read the child's cues and respond sensitively. Using adult learning strategies that included modeling, coaching, feedback, and relationship- focused interventions can enhance parents' responsiveness, sensitivity, and engagement in interventions (Case-Smith, 2013; Hughes & Peterson, 2008). In a meta-analysis of 70 published studies presenting 88 intervention effects, Bakermans-Kranenburg et al. (2003) established that interventions

can successfully increase parents' ability to provide responsive, sensitive interactions that positively impact children' social emotional and attachment outcomes (Bakermans-Kranenburg et al., 2003). Dunst and Kassow (2008) found that behavioral interventions that focus specifically on enhancing parental sensitivity to the child's behavior were most effective. The interventions focused on parental awareness of their children's behavior, accurate interpretation of behavior, and contingent social responsiveness to their child's behavior. The interventions were most effective when implemented with children older than 6 months of age, were brief and highly focused, and used videotapes for feedback and illustration of interactions. .

Parents' interactions with their children are not always responsive and sensitive for varying reasons. It is important for early interventionists to be aware of risk factors both within the child and the family that influence children's social emotional well-being. Many factors influenced children's learning and development, including their genetic makeup, central nervous system, health, and risk or protective factors within their family and community (Odom & Wolery, 2003). It may also be necessary to seek support from other mental health professionals to gain knowledge and skills to meet the complex and unique needs of such families (Hughes & Peterson, 2008). To this end, four strategies within family centered care can help to support parent-child relationships are:
a) supporting the family, b) observing, c) addressing specific risk factors, and
d) reflecting, reframing, reinforcing, and referring (Hughes & Peterson, 2008; Shah et al., 2011).

Today, most early intervention programs support the premise that except where there are cases of abuse or neglect, optimal learning opportunities for young children are best provided within sensitive, responsive parent-child interactions that occur within the context of daily routines. Parents and caregivers are in the best position to provide natural supports to learning and development through everyday routines and interactions. Coaching strategies have emerged as a tool for interventionists to use to support parents' interactions with their children and gain knowledge regarding their ongoing development (Hughes & Peterson, 2008; Odom & Wolery, 2003).

Two key components important for coaching strategies are to actively engage parents in their child's learning by using adult learning strategies. When carried out thoughtfully and successfully, coaching strategies provide parents with the knowledge and skills needed to take advantage of the multiple learning opportunities within daily routines. Specific coaching strategies include: a) establishing connections with parents, b) giving verbal feedback, c) using videotapes, and d) using reflective questioning.

As awareness of social emotional development and competence grows, it is increasingly important that a systematic approach be promoted and adopted by teachers, parents, and caregivers. This literature review describes some of the strategies that can be used as tools to help build parent understanding and capacity for establishing and supporting social emotional competence and well-being for very young children.

Chapter IV: Position

The overall purpose of this study was to review the literature on recommended practices for supporting families and children in promoting social emotional competence. There is extensive agreement in the literature regarding the importance of social emotional competence for children's academic and success throughout a lifetime (Bagdi & Vacca, 2005; Powell & Dunlap, 2010; Shonkoff & Phillips, 2000). There is also a consensus that early interactions and experiences are critical in shaping the development of later social emotional competences (Brophy-Herb et al., 2009; Clark et al., 2004; Raikes et al., 2007).

The research indicates that warm, nurturing relationships with primary caregivers provide a secure base for infants to explore and learn thereby contributing to cognitive and social emotional development (CSEFEL, 2008). Since parents and caregivers are the primary influence in the attainment of positive social emotional outcomes for children. Early interventionists can enhance children's outcomes by working collaboratively with caregivers to provide the support they need to nurture their child's development (Hughes & Peterson, 2008). Parenting interventions that focus on enhancing the parent child relationship are essential to improving social emotional outcomes (Bakermans-Kranenburg et al., 2003; Dunst & Kassow, 2008). The purpose of this review was to identify targeted parenting skills and interventions that can lead to enhanced parent-child relationships.

In reflecting on what I have learned from this literature review, there are three key points that summarize my position on this topic. My position partially addresses the research questions posed for this Starred Paper, "What are the effects of parenting interventions on children's' social emotional development?"

- The first key point is that helping parents appreciate the importance of children's social emotional skills for successful social and academic experiences. In addition, it is also important that parents understand that their high-quality interactions support the foundation for positive social emotional development. Early parent-child interactions support healthy social emotional growth when sensitive and responsive interactions foster a sense of security. Children are then able to explore to their environments, thus learning the necessary skills to meet developmental milestones appropriately (Clark et al., 2004; Vacca, 2001). Early interventionists can help support families and children who are at risk for developmental delays by providing family centered services. Characteristics of family centered services includes: treating families with dignity and respect, practices are individualized, flexible, and responsive to the expressed needs of the family, information is shared so that families make informed decisions, families have choices regarding interventions, families are involved and engaged in interventions, and relationships are collaborative (Friedman et al., 2012; Hughes & Peterson, 2008; Powell & Dunlap, 2010; Wilcox, Friedman, & Murch, 2011; Woods et al., 2011).

The literature gathered for this review also investigated the effects of parent interventions on the social emotional development of very young children, as well as what elements of interventions best support parents in the promotion of social emotional competence.

- The second key point is that children's social emotional outcomes are influenced by parenting interventions. In fact, there are certain parent behaviors when combined with some interventions that are more effective for improving attachment relationships. One meta-analytic study that examined 88 interventions was useful in gathering information from a large database to compare effect sizes from various interventions (Bakermans-Kranenburg et al., 2003). These studies were aimed at how to enhance parental responsiveness, sensitivity, and engagement. These researchers found that interventions targeting parental sensitivity were the most effective in promoting change in the parents' interactions with their children. Sensitive interactions include caregiver awareness and attention to the child's signals and behavior, accurate interpretation of the child's cues and signals, and prompt and appropriate responsiveness to the child's behavior. These behaviors in turn affected infant secure attachment. Most studies reported effects on attachment security as measured by the Strange Situation Procedure (Ainsworth, Biehar, Waters, & Wall, 1978). When coding interventions and comparing effect sizes, another finding from this research demonstrated that interventions showing the greatest effect sizes on enhancing parental

sensitivity were those that had fewer sessions, started at 6 months of age or later, and included video feedback.

Further, Dunst and Kassow (2008) isolated the features of caregiver sensitivity and responsiveness, and the characteristics of interventions that facilitate these caregiver behaviors. They further defined the features of sensitivity and outlined ten characteristics of sensitivity illustrated in Table 1 of Chapter 2 of this Starred Paper. These well-defined characteristics help early interventionists, like myself, to target parenting skills and interactional styles that impact the parent-child relationship.

Another research-based finding was that different kinds of interventions were more effective than others in increasing caregivers' use of sensitive and responsive interactional styles. Behavioral interventions aimed at enhancing and promoting caregiver sensitivity–awareness, interpretation, and responsiveness to their children's behavior–were most effective. Other interventions including providing social support-advice, guidance, emotional assurance and cognitive representation-changing caregivers understanding and awareness of their role had no effect on increasing caregiver use of responsiveness. That is not to say that there is not a place for these interventions in practice but rather they should not be the only means of enhancing parenting skills (Dunst & Kassow, 2008). Taken all together, these results inform early interventionists' identification of targeted skills and effective interventions for promoting social emotional competence and well-being in young children.

Finally, this literature review sought out the elements needed for parenting interventions to be effective in supporting parents in the promotion of social emotional competence in young children.

- The final key point learned from this review is the elements of effective parent interventions that support the promotion of social emotional competence are grounded in family centered practices. Early interventionists support parents and caregivers in providing sensitive, responsive interactions that nurture their child's development. Well-researched strategies and tools provide structure and fidelity to the intervention process.

There are numerous studies documenting the elements of effective interventions in the field of early intervention. There appears to be a consensus in the literature that family-centered practices are the backbone of successful strategies aimed at helping parents to promote overall child development and their social emotional competence. There are many strategies and tools that early interventionists can use in the delivery of services to promote change in achieving positive family outcomes. Some strategies were summarized in this literature review that include caregiver coaching, guided participation and relationship focused intervention (Friedman et al., 2012; Kelly et al., 2008; Rush & Sheldon, 2011; Sanders & Burke, 2014). While the literature reviewed for this Starred Paper points to specific answers to the first research questions posed for my research project. In considering the second research question, centering on specific answers is more difficult. The term coaching has emerged in this literature review as a specific intervention strategy for enhancing parent-child interactions (Friedman et al., 2012;

Peterson et al., 2007; Woods et al., 2011). The studies suggest that while these strategies have been shown to increase parent engagement, early interventionists may need more training and support to use these strategies effectively. It is my opinion that in order for interventions to be effective, interventions need to take into consideration the individual needs, backgrounds, culture, and situations of the families and children involved.

As a result of this research review, I have acquired many new tools and strategies that reinforce my belief that family centered intervention is key to my work with families. In my opinion, early interventionists, like myself, should be knowledgeable about the available tools and strategies and to choose the strategies that best fit the family's individual needs and priorities. Evidenced-based interventions that are carried out in an organized fashion, with family-centered practices as a priority, have the best chance of making a difference. I believe that although these approaches are recommended, there seems to be a range of preferences and capabilities within individual practices. In conclusion, I believe that it is best for program leaders and interventionists, in partnership with families, to work together in implementing these strategies with fidelity for families to receive the full benefit of intervention. Ultimately, parental awareness and ability to support their children's social emotional development can reach even more desirable healthy outcomes–one family at a time.

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**Addressing Social Emotional Competence in Early Childhood Through
Research-Based Assessment and Evaluation Practices**

by

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Table of Contents

Chapter I: Introduction

Children's social emotional competence is fundamental to forming quality relationships with family members, peers, and other adults. When social emotional development is delayed, a child's social interactions and potential for future learning may be affected. Early identification and professional support is crucial to help children and parents develop relationships that foster a child's development. Screening, assessment, and evaluation procedures are ways that early interventionists identify children and families in need of support to ensure healthy social emotional development. For those families who are eligible, professionals use these assessments to develop outcomes that provide interventions within the family system to support ongoing social emotional growth in young children.

Importance of this Study

Social emotional development impacts children's opportunities for further learning and development in all domains. The National Association for the Education of Young Children's (NAEYC; 2009) position statement on school readiness highlights the importance of regarding all domains of development as equally important to children's adaptation to school. Researchers have described key social emotional skills that children need as the enter school that include strong self-confidence, capacity to develop positive relationships with peers and adults, concentration and persistence on challenging tasks, an ability to communicate emotions effectively, ability to listen to instructional directions, and independent problem-solving skills (Ashdown & Bernard, 2012; Hemmeter, Ostrosky, & Fox, 2006).

Social emotional competencies are considered critical to children's success as they enter school, yet the research has found that approximately 10-15% of typically developing preschoolers will have chronic mild to moderate behavior problems, with a greater percentage among children from lower income families (Hemmeter et al., 2006). Children who experienced greater levels of family and adverse experiences as infants exhibited lower levels of cognitive and academic achievement, poorer self-regulation, and higher levels of problem behaviors (Mistry, Benner, Biesanz, Clark, & Howes, 2010). Young children are at greater risk for social emotional and behavior problems when they enter school without the abilities to listen to teachers, follow the rules, work independently, and interact cooperatively with peers (Bagdi & Vacca, 2005).

Research has clearly shown that children's social emotional and behavioral adjustment is important for early school success. Yet, the emphasis on cognitive and academic preparedness continues to overshadow the importance of children's social emotional development (Raver, 2002). Because there is evidence that the course of social emotional development can be changed, early identification of social emotional needs is critical (Shonkoff & Phillips, 2000).

Screening, assessing, and evaluating infants and toddlers helps identify social emotional needs and assists early intervention practitioners to understand children and their care, leading to more responsive interaction and instruction, along with building stronger relationships with children and families. When children feel good about themselves, they are able to develop positive relationships with others as well as identify, express, and manage their emotions. Thus, they are more ready to learn and progress in

their overall development. Identifying and addressing social emotional and behavioral

problems continues to be a complex and challenging process in which many early

childhood professionals lack appropriate training and guidance (Yates, Ostrosky,

Cheatham, Fettig, Shaffer, & Santos, 2008). Failure to identify early social emotional

problems could lead to more serious problems later on and can affect parents' sense

confidence in their parenting role (Carter, Briggs-Gowan, & Ornstein-Davis, 2004).

The purpose of this paper was to review the literature that examines the methods

and recommended practices for the assessment and measurement of social emotional

development for young children birth to 3 years old. By examining these research

findings, I hope to develop an action plan that enhances my current school district's

assessment and evaluation procedures.

Research Questions and Focus of Review

In this paper, I explored what assessment and evaluation practices are most

effective regarding social emotional development and concerns. Specifically, this review

of research addresses the following questions.

1. What are the challenges to identifying children with social emotional needs?

2. What is the recommended practice for the measurement of social-emotional

skills in young children?

Literature Search Description

In collecting information for this study, I utilized the St. Cloud State University

electronic library system, searching articles in online journal sources in Academic Search

Primier, EBSCO, and Eric. Searching for related material, I used search terms either

individually or combined in reference to: a) social emotional development, b) early

childhood, and c) assessment. Search filters were used to contain searches within peer-

reviewed sources.

Definition of Terms

Assessment refers to the process of gathering information from multiple sources

and settings, collected over numerous points in time and reflecting a wide range of child

experiences (Yates et al., 2008). Assessment procedures take the form of parent-care

giver report questionnaires, observational coding procedures, and diagnostic

classification systems (Bagner, Rodriguez, Black, Linares, & Carter, 2012), and are also

used to make evaluative decisions relative to intervention or prevention efforts

(Fitzgerald, 2007).

Attachment is a biologically-based process that motivates young children to seek

comfort, support, nurturance, and protection from primary caregivers, providing the basis

for security and exploration (Crockenberg & Leerkes, 2005).

At Risk Environments refers to environments that include risk factors such as low

income, maternal depression, domestic violence, drug and alcohol addiction, and

community violence (Trentacosta, Hyde, Shaw, Dishion, Gardner, & Wilson, 2008).

Contextual Risk Factors refers to factors that affect children's acquisition of

social skills and competence. These factors include: 1) environmental risk factors such as

neighborhood violence, low quality child care, and lack of community resources;

2) family factors such as maternal depression, family mental illness, parental substance

abuse, poverty, and domestic abuse; and 3) child factors such as temperament,

developmental delay, and serious health issues (Cohen, Onunaku, Clothier, & Poppe, 2005).

 Culture can be defined as a meaning that is shared by a group of people. These shared values, assumptions, beliefs, and practices are transmitted across generations and brought to life by daily behavior and interactions of the people within the group (Christensen, Emde, & Flemming, 2004).

Emotional Competence is the ability to effectively regulate one's emotions to accomplish one's goals (Squires, Bricker, & Twombly, 2002).

Evaluation refers to the comprehensive, multi-method procedures used to determine initial and continuing eligibility for early intervention or special education services. The goals of evaluation are to conceptualize the problems, characterize strengths and supports, assign a diagnosis, and provide recommendations for intervention services accordingly (Bagner et al., 2012).

Screening refers to the process of identifying children who may need a more comprehensive evaluation. The goal of screening is to detect a potential problem. Screening is usually brief with the intention of targeting a large population of children. When children screen positive for potential problems the next step is evaluation (Bagner et al., 2012).

Self-Regulation refers to a child's ability to gain control of bodily functions, manage emotion, and maintain focus and attention. The growth of self-regulation is a cornerstone of early childhood development and is visible in all areas of behavior (Shonkoff & Phillips, 2000).

Social Emotional Competence refers to the behaviors that reflect the achievement of mental age appropriate milestones in social emotional development, including a range of abilities that have been identified in young children; sustained attention, compliance, empathy, mastery motivation, and pro-social peer interactions (Briggs-Gowan & Carter, 2007).

Social Emotional Development. According to the Center on the Social Emotional Foundations for Early Learning (CSEFEL; 2015), social emotional development is defined as the developing capacity of the child from birth through 5 years of age to form close and secure adult and peer relationships, experience, regulate, and express emotions in socially and culturally appropriate ways; to explore the environment and learn all in the context of family, community, and culture (CSEFEL, 2008).

Temperament refers to the biologically based differences in the reactivity of the central nervous system and the individual's capacity for self-regulation (Rothbart, 1981).

The remainder of this paper outlines the importance of early assessment, theories, and research related to social emotional development, and how this developmental domain is impacted by early relationships, culture, and contextual risk factors. The review of literature offers some understanding regarding the complexity of assessing social emotional development, a discussion of the empirically-based procedures and measurement tools, as well as additional resources for practitioners and educators for the assessment of young children.

One very important context that is beyond the scope of this paper is the confusion between the terms assessment and evaluation. Assessment is commonly referred to as an

ongoing process in which qualified professionals, in collaboration with families, through

standardized tests and observations, look at all areas of a child's development. Under the

provision of Part-C Early Intervention, evaluation is used to determine the existence of a

delay or disability. These terms are often used interchangeably (Early Head Start

National Resource Center, 2011).

Chapter II: Review of Literature

The following chapter reviews relevant research in order to lend clarity to

effective practices in the measurement of social emotional development in early

childhood. First, this paper provides an overview of the prevalence of social, emotional,

and behavioral problems, and the importance of early identification. Next this paper

presents a brief discussion of children's social emotional development and the contexts in

which development takes place. Then, this review summarizes some of the challenges

associated with the identification of social emotional problems. Finally, the bulk of this

paper then examines evaluation and assessment approaches as well as practices for

involving family members in the process.

**Prevalence of Social, Emotional,
    and Behavioral Problems**

The prevalence of social, emotional, and behavioral problems among very young

children is estimated to be between 7 and 16% in the general population while rates for

children living in at risk environments ranges between 17 and 25% (Briggs-Gowan,

Carter, Skuban, & Horwitz, 2001). Social emotional problems can create barriers in

overall development and learning. Although there is evidence to document the

prevalence of mental health issues for infants and toddlers, there is still considerable

resistance to the idea that infants and toddlers can exhibit serious and persistent

emotional and behavioral challenges that disrupts development. Emphasis on cognitive

and language development and concern regarding stigmatizing young children and their

families contributes to neglecting social emotional and behavioral problems (Carter et al.,

2004). In addition, cultural differences in belief systems regarding development and

mental health services pose barriers to focusing adequate attention to children's mental health and well-being (Carter et al., 2004).

Importance of Early Identification

The contributions of early emotional experiences and social emotional well-being as a foundation for learning is only recently being recognized (Shonkoff & Phillips, 2000). The Individuals with Disabilities Education Act (IDEA) Amendments of 1997 identified social emotional development as one of the five developmental domains for which children birth to 3 years could be found eligible for early intervention services under each state's Part-C Early Intervention Program (Squires et al., 2002). The reauthorization of IDEA in 2004 increased attention to social emotional and other areas of development related to child abuse and neglect. The Child Abuse and Treatment Act (CAPTA) requires child protective service agencies to refer all children from birth to three years with substantiated cases of abuse and neglect to early intervention for screening. In response to CAPTA, IDEA 2004 requires state early intervention programs to screen all children (birth to 3 years) who are referred by child protective services (Herman, 2007).

**Understanding the Context of Social
Emotional Development**

As children's social emotional development progresses, children are able to feel confident and competent in developing relationships with others, resolve conflict, persist when faced with challenges, cope with anger and frustration, and manage emotions (Shonkoff & Phillips, 2000). These are critical areas of social emotional functioning that

help early intervention practitioners to better understand the complexity of identifying and addressing social emotional well-being.

Yet, there are many factors that affect children's acquisition of social skills and competences so that no child can be considered to develop the same. Child factors, such as attachment, temperament, emotion regulation, developmental delay, and serious health problems, play an important role in social emotional development. Factors within the family include culture, poverty, maternal depression, parental substance abuse, family mental illness, domestic abuse, and disruptions in the parent-child relationship (Trentacosta et al., 2008). Finally, environmental factors such as neighborhood violence, low quality childcare, and lack of community resources also play a critical role in the subsequent development of positive social emotional development (Cohen et al., 2005). The next section provides an overview of these constructs of early social emotional development, including environmental risk factors.

The Role of Attachment in Early Relationship Development

Early experiences that promote curiosity, self-confidence, engagement, and satisfying reciprocal relationships have been strongly linked to high levels of self-esteem and socialization. Therefore, the experiences children are exposed to have the potential to influence their future trajectory (Barblett & Maloney, 2010). Attachment is a form of emotional relationship with another. Security creates trust that allows the infant to explore and learn. Relationships between children and their caregivers shape the development of the child's perception of their world and have a lasting influence on future relationships.

Utilizing a systems perspective to explain the role of attachment has been shown to be helpful. Research conducted by Bowlby (1969) emphasized the infant's motivation to maintain close proximity to the primary caregiver for a sense of security and reduction of distress. The caregiver's responsiveness to the infant's signals contributes to the child's mental or emotional representation, thereby influencing the development of a secure attachment. All infants become attached to their caregivers; however, not all attachments exhibit characteristics of what attachment theorist define as secure. Building on this framework, Ainsworth, Blehar, Waters, and Wall (1978) identified three patterns of attachment, secure, avoidant, and ambivalent. In addition, Main and Solomon (1990) later identified the disorganized or disoriented subtype of attachment patterns (Crockenberg & Leerkes, 2005). A table included in the appendix section of this starred paper illustrates the four attachment patterns and behaviors associated with each.

Awareness of the importance of attachment relationships is critical for parents and caregivers. Nurturing and responsive interactions between the infant and the caregiver lead to a secure attachment. The parent provides a sense of security and encourages the child to explore. Through these interactions the infant learns that they can count on the caregiver to respond, and begins to understand that his or her actions are effective in getting needs met. Interactions that are inconsistent, harsh, or punitive lead to an insecure or disorganized attachment (Crockenberg & Leerkes, 2005).

Emotion Regulation and Temperament

Children's ability to regulate their emotions is connected to their level of emotional arousal. The goal of emotion regulation is to control the experience and the

expression of emotional arousal (Mirabile, Scaramella, Sohr-Preston, & Robison, 2009). Temperament influences emotion regulation by determining the range of intensity in which emotions are expressed. Children who react with strong, negative emotions to demands and changes in their environment are at risk for difficulty in learning to manage emotions. In a sample of 33 children ages 3-5 from a Head Start Program in the midwest, Onchwari and Keengwe (2011) found that children's ability to regulate emotions is a predictor of higher score on display of appropriate behaviors in social settings. To measure emotion regulation, the teachers completed a 25-item Emotion Regulation checklist. The researchers then used an analysis of variance (ANOVA) to determine if there were significant differences in children's emotional regulation depending on gender. Findings indicated that girls had a slightly higher mean score than boys in their ability to regulate emotions. Videotaped behavior recordings of social interactions with peers were used in conjunction with a checklist to record appropriate and inappropriate behavior observed. The study related the child's ability to regulate emotion to their ability to display appropriate behavior. Results of this study supported the need for parents and educators to teach children appropriate emotional behavior when confronted with conflict situations.

Initially, parents and caregivers have the primary role in managing the emotions of young children by intervening to soothe or pacify, and regulating the emotional demands of familiar settings. Parents move children toward greater emotional regulation by providing security and reassurance during distress, creating predictable routines, and coaching children on the expectations and strategies of managing emotions. With this

support, throughout early childhood, young children begin to develop their own means of managing emotions (Thompson, Easterbrooks, & Padilla-Walker, 2003).

In a study of low income children aged 14-36 months, Raikes, Robinson, Bradley, Raikes, and Ayoub (2007) used growth modeling to examine the influence of parent-child interactions and child negativity as predictors of emotional regulation. They found that child negativity and hostility is associated with more difficulties in regulation and that smooth functioning between the parent and child is associated with higher scores of self-regulating behaviors.

In a longitudinal study among low-income African American mothers and their children, Bocknek, Brophy-Herb, and Banerjee (2009) found that mothers who were open and accepting of their child's feelings and behavior facilitated their toddler's abilities to express and manage their emotions. On average, infants with higher emotionality demonstrated lower levels of emotional regulation. While girls showed more optimal emotion regulation, they did not differ from boys in rate of growth in emotion regulation over time.

Temperament

Young children demonstrate individual differences in their reactions to both internal and external stimuli and these differences affect interactions and development of relationships. Temperament is viewed as a potential risk or protective factor for school success or social and behavioral problems. While infant temperament style can range from easy to difficult, responsive parent and provider practices have the potential to ensure positive social and emotional development. The understanding of individual

temperament styles can lend insight into the child's social emotional development and the child-parent interaction styles. The Goodness of Fit Model (Thomas & Chess, 1997) stresses the nature of the temperament-environmental interaction process involving a balance between the expectations of the parent and environment, and the infant's abilities, characteristics, and style of behaving (Seifer & Dickstein, 2005). Parents and caregivers can then modify the demands and expectations to match the child's style of temperament.

Culture

Culture is a significant factor in the assessment and intervention of social emotional development for young children. Cultural values define the needs and characteristics of infant, roles and responsibilities of caregivers, and the goals of child development. Cultural beliefs and values guide the behavior of caregivers, family, and community members. Given the changing demographics of the population in the United States, the need to understand culture is becoming increasingly important (Christensen et al., 2004).

Cultural differences and social interaction affect early social emotional responding. Practitioners cannot assume that caregiving practices and infant behavior that are normative behavior for the middle class in the United States are standard worldwide or even within the diverse cultural communities within. For example, one of the most important values related to childcare that transcends is the emphasis placed on independence or interdependence of infants with caregivers. The extent to which cultural

values emphasize these values affects early social emotional growth through varying infant care practices (Christensen et al., 2004).

In the United States, infants often sleep in their own beds and parents are more often concerned about reliable sleeping patterns; therefore, reporting a larger number of sleep problems. In Japanese, African, and Mayan cultures, infants sleep with their mothers until toddlerhood, and those around them determine sleep patterns. When infants awaken, they are more easily and quickly comforted. In other cultures, carrying infants facilitates immediate responses so that soothing takes place before the child escalates. In the United States, soothing is often delayed by physical distance and demands of child care settings. Sleeping, feeding practices, verbal stimulation, and provision of play materials vary according to the value placed on them in different cultures; however, forming secure attachments to caregivers is broadly observed and universal across cultural communities (Christensen et al., 2004).

Risk Factors

Infants and toddlers live within a specific physical environment and their care is influenced by factors such as family, culture, poverty, and ethnicity. Due to associated and psychological stresses on parents and caregivers, poverty also exerts a strong negative influence on the early experiences of many young children (Zeanah, Nagle, Stafford, Rice, & Farrer, 2005).

In the search for causes of social emotional problems in young children, no single risk factor has been identified. More importantly, it is the accumulation of adversity that impacts children's development (Sameroff, Seifer, & McDonough, 2004). Sameroff

et al. (2004) examined the transactional process that exists between multiple layers of influences in child development. Given that an infant lives in the context of family, neighborhood, community, and peer groups they emphasize that it is important to assess all these subsystems. Having any one of risk conditions such as poverty, stress, parental mental health or depression increases the risk of other conditions.

The way children experience environmental risk factors is through the effects of the infant-parent relationship (Zeanah et al., 2005). Because of the strong influence of the infant-caregiver relationship, any factors that impact the relationship play a critical role in the social emotional functioning of young children (Clark, Tluczek, & Cranley Gallagher, 2004).

Weitzman, Edmonds, Davagnino, and Briggs-Gowan (2014) found that children with one or two demographic risks--low parental education, teenage parenting, lack of employment, or single parent household--were two to three times more likely to have significant behavior problems. These risk factors experienced by parents thereby influence child outcomes through the effects on parenting practices. Weitzman et al. (2014) suggested that only treating the child without addressing other family risk factors is not likely to lead to better outcomes for the child.

Challenges Associated with Identification
of Social Emotional Problems

Assessment and evaluation of social emotional development and behavior problems raises issues and concerns for professionals working in the field of early childhood. Social emotional development is a multifaceted domain that incorporates factors such as feelings, temperament, values, personality, dispositions and behavior.

Young children's early experiences, dramatic growth spurts, and competence are constantly evolving. There are several challenges specific to the measurement of social emotional competence that should be considered.

First, social emotional development is complex. The rapid pace of development and overlap between domains in early childhood presents problems for the assessment of young children (Carter et al., 2004; Dodge, Rudick, & Berke, 2006). Carter et al. (2004) pointed out that behaviors that are considered problematic at older ages are within expected norms between infancy and preschool ages. For toddlers, tantrums and oppositional behavior are demonstrations of their development of autonomy and independence. The intensity and duration of behavior, the developmental age, and expectations of the environment are more accurate predictors of what is viewed as acceptable or a concern. Additionally, social emotional skills are related to other developmental domains (Dodge et al., 2006). If a child has delays in other areas, it may impact social emotional development. Likewise, social emotional development can impact a child's ability to attend and persist to challenging tasks or interact with materials and people. Cognitive, language development along with physical or health concerns have the capacity to impact social emotional development. Young children with language delays have a very high risk for social emotional and behavioral problems (Carter et al., 2004). For example, a child with limited expressive language skills might use hitting as a means to communicate, or a child with difficulties in comprehension may demonstrate what can be perceived as challenges following simple directions.

Second, an evaluator's knowledge of appropriate tools and methods for gathering information presents an additional challenge to assessing social emotional development. Questionnaires and interviews vary in terms of information gathered regarding individual symptoms and problem behaviors. The Child Behavior Checklist (CBCL) and the Infant Toddler Social Emotional Assessment (ITSEA) response formats include a rating of frequency of behavior as well as behaviors that are typical. These methods are generally appropriate for identifying children at risk. A limited number of social emotional items on assessment tools make it possible to overlook the complexity of emerging skills. Some examples of these skills would include regulating emotions involves demonstration of skills such as recognizing emotions, monitoring emotions, controlling impulses, calming self, expressing self to others, and following cultural expectations. The use of structured interviews further enable evaluators to include specific questions related to the onset, frequency, intensity, and context of behavior problems. Due to discrepancies across settings and situations, each piece of information should be interpreted carefully. Evaluators must have knowledge of the strengths and limitations of different approaches in order to interpret the data collected and formulate an accurate assessment of the child's social emotional functioning (Carter et al., 2004).

Third, the parent's own knowledge of important skills and competencies within the domain of social emotional development impacts their perceptions of whether certain behaviors are viewed as problematic. Families may construct their own meanings of young children's behavior based on the history of interactions between the parent and child, the parent's own history, and cultural values and beliefs (Carter et al., 2004; Clark

et al., 2004). The same set of behaviors may be interpreted differently by parents making it difficult to distinguish a child with social emotional and behavioral problems from those whose parents perceive typically developing behaviors as evidence of a problem. The researchers further pointed out that whether or not the caregiver's report of elevated social emotional and behavior problems is consistent with the child's actual behavior, the child whose parent holds a negative appraisal and negative expectations is likely to be at risk for future problems. The parent's view of the child is likely to influence parenting practices and thereby affects the child's behavior. Parents may also under report for fear of labeling their child, social stigma, or involvement from other agencies such as child protective services, for example when there is a suspected case of child abuse or neglect. The number of contexts or informants for collecting data is also limited by the fact that many children live in single parent households or are cared for by a single primary caregiver.

Fourth, social emotional development is embedded within caregiving environments. For infants and toddlers, determining impairment solely within the individual child may not be appropriate. Young children's development is embedded within their relationships with parents and caregivers. Carter et al. (2004) suggested that it may be more appropriate to consider the child and family impairments that are secondary to child symptoms. For young children, caregivers play a significant role in regulating the child's behavior and emotions (Clark et al., 2004). It is important to explore whether the emotional and behavioral problems impact not only the child, but also the family system. Specifically, gathering information about whether the child's

behaviors interfere with the parent's ability to maintain family routines such as eating together is a restaurant, making phone calls, running errands, or parent employment further explains a child's family situation (Del Carmen-Wiggins & Carter, 2004).

Parents and caregivers often provide scaffolding to maximize the child's developmental skills and capacity to adapt that can include avoiding settings that may trigger a behavior, structuring environments to restrict exposure to overwhelming events, or setting limits that minimize escalation of negative behaviors, and provide strategies and supports for self-regulation. This type of scaffolding may support competence by helping the child to develop self-regulation strategies. In contrast, other practices such as avoiding settings, and restricting exposure may compromise competence by denying children age appropriate experiences and opportunities to acquire new skills (Briggs-Gowan et al., 2001).

Understanding the caregiving context is crucial when examining young children's developmental trajectories (Carter et al., 2004). Children's development is strongly influenced by caregiving contexts. Problem behaviors may reflect a mismatch between the child's ability, developmental level, and situational demands and supports in the environment. For instance, a child who has significant behavior problems in one setting may appear well regulated within another setting given a particular caregiver's unique accommodations.

Variations in parenting behaviors can also amplify negative behavior. Children, whose mothers responded inconsistently to child negative behaviors alternating between positive feedback and reprimands, demonstrated increases in emotional reactivity (Raikes

et al., 2007). Researchers also pointed out that it is necessary to identify the child's

primary caregivers, and patterns in caregiving relationships. These patterns can include

how often a child transitions between care givers or the history of caregiving

relationships. Children might demonstrate social withdrawal and aggression after

staffing changes in child care centers or when care is provided by multiple family

members in various settings.

The fifth challenge associated with the measurement of social emotional

development is culture. Cultural beliefs, values, and practices should be a central focus

of assessments of young children. Professionals must engage in the process of self-

awareness to avoid biases that could lead to over or under identifying a child or family

practice. Children bring their own cultural lens to experiences that in turn plays a role in

their experiences with others (Barblett & Maloney, 2010). Most instruments have been

constructed around the normative behavior of Caucasian middle-class populations.

Differences in parent and other caregiver reports also may occur when a family is not

from the dominant culture (Carter et al., 2004). The evaluator should guard against over

or under identifying social emotional problems due to cultural differences that are not

clearly understood. Observations and conclusions should be guided by one's cultural

sensitivity as well as knowledge of the family and cultural framework.

Finally, assessment and evaluation procedures require considerable time to gather

the information needed to understand behavior. Information includes measures of child

characteristics, parent characteristics, parent-child relationships, parent-parent

relationships, family resources, and the quality of the caregiving environment. The

challenge is to fit all these measurements into a time frame that does not place unreasonable demands on families (Fitzgerald, 2007).

Assessing Social Emotional Development

The literature highlights the complexity and challenges of assessing social emotional development in young children. Strong growth in social emotional competence and well-being contributes to later growth in overall development. While assessment of social emotional development and competence raises issues worthy of continued discussion, well-researched and appropriate identification tools provide valuable knowledge about a child's strengths and needs that informs intervention and programming (Barblett & Maloney, 2010).

Behavioral and emotional problems occur early with children as young as 2 years old upon receiving a diagnosis of common disorders (Bagner et al., 2012). These problems have been shown to be stable over time with as many as 50% of 2-3-year-old children with disruptive behavior continuing to have a diagnosis 42-28 months later. Early detection of behavioral and emotional problems has been shown to lead to early intervention to help optimize the child's environment in mitigating these problems to promote healthy social emotional development (Bagner et al., 2012; Hielkema, de Winter, de Meer, & Reijneveld, 2011).

With this in mind, how do early interventionists proceed with the daunting task of assessing such a complex, socially, and culturally sensitive area of development? The literature and research points to the importance of utilizing multi-method, multi-informed data with knowledge of the strengths and limitations of each approach (Barblett &

Maloney, 2010; Carter et al., 2004; Fitzgerald, 2007; Yates et al., 2008). One's assessment of a child's current functioning is informed by the measurement of specific behaviors, and the measurement of the contextual factors that influence behaviors (Fitzgerald, 2007).

Types of Assessment Approaches

When assessing infants and toddlers, it is important to distinguish between assessment, screening, and evaluation. While they are all part of an important process for identification and programming, each piece lends insights into tools we choose for the appropriate purpose. There are few instruments that stand alone in indicating that a child has social emotional delays warranting special education eligibility. Along with standardized tools, evaluators are required to provide supporting evidence including developmental history, medical history, parent report, and observation. Norm-referenced standardized tools used in conjunction with criterion referenced and curriculum-based measures assist evaluators in determining the child's level of functioning.

This review of literature related to assessment of social emotional development of young children emphasizes that the processes utilized are critical for obtaining information that will lead evaluators to not only identifying children with social emotional needs, but also learning more about their characteristics and experiences. This comprehensive information should further guide the promotion of social emotional competence and prevention of future problems or challenges. Using information from a variety of sources and methods increases the accuracy of screening, assessment, and evaluation results (Yates et al., 2008).

The assessment of young children should include gathering information about the child's strengths, presenting symptoms and behaviors, and nature of difficulties; including the overall level of adaptive capacity, and functioning in social emotional relationships, cognitive, communication, sensory, and motor abilities as compared to same age peers (Barblett & Maloney, 2010; Carter et al., 2004; Fitzgerald, 2007). The child's behavior should be measured in varying contexts, considering the child's approach to dealing with novel objects and people, level of motivation and curiosity, methods of coping with frustration, and various caregiving practices. Carter et al. (2004) pointed out that it is not unusual for problem behaviors to be specific to the context or caregiver. Some problem behaviors may represent a "mismatch" between the child's abilities and the demands and supports in the environments. Different caregivers may also provide accommodations and affordances that may assist a child with serious difficulties in appearing well-regulated. Therefore, problem behaviors that appear across varying contexts and caregiving relationship are of greater concern.

Assessing and evaluating infants and toddlers for social emotional concerns are similar to the process for other developmental areas. Researchers highlighted the importance of using valid and reliable instruments, gathering information across multiple environments and sources, involving the family, taking cultural and linguistic factors into consideration, and working as a team when determining strengths, areas of concerns, and making recommendations (Yates et al., 2008)

Using Valid and Reliable Instruments

There are many commercially available social emotional screening and assessment tools. Different tools are available for different purposes of screening and assessment. It is important to recognize that there is no "gold standard" to screening and assessment tools. Early childhood educators and providers should thoughtfully examine the tools to choose those that are most appropriate for the purpose as well as the individual needs of the children and families (Carter et al., 2004; Yates et al., 2008).

While screening instruments are used by the state and local government to identify large numbers of children who may be at risk or delayed, more comprehensive tools are used for evaluation and research purposes. Some standardized tools such as the Bayley Scales of Infant and Toddler Development-Third Edition (BSID-III) and the Battelle Developmental Inventory-Second Edition (BDI-II) include a social emotional component that can be used in determining eligibility for Part-C Early Intervention. Other tools are used solely for the measurement of social emotional development such as the Vineland Social Emotional Early Childhood Scales (SEEC), and the Infant Toddler Social Emotional Assessment (ITSEA). The next section provides a description of some of the widely used instruments as well as a discussion of the research on the usefulness and application of the ITSEA in early intervention. A full description of all available assessment and evaluation tools is beyond the scope of this starred paper. Examples of available tools for screening, assessment, and evaluation are included in the appendix of this starred paper.

The Bayley Scales of Infant and Toddler
  Development-Social Emotional Scale

The Bayley Scales of Infant and Toddler Development-Social Emotional Scale, developed by Greenspan in 2004, is a social emotional questionnaire that can be completed by the parent, or used as an interview format by practitioners to gather information about the child's behavior. The social emotional scale is an observational rating scale based on the Greenspan Social Emotional Growth Chart (Greenspan, 2004). The growth chart identifies major developmental milestones for children birth to 42 months; growing self-regulation and interest in the world, communicating needs, engaging in relationships, using emotions in an interactive and purposeful manner, and using emotional signals or gestures to solve problems. Responses from the parent or clinician provide a general indication of the child's level of social emotional development and information about whether or not sensory processing difficulties are present. Functional emotional capacities are influenced by and in turn influence sensory processing. Differences in sensory processing influence children's emotional responses. Some children may be over reactive or under reactive in terms of sensations such as sights, sounds, and touch (Greenspan, 2004).

Battelle Developmental Inventory-
  Second Edition Personal Social
  Domain

The Battelle Developmental Inventory-Second Edition Personal Social Domain (Newborg, 2005) assesses meaningful social interactions with adults and peers, self-concept, and sense of social role. The behaviors measured in the Personal Social Domain are divided into three sub domains: Adult interaction, Peer Interaction, and Self-Concept

and Social Role and is completed by interviewing the primary caregiver and observing the child during regular interactions in natural environments. The adult interaction sub domain includes behaviors such as infant attachment and interaction with adults, response to and initiation of social contact with adults, and using adults as resources to solve problems. The peer interaction section measures the quality and frequency of the child's interactions with children of similar ages, including responding to and initiating social contacts with peers, interacting effectively and cooperating in a group. The items in the self-concept sub domain measure the child's development of self-awareness, personal knowledge, self-worth, pride, moral development, sensitivity to others, and coping skills. No published data beyond that of validating the BDI-II are available at this time.

The Vineland Social Emotional Early
  Childhood Scales

The Vineland Social Emotional Early Childhood Scales (Vineland SEEC) (Sparrow, Balla, & Cicchetti, 2001) is an instrument primarily designed to measure social emotional functioning for children birth to 5 years, 11 months. The SEEC consists of three scales that include Interpersonal Relationships, Play and Leisure Time, and Coping Skills. The instrument look at skills such as paying attention, entering into intentional social interactions, understanding expressions of emotions, constructing and observing relationships, and developing self-regulation behaviors providing an estimate of the child's current functioning. One limitation of this instrument is that lower scores may not actually identify social and emotional problems. Instead, these issues may arise due to either a developmental delay or due to inappropriate parental expectations for appropriate self-help skills and social sufficiency (Carter et al., 2004).

The Infant-Toddler Social Emotional
    Assessment (ITSEA)

The Infant-Toddler Social Emotional Assessment (Briggs-Gowan & Carter, 1998; Carter & Briggs-Gowan, 2000; Carter, Briggs-Gowan, Jones, & Little, 2003) is a 169-item questionnaire for profiling children's strengths and weaknesses in the area of social emotional development. The ITSEA assesses parental perceptions of internalizing (e.g., depression and withdrawal) and externalizing (e.g., aggression, activity) problem behaviors as well as regulation problems (e.g., sleep and eating difficulties), significant maladaptive behavior (e.g., head banging) and competencies (e.g., empathy and compliance).

Usefulness and Application of the Infant
    Toddler Social Emotional
    Assessment

There are several studies related to the validity and reliability of the ITSEA; however, three studies discussed in this review pertain to the use of this tool in early intervention. The studies investigated the following, comparison of parental ratings with observational data, the ability of the ITSEA to distinguish between three groups of disorders, if the ITSEA was acceptable to parents, and to examine the rates of social emotional and behavioral problems and delays in competence.

The first study compared parental perception with observational data. With a sample of 12-month-old, low-risk infants, Carter, Little, Briggs-Gowan, and Kogan (1999) examined the associations between maternal ratings of social emotional problems and competencies on the Infant Toddler Social Emotional Assessment (ITSEA) with observational measures of attachment status, task mastery, emotion regulation, and

coping behaviors. Additionally, the researchers were able to compare the maternal ratings of the ITSEA and the Infant Behavior Questionnaire (temperament rating scale). Comparison of parental perception and observational data is essential to establishing validity to parent report information. Experts in the field have argued that parental bias is a factor that influences the accurate assessment of infant and toddler behavior. Researchers have demonstrated that parental judgment of young children's behaviors is influenced by variables such as socioeconomic status, age of parent, as well as depressive symptoms or diagnoses in the parents (Carter et al., 1999). These factors account for small amounts of variance between parental perceptions and observational data. In addition, Carter et al. (1999) found that maternal ratings of infant problem behavior and competencies are associated with infant behavior in stressful and cognitively challenging situations and do not simply reflect biases associated with maternal perception. The similarity between maternal ratings and observed behavior in the laboratory suggested that mothers can provide coherent and accurate ratings of the child's problem behaviors and competencies as early as 12 months. Infants whose mothers rated them as having problems in attention, activity, and regulation were less likely to perform successfully on challenging cognitive tasks.

In another study, Visser, Smeekens, Rommelse, Verkes, Van Der Gaag, and Buttelaar (2010) investigated the ability of the ITSEA to distinguish between three groups of psychiatric disorders; autism spectrum disorders (ASD), externalizing disorders, and internalizing disorders. In a sample of 65 boys and 20 girls aged 1.5 through 5 years who were referred to an outpatient unit in the Netherlands, the

researchers used discriminant function analysis to reveal that combinations of the ITSEA subscales led to acceptable diagnostic accuracy for three of the diagnostic groups. The externalizing group could be distinguished from the other diagnostic groups by the combination of Externalizing Scales, Competence Scales, and Dysregulation Scales. The Internalizing group could be distinguished from the other groups by the combination of the Internalizing scales and Anxiety scales. Finally, the ASD group could be distinguished from the other groups by negative scores on the Externalizing, Internalizing, and Competence domains. The ability of the ITSEA to systematically evaluate a wide range of problems, behaviors, and competencies supports the usefulness in leading to a more complete profile of the child's functioning (Visser et al., 2010)

The third study examined parental satisfaction with the utilization of the ITSEA. In a sample of 236 parents and children (49 girls; 143 boys) with a mean age of 26.1 months, Briggs-Gowan, and Carter (2007) found that 84% of parents described the ITSEA easy or very easy to understand and reported one or more positive moods including interested, calm, and proud while answering the questions on the ITSEA. One-third of the parents reported one or more negative moods when completing the ITSEA.

The researchers also examined the rates of problems in social emotional functioning in this sample, which strongly supports the need for comprehensive assessment in early childhood. In this study, 60% of the children had high problems and/or low competence according to parent reports on the ITSEA, 73% were identified as having low scores on the Vineland Social and Adaptive Behavior, high ITSEA social emotional behavior problems and/or low ITSEA competence. This study's large

percentage of children in early intervention settings that may exhibit high levels of social emotional and behavioral problems or delays in social emotional competence could impede progress in other areas of development. This finding highlights the importance of identifying and treating social emotional/behavior problems and delays in children who are receiving early intervention.

Interviews

Much of the data about young children's daily functioning and their relationships with others comes from interviews with the people that care for them. While questionnaires are a cost-effective means to gather information, interviews enable the practitioner to probe more deeply into the dynamics of parents, child behavior, and family life (Fitzgerald, 2007). Gilliam and Mayes (2004) stressed that interviewing techniques include letting the caregivers share their story, using directed information gathering questions that clarify the parents' account and listening for affect as much as content. Forming an alliance with the caregiver is a crucial step in the assessment process. The assessment process can be a vulnerable time for caregivers. Their fears and perceptions about the process are just as important as the presenting problems. Some caregivers may feel afraid or guilty about the effects of their own behavior on their child, that the child may have serious emotional difficulties, or that they are inadequate caregivers.

A central purpose of interviews with caregivers is to gather information about the child. Along with medical histories, developmental milestones, pregnancy, and delivery, the interviewer should try to establish how the child fits into the family's daily life, and

establish the parents' perceptions on the child's level of functioning. Carter et al. (2004) recommended exploring whether the child's challenges are not only impacting the child, but also the family as a whole. Evidence of parental impact would include parental distress, or indicators that the child's behavior interferes with the parent's ability to maintain family routines such as sleeping or eating, household activities such as grocery shopping, making phone calls, or preparing meals, or maintaining employment due to difficulty finding appropriate childcare.

Assessment and evaluation tools that provide functional and pertinent information are critical so that early care professionals can identify children's strengths, deficits, and emerging skills, develop quality goals and objectives, and plan interventions that provide behavior supports that build on what the child already is doing well (Gilliam & Mayes, 2004; Pretti-Frontezak, & Bricker, 2004). The Routines Based Interview and the Social Emotional Assessment Measure are well suited as frameworks that assist interviewers to learn about daily activities, how the infant and parent interact throughout the day, and about interactions around meal times, bed time, or times of distress.

One such tool is the Routines Based Interview (RBI). The Routines Based Interview (McWilliams, Casey, & Sims, 2009) is a method of gathering information, and assessing needs, resources, task demands, child and family functioning, and priorities. The semi-structured interview has three purposes: a) establish a relationship with the family, b) assess child and family functioning, and c) develop a list of functional outcomes for intervention.

The RBI is structured around the family's daily routines and elicits what is important to the family. The parent or caregiver is asked about their main concerns for their child and for the family as a whole. The interviewer asks parents to describe routines throughout the day, and asks follow-up questions to better understand, what the child does, what the family does, what the child's engagement and participation is like, the child's level of independence, how the child gets along with others and communicates, and how satisfied the parents are with the routine.

Another tool for interviews is the Social Emotional Assessment Measure (SEAM). The SEAM (Squires, Bricker, Waddell, Funk, Clifford, & Hoselton, 2014; Squires, Waddell, Clifford, Funk, Hoselton, & Chen, 2012) targets key child social emotional behaviors and include items that were derived from 10-key child benchmarks. The benchmarks include item-level skills such as participating in healthy interactions, expressing a range of emotions, and cooperating with daily routines and requests. The SEAM involves a two-part assessment process looking at both the child's social emotional development and the parent's skills and behaviors. The SEAM family profile targets parenting skills that are critical to the development of children's social emotional competence. It includes four benchmarks and corresponding items such as responding to my child's needs, and providing predictable schedules and routines, and appropriate environment that families can consider and discuss with providers.

Observation is another assessment approach that evaluators use for the measurement and assessment of social emotional development. Researchers have emphasized the importance of adding independent observations of the child's behavior

and parent child interaction to data gathered solely from the child or parents (Fitzgerald, 2007). Rating the child's behavior alone or in the context of social interactions is essential to gathering information about child functioning across settings and situations. It is very difficult to understand a child's behavior without knowing the context. Observational methods often provide an unbiased account of child behavior and parent child interaction patterns that inform conclusions and recommendations for further intervention. Observational assessment approaches including naturalistic, structured, unstructured, coding schemes, and videotaping can provide evaluators with information about the unique characteristics of the child including temperament, regulation of emotions, communication, and expression (Gilliam & Mayes, 2004; Jablon, Dombro, & Dichtelmiller, 2007; Yates et al., 2008).

Because young children are strongly influenced by caregiving contexts, observing the interaction patterns between the parent and child is crucial in examining young children's social emotional development (Carter et al., 2004). Observations about the child and child-caregiver relationships are obtained beginning with the very first contact with the family, while others are gathered throughout the course of the assessment (Gilliam & Mayes, 2004). Through thoughtful observations the evaluator is able to gain valuable information about how the child copes with frustration, how they engage with adults, how they express emotions, and demonstrate their level of persistence, attention, and motivation for activities and tasks. In addition observational data provides insight into how the child's social relationships support development. The Infant Toddler Mental Status Exam (Benham, 2005) is a detailed framework for organizing and

communicating observations in clinical settings that involves observing the child's appearance, reaction to the situation, self-regulation, motor skills, speech and language, affect and mood, play, and cognition, and attachment behaviors. Gilliam and Mayes (2004) suggested four broad areas by which to organize the observations collected during assessment.

♦ The Affective Tone of the Child and Caregiver related to how the child and caregiver modulate emotional states associated with dealing with the examiner as a stranger, interest in novel objects, frustration in relation to mastery of tasks, or when denied a desired object, joy during interactions with adults and testing materials, and the onset, duration, and intensity of emotional reactions during observations. Practitioners and clinicians are also able to observe how the caregiver responds to the child's emotional states and are able to modulate the child's emotional reactivity. Caregiver sensitivity is linked to the child's ability to regulate emotional states.

♦ The Child's Involvement in the Situation is related to how the child reacts to novel stimuli such as the objects used in formal developmental assessment. Children's curiosity and interest in their environment is directly related to secure attachments with caregivers (Crockenberg & Leerkes, 2005). Children who spend less time and energy monitoring the availability of caregivers are better able to manage their environment.

♦ Child's Use of Others refers to the child's ability to look to the caregiver or a trusted person for reassurance or emotional regulation. Children will look to

the caregiver for cues that the stranger is safe, to resolve uncertainty in approaching tasks, to share joy or success to the caregiver when tasks are mastered.

♦ The Child's Reactions to Transitions. During the initial meeting the examiner is able to observe how the child approaches strangers and new objects, does the child leave the caregiver to explore, if the child is able to relinquish test items, if the caregiver is able to help the child transition between test items or situations by providing comfort or distractions, and whether or not the child warms up over time and engages reciprocal interactions.

Naturalistic Observations

Naturalistic Observations are observations of the child's behavior in natural environments without instructions or interference from the observer. It is a record of the child's behaviors that occur spontaneously. Naturalistic observations may be conducted in the home, school or daycare, and playground settings. Observers can look at the entire setting or focus on behaviors that are of interests such as peer interaction, compliance, or aggression. Naturalistic observations are often time and resource consuming and are not always practical. Even when observations take place in natural settings, this may or may not accurately reflect what is typical for that particular family. The parent-child interaction style may be altered by the anxiety of having strangers observing, and families may perceive the presence of the unfamiliar observers as intrusive or judgmental (Gilliam & Mayes, 2004). Differences in education, social and economic status, and cultural differences between the visitor and the family are important factors to consider in home

observations. The observers may not have enough time to wait until the behaviors of interest occur spontaneously and the factors that may influence the child's behavior vary considerably which make comparisons between children's behaviors challenging (Fitzgerald, 2007; Zelenko, 2004). In contrast, Hintze, Volpe, and Shapiro (2002), noted that naturalistic descriptive accounts can be very useful when used as a preliminary step identifying the purpose or function of a specific behavior when completing a more systematic Functional Behavior Assessment (FBA) to identify the purpose (function) of a child's specific challenging behavior.

Structured and Unstructured Observation

Structured procedures have been designed to elicit a behavior of interest under standardized conditions. Structured observation methods usually involve several consecutive tasks that the participants are asked to perform. For example, while the child is engaged in play, the mother asks the child to stop playing and put the toys away. Another example of a structured task is observing the child's reaction to the separation from and reunion with the parent. Other observational approaches such as the Autism Diagnostic Observation Schedule (ADOS) are designed to elicit particular types of problem behaviors or the absence of age appropriate competencies (Lord, Risi, & Lambrect, 2000). In an unstructured observation, the child and parent are often observed in a free play activity while someone observes the interactions between the child and parent.

Videotaping can be an essential part of structured and semi-structured observational approaches. Videotaping of children's behavior and reviewing the

videotape with the parents has been used as part of developmental assessments (Zelenko, 2004). It is often a cost effective way to observe young children's behavior.

Coding and Rating Tools

Most observational tools are guided by underlying theoretical concepts and contain defined observational criteria. Coding schemes and procedures allow evaluators to examine the different aspects of the child's functioning including the child's response to structured and unstructured situations, stressful situations, difficult tasks, and social interactions including the parent-child relationship. To establish reliability between raters, some observational assessment approached require formal procedures to train observers to the criteria (Fitzgerald, 2007). A brief list of common observational measures of parent child interaction can be found in the appendix of this paper. In conclusion of this review the following section provides some benefits of family member involvement and strategies for involving family members in the assessment and evaluation process.

Family Member Involvement in
    Assessment

Through meaningful collaboration, practitioners can develop a partnership with the family as a critical step to the assessment process. The recommended practices of the Division for Early Childhood (DEC; 2014) states that screening and assessment should be a shared experience between early care, educational providers, and families. A research synthesis on screening and assessing social emotional competence outlined four benefits to involving families in the assessment process (Yates et al., 2008).

1. Parents can be accurate assessors of their children's development. Studies have shown that parents are reliable in completing screening tools and checklists of their child's behavior (Carter & Briggs-Gowan, 2000).

2. Involving families can lead to a better understanding of the child's social emotional skills because the information gathered from families allows for a more complete picture of the child. By gathering information and observing in the home, or during interactions with the primary caregiver, the assessment team develops an understanding of the child's interpersonal skills, personality, temperament, communication skills, and attachments with adults. Partnering with families acknowledges that they have important information to share and that their perspective is valued.

3. Encouraging families to be active members of the assessment team can help them learn about their child's strengths and needs. Being well-informed helps families to support social emotional growth and development at home. As parents increase their understanding of their child's social emotional competence, they begin to feel more confident and competent and are more likely to be active team members.

4. Increasing the family's presence and participation in the assessment can help the child to establish trust and rapport with the assessment team.

Lastly, parents who take an active role in the assessment process and who feel that professionals understand their concerns are more likely to engage in the assessment process (Clark et al., 2004). Empathetically listening to parents' struggles, and reflecting

their feelings and concerns enhances relationships between the evaluator and the parent.

The following strategies are recommendations by researchers in the field of early

childhood mental health (Clark et al., 2004; Yates et al., 2008) for encouraging family

involvement in the assessment of social emotional development.

- ◆ Explaining the assessment process using both written and oral communication
   that the parents can understand. The assessment team should describe the
   assessment activities, the skills that will be observed, and provide the families
   with roles, options and choices for how they can be involved.

- ◆ At the very first interview that parents or caregivers should be asked about
   their concerns about the child and what information and assistance they would
   like to receive from the assessment.

- ◆ Families should be provided with a safe and comfortable developmentally
   appropriate environment for the child and parents. For young children this is
   often the home or childcare. Screening and assessment should take place at a
   time that is comfortable for the family and makes it possible for all members
   to be present.

- ◆ Promote mutual respect and appreciation by being non-judgmental and
   valuing the family's beliefs and values. Ask parents to educate you about
   their cultural practices and life experiences, and seek consultation from
   cultural experts.

- ◆ Involve families in assessing their child's regulatory capacities and behaviors
   and their capacity to see their child as a separate individual by observing the

child together and then discussing what both of you are observing. The parents should be considered expert informants about their child's social emotional competence.

♦ Caregivers have the opportunities to observe and interact with child more frequently in more familiar and secure situations.

♦ Ask parents to describe their child and their impressions about the source or cause of the problem and promote a sense of equality by acknowledging and validating the family's perspective.

♦ Provide feedback about assessment results in a caring and objective manner. Use information that is meaningful to families and include data that supports your observations.

♦ Provide the family with an opportunity to ask questions after they have had time to review the results.

In conclusion, the purpose of this review was to explore the challenges to identifying children with social emotional needs, and to seek clarity from the research on what is recommended practice for the measurement of social emotional competences in young children. The following chapter summarizes the findings based on the available research that informs early intervention and assessment processes.

Chapter III: Summary

There has been a growing interest in identifying behavioral and emotional

problems as early as possible in young children. These problems can be associated with

significant disruptions in social emotional development at young ages (Briggs-Gowan,

Carter, Bosson-Heenan, Guyer, & Horwitz, 2006). Such problems can also persist over

time without the benefit of intervention (Briggs-Gowan et al., 2006). In turn, disruptions

in social emotional development can have an impact on future success in school. Early

detection of social emotional difficulties has been shown to lead to successful

interventions to alleviate these problems (Bagner et al., 2012).

Barriers to Identification

Identifying early social emotional problems in young children can be challenging.

Researchers have identified specific challenges in accurately assessing young children's

social emotional and behavioral functioning. For instance, Barblett and Maloney (2010)

wrote, "Social emotional development is a domain that is socially and culturally

constructed where meaning belongs to the individual rather than the person assessing the

individual's behaviors" (p. 13). From this perspective, the scientific measurement of

social emotional skills is problematic.

Research does offer several factors pertaining to children's social emotional

development and wellbeing that point to measurement constructs. There are three

evidence-based themes that emerge from the literature that I reviewed for this Starred

Paper.

The first theme is that assessing social emotional competence is best assessed within the child's unique context. Temperamental characteristics and the ability to regulate emotions affect interactions and the development of relationships. Both temperament and self-regulation are viewed as potential risk or protective factors for early school success or social emotional problems. Understanding children and temperament styles can lead to insight into the transactional relationship between the child and his or her environment and interactional styles (Seifer & Dickstein, 2005).

Young children are strongly influenced by caregiving contexts and some behaviors are related to the development of secure attachment relationships. Variations in the parent responsiveness to the child's cues can impact development of emotion regulation and motivation to explore and master new skills (Clark et al., 2004).

Cultural beliefs, values, and practices have a significant impact on family functioning and development of young children. Understanding the day to day routines and family practices is essential to understanding the caregiving context and in turn, assessing the child's level of social emotional competence. Professionals must engage in a process of self-awareness and reflection to avoid cultural biases that could lead to misidentification of social emotional deficits (Barblett, & Maloney, 2010; Yates et al., 2008). Cross-cultural competence informs evaluator's awareness of how culture affects values, judgments, and attitudes concerning young children's social emotional competences and to recognize how their own personal beliefs and values influence their actions (Noonan & McCormick, 2006).

Assessors should also examine assessment tools for cultural bias, and create modifications so that assessment items are culturally appropriate. Informal methods such as observations and interviews can be implemented. Rather than using norm referenced tests for quantitative purposes, assessment instruments can be used as descriptive measures. Whenever possible, the assessment should be completed in the child and family's home language, with the assistance of an interpreter or cultural guide. It is recommended that the interpreter work with the assessment team in administering and interpreting screening and assessments tools to obtain the most culturally relevant results as possible. Children's home language and culturally based behaviors should be viewed as strengths upon which other skills can be built (Yates et al., 2008).

Other potential factors that can bias the identification of social emotional skill functioning that can include developmental delay, significant health issues, maternal depression, poverty, parental substance abuse, domestic abuse, and neighborhood violence. Further, developmental domains are interrelated so that a delay in one area can impact the acquisition of skills in another area (Yates et al., 2008). Infants and toddlers who are experiencing one or more of these contextual risk factors have an increased chance of developing significant behavioral and emotional problems (Bagner et al., 2012).

The second theme that emerged from this literature review is that current literature does recommend specific evidenced-based practices for assessing social emotional development in young children. While the research on the best tools for the assessment of social emotional development is sparse, there is a consensus within this

literature base to guide practitioner assessment practices. There are several considerations identified in the literature for gathering information about social emotional functioning in ways that provide meaningful support for children and families.

First, using a variety of assessment methods and obtaining information from multiple sources all of which are implemented across a variety of settings increases the accuracy of assessment results.

Then, assessing within an educational team that includes parents as partners in the assessment process yields more accurate assessment data. In addition, gathering assessment data from a variety of professionals such as pediatricians or mental health providers also enhances assessment findings (Yates et al., 2008)

Using a variety of sources such as curriculum based assessments, environmental assessments, play-based assessments, observations, interviews, and functional behavior assessments heighten assessors' understanding of children's social emotional development. Assessments are then conducted within the social contexts of children's natural environments, which in turn involve parents as assessors. The literature cautions the use of formal assessments alone that can center on isolated skills and narrow results that are not representative of a child's social context or family natural environment (Barblett & Maloney, 2010; Yates et al., 2008).

Finally, the third theme that emerged from this review is that partnering with parents throughout the assessment process is critical to high-quality assessment results. Assessing and evaluating infants, toddlers, and young children helps to identify social emotional needs, and helps caregivers better understand the children in their care. Even

so, the process of screening and assessment can be a stressful event for children, families, and professionals. Stress can be alleviated through careful planning and collaboration with families prior to the administration of assessment instruments.   It is important that collaboration be both families centered and respectful of cultural and linguistic differences. Using these approaches, the assessment processes can strive to build parental confidence while increasing parental capacity to foster improved social emotional outcomes for young children.

Through meaningful collaboration, practitioners can develop a partnership with the family as a critical step to the assessment process. There are several benefits to involving families in the assessment process that when applied thoughtfully can enhance the assessment outcomes for both families and children (Yates et al., 2008).

- ♦ Parents can be accurate assessors of their children's development.

- ♦ Involving families can lead to a better understanding of the child's social emotional skills

- ♦ Partnering with families acknowledges that they have important information to share and that their perspective is valued.

- ♦ Encouraging families to be active members of the assessment team can help them learn about their child's strengths and needs.

- ♦ Increasing the family's presence and participation in the assessment can help the child to establish trust and rapport with the assessment team.

When parents feel that evaluators understand their concerns and are encouraged to take an active role in the assessment of their child, they are more likely to engage in the

assessment process. Communicating openly, listening, and reflecting on their concerns

can enhance the relationships between the evaluator and the parent. Based on the

research summarized in this review (Clark et al., 2004; Yates et al., 2008), the following

strategies are recommended for family involvement in the assessment process.

- ♦ Explaining the assessment process using both written and oral
  communication.
  Asking about the parents' concern for the child

- ♦ Providing a safe comfortable developmentally appropriate environment.
  Valuing the family's beliefs and values and being non-judgmental promotes
  mutual respect.

- ♦ Consider parents as expert informants about their child's social emotional
  competence.

- ♦ Acknowledge and validate the family's perspective. Provide feedback about
  assessment results in a caring and objective manner.

- ♦ Use information that is meaningful to families and include data that supports
  your observations.

- ♦ Provide the family with an opportunity to ask questions.

There is little definitive research that contributes to the assessment of social

emotional development of young children. What we can learn from this is that social

emotional development is complex, with many layers that can be difficult to measure.

The factors and challenges highlighted in the research should be taken into account when

conducting assessments and implementing interventions.

Chapter IV: Position

The final chapter in this Starred Paper seeks to describe my personal opinion that is influenced by the answers to my Starred Paper research questions:

1. What are the challenges to identifying children with social emotional needs?

2. What is the recommended practice for the measurement of social-emotional skills in young children?

I will also address why this research topic is important to me as an educator.

I chose this topic because these are reoccurring decisions that arise each time that I begin an evaluation process in my work with families as an Early Interventionist or Early Childhood Special Educator. As an early childhood special education teacher serving children and families under the state of Minnesota's Part-C Birth to 3 programs in my local school district, I identify children who may be in need of special education support. It is my opinion that the children who are referred for early intervention services experience a wide range of factors that can affect their overall development, especially when considering social emotional skills. As an educator, I believe that we have an obligation to provide services to children and families that lead to better developmental outcomes for infants, toddlers, young children, and their families. Screening and assessment procedures should provide meaningful information that informs practice.

Before I conducted this research review of the assessment of social emotional skills, I struggled to select those assessment tools that would provide meaningful information for families in supporting positive outcomes for their children. After completing my research review, I believe that there is not one "best" tool that can be

recommended for the measurement of social emotional development. Rather, through my research, I have gained valuable insights that will enhance my professional abilities in assessing young children's social emotional competences. The first, and most important insight is that the assessment of young children's social emotional development should utilize a multi-method approach that garners assessment data from multiple sources of information. As multiple instruments are selected for the assessment process, each instrument should receive careful consideration for its strengths and limitations. While these practices do complicate the assessment process, simply relying on one developmental checklist or questionnaire cannot capture all important aspects of children's social emotional functioning.

Secondly, there are multiple factors that affect children's everyday experiences that promote social emotional skill development. Evaluation procedures must take the child's individual characteristics, relationships, and experiences into account to provide the necessary context for understanding child and family unique qualities. Having an understanding of the factors that influence children's social emotional development leads to increased accuracy in the identification of both strengths and concerns.

Lastly, early intervention professionals need to implement a family-centered, culturally informed approach in order to ensure better outcomes for infants, toddlers, and young children. It is imperative for early intervention professionals to ensure that families are involved in every step of the evaluation process. Further, ensuring that assessment procedures honor the unique experiences, cultural, and linguistic differences of families will enhance the accuracy of the assessment results.

   Well-informed early interventionists teaming with families are an essential step of any assessment of young children and especially social emotional development. Parents know their child best and have the ultimate decision of choosing routines and activities within their day to foster development. Backed by empirical findings, strategies can be implemented that promote social emotional competence, prevent later challenges and lead to increased success and well-being for young children and their families.

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Appendix

Table 1: Types of Attachment (Crockenberg & Leerkes, 2005)

Types of Attachment (Crockenberg & Leerkes, 2005)
Secure: Child shows active exploration in the presence of mother/caregiver, searching and distress upon separation, and rapid cessation of distress and resumption of exploration upon reunion.
Insecure/Avoidant: Child shows little or no distress upon separation from mother/caregiver; avoids efforts of mother/caregiver to attract attention or establish contact upon reunion; may be linked to a mother's rejection of her infant's attachment behavior; and may represent "organized shift of attention" away from the caregiver and/or absence.
Insecure-Ambivalent/Resistant: Child show preoccupation with mother/caregiver throughout; little exploration and distress in the presence of mother/caregiver, heightened emotionality and inability to be settled by mother/caregiver upon reunion; and may be linked to unpredictable mother/caregiver responses and discouragement of autonomy.
Disorganized/Disoriented: Child shows disorganization and/or disorientation in the mother/caregiver's presence; exhibits a mix of approaching, avoidance, and trance like behaviors; may be linked to mal-treatment; and may represent a collapse or organizational strategy produced by fear of mother/caregiver.

Table 2: Observational Measures of Parent Child Interaction (Carter et al., 2004)

Observational Measures of Parent Child Interaction
Nursing Child Assessment Satellite Training (NCAST) Teaching Scale (0- 36 months) and Feeding Scales (0-12 months) (Barnard, 1979) include structured interactions that are coded for 149 distinct behaviors. Behaviors are coded in a presence/absence format observing either live or videotaped interactions.
The Clinical Problem Solving Measure (Crowell, & Feldman, 1988), the examiner selects tasks that the child is not capable of completing independently, and the parent is provided with a set of common toys and activities and instructed to play with the child. The activities increase with regard to difficulty, and the last two are beyond the child's developmental capacity.
The Emotional Availability Scale (EAS) 3rd edition (Biringen, Robinson, & Emde, 1998) involves watching the parent and child interact, and assigning ratings based on parental sensitivity, structuring, intrusiveness, and hostility and child responsiveness and involvement with the parent. The Emotional availability captures the quality of the mother-child interaction by looking at both the parent and child characteristics within the relational context.
The Parent Child Early Relational Assessment (PCERA) focuses on the parent and child's experience of the relationship, the affective and behavioral characteristics that each brings to the interaction, and the quality or tone of the relationship (Clark, 1985; Farran, Clark, & Ray, 1990). There are 29 parent-focused constructs, 30 child-focused constructs, and 8 dyadic constructs that are rated during four 5 minute segments that include feeding, a structured situation where the mother shows the child how to accomplish a challenging task, free play, and a brief separation. The PCERA identifies areas of strength and areas of concern in the parent, child, and the dyad.

Table 1: Selected Social Emotional Screening Instruments						
Instrument Author/Publisher Publication Date	**Ages**	**Purpose/Information**	**Administration**	**Validity/Reliability**	**Norm**	**Language**
Ages and Stages Questionnaires-Social-Emotional (ASQ-SE) (Squires, Bricker, & Twombly, 2002)	6-60 months	Parent-implemented child screening and ongoing monitoring system for social-emotional behaviors; young children at risk for social or emotional difficulties	15-20 minutes May be administered by parents or caregivers and scored by professionals	Reliability is 94%; validity is between 75% and 89%	Over 3000 children across the 6-60 month age intervals and their families were investigated. Three-point scale of frequency ranging from "not true" to "often true"	English Spanish
Brief Infant-Toddler Social Emotional Assessment (BITSEA) (Briggs-Gowan & Carter, 2001)	12-36 months	Family Centered Screening tool that assesses emerging social-emotional development and monitors progress based on parent/ caregiver input	7-10 minutes	Internal Consistency = .65-.80 Interrator (mother/father) = .61-.68 Test-Retest = .85-.87 Validity: Predictive = .71	National Sample of 600 children. Clinical groups included language delayed, premature, and other diagnosed disorders	English Spanish French Hebrew, and Dutch
Devereux Early Childhood Assessment (DECA) (Lebuffe & Naglieri, 2003)	2-5 years	Strengths Based Assessment instrument designed to Measure; Initiative, Self-Control Attachment, Withdrawal/Depression Emotion Control, and Behavioral Concerns Scale	15-20 minutes	Internal Consistency Reliabilities fell below .80 with parents as raters	Normed on a representative, nationwide sample of 2000 children in 28 states	English Spanish
Eyberg Child Behavior Inventory (ECBI) (Colvin, & Eyberg, 1999)	2.5-11 year olds	Focuses mainly on conduct problems, aggression, and attention	10 minutes	Item Reliability = .93-.95 Test/Retest = .80-.85 Interrator Reliability = .61-.69	280 from 2-6 years (1999)	English
Toddler Behavior Screening Inventory (TBSI) (Mouton-Simien, McCain, Kelley, 1997)	12-41 months	Assesses problem behaviors (e.g., aggression, or noncompliance)		Internal Consistency = .88-.90 Test/Retest = .89 and .68	581 mother/child dyads	
Temperament & Atypical Behavior Scale (TABS) (Bagnato, Neisworth, Salvia, & Hunt, 1999)	11-71 months	Screening and evaluation tool designed to measure temperament and self-regulation problems	5-30 minutes Parents/Caregivers	Interrator = .84-.94 Internal Consistency for Screene r= .83-.95	833 11-71 month-old children from the US and Canada	English

Table 2: Selected Social Emotional Assessment Instruments						
Instrument Author/Publisher Publication Date	**Ages**	**Purpose/Information**	**Administration**	**Validity/Reliability**	**Norm**	**Language**
Behavior Assessment System for Children (BASC-II) Cecil R. Reynolds, Randy W. Kamphaus American Guidance (1992)	2-5 years	Assesses for behavior functioning and identification of behavior problems (aggression, hyperactivity, conduct problems), and developing intervention plans. Four-point scale of frequency ranging from "never" to "almost always".	15 minutes	Composite Scores: Internal Consistency- TRS = .87-.96, PRS = .85-.93; Test-retest- TRS = .84-.87, PRS = .81-.86; Interrater- TRS = .61-.81, PRS = .66-.84	309- 4 to 5 year old children in public schools, private schools, and daycare centers in Western, Northern Central, Southern, and Northeastern U.S.	English Spanish
Child Behavior Checklist (CBCL) Thomas Achenbach, & Rescovia, 2001 Thomas Achenbach (1991, 2001) Achenbach Rescorla		Assesses the behavioral and social competencies of a child as reported by parents and measures behavior change over time. Three-point scale of frequency ranging from "not true" to "often true."	15-20 minutes	Internal Consistency = .78-.97 Test-restest = .95-1.00 Interrator = .96-.96 Criterion validity was assessed and found to be acceptable	Normative Data obtained from parents of 1,300 children	English Spanish French
Infant Toddler Social Emotional Assessment (ITSEA) Alice Carter, Margaret Briggs-Gowan Pearson Assessment (2005)	12-36 months	Follow-up assessment of the BITSEA, to be used for in-depth analysis of social emotional development and to guide intervention planning	25-30 minutes	Internal Consistency: Individual Scales = .59-.84; Broad Band Scales = .80-.90 Interrator (mother father) = .58-.79 All ITSEA domain and CBCL (Achenbach, 1992) were correlated but there was differentiation	National sample of 600 children, Clinical groups included language delayed, premature, and other diagnosed disorders	English Spanish

Table 2: Selected Social Emotional Assessment Instruments						
Instrument Author/Publisher Publication Date	**Ages**	**Purpose/Information**	**Administration**	**Validity/Reliability**	**Norm**	**Language**
Temperament & Atypical Behavior Scale (TABS)	11-71 months	Screening and evaluation tool to identify critical temperament and self-regulation problems and determine services for special education eligibility, planning of education and treatment programs, monitoring child	5-30 minutes parents and caregiviers	Interrator and rating: .84-.94 Internal consistency = .88-.95 High treatment and social validity	Normed on nearly 1,000 children with both typical and atypical development	English
Vineland Social Emotional Early Childhood Scales (Vineland SEEC)	Birth-5 years, 11 months	Based on the Vineland Adaptive Behavior Scales, this assessment tool measures early childhood social emotional development	15-20 minutes Administered by Ph.D. in Psychology or certified or licensed school psychologist or social worker	Reliability = .80-.87 for subscales .89-.97 for composite across six age groups Validity; not available	Standardiza-tion norms are based on the normative data to develop the Vineland Adaptive Behavior Scales, The sample included 1,200 children from birth to 5 years, 11 months	English Spanish