Today we’ll explore:
• What we mean by Social-Emotional Development and Mental Health
• The powerful role we have in supporting children’s mental health
• How we can improve our effectiveness in helping children succeed by using perspectives and strategies from education and mental health
• The therapeutic qualities that good teachers possess
• A case study that demonstrates application of the above in an early childhood setting

Social-Emotional Development
The developmentally and culturally appropriate ability to:
• Manage emotions
• Relate to adults
• Relate to peers
• Feel good about oneself

Mental Health
Mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience and self-esteem.

Social-Emotional Development is the *process*

Mental Health is the *way of being*

How do we identify that there is a problem with social-emotional development or a mental health concern?

Challenging behaviors (or problem behaviors)

"result in self-injury, injury to others, cause damage to the physical environment and/or interfere with the acquisition of new skills, and/or socially isolate the child"

(Doss & Reichle, 1991)

Our search for a better understanding of the needs of children who engage in challenging behavior

multiple and multidirectional layers of influence on child’s behavior

An estimated 80,000 Minnesota children have severe emotional problems.

Only 1 in 5 receive treatment for those problems.
73% of children with behavior disorders who drop out of school are arrested within 5 years.

30% of Minnesotans will seek help from a psychiatrist sometime during their lives. (MPR feature “A Bad State of Mind”)

**Head & Heart**
- Viewing children & ourselves holistically
- Our thoughts and emotions are intertwined

We ask:
- How can we work together to support children’s mental health?
- What do children and families need? What do early childhood professionals need?

**Bridging Two Perspectives**

**Education**
- Positive Behavior Support
- Origin: assisting children with disabilities
- Question: What is the motivation of the behavior? FUNCTION

**Mental Health**
- Psychodynamic Therapeutic Support
- Origin: assisting children who have experienced difficult emotional environments
- Question: Why does the child behave in this way? EMOTIONAL NEEDS

**Bridging**

**Education**
- Theoretical Orientation: Behavior problems are not abnormalities, but reasonable adaptations necessitated by the abilities of our children and the limitations of their environments

**Mental Health**
- Theoretical Orientation: Children are biologically set up to establish relationships with adult caregivers. As a result of early relationships, children develop a “mental model” of what they can expect from the world.

**Bridging**

**Education**
- Traditionally, the emphasis has been on the role of the adult in the child’s acquisition of knowledge and skills

**Mental Health**
- Traditionally, the emphasis has been on the adult’s role in assisting the child in feeling secure and managing emotions
The good news is…

We start with ourselves!

We can acknowledge our own emotions and the importance of children’s emotions.

We all have a powerful role to play.

e.g. Teachers and child care providers are “therapeutic” agents for young children.

A Case Study: Natalie

Natalie

• Robert: “She had empty eyes.”
• She was unpredictable.
• Are there patterns to her behavior?

Staff Feelings

• “We didn’t know what to do.”
• Teachers have feelings about children’s behavior and need time to reflect on these feelings as well as on the behavior of the children.

Natalie

• She was “aching to reach out” but when we did she couldn’t accept it.
• Limited language development
  – Couldn’t express herself
  – Couldn’t maintain relationships
• Overly possessive with things

What else do we need to know?

We learn more about Natalie

• When enrolled, “she had a lot of problems.”
• “She could not speak well. She could not express herself.”
• “She didn’t understand much.”
• “…if her mother had helped her…Her mother is ill.”
Why don’t we go straight to strategies?
• a “bag of tricks” that we randomly try is not the answer
• we need to decide what the child needs (the meaning of the behavior) before we can decide what to do

Sometimes we need to “reframe” problematic emotional responses and challenging behavior…

An example of reframing:

Anger is the flip side of fear.

How does this change our response to a child who is “angry”?

If a child is acting “angry”…
It may be because she does not feel safe. Adults in her life may have not provided nurturing care for her or may have exercised scary power over her. Feeling powerless and vulnerable is a frightening experience—particularly for young children who depend so much on adults.

From a mental health perspective, we recognize that we experience the present in part through the past.

Relationships
• Child & other children
  – friendships, conflicts
• Child & family (parents/caregivers, extended family)
  – attachment, guidance & discipline, abuse, neglect
• Child & caregiver/teacher
  – attachment, guidance & discipline

Teacher Expectations
Late Bloomers Study
Children’s Critical Questions

- Am I worthy of attention?
- Are you trustworthy?
- Am I safe enough here to play and learn?
- Will anybody take care of me?
- Do I have any power here?

Problem-Solving: Six Important Questions

1. Describe the problem interaction in detail.
2. How did it make you feel?
3. What did you do in response to the child’s behavior?
4. What was the child’s response to what you did?
5. What is your guess about the child’s mistaken goal?
6. What are some alternative suggestions you could try the next time the problem occurs?

Positive Discipline by Jane Nelsen, Ed.D.

The Teacher Challenges

Affirms

Listens…and Hears

Dr. Roberta Nelson

“To Listen” =

- Ear
- You
- Eye
- Undivided attention
- Heart

—Michael Trout, Parent-Infant Institute

The Teacher is the vehicle for the Curriculum

The child’s connection to:
- Goals
- Rules
- Activities
- Materials
- Facilities
Points we should ponder:

1. Life circumstances/events
2. Setting events
3. Function and communication
4. Relationships

2. Life circumstances/events
- Effect of physical and developmental disabilities
- Family’s access to resources
- Family/cultural expectations
- Abuse, neglect, stress and trauma

3. Ask:
- What is the function of the behavior?
- What is it communicating?

4. Relationships
How can my relationship, or the relationships of other staff with this child, be used to support her?

What can we do to make a difference in this situation?

The major question…

What is under our control?
You can control the experience the child has with you.

You can change their life forever… and you probably won’t know for sure that you did.

- It became clear Natalie could benefit from a special buddy
  - “Who does Natalie like?”
  - “Robert, do you see her coming to you?”

A significant adult:

- Has a lot of patience
- Looks for clues
- Gives the child choices
- Is warm, caring and nurturing

Attachment

- We are biologically geared to attach - for safety and survival
- Primary caregivers are first object of attachment
- Teachers and childcare providers can provide the safety and nurturing that young children need

Attachment is a mutual, reciprocal relationship in which the child becomes a knowing partner. It is a relationship that develops gradually during the early months and years of a child’s life.
Attachment

- We are biologically geared to attach - for safety and survival
- Primary caregivers are first object of attachment
- Teachers and childcare providers can provide the safety and nurturing that young children need

Shared Emotional Experience

- Personalized, individual attention is critical.
- Adults are not interchangeable.
- One adult forms a relationship to support the child’s emotional and cognitive development.
- The child has a meaningful experience with a particular adult over time.
- It is shared emotional experience that builds resilience in children.

An experience that provides “repair” is about:

- changing the environment so that the child can grow socially and emotionally
- providing opportunities for the child to learn new social/emotional and educational skills.

- We may not be able to change the child's home environment.
- We can create an emotionally safe environment while the child is with us.

A significant adult:

- Is consistently available
- Sees the world from the child’s point of view
- Sets limits
- Structures the child’s experience

What we don’t often acknowledge:

- Some of us work better with certain children than with other children and
- Some of us like certain children better than other children.

ALSO:
- Some children like us better than other children.

Who likes this child? Who does this child like?

- Gave rise to a powerful intervention
- Gave staff an opportunity to reflect on
  - who they are as individuals and
  - what they bring to the educational setting
Changes in Natalie—a child who had been considered inappropriate for the setting

- Beginning to relate well to others
- Much more animated
- Developing a consistent personality
- Getting a lot of pleasure out of life

What informs successful interventions for Natalie?

We consider the impact of:
1. Life circumstances/events
2. Setting events
3. Function and communication
4. Relationships

Going Around the Circle

- What’s the concern?
- Why do you think it is happening?
- What do you think the behavior is communicating?
- How can we help? What’s the plan?
- How is it going?

Language, Literacy and Social-Emotional Development

- Hearing words allows a baby to self-regulate.
- Saying words allows a toddler to self-regulate.
- Expressing ideas helps a preschooler to self-regulate.

We’ve explored:

- What we mean by Social-Emotional Development and Mental Health
  - Definitions
  - How our thoughts (head) and emotions (heart) are intertwined
  - The prevalence of mental health issues in our society
- The powerful role we have in supporting children’s mental health
  - How our perceptions & expectations impact young children
  - The therapeutic qualities of a good teacher
• How we can improve our effectiveness in helping children succeed by using perspectives and strategies from education and mental health
  - Recognize staff feelings about specific children
  - Discover the source of challenging behavior or other concerns (rather than going straight to a “bag of tricks”)
  - Ask Six Important Questions
  - Consider four contributing factors (Life Circumstances/Events, Setting Events, Function and Communication, Relationships)
  - Decide what is under our control - a great deal!
  - The “Assessment Triangle”

• A case study that demonstrates application of the above in an early childhood setting
  - Natalie’s story
  - The importance of a significant adult - a “buddy”
  - Attachment
  - Shared emotional experience and “repair”
  - Who likes this child?
  - “Going Around the Circle”
  - The social-emotional/cognition connection

“...The goal is to see the child not as an object to be changed, but as a potential author of her own change.”

Carol Cole, Project Leader, Project Relationship

ON-LINE TRAINING

• Introduction to Infant Mental Health
• Addressing the Needs of Children Who Engage in Challenging Behavior
• Relationship-Based Teaching with Young Children
• Bridging Education and Mental Health