Developmental Pathways to Social-Emotional Competence in the Early Years:
A Practitioner Perspective

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There is now general consensus among child development scientists and neuroscientists that the quality of a child’s earliest relationships with a primary caregiver and other significant caretakers can support or alter the normal course of brain development and significantly impact the child’s capacity to learn, to process sensory information, and to form future relationships. “Early experience determines whether a child’s developing brain architecture provides a strong or weak foundation for all future learning, behavior, and health.” (A Science-Based Framework for Early Childhood Policy, 2016, p.3, Harvard Center on the Developing Child)
Development is the progressive change of the human organism over time in response to complex transactions between child and environment.
Development

- Development is the progressive physical growth of the organism and acquisition of capacities, abilities and skills overtime, both quantitatively and qualitatively.
- Development progresses toward greater differentiation, complexity, capacity for abstraction, symbolization and skill refinement.
- Higher level skills tend to be synthesized out of components of lower level skills.
- Development is not an even, linear progression. Rather, it occurs in spurts, plateaus and regressions.
- Regressions may serve to mobilize resources for growth—“fall back to spring forward.”
Principles of Development

- Development progresses in a “gene-environment interplay” and is largely experience dependent.
  - Development reflects the interdependence of nature and nurture— it is recognized today that heredity is not an unmodifiable determinant but rather that gene expression can be altered by environmental conditions (Thompson, 2016).
  - Culture is a powerful shaping force.
Development progresses in predictable patterns

• **Architectonic**
  – Stage and Phase models

• **Organic**
  – Pathways of development
  – Lines of development

• **Transformational**
  – Dynamic systems theory/transactional model
Development is relationship-dependent

- “There is no such thing as a baby, there is a baby and someone” - D. W. Winnicott
- Relationships are bi-directional from birth, but not symmetrical.
- Attachment has survival meaning.
- The single best buffer against toxic stress is having an available, sensitive and reliable caregiver.
- “The picture of securely attached children that emerges from research is a very positive one. They appear curious, self-confident about managing cognitive tasks, persistent in the face of frustration and cooperative (Colin, 1996, p-66).”
Principles of Development

- The lines of development are intimately and inextricably interlaced and interdependent.
- Development is both continuous and discontinuous.
  - The organism is plastic and change is possible
- Development is shaped by play, learning and mastery.
- Individual differences are more the norm than the exception.
  - Individual differences and variation are typical features of development.
What is infant mental health?

IMH is a body of knowledge, practices and strategies derived from multiple disciplines, relationally framed and aimed to promote optimal self-social-emotional development in infants and young children, prevent developmental derailment and nurture development into the range of mental health.
• ZERO TO THREE defines infant mental health as:
  “. . . the developing capacity of the child from birth to age 3 to: experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn -- all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.”

• The World Association of Infant Mental Health describes infant mental health as:
  “... a field dedicated to understanding and treating children 0-3 years of age within the context of family, caregiving and community relationships.”
Attachment

- Attachment behaviors in the infant are evolutionarily formed and aimed to evoke proximity of the caretaker.
- Infants are active participants in their own attachment.
- Attachment is an enduring emotional tie.
- Attachment serves secure base.
- What really goes on between parents and infants is the raw material for the formation of an Internal Working Model.
Patterns of attachment:
- Secure
- Avoidant
- Ambivalent
- Disorganized

Research suggests about a 70% concordance between the attachment classification of the parent and the child at age 1 year (Ward & Carlson, 1995).
Risk, Resilience and Protective factors

• Child Risk Factors
  – Prematurity, birth anomalies
  – Genetic syndromes
  – Exposure to toxins in utero
  – Chronic or serious illness
  – Temperament: difficult or slow to warm
  – Intellectual disability/low intelligence
  – Childhood trauma
  – Antisocial peer group
Risk, Resilience and Protective Factors

Parental/family risk factors

- Insecure attachment
- Parent: insecure adult attachment
- Single parenthood (with lack of support)
- Harsh parenting, maltreatment
- Family disorganization; low parental monitoring
- Social isolation, lack of support
- Domestic violence
- High parental conflict
- Separation/divorce, especially high-conflict divorce
- Parental psychopathology
- Parental substance abuse
- Parental illness
- Death of a parent or sibling
- Foster care placement
Social/environmental risk factors

- Poverty
- Lack of access to medical care, health insurance and social services
- Parental unemployment
- Homelessness
- Inadequate childcare
- Exposure to racism, discrimination
- Poor schools
- Frequent change of residence and schools
- Exposure to environmental toxins
- Dangerous neighborhood
- Community violence
- Exposure to media violence
Child protective factors

• Good health

• Personality factors: easy temperament, positive disposition, active coping style, positive self-esteem, good social skills, internal locus of control, balance between help seeking and autonomy

• Above-average intelligence

• History of adequate development

• Hobbies and interests

• Good peer relationships
Parental/family protective factors

• Secure attachment, positive and warm parent-child relationship
• Parent: secure attachment pattern
• Parental support of child in times of stress
• Household rules and structure; parental monitoring of child
• Supportive involvement of extended family, including help with caregiving
• Stable relationship between parents
• Parental modeling of competence and good coping skills
• Family expectations of prosocial behavior
• High parental education
Social/environmental protective factors

- Middle-class or above socioeconomic status
- Access to health care and social services
- Consistent parental employment
- Adequate housing
- Family religious faith and participation
- Good schools
- Supportive adults outside the family who serve as models/mentors to the child (Davies, 2011, p.103-104)
Social-Emotional (non-cognitive) Skills
A growing and convincing body of literature suggests that social-emotional development, synonymous with infant mental health and sometimes referred to as non-cognitive skills, formed early in life, are pivotal in increasing the likelihood of healthy personal development, future success in the workplace and adult well-being.

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Social-Emotional (non-cognitive) Skills

• A recent study (Jones, Greenberg & Crowley, 2015) looking at the relationship between social-emotional competency in kindergarten and functioning 13-19 years later in a sample of 753, found that teacher-rated prosocial skills in kindergarten were a consistently significant predictor of young adult outcomes across the domains of education, employment, criminal activity, substance abuse and mental health.

• Educational attainment and predicting future success in the workplace are dependent on more than cognitive ability alone. Non-cognitive characteristics such as self-discipline, motivation and interpersonal skills have significant predictive power and explain a significant part of the variance in academic and workplace success (Carniero, Crawford & Goodman, 2007).
Self-regulation is the child’s developing capacity to flexibly modulate and grade reactivity to sensation, affect arousal and behavior with relative autonomy in support of goal-directed actions across a broad range of functions (Carver & Scheier, 2016; Murray, Rosanbalm, Christopoulos, & Hamoudi, 2015).
Factors Contributing to the Development of Self-Regulatory Capacity

- Temperament and constitutional factors
- Cognitive control in the form of executive function
- Positive parenting, attachment and internal representation
- The capacity for symbolization.
The psychological themes of pregnancy

- A heightened emotional and reflective awareness
- The representation of the hoped-for-child
- The spawning of a state of attachment readiness
Getting Acquainted and courting-establishing patterns of regulation-engagement-beginning two-way communication-mother-baby play

Baby

- Intact central nervous system, repertoire of neonatal competence (signaling system/attachment behaviors), patterns of action and reaction, capacity to feed, orienting to body and other, curiosity about the world, object exploration; face gazes, follows, social smile
Naive and Patterned Synchrony: Birth-4M

Parent

- Preoccupation with infant, orients/ experiments with biological rhythms, regulation/ arousal, feeding, reads baby’s signals, engages in reciprocal behaviors, introduces age appropriate toys

Vulnerabilities-Baby

- Physical, neurological, sensory differences; fussy baby, feeding challenges, does not alert
Vulnerabilities-Child (Cont.)

- Excessively difficult to calm, engage, alert; lack of curiosity and interest in the world, difficult to engage in play, coma in newborn (Ribble), 3 month colic

Vulnerabilities-Parent

- Overt rejection of the baby, failure in the “primary maternal preoccupation,” excessively anxious, over-permissive/overly intrusive, post-partum depression, challenges in regulating and feeding the baby, unable to read or respond to baby’s signals, unable to include father, confusion in the family as to roles and responsibilities, unable to engage baby in play and reciprocal interactions; does not talk, sing, read to baby; prepares under or over-stimulating environment, difficulty with establishing routine and consistent patterns of caregiving, negative attributions toward infant.
Intervention

- Demonstrate infant capacities, explore temperamental styles and fit, model/parallel process, coach; reflective developmental guidance, provide support and encouragement, nurture parent, provide materials and help prepare environment, explore discrepancies between fantasies of baby and parenthood and realities, explore fears attitudes, reframe negative attributes, speak for the baby, utilize video-Interactive Guidance, help differentiate caregiving roles, refer parent and/or child for suspected mental health/sensory/neuromotor problems.
Related Domains

- **Motor**
  - Reflexive (inborn patterns of action and reaction)
  - Beginning control

- **Language**
  - Affective-vocal synchrony-joint attention, vocalizes/signals pleasure and displeasure

- **Play**
  - Sensorimotor-body discovery
  - First toys-object discovery

- **Regulation**
  - External regulation
  - Mutual regulation
  - Orient attention away from a stressor
Reflective Synchrony (Symbiosis): 4-7M

Intimacy, mutual cueing, exclusivity, falling-in-love (honeymoon)

Baby

• Preferential smile, molds and melts, prefers en-face position, differentiates mother from others, predictable rhythms, less crying, reliably comforted, active two way communication, vocal contagion
Parent

• Finds pleasure in ministering, holding, bathing and feeding, talking and playing with baby; able to read affect states, needs, cries; may have feelings of merger, can characterize baby temperamentally; successful in regulating feeding, establishes consistent and predictable routines “in-sync” with the child.
Vulnerabilities-Baby

- Stiffens-pushes away, under or over-reactive to stimuli, undifferentiated facial and vocal signals, lack of preferential smile or infectious greeting, rocking or self-stimulating behaviors, infantile eczema

Vulnerabilities-Parent

- Failure to find pleasure in holding, feeding, face gazing, eye contact and ministering to baby; unable to characterize baby, shows little delight in baby’s recognition of and preference for parent; inconsistent patterns of caregiving, over or under-stimulating baby, attitude of hostility in the guise of anxiety, little success in reciprocal play or comforting, unable to identify and reflect baby’s emotional state, finds parenting excessively burdensome, oscillating between pampering and hostility.
Interventions

- Identify and repeat pleasurable experiences with baby, incrementally expand on pleasurable experience, explore parent’s parenting history, explore how parent might feel and wish to be cared for if in a dependent state, guide parent to imagine what the baby might be feeling, experiment with holding patterns to help baby feel as parent wishes baby felt when held, molded, etc.; co-regulate parent to be consistent and predictable, provide auxiliary care for baby.
Related Domains

• **Motor**
  – Practicing central control

• **Language**
  – Affective vocal synchrony-varies volume and pitch, comforted by mother’s voice, begins babbling

• **Play**
  – Object exploration

• **Regulation**
  – Mutual regulation-rupture and repair
  – Modulate sensorimotor responses and begin to select and shift attention.

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Discriminate Synchrony (Differentiation): 7-10 M

Demarcating and delineating boundaries between parent and child—both somatically and psychically

Baby

- Increased alertness and interest in the world, pushes away, becomes “lap baby”—gazes outward, makes transition to the floor, practices being alone in the presence of Mother, specific Mama and Dada, stranger reaction
Parent

- Reads baby’s signals for greater separation and finds satisfaction in child’s movement forward, capitalizes on baby’s increased alertness for interaction and play, begins relinquishing possession of the body of the baby, helps in transition from lap to floor

Vulnerabilities-Baby

- Delays in acquisition of motor and distal signaling skills to initiate “hatching,”
Vulnerabilities-Baby (Cont.)
• Does not signal desire to “hatch,” excessive stranger anxiety, failure in sharing affective states-beginning awareness of other minds, fecal smearing

Vulnerabilities-Parent
• Finds baby’s efforts to separate threatening, feels rejected or abandoned, too intrusive, clinging; overprotective or distancing and withdrawing or detached; does not make transition from proximal to more distal auditory vocal interaction, cyclical mood swings
• **Interventions**
  
  – Speaking for baby-clarifying motivations and signals, being with parent-waiting watching wondering; visualization-holding baby in mind; reflecting on parental history of transitions, separations and losses; exploring play experience of parent; emphasizing visual referencing, vocal-verbal connectedness

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Related Domains

- **Motor**
  - Dissociation of movement
  - Sitting with freeing of the hands

- **Language**
  - Participates in back and forth interactions
  - Shared Intentions

- **Play**
  - Schemas
  - Early functional play

- **Regulation**
  - Mutual regulation
  - Growing awareness of own actions
Distal Synchrony (Practicing): 10-14M

Practicing how to be emotionally close but physically separate—holding close with open arms!

Baby
• Upright locomotion, love affair with the world, curiosity and problem solving, separation and reunion, increased visual and vocal dialogue

Parent
• Creating an exciting world for baby to explore
• **Parent (Cont.)**
  – finding pleasure in junior toddler’s growing competence, being available for emotional refueling, child proofing-being sure child is safe

• **Vulnerabilities-child**
  – Delays in motor mastery, excessive anxiety, lack of curiosity and mastery motivation, too daring-avoidant of parent-does not refuel, does not have ideas
• **Vulnerabilities-Parent**
  – Unavailable, no longer feels needed, leaves child to own devices, does not prepare stimulating environment, cannot tolerate messiness, intrusive-over handling child

• **Interventions**
  – Expanding circle of play and communication, redefining parental role, teach parent play skills by playing with parent, speak for child-motivation
• **Interventions (cont.)**
  
  – Interpret child’s motivations—speak for child, negotiation and repair skills, help parent set appropriate limits, provide appropriate opportunities for expression of aggression, reframe parental attributions, introduce damage and repair play
Related Domains

• **Motor**
  – Spontaneous rotation, trunk control, creeping, cruising, upright locomotion

• **Language**
  – Shared meaning in gestures and words
  – Opens and closes many circles of communication
  – First words

• **Play**
  – Functional play – beginning constructive play

• **Regulation**
  – Co-regulation
  – Greater self – soothing capacity
Growing into psychological separateness, negotiating transition from infant to toddler, symbolic capacity and emotional awareness, lexical spurt, confusion and storminess normative

- **Child**
  - May be ambivalent about closeness and distance, renewed wooing, bringing things to parent, shadow-dart, beginning struggles with control, “no”, increased language production, expansion of affect array

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Ambivalent Synchrony (Rapprochement): 14-24 M

- **Parent**
  - Learns to be quietly available, follows child’s lead, becomes active player, chooses battles wisely, finds pleasure in child’s mastery, attends to safety

- **Vulnerabilities-Child**
  - Delays in play, cognitive, language and motor skills; reckless, lack of necessary aggression or excessively aggressive; excessive tantrum behavior, excessive separation fears, can’t make-up

- **Vulnerabilities-Parent**
  - Premature launching, re-engulfment, reactive ambivalence
Trajectories

Premature Launching

Reactive ambivalence

Re-engulfment Esteem-Sensitive

Safety Sensitive

Separation Sensitive

Schizoid Borderline Narcissistic
Interventions

- Interpret meaning of child’s behavior to parent, speak for the child, support and co-regulate parent to sustain a position of “quiet emotional availability,” establish appropriate limits for child, avoiding undue harshness or over-permissiveness; slow parent down-encourage parent to “mentalize” how the child might be feeling; facilitate capacity for affect awareness and relational repair, normalize that this is often a rocky time for many toddlers and parents, frame role for father or other more “neutral” person as a leveler, encourage parental involvement in symbolic play and use of language to stay connected, help parent with tendency.
Interventions (cont.)

- to misread child’s renewed wooing as desire to be a held-in arms baby; to misread toddler’s active engagement in the world as no longer in need of parental care; to respond to the ambivalent toddler “in-kind-as if” another adult.
Related Domains

• **Motor**
  – Progression-chasing darting, active exploration

• **Language**
  – Lexical spurt-large increase in 1 word vocabulary
  – Word combination

• **Play**
  – Early representational –feeds doll; puts doll to bed

• **Regulation**
  – Self-observation-embarrassment
Consolidation of internal representations of self and love object charged with feeling, increased capacity to separate and regulate affect, expansion of peer play transition into the preschool years

- **Child**
  - Increased capacity to manage separation anxiety, increased confidence and competence, sense of own personhood-preferences, increased assertion and beginning narrative play and language
**Self-Synchrony (Beginning Object and Self Constancy): 24-36 M +**

- **Parent**
  - Increased confidence in child, allows for greater autonomy and experimentation, able to separate, introductions of peers in play, co-player and conversationalist

- **Vulnerabilities- Child**
  - Delays in symbolization, play and language, prolonged ambivalence and storminess, problems in affect regulation
• **Parent**
  
  – Increased confidence in child, allows for greater autonomy and experimentation, able to separate, introductions of peers in play, co-player and conversationalist

• **Vulnerabilities- Child**

  – Delays in symbolization, play and language, prolonged ambivalence and storminess, problems in affect regulation
Self-Synchrony (Beginning Object and Self Constancy): 24-36 M +

- **Vulnerabilities-parent**
  - Patterns of clinging and abandonment, negative attributions-hostility, weaknesses in own object constancy- personality disorder

- **Intervention**
  - Recapitulation of incomplete stage development, Circle of Security, parent-infant psychotherapy, mentalization strategies
Related Domains

• **Motor**
  – Combining and coordinating the components of movement

• **Language**
  – Early discourse-expresses a range of intentions; uses word combinations “That’s a bike”; asks questions “What’s That”

• **Play**
  – Early symbolic-pretense, object substitution

• **Regulation**
  – Beginnings of self or effortful control which emerge between 22-33 months expressed by the following markers: slowing down motor activity, suppressing or initiating activity to signal, lowering of voice, effortful attention, compliance to delay or inhibit a response on caregiver request with decreasing amounts of external mediation and increasing participatory regulation
Attachment

– A goal-corrected partnership—the child is more apt to go to adults when their resources are exhausted.

– The internal working model expands to “include implicit and explicit rules for social behavior and interaction” (Marvin & Britner, 2008, p.284).
Attachment

• Attachment continues to be a source of security when stressed (3-6).
• Attachment needs are increasingly expressed in words rather than actions (4-6).
• Object constancy and Improved memory and sense of time contributes to increased coping with separations (4-6).
• Working models are transferred to non-parental caregivers and peers.
Social Development

• Prosocial behavior and perspective taking increases between (3-6):
  – sharing
  – comforting
  – helping
  – regulating aggression

• Increased use of verbal mediated conflict resolution, problem solving and social interaction
Peers

- Peer group exposure promotes cooperation with peers becoming of increasing importance, leading to:
  - decreased ego-centrism
  - identification
  - motivation for positive interactions
• **Symbolic Play**
  – object substitution
  – pretense
  – socio-dramatic action
  – roles and rules
  – cooperation

• **A dress rehearsal for life**

  “imaginative anticipation of future roles played out with toys and costumes in tales and games” (Erikson, 1975, p.213).
Self

- The child’s “coherent personality” emerges between 3-6.
- Grandiosity-tension between fantasy and reality
- Growing internal locus of control
- Identification becomes a primary source of self-definition.
- Gender identity and sex role learning
- Approximately 70% of preschoolers’ play is same sex with 30% involving both sexes (Berenbaum et al, 2008).
- By age 5 nearly all children have attained gender constancy.
- By 4, children remark on differences based on skin color and begin to identify themselves as members of a particular group.
Affect and Anxiety

• Increased emotional complexity: competition, conflict, jealousy, guilt- “triangular play”

• Sources of anxiety:
  – Aggression
  – Loss of the love of the parent and being displaced
  – Bodily harm and control of bodily functions
  – Fear related to inadequate reality testing
Related Domains

• **Motor**
  - Increasingly complex and refined motor planning—kicking a ball, riding a tricycle

• **Language**
  - Complex connected discourse—logical bridges between ideas—narrative
  - Pragmatics—conversational give and take, topic maintenance, topic expansion, felicity
Related Domains

• Cognition
  – Egocentric thinking- faulty cause and effect inferences, overgeneralization, perception based reasoning, magical thinking (fantasy and reality: by 4 children know the difference between an imaginary object and a real physical object)

• Self-regulation
  – Emerging around 30-48 months, employment of symbolic thought, language and evocative memory serve as internal modulators and mediators of attention, affect and behavior.
Emerging linguistic ability to “cool” emotional reactivity and intensity and impose control over actions increasingly assumes ascendance as an internal regulator. Language skills promote self-reflection which supports self-regulation.

Cognitive self-regulation in the form of set shifting between internal representation and external environmental stimuli and growing selective attention in the form of focusing on a specific task while filtering extraneous stimuli, become increasingly integrated and are important mechanisms of self-regulation (Kannass, Oaks & Shaddy, 2006).

Parental co-regulation increasingly allows opportunities for the child to practice self-regulatory skills through shifts in parenting style toward greater use of coaching and words to express emotion, solve problems and give instruction in rule-following and task completion.
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Developing defenses—projection, denial, displacement, regression


