

# Laying Foundations: Social and Emotional Development in the Earliest Years

## Introduction

**Content level:** Basic

We are so glad that you decided to listen to **Laying Foundations: Social and Emotional Development in the Earliest Years**.

To make the most of this training experience:

- **Read the Three Stages of Infancy, the Faculty Biographies and Case Studies and the Applying the Information handouts before the audio cast begins.** These handouts are designed to help you prepare for the program and consider how the information faculty share can be applied where you are.
- **Schedule some time for reflection after the audio cast.** An individual staff member can use the **Applying the Information** handout to practice new skills. However, discussing information as a team is the best way to get a collective sense of what is already in place in your program and how to celebrate and enhance staff contributions to the social and emotional development of young children.
- **Use the handouts** to discuss new information and to make a plan for the future.

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# **Laying Foundations: Social and Emotional Development in the Earliest Years**

## **Objectives**

This audio conference will:

- Describe the major social and emotional goals of the first three years of life;
- Illustrate the ways in which Early Head Start and Migrant and Seasonal Head Start staff support children in reaching those goals; and
- Highlight the ways that, by doing this work, staff support infants and toddlers in later success in school.

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## **Faculty Biographies and Case Studies**

### **Cheryl Williams Jackson, Moderator**

Instructor, Modesto Junior College

Cheryl Williams-Jackson began her career as a family childcare provider assistant while stationed in West Germany with her family. Upon her return to the United States she began her undergraduate work in psychology with a minor in child development and continued on to complete graduate work in child development. She has taught and worked closely with infants and toddlers, preschoolers, school-age children, teenagers and teenage parents. Most of her current work involves teaching adults and consulting with programs that provide services to children and teenagers, including Early Head Start programs. Since 1997 she has trained many caregivers, parents and administrators on the philosophy of WestEd-Program for Infant Toddler Caregivers. She is currently on the full-time faculty with Modesto Junior College. She consults and trains with a variety of programs on issues of diversity, infant and toddlers and teen parenting. Cheryl is the past Co-Chairperson of BANDTEC, A Network of Diversity Trainers. With her husband, Eric, she shares her greatest role of nurturing the development of their two daughters.

#### A note about the following case studies:

The case studies provided on the following pages are reports of actual experiences of faculty. Names and identifying information have been changed to protect family confidentiality. As you read, consider the stages of infancy described on page 2. How do the adults in these case studies support children at different stages in feeling secure, exploring their environments and establishing a sense of identity?

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**Maggie Anderson,**  
Education Connection Home Visitor



When Maggie Anderson was working as a Certified Nursing Assistant in a health care setting, she missed the daily interactions with young children that she had enjoyed in previous jobs as a licensed day care provider and an infant/toddler caregiver. She says she “followed her heart” when she accepted a job as a Home Visitor with children and families at the Education Connection Early Head Start program. In that role, she works closely with a multidisciplinary team to provide support and comprehensive services to expectant families and families with young children in rural Connecticut.

**Joel, a Young Infant**

**Setting the Scene-** Joel is now three months old. He is bottle fed, this being Mom's preference. Both Mom and Dad are home most of the day right now due to the seasonal type of work Dad does. The other children in the home are boys ages five and ten. I worked with the five year old when he was enrolled in Early Head Start from ages two to three. I resumed working with this family when Mom was two months pregnant with Joel. Educationally, Mom plans to pursue getting her General Education Degree after Joel turns three, if not sooner. Dad completed as a special education student. While Mom and Dad have grown in so many ways during the time that I have known them, their self reflection impresses me the most. Mom had initially experienced some frustration while getting to know Joel. She sometimes found herself so annoyed when he cried that she would yell at him. She shared with me her thoughts on this by allowing me to read a four page journal entry entitled “My alternatives.” Since that time, Mom has implemented several of her own strategies to deal with this issue, and has found that they have worked well.

**Description of a Visit-** It is summertime at the time of this visit, and all the family are home. I ask the older boys about the things they are doing this summer, and they remark excitedly that they have gone fishing with their Dad, and how they are looking forward to going to the fair later in the month. When the boys are outside playing with an older cousin, I ask how the boys are adjusting to having a baby brother. Mom and Dad reply that the older son is loving and gentle, but usually doesn't do too much with Joel, while the five year old seems to be jealous. I respond by saying how tuned in Mom and Dad are to their kids. We discuss strategies to include the kids in Joel's care, such as helping hold the bottle while feeding. I also talk about how important the one-on-one time is with them - and use the fishing trip with Dad as an example. I offer to bring some reading material, and they say they will read it, as long as it isn't too technical or full of big words.

I then ask about Joel's development. They share with pride the new skills that Joel is learning. Dad is cuddling Joel as I note how peaceful, relaxed and comfortable Joel seems to be while in Dad's arms. Both parent's smile shyly at that and go on to talk about how they share nighttime feedings and comforting based on who has had the most sleep. I remark that it seems like Mom and Dad have a great sharing relationship in Joel's care. Dad says “Oh no! Mom does most of the work,” and Mom remarks back, “Yeah, you got that right.” Mom and Dad have a great way of being playful with each other and also appear to enjoy their interactions with Joel. They often sing to him, look at books and

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talk to him using his name. They give him mirror time and give him opportunities to learn through all of his senses. When I reflect on this, Mom says, "The singing part is my job! Poor Joel would cry if Dad tried to sing to him!" Everyone laughs.

During part of the visit, Joel sleeps in his father's arms. I take advantage of this time to ask about Dad's father who was recently in a terrible car accident. Grandpa was seriously injured and is still in the hospital. It is obviously hard to talk about, and we are all choking back the tears. On the day of the accident, Dad had come to the EHS office to use the phone. He was extremely distraught and thought his father was going to die. I reflect back to that time, noting how strong they have been through this and how hard it must be to make the long trek to the hospital throughout the week. Mom and Dad reply that it's hard because of the gas prices and the fact that their car often breaks down. But they are happy that Grandpa is alive.

Joel awakes for a diaper change and then a bottle which Mom prepares. Mom gives Joel a small teething ring to hold while she changes him. (Holding a small object is a skill Mom identified as wanting Joel to work on through our home visits.) Dad holds Joel in his arms while feeding, followed by some playtime on a blanket on the floor. This is a routine that Mom and Dad have developed which works well for everyone. I again reflect how taking care of Joel's basic needs is so comforting for Joel and allows Joel to be ready to play. It gives him a sense of security and trust. Mom and Dad have learned what Joel likes and dislikes and have incorporated this into their interactions. Through observation, discussion and reading a temperament inventory, Mom and Dad have concluded that Joel has a flexible temperament at this stage of his development.

Throughout all of these activities, I tell Mom and Dad how beautiful it is to watch the interaction because of the soft way they talk to Joel looking eye-to eye and use his name, and how they know to wait for Joel to talk back to them. I explain that this is "reciprocal communication" to clarify what I have written on their weekly planner.

Mom and I previously made a high contrast black and white mobile for Joel. I remark about how responsive Joel was to tracking and note that it was a great idea to hang it over his seat. When Joel starts to fuss, Dad says, "Okay you're bored with that. Let's try some tummy time." I am constantly amazed by these parents who are so invested in their child's development. So, Joel goes on his tummy, and he is happy again. Mom takes a brightly colored toy and holds it in front of Joel to encourage him to lift his head. Joel is gradually tolerating more tummy time. Next, Mom puts a few toys around Joel while he is on his tummy, and we talk about how strong Joel is becoming from his play and notice how he is starting to pivot while trying to get those toys. I share with Mom and Dad that the time they have spent with Joel during this visit is exactly the stuff that makes a huge difference in the way a child sees his world. They are instilling trust and predictability in the loving way they care for Joel and through that, a sense of security.

The older boys check back in. The five year old gently strokes Joel's head. I simply state how nicely he has said "hi" to Joel.

While I document today's observations and activities for the next week, I follow up on issues and concerns. Mom and Dad have struggled with their landlord and the building inspector to fix many things such as a ceiling that is literally falling down, broken windows, doors and steps. Through Dad's perseverance, these issues are being resolved. I applaud Dad for making this happen. Mom and Dad

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were also concerned about the possibility of there being lead in the home and had paint chips tested. Thankfully, the results were negative.

Though there continues to be family stressors, Joel is blossoming.

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## Angela Anderson-Hussie, Lead Teacher

Greater Mount Vernon Community Early Head Start



Eleven years ago, Angela Anderson-Hussie began work as a rover in the Head Start program run by the Children's Office in urban Fairfax County, Virginia. She was quickly promoted to assistant teacher, and served in that capacity in a preschool classroom until the program expanded with Early Head Start in 1997. Since that time, Angela has worked as a lead teacher in a mixed-age Early Head Start classroom. Angela has an Associates Degree in Early Childhood Education and is currently pursuing a Bachelors degree in Organizational Management.

### Kimberly, a Mobile Infant

**Setting the Scene** - Kimberly is a 10 month old little girl, who has been enrolled in our program for four months, since December 2005. Three adults serve eight children in our classroom. The children range from 10-35 months old. I am Kimberly's primary caregiver. Kimberly is going through stranger anxiety now. She has been sick lately and does not want to interact with anyone unfamiliar to her. Kimberly is very verbal with noises and sounds. She likes to hear adults and other children singing in the classroom. She is now learning Peek-a-boo. She puts her hands over her hands and takes them off. When she takes them off, she smiles or laughs. I find setting the environment up for exploration is important in her development. She is allowed to explore the classroom and interact with her classmates. Due to her age, there is an area set up with infant toys for her safety. However, she is not interested in being in one area of the room for a long period of time. The classroom is set up for her to have success while exploring. All shelving is designed for her to pull up, furniture is arranged for her to have space to go between and materials that are not safe (due to size) for her are put in containers. I encourage Kimberly to explore by encouraging her to try new tasks such as going up and down stairs while crawling. I have children at different levels in their development. Kimberly exhibits a lot of independence. The best way for me to help her is to physically be there for her safety.

**An Interaction with Kimberly** - Kimberly is crawling on the carpet toward where the older children are playing in the water table. She pulls herself up to a stand holding on to the table. She stands on her tip toes and reaches in. Her finger tips barely touch the water. I notice that she wants to touch the water so I take off her top layer of clothes, put a vinyl smock on her, and put water in our infant size water table. Kimberly stands up holding the table. First, she puts one hand in and touches the water. Then, she puts both hands in the small infant size water table while balancing her body against the table. She is splashing water all around inside of the water table. She is pushing the water out of the water table on to the floor. The water touches her foot and she looks down. She lets go of her balance and sits down in the wet carpet. Kimberly pats the carpet where the wet spot is. From the wet spot she crawls over to the area where the manipulatives are on the shelves. She stands up holding on to the shelf. She grabs a dress up bunny doll by the leg before plopping to the floor, landing on her bottom. She hugs the bunny to her and then throws it down. She crawls over to another area of the room where music is playing. She sits down and rocks back and forth. An older toddler brings her a musical shaker egg. She shakes the egg twice and then puts it in her mouth. She takes it away from her mouth and throws it. A teacher in the room picks the egg up and puts it in the sanitizing solution. Kimberly crawls over to the toddler size loft and goes up three

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steps. I walk over to where she is and sit on the steps. I encourage her to go up two more. She goes and then tries to go backwards down the steps. Kimberly gets to the bottom of stairs. She crawls to the infant area of the room. She crawls on the mat and over to the low shelf. She pulls a rattle toy out of container and shakes it in the air. Another child walks over to the area Kimberly is playing in. She pulls up on her feet holding the low shelf. The child tries to take the toy from her, and she pulls the rattle back out of the reach of the child. I walk over to where the children are. I tell the older child to come with me to see if we can find another toy. The child grabs my hand and walks over to the music area to get a plastic musical rattle. The child starts shaking the rattle, and Kimberly turns to the noise. She crawls over to the music area and tries to grab the rattle from the child. The child pulls her hand out of Kimberly's reach. I show Kimberly the other rattles in the container. She takes a rattle and puts it in her mouth. At this time, it is time to go outside. I pick up Kimberly to take her into the infant area where I can put her down for safety while putting on her coat along with the other children.

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## **Marva White, Master Teacher**

Modesto Junior College Early Head Start



Currently, Marva White is a Master Teacher in one of the Early Head Start classrooms of the Modesto Junior College Child Development Center. She began her career in child development in her high school years. She spent 21 years working with preschoolers before spending the last eight focused on working directly with infants and toddlers. Marva's experience in working hands-on with both age groups has greatly increased her knowledge and improved her professional skills in early learning. Through her many years of hands-on experience she has gained insight on the developmental stages of infants and toddlers. She has earned a California Site Supervisor Permit, Preschool and Infant Toddler specialization and is a Mentor Teacher. Marva is now pursuing her Bachelors Degree in Child Development.

## **Anna, an Older Infant**

(Thanks to Teresa Stehli of Modesto Junior College Early Head Start, for her work on this case study)

**Setting the Scene** - Anna is 31 months at the time of this interaction. I have known her for eight months. Anna's mother is a nursing student, working in a doctor's office.

**An Interaction with Anna** - Anna and I are the only ones left at the end of the day and we decide to play in the "dress up" area of the classroom. Anna pulls out the doctors kits and tells me to lie down on the couch.

"I be doctor," she says.

"Then I will be the patient? The one you take care of?" I ask.

"Yes. You be patient."

So I lie down on the couch, and she puts a blanket over me. Then she tries to open the doctor's kit. After a few tries she asks me for help. I open the kit, showing her how I push the clasps out of the way. Then she pulls out the stethoscope and puts it in her ears. She takes the stethoscope and puts it on my chest, then pauses. Anna then lifts it off my chest and says, "OK".

"Did you hear my heartbeat?" I ask.

"Yes," Anna says.

"Does it sound good and strong?" I ask her.

"Yes."

She grabs the otoscope (for looking in ears) and bends down next to my head. She starts to put it in my ear, then says, "I look in ear?"

"You are going to use that to look in my ear?" I ask. When she nods her head, I say, "Okay, but be gentle please."

"No hurt you," Anna says. Then she gently puts the scope in my ear. After she finishes looking at my ear, she says "Other one?" and points to my other ear.

"You want me to turn my head so you can look at my other ear?" I ask.

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“Yes, other ear.” Anna checks my second ear. After she pulls the scope away from my ear I ask her, “What did you see?” She looks at me blankly, so I ask her, “Did you see anything when you looked in my ear?”  
“No,” she says.

Next, Anna pulls out the reflex hammer. She uses it to lightly tap on my arm and leg. “What are you doing?” I ask her.  
“This,” says Anna.  
“Oh, you are tapping me with the hammer?”  
“Yes,” she replies. After she is done tapping me, she says, “You okay. Now you doctor and I lay on couch.”

We continue the game with me as the doctor and Anna as the patient. I use the same tools she did. I check her heart with the stethoscope.  
“You hear it?” she asks  
“Yes,” I say, “it sounds like this. Bomp, bomp bomp...” Anna smiles.  
Then I take the otoscope and ask if I can look in her ears if I am careful.  
“Yes, gentle,” she says. I look into one ear and then ask her to turn her head so I can see the other one. After I look in the second ear, she asks, “What you see?”  
“What did I see in your ears?” I ask. She nods, and I say “Monkeys?”  
“NO!” she laughs.  
“No,” I say, “You don’t have monkeys in your ears. Your ears are healthy.”  
After that, Anna decides to stop playing doctor and play house instead so we clean up and move on.

I feel that this interaction really promotes Anna’s sense of identity because she is able to act out the role of a doctor and patient as well as imitate the work of her mother. This play helps Anna to establish where she fits in the world around her, what she is capable of doing, and what she has experienced. By allowing Anna to be my doctor, I am communicating that I trust her to play gently. I am also allowing her to work out scenes she remembers from past doctor’s visits and to see what it is like to be in charge of that situation as the doctor. By asking her about what she is doing I am helping her to remember and talk about her experiences. Because her mom is a nursing student, I am also allowing Anna to identify with her mom through the doctor play as well as build her own identity as, possibly, a future doctor or female in the medical workplace.

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