



Building Young Minds:

The Importance of Social and Emotional Development



It's About Young Minds

What is social and emotional development?

According to resources from the National Center for Children in Poverty, social and emotional development in young children has to do with:¹

- **How they feel about themselves** (e.g., confident, always scared, eager to learn, proud of their culture, afraid of being wrong)
- **How they behave** (e.g., constantly fighting, easily upset, able to deal with conflict)
- **How they relate to others** (especially people who matter to them, e.g., parents, teachers, and friends)

The terms infant and early childhood mental health are sometimes used instead of social and emotional development.

Characteristics

According to the National Dissemination Center for Children with Disabilities, children with emotional disturbances may exhibit some of the following characteristics/behaviors:³

- **Hyperactivity** (e.g., short attention span, impulsiveness)
- **Aggression/self-injurious behavior** (e.g., acting out, fighting)
- **Withdrawal** (e.g., failure to initiate interactions with others, retreat from exchanges or social interaction, excessive fear or anxiety)
- **Immaturity** (e.g., inappropriate crying, temper tantrums, poor coping skills)
- **Learning difficulties** (e.g., academically performing below grade level)

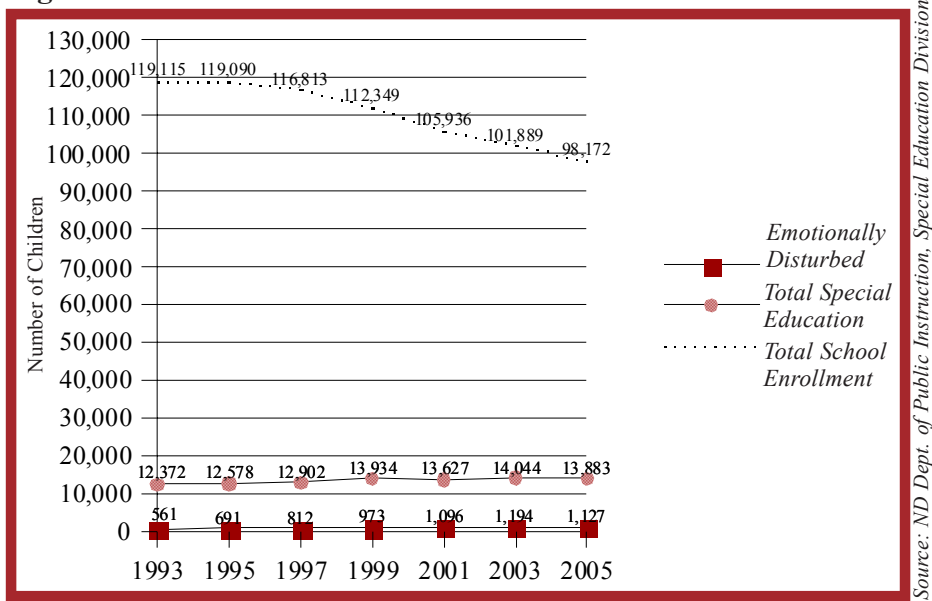
A child's earliest years are a time of both opportunity and vulnerability.¹ Positive social and emotional development are foundational to children's health and well-being. They provide a cornerstone for ensuring equal opportunities for children and building healthy and productive citizens in North Dakota. The question is: How do we build healthy young minds?

The process begins well before a child enters school, and it has consequences on chances for success. For example, social and emotional development problems can affect a child's ability to concentrate in school, disrupt other children, and frustrate teachers' efforts to create a positive environment. In 2005, 1,127 North Dakota children identified as emotionally disturbed (others may not be identified) were enrolled in special education (Figure 1), twice the number of emotionally disturbed children as were enrolled in 1993.²

Understanding Development: Parents are not solely responsible for their child's well-being. Young children today spend a great deal of time in settings outside their own home. Adults (e.g., parents, caregivers, teachers, coaches, community and youth activity leaders) who regularly interact with children need to:

- Understand** age-appropriate development and different temperaments.
- Nurture** respect for self and others.
- Cultivate** security and trust through consistent responses to needs, attention to feelings, and structure/routine.
- Model** appropriate behavior and teach alternatives to disruptive behavior.
- Protect** through safe families and communities, quality child care, access to health care, proper nutrition, safe housing, and a non-toxic environment.
- Know** what to do when the child has unmet needs and how to help when development does not seem to be progressing as it should.¹

Figure 1. Children PK-12 Enrolled in North Dakota Public Schools



Source: ND Dept. of Public Instruction, Special Education Division

Environment

Everything in a child's environment impacts how solid or weak his/her brain "architecture" will be.⁴ The early years set either a sturdy or fragile stage for what is to come. When issues are identified, it is essential to alter the child's environment rather than target the child as the problem.¹

"The best way to promote children's mental health is to build up their strengths, help to protect them from risks, and give them tools to succeed in life."¹¹

Recent research reveals that childhood stress can damage the early architecture of the brain thereby affecting a child's future. Stress may come in different forms, including: family tension over job loss; divorce; death of a loved one; inconsistent caregivers; effects of poverty; poor nutrition; repeated exposure to inappropriate behavior; substance abuse; violence, abuse, and neglect.⁴ Consider, among children ages 0-17 in North Dakota:

- 1 in 7 (22,163) lived in **poverty**¹²
- 1 in 12 (12,000) were **uninsured**¹³
- 1 in 20 (6,900) were suspected victims of **child abuse**¹⁴
- 1 in 31 (4,862) were exposed to **domestic violence**¹⁵

In addition, 2,314 North Dakota children ages 0-18 were in **foster care**¹⁴; 257 children and youth were found to be **homeless**.²

Where To Go From Here

Visit www.ndkidscount.org/education/development.htm for:

- Research** including North Dakota based research on "Bright Beginnings"
- Resources** in North Dakota and the nation
- Data** on child well-being and development
- Concrete solutions** and examples of programs that work

Building the Foundation: Most children are born "wired and eager to learn."¹ Genetics contribute to a child's development, but the environment triggers the development. A child's early life experiences affect his/her developing mental health and affect the "architecture" of the maturing brain. Ideally, the shaping occurs in an orderly manner as connections are made through meaningful experiences. Negative experiences can have detrimental effects. "When a child experiences chronic or extreme stress, the brain releases chemicals that prevent neurons from growing and forming connections with each other, thereby impeding the development of healthy brain architecture."⁴

Relationships: A child's developing brain architecture occurs in the context of his/her environment and a wide variety of relationships. Childhood is *the* critical time to promote healthy social and emotional development. The interconnectedness of the mind, body and soul – a factor at any age – is especially important as young children grow, develop and establish trusting relationships.⁴ A healthy emotional blueprint 1) builds resilience in the child for a more positive view of themselves in early experiences, and 2) nurtures realistic expectations in future relationships.⁵ A child's temperament (i.e., the way they approach the world) affects the way others respond to them. For example, a child who learns to appropriately express feelings without "melting down" will be more positively received.⁶ Conversely, studies have shown that treating maternal depression has a positive effect on mothers as well as their children.⁷

Culture: Cultural perspective (e.g., economic, ethnic, religious) influences a child's development because it affects the parent's perception of what is "typical" development or "appropriate" parenting. To promote healthy development as well as respect cultural differences, the child's culture needs to be considered when trying to understand his/her behavior.⁸

Costs and Consequences: Healthy social and emotional development is "essential to school readiness, academic success, and overall well-being,"⁹ so children need access to services, regardless of family income.¹ A child's mental health problems can also contribute to financial difficulties and reduced work hours for parents, causing a ripple effect on the health and welfare of his/her family.¹⁰ Services that support healthy development can reduce the frequency of "developmental and behavioral disorders which have high costs and long-term consequences for health, education, child welfare, and juvenile justice systems."⁹

"No matter how mental health services are delivered, the understanding of mental health is the same: prevention first, promotion always, and intervention when necessary."⁸

Resources

1. National Center for Children in Poverty. www.nccp.org/pub_rps05.html.
2. NDDPI. 1993-2005 data (enrollment). 2005 data (homeless). www.dpi.state.nd.us.
3. National Dissemination Center for Children with Disabilities. www.nichcy.org/pubs/factshe/fs5.pdf.
4. Frameworks Institute. www.frameworksinstitute.org/.
5. International Resilience Project. www.resilnet.uiuc.edu/library/grotb95b.html.
6. National Scientific Council on the Developing Child. www.developingchild.net/papers/emotional_development_is_built.pdf.
7. "Remissions in Maternal Depression and Child Psychopathology." March 22/29, 2006. Vol. 295, No. 12. jama.ama-assn.org/cgi/content/short/295/12/1389.
8. Head Start Bureau. "Pathways to Prevention." www.headstartinfo.org/pdf/Pathwaysto.pdf.
9. The Commonwealth Fund. www.cmwf.org/publications/publications_show.htm?doc_id=325120.
10. WebMD. www.webmd.com/content/Article/113/110675.htm.
11. National Mental Health Association. www.nmha.org/children/children_mh_matters/index.cfm.
12. U.S. Census Bureau. 2000 data. www.census.gov/.
13. KIDS COUNT State-Level Data Online. 2003 data. www.aecf.org/kidscount/sld/.
14. NDDHS, Div. of Child & Family Svcs. 2004 data (child abuse); 2005 data (foster care). www.nd.gov/humanservices/services/childfamily/.
15. ND Council on Abused Women's Services. 2002 data. www.ndcaws.org/.