



What Docs Should Know About...**The Social and Emotional Foundations of Early Learning**

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Positive social-emotional development is an important building block for later ability to learn.

- For infants and toddlers, positive social-emotional development begins with the ability to regulate emotions and form secure attachments.
- In preschoolers and older children, problems in social-emotional development often manifest themselves as challenging behaviors, defined as “any repeated pattern of behavior, or perception of behavior, that interferes with or is at risk of interfering with optimal learning or engagement in pro-social interactions with peers and adults.”¹
- Estimates of national prevalence rates of young children with psychosocial problems are between 10% and 21%.² Rates of young children who outwardly display aggression, delinquency or hyperactivity can be as high as 25%. Children living in poverty are at increased risk for behavior and social-emotional problems.³
- Social-emotional development, behavior, and social skills affect learning. For example, aggressive children who are rejected by their classmates early on are more likely to earn lower grades, to be held back, and to drop out of school as adolescents.⁴ Teachers also report that children’s disruptive behaviors are one of the greatest challenges to teaching.⁵

There are multiple pathways through which children with social-emotional difficulties or challenging behaviors can be identified and directed to services.

- Primarily, the health care system provides services to low-income children through **Medicaid**, the **State Children’s Health Insurance Program (SCHIP)**, and the **Maternal and Child Health block grant program**.
 - Medicaid: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), a required Medicaid service for children under age 21, offers periodic and as-needed health examinations including developmental assessments and diagnostic and treatment services for mental health programs. However, research shows that less than 1/3 of eligible children receive a full EPSDT screening and even fewer are screened for behavioral health.⁶
 - State Children’s Health Insurance Program (SCHIP) provides access to medical, behavioral and other therapeutic care for children (see talking points on Public Health Insurance for Children at <http://www.docsfortots.org/resources/talkingPoints/default.asp>).
 - Maternal and Child Health block grant program: A complement to Medicaid; provides preventive and primary care services to women and children.
- **Head Start and Early Head Start, the Child Care and Development Fund, state pre-kindergarten programs, and the child welfare system** are other important systems for identifying children and helping families access services.
- Through Part C (for children under age 3) and Part B (for children ages 3 to 21) of the **Individuals with Disabilities Education Act (IDEA)**, children can receive services aimed at enhancing social and emotional development.⁷
- **Children’s doctors** have an important role as *facilitators*, and not just gatekeepers, of mental health services. Research demonstrates that mental health problems in preschoolers often go undetected in primary care settings. However, one study found that children were significantly more likely to receive mental health services if they had received a referral from a pediatrician.⁸

¹ Powell, D., Fixsen, D., and Dunlap, G. (2003). *Pathways to service utilization: A synthesis of evidence relevant to young children with challenging behavior*. University of South Florida: Center for Evidence-based Practice: Young Children with Challenging Behavior.

² Ibid.

³ Raver, C.C. & Knitze, J. (2002). *Ready to enter: what research tells policymakers about strategies to promote social and emotional school readiness among three- and four-year-old children*. New York: National Center for Children in Poverty.

⁴ Raver C. C. (2002). *Emotions matter: making the case for the role of young children’s emotional development for early school readiness*. *Social Policy Report*, XVI (3).

⁵ Raver, C.C. & Knitze, J. (2002). *Ready to enter: what research tells policymakers about strategies to promote social and emotional school readiness among three- and four-year-old children*. New York: National Center for Children in Poverty.

⁶ Powell, D., Fixsen, D., and Dunlap, G. (2003). *Pathways to service utilization: A synthesis of evidence relevant to young children with challenging behavior*. University of South Florida: Center for Evidence-based Practice: Young Children with Challenging Behavior.

⁷ National Early Childhood Technical Assistance Center. (2004). <http://www.nectac.org/idea/idea2004.asp>.

⁸ Lavigne, J., Arend, R., Rosenbaum, D., Binns, H.J., Christoffel, K.K., Burns, A., & Smith, A. (1998). *Mental health service use among young children receiving pediatric primary care*. *Journal of the American Academy of Child & Adolescent Psychiatry*, 37, 1175-1183.

Interventions can improve children’s social-emotional development and, therefore, their readiness to learn.

- Targeted and intense interventions can be successful in improving emotional, behavioral, and academic outcomes for families who have been identified as needing the services the most.⁹
 - Research demonstrates that interventions targeted at both parents and caregivers/teachers may be especially effective for preschool-aged children considered “at risk.”¹⁰
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Docs can help advocate for increased services aimed at promoting positive social-emotional development, and awareness concerning social-emotional development and its link to later learning.

- Docs serve as important facilitators by being knowledgeable about community services, programs, and interventions available for young children with challenging behavior, and by educating others about these as well.
- Docs can advocate for and support legislation that promotes child mental health.
- Contact Docs For Tots (dft@DocsForTots.org), to learn more about social, emotional and behavior interventions, and how to advocate for increased services that address these problems in young children.

Additional Resources for Docs

- Docs For Tots, What Docs Should Know About...Child Care, Head Start, Early Head Start and Part C, <http://www.docsfortots.org/resources/talkingPoints/default.asp>
- The Center for Evidence-Based Practice: Young Children with Challenging Behavior, <http://challengingbehavior.fmhi.usf.edu/>
- Center on the Social and Emotional Foundations of Early Learning, <http://csefel.uiuc.edu/>
- National Center for Children in Poverty, focus on Early Care & Learning, http://www.nccp.org/cat_3.html

⁹ Raver C. C. (2002). *Emotions matter: making the case for the role of young children’s emotional development for early school readiness*. Social Policy Report. XVI (3).

¹⁰ Raver, C.C. & Knitze, J. (2002). *Ready to enter: what research tells policymakers about strategies to promote social and emotional school readiness among three- and four-year-old children*. New York: National Center for Children in Poverty.