

# Social-Emotional Development in Young Children

A guide produced by the  
Michigan Department of Community Health



*Michigan Department  
of Community Health*



Jennifer M. Granholm, Governor  
Janet Olszewski, Director

**DIVISION OF MENTAL HEALTH  
SERVICES TO CHILDREN AND FAMILIES**

Bureau of Community Mental Health Services  
Mental Health and Substance Abuse Administration

## Who this booklet is for:

- *Early On*<sup>®</sup> Service Coordinators and Providers
- Community Mental Health Access Staff
- Community Mental Health Children's Services Clinicians and Service Coordinators
- Community Mental Health Adult Services Staff
- Healthcare Professionals
- Childcare Providers
- Preschool Staff
- Early Intervention Teachers
- School Social Workers
- Child Welfare Workers – Public and Private Agencies
- Juvenile and Family Court Staff
- Domestic Violence and Homeless Shelter Staff
- Substance Abuse Treatment Staff
- Migrant Services Workers
- Refugee Services Workers
- Others who provide services and/or supports to families with infants, toddlers, and preschoolers

**YOUR LOCAL CONTACT**

# Social-Emotional Development in Young Children



## Purpose of this booklet:

To provide information that will help practitioners who work on behalf of young children from birth to age three and their families understand the importance of social and emotional well-being and development. The information here includes the signs of social-emotional well-being, red flags that indicate concern, simple strategies that any practitioner can use to support social and emotional well-being, and referral sources for expert consultation and assistance.



## **New research shows that the early years set the stage for all future development.**

More is known now than ever before about how young children learn, think and grow. All children are born eager to explore their world and master their development. From conception to a child's first day of kindergarten, development proceeds at a pace exceeding that of any stage of life. Infants, toddlers and preschoolers rapidly develop capabilities in emotional regulation, relationships, cognition, motor development and language. These capabilities form the foundation from which all future development builds. Whether that foundation is sturdy or fragile depends to a great degree on the quality of the young child's early environments and relationships. Human relationships are the building blocks for healthy development. Positive early relationships greatly influence a child's ability to achieve later success in school and in life.

Relationships enable young children to care about people by establishing the human connection between self and others. As a consequence of early relationships, young children seek to understand the feelings, thoughts and expectations of others, as well as the importance of cooperation and sharing. The young child's identity is shaped by the interactions that they have with others who are significant in their lives – parents, childcare providers, and other family members. The quality of these early relationships has a far more significant influence on early learning than has previously been understood.

## Parents and other caregivers can positively affect brain development.

At birth an infant's brain has about 100 billion nerve cells – nerve cells that have not yet formed the critical connections that determine a child's emotional, social and intellectual makeup. Research shows that these critical connections are primarily formed by attentive care and nurturing stimulation from the outside world. Since parents are a young child's first teachers, they can deeply affect the "wiring" of the brain through interaction with their infants, toddlers and preschoolers. Other primary caregivers, including childcare providers, grandparents, or other family members, also deeply affect the young child's brain development through their interactions. Repetitive, positive experiences like singing, cooing, touching, holding, talking and reading are essential expressions of love that positively affect the way a young child's brain develops.

4

Also essential to the young child is the experience of communicating a need or a want – for example, to be picked up or played with – and having that need or want promptly met. Simple interactions such as these help young children to learn that they can have a positive impact on their world. Young children are encouraged to communicate through these interactions and begin to learn the basics of "cause and effect" thinking. The foundation for understanding the consequences of choices and action in the preschool years begins with these simple interactions between the young child and his or her primary caregivers.



## Family culture fundamentally impacts early childhood development and parenting practices.

All infants are born into the unique ways their families live in the world. Culture influences every aspect of human development. The influence of culture on the rearing of children is fundamental and encompasses values, aspirations, expectations and practices. The culture of the family helps to determine the developmental characteristics of its children.

A family's cultural norms prescribe how and when babies are fed, as well as where, and with whom they sleep. Approval is given through cultural norms for some childcare arrangements but not others. Culture affects the customary familial response to an infant's crying and a toddler's temper tantrums. It sets the rules for discipline, expectations for developmental achievements, how illness is treated, and how disability is perceived. In short, culture provides a virtual how-to manual for rearing children and establishes role expectations for mothers, fathers, grandparents, older siblings, extended family members, and friends. Thus it affects what parents worry about, and at what point they become concerned about child development.

Practitioners who support the development and well-being of infants, toddlers and young children must learn about and understand each family's culture in order to be able to place the child's social-emotional development in a context that is meaningful to the family.

## Young children have a more secure attachment when they receive responsive and consistent care.

The quality of relationships can be understood by the level of security they provide to young children. Virtually all young children develop deep emotional attachments to those who care for them. Secure attachments arise from the warmth and sensitivity of an adult's care. Caregiving described as sensitive, consistently responsive, comforting and appropriate generally results in an attachment that is stable, enduring and secure. It is within the security of this relationship that an infant or toddler feels safe and confident, able to explore the world with curiosity and enthusiasm. Caregiving described as unresponsive, rejecting, hostile, inconsistent or intrusive may lead to an attachment that is called insecure. An insecure attachment places the infant or toddler at risk of social, emotional or cognitive delays. The extent to which young children are able to rely on their parents and caregivers, especially in challenging or threatening circumstances, is based on the support they have received from these adults in the past.

6

### What is attachment?

Attachment is a term used to describe the emotional relationship that develops between an infant and the primary caregiver, most often a parent, during the infant's first year of life. It is a relationship that develops over time and is the result of many interactions and caregiving experiences, particularly those in response to the infant's needs and bids for attention, comfort and protection.



## Scenario #1

A young mother rushes through the doors of the ABC Child Care Center located in the inner city. She is struggling to hold her nine-month-old, Jason, his diaper bag and her purse. Jason is clinging with both arms to his mother and is crying softly. They arrive at the infant room and Ms. Carol says, “Hi Ms. Jenson, it looks like you have a lot on your hands this morning. Let me help you.” The caregiver takes the diaper bag and the purse. “Mornings can be stressful and I can see that Jason loves being held by you. At this age, children are really learning to express their emotions and it can be hard to let go of mom.”

“Yes, it has been a busy morning. I am running late for work and I miss being able to hold him a little longer.”

The mother looks at Jason and says, “Mommy loves you and will be back at the end of the day. Ms. Carol is going to take good care of you.” Ms. Carol holds her arms out, smiles and says, “Good morning, Jason.” Jason goes to her and looks back at his mother. “Let’s walk mom to the door.” Ms. Carol sings quietly to Jason as they wave at mom. Jason settles into her embrace.

*The caregiver’s sensitive and comforting response to both the mother and child is creating a foundation for sound relationships. By recognizing and empathizing with the parent’s situation, she is expressing respect and building a foundation of trust. Because of this, the mother may be more likely to ask this caregiver for advice in the future. The caregiver used this opportunity to express some developmental norms by stating that children at this age may typically have a hard time separating. This caregiver clearly has a goodness of fit with this child, as she used a quiet, responsive tone. This simple daily experience helps to create a supportive environment that fosters social and emotional health.*



## Parents' emotional well-being impacts early childhood development.

A young child's social and emotional development is largely dependent on the emotional well-being of his or her parents. Parents who have had positive life experiences are better equipped to be emotionally available and responsive to a young child than are the parents who have not. When parents and young children are emotionally tuned in to each other, caregivers can more easily read the child's emotional cues and respond appropriately to his or her needs. This responsive relationship between the young child and parents supports healthy development in communication, cognition, social-emotional competence, and moral understanding.

8

## Intimate and caring relationships support healthy social development.

Social development means learning to form and value relationships with others. Intimate and caring relationships are the basic structure within which all meaningful development unfolds. Social development begins in infancy, when infants respond to the familiar voice, smell and touch of the important people in their lives. When these first social experiences are rewarding, they support the next stage in social development. A toddler's excited exploration of new places is enabled by a secure relationship with a trusted adult who provides a base for the child's discoveries. Toddlers learn to share, cooperate, take turns, compromise and negotiate through relationships. A preschooler who looks up expectantly toward a parent when encountering an unexpected event depends on the adult's emotions for guidance about how to respond. An adult's emotional response to a situation greatly influences the young child's feelings about the situation. With adult support, preschool-age children learn more complex relationship skills including how to express personal views and opinions, how to discuss and resolve conflicts, and how to enjoy relationships.

# Powerful emotions color the experience of every young child.

Emotional development is closely related to social development and refers to the young child's feelings about himself or herself, the people in his or her life, and the environments in which he or she plays and lives. Emotions color the experience of every young child, whether the emotions consist of exuberant delight, frustrated fury, or anguished distress, and they offer a window into the social and emotional development of the young child.

Infant emotions are evoked by physical conditions: hunger, discomfort, temperature or fatigue. An infant's emotional repertoire is basic, ranging from cooing to crying, and is shaped by temperament. Infant emotions can be all-consuming to the infant, and overwhelming for parents and caregivers, who are still learning how to best soothe and comfort the tiny being.

Preschoolers' emotions, on the other hand, are more tied to their psychological condition – how they interpret their experiences, what they think others are doing or thinking, and expectations about future events. Preschoolers are capable of anticipating and talking about their emotions and those of others, and can begin to use strategies to manage their feelings. By kindergarten, children have become capable of emotions like pride, shame, guilt and embarrassment. Preschoolers can feel empathy for other people and experience more subtle blends of feelings than they did as infants and toddlers. Preschoolers are emotionally more sophisticated people than they were only a few years earlier.



## **Social-emotional well-being is promoted by positive early environments and nurturing relationships.**

Social-emotional well-being is the developing capacity to experience, regulate and express emotions; form close, secure relationships; explore the environment; and learn. Social-emotional well-being is promoted when young children have:

- Attentive, sensitive, consistent, responsive and affectionate care and interaction from parents and other primary caregivers
- A nurturing relationship with at least one parent or a primary caregiver
- Adult caregivers with social and emotional supports in place in their own lives
- A language-rich environment including opportunities for reading, singing, listening and talking
- Home, childcare and sleeping environments that offer appropriate levels of noise and lighting
- Play environments that offer toys and other play materials that encourage exploration and are developmentally appropriate for the young child
- Encouragement and support for the development and mastery of new skills
- Safe and appropriate food and shelter

## Scenario #2

Thomas, two years old, went to a neighborhood park with his father. He actively ran from the slide to the climber and then back to his father with a big smile on his face. His father said, "You sure are having fun, aren't you, Thomas? You like to explore and run." Thomas pulled his father's hand and took him to a different area of the park, where there was a small hill. He let go of his father's hand and walked a few steps up and stopped. He turned and looked at his father. "Do you want to climb up the hill, Thomas?" Thomas reached out his hand to his father. "You want dad to go with you." They climbed the hill and ran down holding hands. Thomas let go of his father's hand and walked up the hill by himself, glancing back to his father a few times with a determined smile.

*Thomas is showing his ability to engage others and to trust familiar adults to support him when he is feeling unsure. This trust gives him the confidence to explore his world. His father's caring responses to this daily experience contribute to Thomas's foundation of building a secure attachment.*



## Social and emotional well-being leads to school readiness.

Research reported by the National Academy of Sciences demonstrates that children entering school with well-developed social and cognitive skills are most likely to succeed and least likely to need costly intervention services in later life. Sixty percent of children enter school with the cognitive skills they need to be successful, but only 40 percent of children have the social and emotional skills needed to succeed in kindergarten. Children are more likely to succeed in the transition to school if they can:

- Accurately identify emotions in themselves and others
- Relate to teachers and peers in positive ways
- Manage feelings of anger, frustration and distress when faced with an emotionally charged situation (for instance, when another child takes a favorite toy)
- Enjoy learning and approach it enthusiastically
- Pay attention, and work both independently and cooperatively in a structured classroom environment



# Signs of social and emotional well-being for infants, toddlers and preschoolers.

## Infant/Toddler

### From birth to age 3 months

Looks at faces  
Listens to voices  
Quiets when picked up  
(the majority of the time)  
Cries, smiles and coos

### From 3 to 6 months

Gives warm smiles and laughs  
Cries when upset, and seeks comfort  
Can be comforted  
(the majority of the time)  
Shows excitement by waving arms and legs  
Likes to look at and be near special person(s)

### From 6 to 9 months

Plays games like “patty cake”  
Responds to own name  
Enjoys a daily routine and transitions from situation to situation with relative ease  
May get upset when separated from familiar person(s)  
Unsure of strangers  
May comfort self by sucking thumb or holding special toy or blanket

### From 9 to 12 months

Able to be happy, mad and sad  
Shows feelings by smiling, crying, pointing  
Has a special relationship with parents and caregivers  
Is curious about playthings  
Imitates others  
Enjoys books  
Trusts that needs will be met

## Recommended Actions

### Parent or Caregiver

Looks lovingly at baby  
Listens to baby  
Talks and sings to baby  
Picks up and soothes crying baby  
Offers a warm smile  
Touches baby gently  
Holds and cuddles baby  
Reads with baby

### Parent or Caregiver

Holds baby when feeding  
Shares baby’s smiles and laughter  
Notifies and pays attention to baby  
Responds to baby’s cries and coos  
Holds and reads to baby  
Plays lovingly with baby

### Parent or Caregiver

Takes pleasure in games with baby  
Talks to baby in gentle voice  
Is predictable and consistent  
Watches and knows what baby wants and needs  
Reads with baby  
Sings songs and says nursery rhymes to baby

### Parent or Caregiver

Names feelings like happy, mad, sad  
Is available, responsive, gentle and protective of baby  
Encourages baby to explore  
Reads books with baby  
Talks, sings songs and says rhymes to baby

## Infant/Toddler

### From 12 to 18 months

Safe and secure in loving relationships  
Curious about people  
Explores with enthusiasm  
Bold and confident  
Says “mama,” “dada,” and up to eight additional words (and some two-word sentences) by 18 months  
Responds to changes in daily routine

### From 18 to 24 months

Laughs out loud  
Loving toward others  
Plays beside other children  
Enthusiastic  
Protests and says “No!”  
Curious and likes to explore people, places and things  
Enjoys books, stories and songs

### From 24 to 30 months

Uses words to communicate  
Playful with others  
May be shy in unfamiliar places  
Likes people  
Uses pretend play  
Smiles and laughs  
Enjoys lots of different books and simple games

### From 30 to 36 months

Able to play independently  
Easily separates from primary caregivers in familiar places  
Begins to share with others  
Shows feelings for others  
Expresses many feelings: sad, happy, frightened, angry  
Enjoys books and games

## Recommended Actions

### Parent or Caregiver

Offers safe and trusting relationship  
Shows interest in toddler  
Is loving toward toddler  
Talks, listens and responds to toddler  
Reads, sings songs and plays with toddler  
Uses words for feelings: happy, sad, mad  
Uses words to tell toddler “what comes next”

### Parent or Caregiver

Shares in toddler’s laughter  
Loving toward toddler  
Encourages curiosity  
Celebrates what toddler does  
Sets limits that are firm, fair and consistent  
Responds evenly and respectfully to toddler  
Reads, talks, listens, plays and sings with toddler

### Parent or Caregiver

Talks to toddler and uses words for feelings  
Supports toddler’s play  
Helps toddler feel comfortable  
Enjoys toddler and plays simple games  
Encourages imaginary play  
Praises and encourages toddler  
Reads to toddler every day

### Parent or Caregiver

Encourages toddler to play independently  
Helps toddler to separate without difficulty  
Helps toddler to share with others  
Helps toddler to use words for feelings  
Listens and responds to toddler’s feelings  
Disciplines positively and consistently  
Tells stories, reads and encourages pretend play



## Warning signs for potential social-emotional concern.

**Parents and other caregivers will need information, consultation and referral if the infant ...**

- Resists holding
- Is difficult to comfort or console; has prolonged inconsolable crying
- Has sleeping or eating difficulties (sleeps or eats too much or too little)
- Is failing to thrive
- Rarely seeks or makes eye contact, or typically avoids eye contact with parents
- Appears unresponsive to efforts to interact or engage
- Rarely coos, babbles or vocalizes
- Has limited ability to regulate emotions

**Parents and other caregivers will need information, consultation and referral if the toddler or preschooler ...**

- Shows little preference for or excessive dependence on the parent(s) or other primary caregiver
- Does not show any apprehension about strangers
- Appears excessively irritable or fearful
- Has an inappropriate or limited ability to express feelings
- Lacks interest or curiosity about people or playthings
- Fails to explore his or her environment
- Often appears sad and withdrawn
- Has inappropriate sexual behavior
- Has inappropriate impulsive or aggressive behavior
- Has excessive fears that do not respond to reassurance
- Experiences frequent night terrors
- Has extreme and frequent tantrums
- Experiences significant language delays
- Exhibits unusual need for order or cleanliness

## Scenario #3

Carmella, age four, is attending a community playgroup with her mother. They have been attending this group consistently for the past three months. Carmella's mother tries to engage her in the playdough activity. "Carmella, this playdough is soft and it smells like strawberries. Do you want to sit over here and try some?" Carmella looks over quickly and then continues to play with the dollhouse family by herself. She has chosen to play with these same toys for several months. Another young child comes over and sits by Carmella and says, "Can I play?" Carmella does not respond and begins to quietly sing to herself. After a few minutes the other child moves on to another activity. Carmella doesn't seem to notice. Her mother says to the group leader, "I've noticed that Carmella isn't as social as some of the other children and she likes to be alone a lot, even at home." The group leader says, "It sounds like you have been thinking a lot about this." "Yes, I have, I even mentioned it to her father and we are both a little worried." "If I am hearing you correctly that you are concerned about her socializing with others, it is very important, as you know her best." "Yes, I am concerned." "How about setting up a time to talk this week, in a more quiet place?" "I'd like that."

*Carmella's behavior in the playgroup, which could be impacting her success at play and experiences in learning, is worrisome for the parent. Although Carmella's behavior is not aggressive, the inability for relatedness is just as much an area for concern, as internalizing behavior also can have long-term impact on later life success. The caregiver played an important role by listening to the parent as she expressed some concerns, which can often be a very vulnerable situation. By working as a collaborative team, together this caregiver, parent and child can begin to take the actions necessary to understand strengths, needs, and next steps.*



## All practitioners who work with young children and their families can contribute to social and emotional well-being.

Using these five strategies will help practitioners contribute to the social and emotional well-being of young children and their families by building positive relationships with families, sharing empowering information, and seeking expert social-emotional consultation and referral, when needed.

### 1. Form a sound relationship with the parent(s) and other primary caregivers.

No matter how limited your contact might be with a family, any interaction will be more positive if family members are treated with respect and empathy. This includes listening carefully to family concerns and taking responsibility for helping to see that these concerns are addressed. Parents who are concerned about their child are more likely to turn to a practitioner and ask for advice about what to do next if they perceive that a trusting and helpful relationship is in place. Practitioners do not have to know all the answers right away, but must be willing to continue to work with the family and with the problem, until all concerns are addressed.

Some families are more open than others to offers of developmental guidance, information or support, while other families may be more difficult to engage. A family's relationship histories may have been problematic, leaving family members feeling vulnerable and afraid to trust others whom they do not know well. Building trust is a slow but essential process for successful work with families. By approaching families with sensitivity, acceptance and persistence, sound relationships can be built.

## Key Concepts of Family Centered Practice:

1) Family centered practice relies on sound relationships between the family, other primary caregivers, and the help-giving practitioner; 2) A sound relationship is the starting point for building parenting confidence, competence and personal self-efficacy; 3) Families are the primary and principal context for promoting child health and well-being.

Forming a sound relationship with parents whose native language or other means of communication is not spoken English requires using an interpreter as needed to facilitate the conversation. It is essential to gain an understanding of the family's cultural customs and typical routines, as these influence early childhood developmental expectations and norms, including help-seeking.

18

### **2. Help parents and other primary caregivers to notice and learn about child development through observing the young child and using developmental guidance materials.**

Many families are unfamiliar with the sequence and tasks of child development, particularly social and emotional development. When practitioners are able to increase the parent's understanding of child development, new opportunities are created for parents and other primary caregivers to appreciate the child's individual experience and growth. It is helpful to use written or pictorial child developmental materials to point out the child's developmental strengths and emerging capacities. By using the developmental guidance materials, parents and other

primary caregivers can learn about what development is typical, what development to expect next, and what might be signs of concern for which further specialized assessment or intervention is needed.

We can help parents and primary caregivers to notice how and what the child is doing developmentally by asking questions about what the child is doing during different daily routines and activities. Practitioners can point out how the child communicates his or her feelings and needs through facial expressions and body movements, for example.

### **3. Offer information to parents and other primary caregivers that builds their knowledge and skills in facilitating the young child's development in the context of his or her daily life.**

Offer information in multiple formats so parents can watch or read information about expected developmental tasks that are appropriate for the child's age and abilities. Include information that gives parents ideas and strategies for encouraging development that can be put into action with simple, everyday approaches and items. Make sure the information is based on encouraging development within the context of the family's culture, lifestyle and daily routines.

### **4. Pay attention to how the child and the parent and/or primary caregiver are relating to each other, noticing whether expert consultation or referral might be needed.**

As much as possible, meet with the young child and his or her parent(s) or primary caregivers together. Notice the way the parent holds and positions the young child, responding to his or her cues and cries. Notice how the child's daily care needs are met – with warmth and positive interaction or brusquely and without eye contact, for example. Notice the tone of voice that is used by the adult, and how the child's

bids for attention are met. What is observed can offer insight into the current relationship between the parent and child. Emphasize to the parents those strengths that you see in the parent-child relationship, and reinforce the positive behaviors of the caregiver that are supporting the social-emotional development of the child.

**5. When the social-emotional well-being of the parent or the young child appears compromised, seek immediate expert consultation and referral.**

Use the relationship you have developed with the family to share your observations of concern. Explain the importance of gaining assistance as soon as possible, so the child's developmental progress can continue. Work with the parent(s) to obtain expert consultation and referral as soon as possible. If you suspect that there is potential or threatened harm to the young child's health or welfare due to parental behaviors and choices, you must immediately contact your local Family Independence Agency – Children's Protective Services for further assistance.

Practitioners can experience strong, difficult emotions of their own when working with families with young children. There naturally will be times when practitioners feel intensely frustrated, angry, sad or even hopeless working with families whose young children appear to be at great risk for social-emotional problems. It is important to have a supervisor, colleague, or other supportive individual who can listen and help to sort these feelings out, so the feelings do not begin to undermine one's work or health.

**All practitioners who work with young children and their families can help parents and primary caregivers get connected to expert assistance for social-emotional concerns.**

It is essential to understand that very young children can experience mild to severe mental health problems. Infants, toddlers and preschoolers are capable of deep and lasting

sadness, grief, and even developmental delay in response to trauma, loss and early personal rejection. The broad range of individual differences among young children can make it difficult for the typical early childhood practitioner to distinguish normal social-emotional developmental variations from more transient concerns, or even more persistent emotional disturbances. Early child development can be seriously compromised by not addressing these concerns as soon as they are noticed. The red flags listed on page 15 are signals that a young child and his or her parent(s) are in need of expert consultation and assistance.

Young children often come to the attention of a practitioner because of challenging behaviors in the childcare or preschool setting. Challenging behavior is any behavior that interferes with a child's learning, development, and success at play; is harmful to the child, other children, or adults; and puts a child at high risk for later social problems or school failure. Expert consultation and hands-on assistance is available for children who are at risk of expulsion from child care or preschool. Contact the Michigan 4C Association at 1-866-4CHILD CARE (1-866-424-4532) for a referral to a program in your area.

21

Young children from birth to age three might also come to the attention of a practitioner because their development is delayed or because expected social-emotional developmental milestones are not being met, or are being met at a later age than would be typical. Expert developmental evaluation and assessment to determine eligibility and potentially develop an individualized plan for assistance is available by calling 1-800-EARLY ON.

Parents who have potentially severe mental health conditions, as well as young children with apparently persistent emotional disturbances, need to be referred to the community mental health services program in their county of residence. Contact information can be obtained by calling the Michigan Department of Community Health – Mental Health Services to Children and Families at 517-241-5767 or by visiting the Michigan Association of Community Mental Health Boards at [www.macmhb.org](http://www.macmhb.org).

## Gain an in-depth understanding of social-emotional development in early childhood through expert resources.

Learning more about social-emotional development in early childhood will enable you to better serve the families you encounter in your work, and enrich your relationships with young children in your own family.

## Books and Articles

Brazelton, T. Berry. (1992). *Touchpoints: Your Child's Emotional and Behavioral Development*. Boston: Addison-Wesley.

Brazelton, T. Berry & Greenspan, S. (2001). *The Irreducible Needs of Children: What Every Child Must Have to Grow, Learn, and Flourish*. Perseus Publishing.

Child Mental Health, Head Start Bulletin Issue No. 73. (2002). Head Start Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.  
[www.headstartinfo.org/pdf/ChildMentalHealth-Final.pdf](http://www.headstartinfo.org/pdf/ChildMentalHealth-Final.pdf)

Fraiberg, Selma. (1959, 1996). *The Magic Years: Understanding and Handling the Problems of Early Childhood*. New York: Fireside Books.

Lieberman, Alicia. (1993). *The Emotional Life of the Toddler*. New York: Simon and Schuster, Inc.

Michigan Association for Infant Mental Health. (2002). *Guidelines for Infant Mental Health Programs*. Southgate, MI: MI-AIMH

Mueller, F. & Larson, M. (2001). *Positive Behavior Support (PBS) for Young Children*. Michigan Department of Education.  
[www.michigansig.org/pbsyc/default.asp](http://www.michigansig.org/pbsyc/default.asp)

Parkian, R. & Seibel, N. (2002). *Building Strong Foundations: Practical Guidance for Promoting the Social-emotional Development of Infants and Toddlers*. Washington, D.C.: ZERO TO THREE.



*Picture This: A Framework for Quality Care for Infants and Toddlers.* (2003). Arkansas Department of Human Services, Division of Child Care and Early Education.

Shirilla, J. & Weatherston, D. (2002). *Case Studies in Infant Mental Health: Risk, Resiliency, and Relationships.* Washington, D.C.: ZERO TO THREE.

Shonkoff, Jack and Phillips, Deborah, Editors. (2001). *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development, Board on Children, Youth, and Families, National Research Council, Institute of Medicine. Washington D.C.: National Academy Press.

Weatherston, D. & Tableman, B. (2002). *Infant Mental Health Services: Supporting Competencies/Reducing Risks.* Southgate, MI: MI-AIMH/Michigan Department of Community Health.

## Assessment Tools

Ages & Stages Questionnaires: Social-Emotional (ASQ:SE)  
Paul H. Brookes Publishing Company at  
<http://www.pbrookes.com/store/books/squires-asqse/>  
or 800-638-3775.

Devereux Early Childhood Assessment (DECA) Program  
Kit (1999). The Devereux Foundation, Villanova, PA.  
800-334-2014. <http://www.devereuxearlychildhood.org/>

## Web Sites

Center on the Social and Emotional  
Foundations for Early Learning      <http://csefel.uiuc.edu>

Early Head Start National Resource Center      [www.ehsnrc.org](http://www.ehsnrc.org)

Turning Conflict into Cooperation      [www.beckybailey.com](http://www.beckybailey.com)

Michigan Association for Infant Mental Health  
[www.mi-aimh.msu.edu](http://www.mi-aimh.msu.edu)

National Center for Cultural Competence  
[www.georgetown.edu/research/gucdc/nccc/](http://www.georgetown.edu/research/gucdc/nccc/)

ZERO TO THREE      [www.zerotothree.org](http://www.zerotothree.org)



*Michigan Department  
of Community Health*



**Jennifer M. Granholm, Governor**  
**Janet Olszewski, Director**

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

MDCH is an Equal Opportunity Employer,  
Services and Programs Provider.  
6,000 printed at 0.68 cents each,  
with a total cost of \$4,050.80. Revised 12/03.