



Your early learning guide for infants, toddlers and three-year-olds

facilitator guide

Module 3: Social & Emotional Development

Competency-Based Learning Objectives

By the end of this module, successful participants will be able to:

- Describe secure attachment and explain the caregiver’s role
- Create a strategy for responsive caregiving in a stressful situation
- List 4-5 classroom materials that can promote self-awareness
- Compile best practices for peaceful and appropriate transitions
- Develop an inclusion strategy for a child with special needs

Description of Target Audience

Early child care and education practitioners and administrators

Training Methodologies/ Strategies Utilized

PPT with content and lecture - Participants will view a PPT with illustrations and key points. Trainer will lecture on content, providing open floor for comments and questions.

Handouts – Participants will receive a packet that includes:

- Participant Guide
- Word Find Puzzle

Small Group Discussion - Discuss prompts in small groups

Question and Answers - Time will be reserved at the end of the presentation for questions and reactions

Sequence of Training

Content	Methods / Activities	Time Allotment
Introduction of facilitator and topic	Agenda overview and introduce Participant Guide	8 mins
Responsive Caregiving and Attachment	PPT and participant responses	10

Trust and Security	PPT and small group activity	15
Self-Awareness and Erikson	PPT and individual activity	12
Emotional Development and Self-Regulation		5
Relationships with Others and Positive Interactions	PPT and small group activity	15
Social Emotional	PPT and small group activity	15
Inclusion	PPT and small group activity	15
Conclusion and Q&A	Action Plan	10
Total Length		1.75 hours

Slide 1: Welcome. Introduce the workshop.

I would like to welcome all of you to **Social and Emotional Development**. My goal today is to give you an overview of the social and emotional development of infants and toddlers. We will also discuss the importance of responsive caregiving and the environment, caring for children with special needs, and best practices for high-quality programs.

Introduce yourself

Name, position, experience with Little Texans, Big Futures

Determine the audience

Ask participants about their role with young children. With what age group do they work? Do they work in centers, homes, or public schools? How long have they been working with young children?

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TRAINER TIP:

Taking a few minutes to find out who your audience is at the beginning of the workshop allows for immediate engagement and helps you to personalize aspects of the training. For example, if there is a highly experienced infant teacher, you can solicit examples and responses from her as you move through the material.

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Review any “housekeeping logistics” such as location of bathroom, any planned breaks, ending time, etc.

Slide 2: Agenda

The goal of successful social-emotional development is the ability to identify, understand, and express one’s own feelings and to correctly read the emotions of others. Social and emotional development also refers to the ability to regulate behavior and develop and maintain relationships.

During our session today, we will be discussing the attachment relationship between infants and caregivers, the development of self-awareness and self-regulation, and forming positive peer relationships. We will discuss factors that influence this development and best practices for providers. We will also explore appropriate behavior guidance techniques. Finally, we will share a few ways to create inclusive programs for those children with special needs.

As we cover each area, we will focus on your role as the caregiver in supporting the child’s social and emotional health.

You each have a **Participant Guide**. As we go through the material today, there are opportunities to take notes, add information and extend your learning.

Slide 3: Objectives

The objectives for today’s session are in your guide. After completing this training, you will be able to:

- Describe secure attachment and explain the caregiver’s role
- Create a strategy for responsive caregiving in a stressful situation
- List 4-5 classroom materials that can promote self-awareness
- Compile best practices for peaceful and appropriate transitions
- Develop an inclusion strategy for a child with special needs

Slide 4: Attachment

Please take out your participant guide, on page 1 is the attachment chart. Please use these spaces to make notes on the caregiver behavior and the child behavior.

Slide 5: Attachment

Attachment Theory describes the dynamics of long-term relationships between humans. The most important principle of attachment theory is that an infant needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally. In order for an infant to feel confident exploring the environment, they must have a secure base. Responsive caregiving allows for a secure attachment relationship. This chart describes the four types of attachment: secure, avoidant, ambivalent, and disorganized and the caregiver behavior that leads to each. The chart also indicates the characteristics of the child's behavior.

Slide 6: Attachment

When a caregiver provides appropriate, prompt, and consistent responses to the infant's needs, a secure attachment is formed. Securely attached children are able to explore without fear or stress. The child will often be upset when the caregiver leaves, but is able to be comforted by another adult.

Slide 7: Attachment

An avoidant attachment style is formed when the caregiver does not respond to the child's needs or distress, encourages a child 'not to cry' and encourages independence. Children with avoidant attachment show very little or no distress when the caregiver leaves and do not react to the caregiver's return. This attachment style can lead to low self-esteem.

Slide 8: Attachment

Caregivers that are not consistently responsive – reacting appropriately sometimes and negatively or neglectfully at others – confuse the child, leading to an ambivalent attachment style. This child is unable to use the caregiver as a secure base and therefore cannot explore without worry. The infant is distressed when the caregiver leaves, but not easily calmed by another adult. When the caregiver returns, the child displays ambivalence, anger, and reluctance to warm to the caregiver and return to play. In this relationship, the child always feels anxious because the caregiver's availability is not predictable.

Slide 9: Attachment

Disorganized attachment is typically associated with an abusive or neglectful caregiver. The child may display contradictory attachment behaviors.

Clearly, the type of attachment developed by infants depends on the responsiveness of the caregiver.

Slide 10: Responsive Caregiving

A secure relationship with a loving and attentive caregiver is crucial to emotional development. Through loving relationships children learn that their world is safe and interesting and that someone will be attentive to their physical needs; for example, feed them when they are hungry, change them when they are dirty, interact with them when they want to play.

Responsive caregivers are attentive to a child's needs and respond quickly and consistently to meet those needs. This cycle of responsiveness assures the child that he or she is safe and cared for. Responsive caregivers, who are mindful of these important processes and support them when children signal they need something, do this by being consistent with everyday routines and offer encouragement whenever children try to do things for themselves.

Infants use their caregivers as a secure base that allows them to focus on exploring their environment and a "safe haven" when they feel stressed.

Slide 11: Responsive Caregiving

Direct participants to their Guide and ask them to take a few minutes to consider how attachment and responsive caregiving are related. Allow a few minutes to and then ask for a few volunteers to share. Mention that responsive caregiving fosters healthy attachments for children (adults can be trusted and their world is safe)

Slide 12: Trust and Emotional Security

The trust and emotional security component of social and emotional development is indicated by the child's ability to:

1. Establish secure relationships with a primary caregiver
2. Differentiate between familiar and unfamiliar adults
3. Show emotional connections and attachment to others while beginning to show independence.

From birth, infants recognize and respond to familiar caregivers. Even the youngest infants watch as their caregiver moves around the room. Infants and toddlers seek the attention of the caregiver when distressed, excited about a new discovery or in need of affection. They express distress when separated and joy upon being reunited. As toddlers get older and begin to explore independently and engage in more peer interactions, they check back with their caregiver often for reassurance and support. When young children get hurt or upset, they look to the caregiver for comfort.

Slide 13: Responsive Caregiving

The caregiver's role in the development of trust and emotional security is irreplaceable. Adults that engage in responsive caregiving, taking the time to pay attention to what a child is signaling and then providing a response that meets the child's needs in a loving way, support social

and emotional development in every interaction. Providing plenty of affection, attention, and interaction assures the infant that there are cared for and that they can confidently explore.

0-8 Months

- Hold, cuddle, and laugh with infants
- Hold infants during bottle feeding time and talk to them in a calm and soothing tone
- Notice, understand, and follow the signals of infants, such as cries of hunger or pain, turning away when full, or when ready to stop interacting
- Display courteousness, warmth, and sensitivity when interacting with adults and children

Slide 14: Responsive Caregiving

8-18 Months

- Notice and be responsive to words, gestures, laughs, and cries
- Stay close and visible while infants explore
- Reassure them that you will return, explaining where you are going and when you will be back (Don't sneak off)
- Introduce them to new people and allow them time to become comfortable. Infants will trust a new adult more quickly if you indicate that you trust the adult.

18-36 Months

- Provide encouragement for trying activities and playing with new people
- Accept that toddlers will need comfort items (blankets, favorite toy, pacifier)

Slide 15: Responsive Caregiving

36-48 Months:

- Connect with three-year-olds on a daily basis, such as naptime or arrival
- Respond with affection and care when approached by an upset or hurt three-year-old
- Encourage independence and participation in new situations ("Go ahead, you can do it!")

Slide 16: Responsive Caregiving - Activity 1

Activity 1 – Responsive caregiving is most critical in moments of high stress and emotion. This is also when it is the most challenging. Have participants work with a partner or small group to create a responsive caregiving strategy for the scenario in your Participant Guide. Take about 5 minutes.

Slide 17: Responsive Caregiving - Activity 1

Wrap up the small group time by offering a few minutes to share some of the strategies they developed. One answer could be, to continue/finish changing diaper; acknowledge parent, “Hi Ms. __, I hear and understand what you are saying. Can we schedule a time to have a conversation about your concerns? Please write down a time that would work best for you on the Parent Check-in sheet”.

Acknowledge Rico’s cries and say, “good afternoon Rico, I am coming over there in a minute” and as you pass Julie (who is pulling up on the shelf for the first time, bouncing and laughing, lovingly pat her on the head and say, “You’re strong Julie, you’re pulling up that shelf!”

Slide 18: Self-Awareness

One of the most important theorists on social development is Erik Erikson. Erikson’s Theory of Psychosocial Development describes the physical, emotional, and psychological stages of development and relates specific issues, or developmental tasks, to each stage. For example, if an infant’s physical and emotional needs are met sufficiently, the infant completes this task – developing the ability to trust others. However, an infant who does not successfully complete this task may go on to the next stage of development but carries with him or her remnants of the unfinished task. For instance, if a toddler is not allowed to learn by doing, the toddler develops a sense of doubt in his or her abilities, which may complicate later attempts at independence. Similarly, a preschooler who is made to feel that the activities he or she initiates are bad may develop a sense of guilt that inhibits him or her later in life.

Slide 19: Self-Awareness

During the first stage of Erikson’s theory, Trust vs. Mistrust, an infant needs maximum comfort with minimal uncertainty. A secure attachment to a responsive caregiver meets this need and is crucial to a child learning to trust others, the world, and themselves.

Slide 20: Self-Awareness

In the second stage of Erikson’s theory, Autonomy vs. Shame and Doubt, a toddler works to master the physical environment while maintaining self-esteem. Developing self-awareness contributes to the mastery of this stage. Toddlers can be independent one minute and clingy and needy the next. They are learning to balance hanging on and letting go in order to achieve autonomy. A caregiver should offer simple choices while setting consistent, clear, and reasonable limits. They should be accepting of the toddler’s alternating needs for independence and dependence as developmentally appropriate behavior.

Slide 21: Self-Awareness

Individuals who have a clear and positive sense of self and sense of identity are better able to form healthy relationships with others and are better able to resist the negative aspects of peer pressure throughout the course of their lives. The sense of self begins to develop in the first 2 months of infancy as babies become aware of their own body, exploring their hands and feet. Infants respond to their name and smile at themselves in the mirror.

At about 18 months, infants achieve self-recognition when they identify the baby in the mirror as themselves. A study in 1979 determined the age of self-recognition by placing babies with a spot of rouge on their noses in front of a mirror. Babies that had not yet achieved self-recognition would reach for the spot on the nose of the baby in the mirror. Those babies that recognized that the baby in the mirror was them touched their own nose. [Lewis and Brooks-Gunn Mirror Test (1979)]

By 24 months, toddlers form a sense of categorical self and can classify themselves into social categories based on age, sex, and other visible characteristics, figuring out what is “like me” and what is “not like me.” These categories are based on social feedback. The term looking-glass self refers to our understanding of self as a reflection of how other people view and respond to us. Therefore self-awareness is closely tied to social interactions and responsive caregiving.

Caregivers help children develop these skills by remaining emotionally connected, teaching children the words that go with their bodies and their feelings, by allowing children to express their feelings and emotions in a positive way, by encouraging children’s awareness of their personal space and preferences, and by making connections to their family members and community.

Slide 22: Self-Awareness

As infants, toddlers and three-year-olds develop self-awareness, they demonstrate these indicators.

- Express needs and wants through facial expressions, sounds, or gestures
- Develop awareness of self as separate from others
- Show confidence in increasing abilities
- Show awareness of relationship to family/community/cultural group

Slide 23: Promoting Self-Awareness - Activity 2

Activity 2 – Turn in your participant guide to page 2 and list materials that would promote self-awareness for each age group. After a few minutes, ask for volunteers to share.

Slide 24: Promoting Self-Awareness - Activity 2

After a few minutes, ask for volunteers to share. Answers might include: posting pictures of the children and their families in the classroom, creating photo or personalized books, labeling the child's cubby and personal spaces with their name and picture, representing the child's culture or home language in the classroom materials, mirrors, photos or feelings charts, etc.

Slide 25: Early Emotional Development

Emotions are complex phenomena that involve a subjective feeling (I'm furious), physiological changes (a pounding heart), and behavior (an enraged face). Basic emotions develop early and play critical roles in motivating and organizing behaviors.

At birth, babies can show contentment, interest, and distress. Within the first 6 months emotions begin to evolve from those expressions. At 3 months of age or so, contentment becomes joy, interest becomes surprise, and distress can become a range of negative emotions such as disgust and sadness. Angry expressions appear as early as 4 months, while fear makes its appearance as early as 5 months. Finally when toddlers become able to judge their behavior against standards of performance, around age 2, they become capable of the self-conscious emotions of pride, shame, and guilt.

Learning to understand and experience these emotions is as clumsy and frustrating and exhilarating as learning to walk. Infants and toddlers can be overwhelmed by an emotion and use physical strategies, something they are far more familiar with, to respond. Regulation of emotions and behaviors becomes an important skill needed for a child to enter into social relationships.

Slide 26: Self-Regulation

The indicators of self-regulation are:

1. Begins to manage own behavior and demonstrates increasing control of emotion
2. Shows ability to cope with stress
3. Develops understanding of simple routines, rules or limitations

Slide 27: Self-Regulation

Self-regulation is the ability to modulate one's own behaviors and expression of emotions as appropriate for different situations. Children use self-regulation skills when they calm themselves by sucking their thumbs, when they wait patiently to use a toy that someone is already using, when they allow their teacher to comfort them after saying good-bye to mommy and daddy in the morning.

Self-regulation is not all about being able to stop behavior, but more when and how to turn the intensity or volume up or down as needed for the setting and situation.

Caregivers can support young children in developing these skills by having realistic expectations for the children they are working with. Infants and toddlers should not be expected to wait

very long at all without becoming distressed. Tantrums are a normal expression of frustration in toddlers because they have little language and little patience.

What other behaviors do you expect from toddlers? (Allow the group to contribute answers)

Possible answers: Biting, making a mess, climbing furniture, etc.

These behaviors are expected and developmentally appropriate. You can help children begin to regulate the behavior by responding to them calmly and providing them with an appropriate behavior or solution. Do not scold or reprimand a child for expected behaviors.

It is also important to separate correction of a child's behavior from conveying rejection to the child. Labels such as "she's a biter" or "he's a whiner" are not helpful and can be damaging to children and to the child-caregiver relationship. Instead, say "We're helping Abby start to use words instead of biting." or "Marcus lets us know when he's tired by whining." Take time to point out and appreciate each child's strengths and positive qualities.

Provide a quiet and soft place in the classroom for children to go when they are feeling overwhelmed or upset. Balance high-energy and loud activities with a quiet, calming activity. Provide time for outdoor free play every day.

Use emotion words to help children identify and describe feelings. Try to be specific rather than just using sad, angry, or happy. For example, "It seems like you are disappointed that you don't have your bear. I can see your tears. Would you like to hold this doll instead?" Provide a helpful alternative or suggestions without dismissing their feelings by saying, "You're fine!" or "You will see your bear at home."

Be respectful of physical needs. Children are far less effective at regulating when they are hungry or tired or not feeling well. Allowing them to rest or providing a snack will help them be far more successful.

Slide 28: Relationships with Others

Infants and toddlers become increasingly attuned to voices, facial expressions, emotions, and behaviors of people around them. They imitate and practice behaviors they see and begin to experience the pleasure of connecting socially with their caregivers and other children. They become aware of others' distress and move from mirroring the distress to showing concern, trying to offer comfort.

These early connections lead to later friendship skills, including empathy and perspective taking. Caregivers can support these early social skills by modeling caring behaviors towards others. They can encourage infants and toddlers to pay attention to what others are doing and to imitate positive behaviors such as turn-taking and sharing.

The indicators for relationships with others are:

- Shows interest in and awareness of others
- Responds to and interacts with others
- Begins to recognize and respond to the feelings and emotions of others and begins to show concern

Prosocial behaviors take time to learn and must be demonstrated and practiced many times. For example, just telling children to “share” and “play nice” is not specific enough for them to understand what to do. Caregivers need to show and tell children exactly what to say and do to communicate with each other and take turns. Caregivers are responsible for creating an environment that encourages self-regulation, positive interactions and prosocial skill development. There are several effective ways of fostering social and emotional development through positive interactions and classroom management.

Slide 29: Positive Interactions

Direct participants to turn in their Participant Guide to page 4 and let them know that the **Positive Interactions** section is where they can take notes on the learning environment, routines/transitions and interactions.

Slide 30: Positive Interactions

A well planned learning environment can act as an additional teacher in the room. The room arrangements, available materials, routines and atmosphere of the classroom give young children clues for interacting with others. Establish an atmosphere of trust, respect, and consideration where children feel safe. The room arrangement should be carefully planned and contain a variety of interesting materials that promote positive interactions. Arrange furniture and centers so that children can move around the room without interfering in other’s play or space. Provide areas for independent and small group play and allow children to choose play partners and centers, rather than rotating centers in teacher-formed groups. Rotate materials often so that children are engaged and interested in play. Offer multiples of popular toys to prevent conflict. Store materials on low, open shelves so that children can access them without help. Label the storage baskets with pictures and words so that children can begin to participate in cleaning up. Keep the room organized and uncluttered. A cluttered, chaotic room can lead to chaotic behaviors and lack of care for classroom materials. Eliminate toys that are broken or missing pieces.

Slide 31: Caregiver Responses

Maintain a predictable, consistent daily routine. This allows children to predict activities and feel a sense of control. Use a visual representation of the routine with pictures for toddlers and pictures and words for three-year-olds posted at the child’s level. Try not to rush the day or hurry through routine tasks such as hand-washing or cleaning up. These are prime times for learning, using language and practicing self-help skills. For infants and toddlers, there are no wasted tasks. They are using every opportunity to make sense of the world around them. If they feel rushed or sense a loss of control, they are less able to regulate emotions or behavior.

Transitions should be positive, cheerful, and exciting ways of easing stress as children move from one activity to another. Examples are songs, finger plays, games, and body movements. Give children a few minutes warning before changing activities. Consistently use the same signals when you want the attention of all children. Time transitions at natural breaks in the routine; for example, wait until snack or lunch is completely prepared and ready to be served before transitioning to cleaning up, hand-washing and gathering at the table. Infants, toddlers, and three-year-olds will be more cooperative and excited about the transition if they can see and smell the food. Be flexible with transition times and be sensitive to the children's engagement. If the children are excited and engaged by the discovery of a butterfly on the playground, delay transitioning inside until they are more ready.

Eliminate all waiting time. Have the next activity fully prepared before transitioning. In rare situations when a waiting time is unavoidable, have an activity or song to engage the children while they wait.

Slide 32: Caregiver Responses

Activity 3 – Direct participants to page 3 in the Participant Guide. What best practices for transitions can you share with the group? Allow participants to offer transition suggestions, songs, chimes, etc. and direct them to make notes in the guide.

Slide 33: Caregiver Responses

Allow participants to offer transition suggestions, songs, chimes, etc. and direct them to make notes in the Guide. If there are limited responses, expand the discussion to best practices for routines, arrival, departure, and lunch to nap (always a stressful time), such as having activities planned ahead for arrival times and rhyme/ games for departures.

Slide 34: Positive Interactions

As we discussed already today, the relationship between the child and caregiver affects every aspect of the child's development. A responsive, positive caregiver provides support and encouragement as a young child explores and learns how to be successful. Spend time developing a relationship with the children in your care. A securely attached child naturally desires to maintain the caregiver's attachment by pleasing them.

By expecting and accepting behaviors that are appropriate for the child's developmental level, the caregiver creates an atmosphere of trust and inclusion. The caregiver and children will enjoy a far more peaceful and manageable day when there are realistic expectations of behavior.

As we discussed already today, the relationship between the child and caregiver affects every aspect of the child's development. A responsive, positive caregiver provides support and encouragement as a young child explores and learns how to be successful. Spend time developing a relationship with the children in your care. A securely attached child naturally desires to maintain the caregiver's attachment by pleasing them.

By expecting and accepting behaviors that are appropriate for the child's developmental level, the caregiver creates an atmosphere of trust and inclusion. The caregiver and children will enjoy a far more peaceful and manageable day when there are realistic expectations of behavior.

Extend learning and scaffold self-awareness by providing age appropriate choices. Offer choices only when they are appropriate. Don't phrase it as a question if 'no' is not an acceptable answer; for example, "Are you ready to go outside and play?" should only be said if they are truly allowed to choose not to go outside. "It's time to go outside." is more appropriate if there isn't really a choice. Make choices manageable by offering several acceptable options, rather than an endless possibility of unacceptable options; for example, "What do you want to eat?" has many wrong answers, whereas, "Would you like to have an apple or some cheese crackers?" allows the child to answer correctly and with confidence, building self-esteem and autonomy.

The same is true for redirection. Redirection is a valuable tool for managing behavior and guiding children towards appropriate activities. A child may need to be directed away from another child, an object, or an activity, but they should ALWAYS be redirected TO something specific. "Find another activity" is a landmine of poor choices and doesn't provide any engaging or interesting alternative for the child. "Let's come to the table and work this puzzle together." is far more likely to redirect the child effectively. If a mobile infant is intrigued by a non-mobile infant's teething toy, simply picking the child up and moving them away will only result in the child crawling right back over. Redirect the infant to an equally interesting toy or activity in another part of the room.

A well-planned environment, consistent routine, providing only appropriate choices and redirecting effectively are all ways to avoid power struggles between the caregiver and the child. As we saw in Erikson's stages of development, Autonomy vs. Fear and Doubt is a time of fierce independence while still being completely dependent on a caregiver. That is a difficult balance. It is the toddler's job to be willful and assertive. The caregiver supports the toddler's success during this time by providing consistent and appropriate limits and accepting the child's swings between independence and dependence. An atmosphere of cooperation and compassion in the classroom starts with the example set by the caregiver. Children will learn prosocial skills by observing their caregivers actions. Condescension, losing emotional control, or utilizing threats will initiate a power struggle between the child and caregiver which typically ends with both parties feeling unsuccessful.

Slide 35: Inclusion

While caregivers may have appropriate expectations of infant and toddler behavior and respond effectively, some children will exhibit behaviors that do not match with typical expectations. Social development disorders are not usually apparent by looking at a child. While their physical development may be on-target and they look healthy, they can still be struggling with a social development disorder that requires accommodation and inclusion. Social disorders are usually undiagnosed in the infant and toddler years. One in 88 children will be diagnosed with an autism disorder by the age of 7. It would be a reasonable assumption then that there

are many, many children in early childhood programs with high- functioning, undiagnosed social disorders. Unfortunately, social disorders and delays are often misunderstood as difficult or 'bad' behavior. While the behavior may be difficult to manage, the child is not choosing the behavior purposely and needs additional supports to be successful. An inclusive, high- quality program with a responsive caregiver and reasonable accommodations allow the child to gain important social skills that will improve their chances of success in school and life.

This graphic represents the symptoms of autism spectrum disorders. This is not intended to be a tool for diagnosing children in your program. It is simply to illustrate the range of behaviors and symptoms that might be present when a child has a social disorder.

Slide 36: Inclusion Strategies

Simple modifications to the environment and atmosphere of the classroom can make a significant difference to a child with special needs without affecting the overall classroom; for example, creating a cozy spot that is reserved just for that child so that it is always available or keeping a favorite toy reserved that doesn't have to be shared. A separate cozy corner and toy should also be available for the rest of the children.

It is important to alter expectations of the child's behavior. Behavior expectations should be based on the child's social and emotional development, not physical development.

Many children with autism spectrum disorders respond well to visual supports. Since creative expression can often be a challenge for children with social disorders, providing project cards and pictures in the block center and art center will help the child utilize the center successfully. A child that can't think of anything to build with the blocks except one high tower will become frustrated and might throw the blocks. If they are given a picture of a block structure to copy, they can stay engaged for much longer.

Since transitions can be the most difficult part of the routine, provide a picture schedule that the child can keep with them, in their cubby or somewhere else accessible. Be sure that the schedule accurately depicts the routine for that day. This allows the child to predict transitions and be more prepared, supporting success.

Children with social disabilities are often unable to accurately read social cues. They find tone of voice, body language, and facial expressions particularly confusing. It is helpful to use very consistent words, with a neutral tone and facial expression when giving expectations or redirecting.

Provide choices that are manageable to the child. If open choice free play is overwhelming and results in wandering aimlessly or disrupting others, offer the child only 2 or 3 activities or materials based on their interests.

With typically developing children, caregivers depend on appropriate behaviors being learned through social interactions with peers. We are intrinsically motivated to behave because we desire to be accepted. We choose behaviors that generate positive social responses. Children with social disabilities are often unable to read social responses and are not motivated by social acceptance. Therefore, creating an extrinsic reward system for that child is an appropriate accommodation. The reward system should only apply to the child with special needs, and not to all of the children in the classroom.

Practicing inclusion and accommodating behavior differences supports the successful development of all of the children in the program.

Slide 37: Inclusion - Activity 4

Take a look at the scenario in your participant guide and work in your small group to develop some inclusion practices.

Direct participants to Activity 4 in the participant guide. In small groups, read through the scenario and create 2-3 inclusion strategies that might be appropriate for this child. Take 5 minutes in small groups and then give the groups an opportunity to share with the large group. Allow productive and appropriate discussion for 5 minutes.

Slide 38: Inclusion

Take about 5 minutes in small groups and then give the groups an opportunity to share with the group. Allow productive and appropriate discussion for 5 minutes. Some answers include:

- Encourage conversations among the children and Lakisha during meals. This helps Lakisha develop social skills.
- Organize and plan activities in the classroom that Lakisha can easily participate in with the other children, such as building blocks, painting and coloring. Allow additional time for completion of activities.
- Modify the environment by creating a comfortable and adequate space for Lakisha's adapted chair.

Slide 39: Social/Emotional - Word Find Activity

Allow 10 minutes for participants to work together to find the hidden words.

Slide 40: Social/Emotional - Word Find Activity

After most participants are finished, make the point that we've been talking today about social/emotional development with infants and toddlers. Just like the words on the Word Find go together to make this puzzle, it takes all of the social/emotional components being intertwined and embraced to foster the growth of healthy social/emotional development.

Slide 41: Conclusion

Social and emotional development is critical to success in school and life. The earliest caregivers set the course for this development and contribute significantly to the child's success or struggle.

Responsive caregiving, high-quality learning environments rich in language, and interactions with peers will scaffold a child through the stages of social and emotional development.

Slide 42: Conclusion

Direct participants to the Action Plan in their Participant Guide. Have participants write down a few action steps that they will implement as a result of what they learned today. Share those with a partner.

If time allows, participants can share a few action items with the group.

Open up the floor for questions. Allow maximum of 5 minutes for questions.

Thank the participants for attending.