

Social emotional development and learning

Social emotional development

The social emotional development of infants is rooted in their relationships with their primary caregivers. In the first months of life, infants learn that actions such as crying, smiling or babbling evoke a response from the primary caregiver and others in their environments. They gradually learn the rhythm of ongoing reciprocal relationships in which they can initiate social contact and maintain, modulate or terminate it. Infants spend a great deal of time gazing at the faces of their caregivers; they begin to distinguish facial and vocal expressions and they respond to these, even as very young infants.

As they develop children begin to use language to get their needs met and to communicate with others. In the early childhood period, children explore the world and relationships through play. They gradually learn to cooperate and to manage their emotions. Through positive interactions with caregivers, family members and others, children acquire the skills they need to function at home, in school and in the wider community.

During the middle childhood years - ages six to twelve - children undergo remarkable social and emotional changes. As they mature cognitively they develop the skills to solve problems and collaborate. These skills assist them to develop and maintain relationships with peers. They are much more able than they were in the early childhood years, to regulate their emotions and to respond in ways that allow them to make friends and to cooperate with others.

Adolescents undergo rapid physical and cognitive changes as they continue to develop socially and emotionally. Peer relationships remain an important part of life and become deeper and more meaningful. During this period, adolescents often establish their identities, make plans for the future and work towards goals.

Social emotional learning

An understanding of social emotional learning has evolved since the 1980's when Howard Gardner first began exploring the idea of multiple intelligences. Daniel Goleman popularized the term, *emotional intelligence* and promoted a new way of thinking about intelligences. Subsequently, social emotional learning (SEL) was defined as the capacity to recognize and manage emotions, solve problems effectively, and establish positive relationships with others¹. Social emotional competencies include:

- **Self-awareness:** the ability to label, express, interpret and respond to basic and complex emotions in oneself and others
- **Self-regulation:** the awareness of physiological responses linked to emotional responses; the ability to use strategies to manage oneself in order to think and respond rationally based on the context and situation and to recover from stress
- **Social awareness and group participation:** the ability to demonstrate awareness of oneself and others in a group environment that demonstrates flexible thinking and commitment to group goals
- **Relationship skills:** the ability to relate to others through initiating and maintaining a connection with a variety of peers and adults across a range of situations
- **Problem solving and peaceful conflict resolution:** the ability to identify a problem, to consider the context, to use a range of solutions to solve a problem and to negotiate conflict while meeting one's own needs and the needs of others
- **Social responsibility and the well-being of oneself and others:** the ability to take the perspective of others, to understand similarities and differences, to acknowledge one's own strengths and challenges and to contribute to the community in a meaningful way

¹ Zins, J.E., Bloodworth, M.R., Weissberg, R.P., & Walberg, H.J. (2007). The Scientific Base Linking Social and Emotional Learning to School Success. *Journal of Educational and Psychological Consultation*, 17(2&3), 191-210

Understanding social emotional learning needs for children and youth with special needs

As with any child, a child with special needs develops social competence and emotional regulation over time. These skills assist the child or youth to have satisfying relationships with family, peers and members of the community. These skills contribute to success at school, ability to engage in community activities and eventually, the capability to support oneself and to live as independently as possible.

Engaging socially requires the brain to process similarities and differences, to understand and act on intentions, to recognize social cues, to remember previous social experiences and to make quick decisions about how to act in specific situations. Children who were born with brain differences often have particular challenges with these skills. They may have difficulty reading facial expressions which can impede their ability to distinguish emotions in others. Some have problems recognizing social cues so miss subtle forms of communication between people. Some children have trouble identifying how they feel when experiencing intense emotions which can affect their capacity to self-regulate. Some children might be reluctant to ask for help when they need it which could affect their capacity to cope with challenging situations. When a child has a “brain-based” or neurodevelopmental condition parents often notice delays in social emotional development early in a child’s life. In addition, a child’s skills might vary day-to-day in such areas as memory, motor planning, information and sensory processing, the use of language, the ability to plan and solve problems and the capability to think abstractly.

Connecting social emotional development and social emotional learning

Children with brain differences as well as other children with special needs may require explicit teaching of social cognition and related skills in order to navigate their social worlds successfully. Many children benefit from a mainstream preventative social emotional learning curriculum that incorporates explicit teaching about emotions, self-regulation, relationship skills, problem solving, kindness and compassion, as well as similarities and differences among people. These programs have learning outcomes similar to those of traditional subjects. Teachers adapt and modify the program, to recognize individual learning styles as well as to meet the needs and abilities of each child.

When introducing social emotional learning (SEL) to children and youth with special needs it is important to remember that brain-based conditions are static throughout the lifespan. An effective SEL intervention for children and youth with special needs focus on a young person's profile rather than on a diagnosis. Goals are realistic and are based on the developmental age of the child. As in most learning programs for children with special needs, each child is recognized as an individual, children are not compared to one another and the focus is on what the child is able to do. When dealing with challenging behaviour teachers focus on the underlying causes, gaps in knowledge and skills, and the unmet needs of the child rather than emphasizing the behaviour.

Responsive, reciprocal relationships and supportive environments

Social emotional health is enhanced when learning occurs in the context of responsive, reciprocal relationships and supportive environments. Children need stimulating relationships with their parents as well as positive, meaningful relationships with peers and adults who feel that they matter. These relationships establish the connections necessary for social emotional development and social emotional learning to occur. Supportive environments are settings that meet the physical, emotional, social and learning needs of children and youth and that provide a sense of safety. Environments are often adapted to support young people as they develop and practice core competencies and related skills. In a school SEL model, school-family-community partnerships are the foundation for promoting the development of all students (Zins, et al, 2007)¹. This wraparound approach that promotes positive social emotional health is essential for children and youth with special needs.

Social emotional health

The promotion of social emotional competence in children and youth with special needs reduces their vulnerability to negative experiences such as being bullied, feeling socially isolated, dealing with academic failure, abusing substances, engaging in high risk behaviours, as well as suffering from chronic stress, anxiety and depression.

When we connect with individuals with brain differences we start with the belief that children and youth with special needs will do well if they can (Dr. Ross

Greene)². Working together with children, youth, families, community members and all individuals who are important to a young person, leads to effective interventions, responsive, reciprocal relationships and supportive environments, all of which promote optimum social emotional health for children and youth with special needs.

For further information, visit us at <https://bc-cfa.org/>

² 2 Greene, R. (2014). www.livesinthebalance.org