

- ◇ Behavioural Regulation
Pages 2-3
- ◇ Peer Aggression
Pages 4-5
- ◇ Internalizing problems
Pages 6-7
- ◇ Teacher-Child Relationships
Pages 8-9



The Early Experiences Project

Dr. Wendy Hogg, Brenna Zatto, and the PEERS Lab

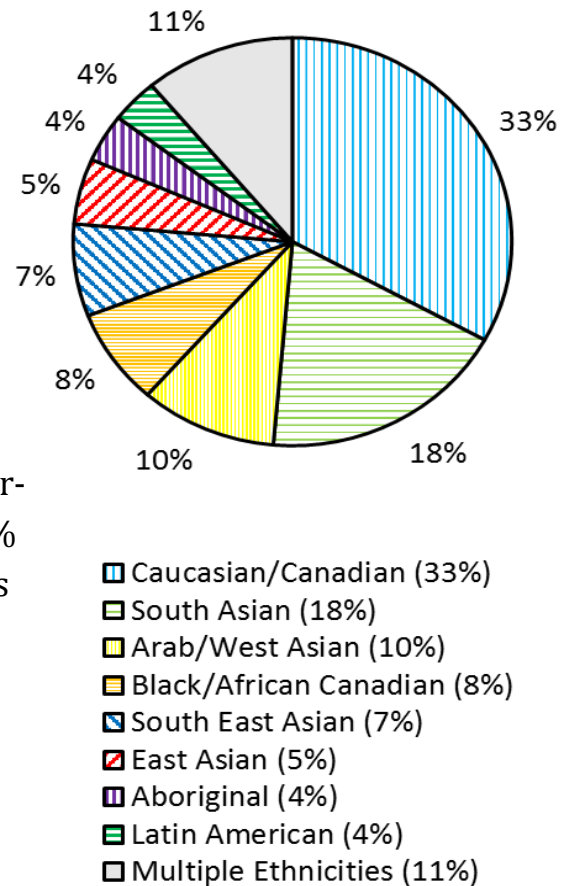
What was this study about?

The Early Experiences Project studied how young children’s experiences in the classroom support their social and emotional skills and behaviors across preschool and kindergarten.

Who was involved in this study?

We invited families from two different preschool programs to participate in this 2-year long study. There were 443 preschool children and their families who participated in this study. Parents reported that about 67% of children were born to families who were newcomers to Canada, and about 50% of these children were born outside of Canada. Around 88% of parents said that a language other than English was often spoken in their home. Parents reported that children were from many different ethnic groups (see Figure 1).

Figure 1. Child Ethnic Heritage



BEHAVIOURAL REGULATION

Kenda Burke, MSc

Kenda studied how children's ability to regulate their behaviour relates to their relationships with peers¹. She tracked children's behavioural regulation across preschool and kindergarten. By the end of kindergarten, the majority of children had similar behavioural regulation skills¹. Children with better behavioural regulation were more accepted by peers in preschool and kindergarten than children who had difficulty regulating their behaviours. Kenda's research suggests that supporting children's ability to regulate their behaviour and their acceptance by peers is important in preschool¹.

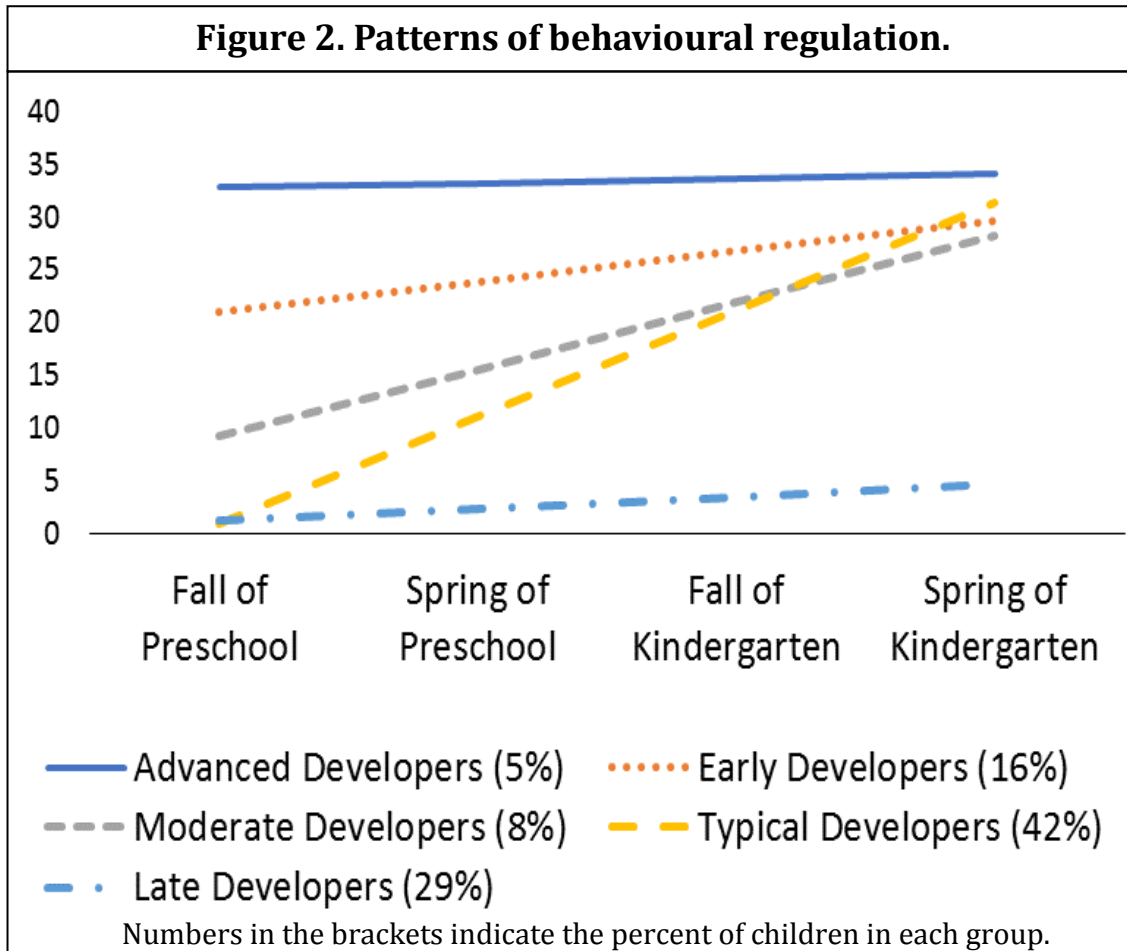


Behavioural regulation is a child's ability to control impulsive behaviour, pay attention, follow rules, and meet expectations in a given situation or context. Generally, children have difficulty regulating their behaviour in preschool². In this project, children's ability to regulate their behaviour was measured by a task similar to the game "Simon Says" but children had to do the opposite of what the researcher said³. For example, if children were asked to touch their head they were supposed to touch their toes. Based on children's skills on the task, we identified 5 different groups of children who showed different patterns of behavioural regulation from preschool to kindergarten: advanced developers, early developers, moderate developers, typical developers and late developers (see Figure 2)¹.

Children in the advanced developers group showed high scores on the behavioural regulation task across preschool and kindergarten. Children in the early developers group showed high behavioural regulation scores in the fall of preschool and improved in their regulation by the spring of kindergarten. Children in the moderate developers group had moderate behavioural regulation scores in the fall of preschool and increased in their regulation by the spring of kindergarten. The typical developers group described almost half of the children. These children had low behavioural regulation scores in the fall of preschool and increased significantly in their regulation by the spring of kindergarten. Children in the late developers group showed low behavioural regulation scores in preschool and kindergarten.



The children entered preschool with a range of behavioural regulation abilities. By the spring of kindergarten, most children were around the same point except for the late developers (see Figure 2)¹. Supporting young children in their growing abilities to follow rules, pay attention, and behave appropriately in different situations can help them improve their behavioural regulation. Children who can regulate their behaviours and follow classroom rules may show more positive relationships with other children and be more accepted by their peers¹.



Tips for Supporting Children's Behavioural Regulation

- ◇ Play games like freeze or Simon Says where children need to control impulsive behaviours.
- ◇ Help children identify and label their feelings.
- ◇ Help children learn to control their anger and frustration by taking deep breaths or walking away.
- ◇ Be fair and consistent with rules and consequences.
- ◇ Use reasonable rules and natural consequences to help children learn why breaking rules can be harmful or unfair to themselves or others.
- ◇ Award children with praise and your attention for positive behaviours.



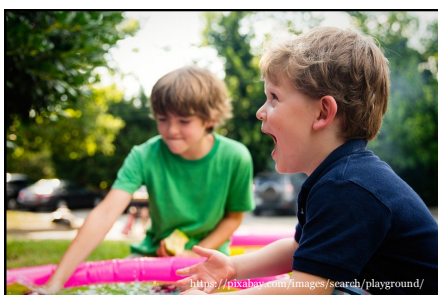
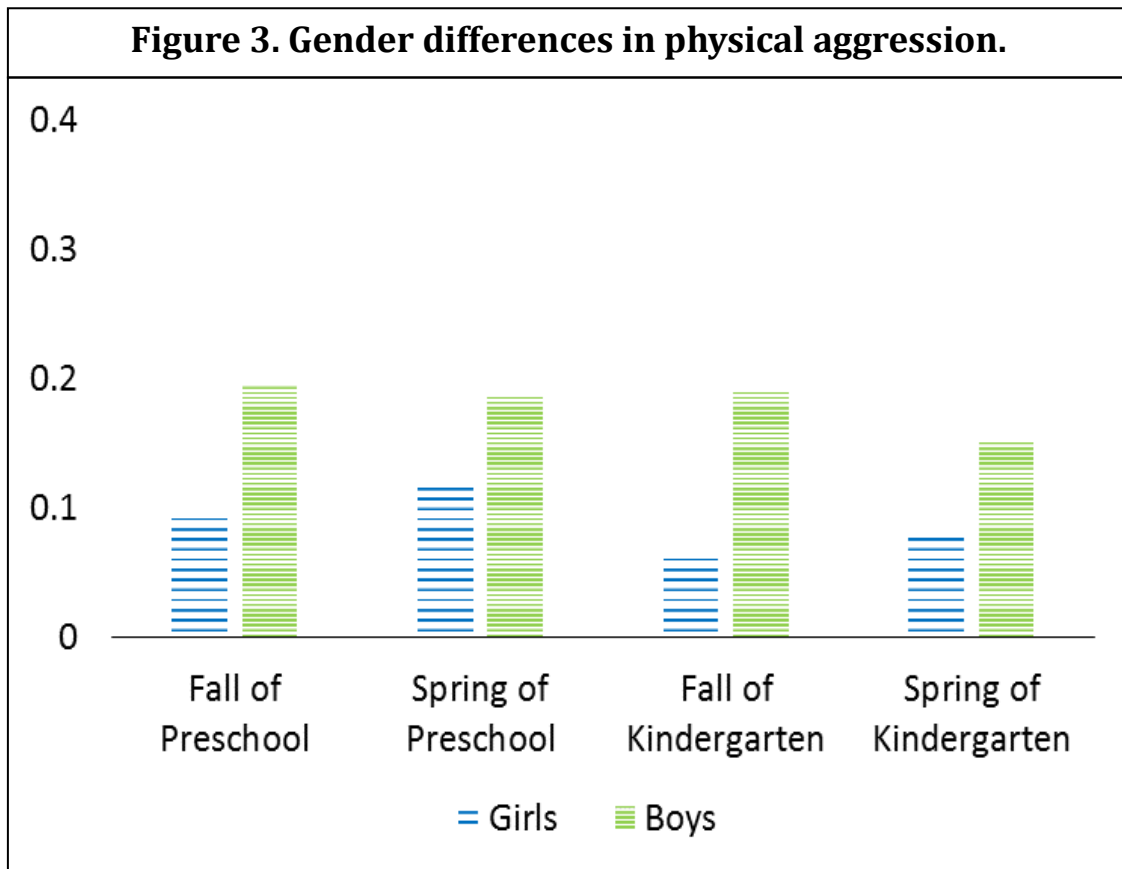
PEER AGGRESSION



Peer aggression involves negative behaviours that children use against other children. Aggression can be broken down into two different forms, including physical and relational aggression⁴. Young children tend to use more physical than relational aggression. In our study, teachers reported how often children used physical and relational aggression in the past month on a scale ranging from 0 (never) to 3 (always)⁵.

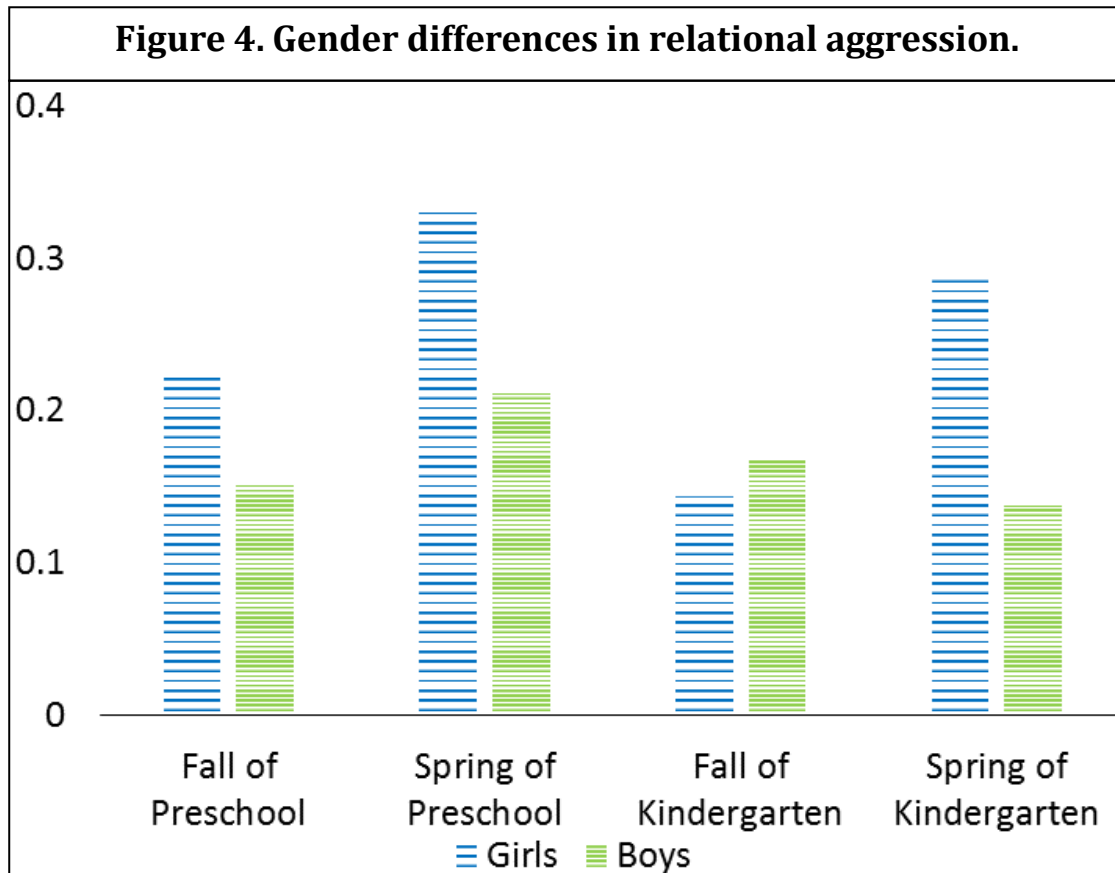
Physical Aggression

Physical aggression is a direct form of aggression that involves physical harm to another child by punching, hitting, or name calling^{4,5}. Physical aggression peaks in childhood. Many young children use physical aggression because they are still learning to problem solve and manage feelings of anger or frustration. Boys tend to be more physically aggressive than girls⁴. In our study, boys showed more physical aggression than girls across preschool and kindergarten (see Figure 3).



Relational Aggression

Relational aggression can be direct or indirect. Relational aggression is when a child harms another child by excluding them from activities, telling lies about the child, or making other children not like the child^{4,5}. Girls and boys both use relational aggression against their peers⁴. Our study found that relational aggression was more common for girls than boys in preschool and kindergarten, as reported by teachers (see Figure 4).



Tips for Preventing Aggressive Behaviours

- ◇ Let children know it is okay to feel angry or frustrated.
- ◇ Help children learn what to do when they feel angry or frustrated, like take a deep breath and count to 10.
- ◇ Help children identify when they feel angry or frustrated or are being aggressive to others.
- ◇ Help children learn to use their words to express what they want without using aggression.
- ◇ Avoid encouraging aggression by using terms like 'tough' to compliment a child.
- ◇ Act as a role model by controlling your own anger and resolving problems peacefully.
- ◇ Find an outlet for the child's anger or frustration like pounding clay.
- ◇ Identify and try to prevent or reduce stressors that may lead to angry outbursts.



INTERNALIZING SYMPTOMS

Internalizing symptoms include depression, somatization, and anxiety. These symptoms can occur when children have trouble managing negative emotions and stressful situations⁶. Some internalizing symptoms, like anxiety, can be a common experience for young children⁷. In our study, teachers reported how often children experienced symptoms of depression, somatization, anxiety in the past month on a scale of 0 (never) to 3 (always)⁶. Symptoms of depression, somatization, and anxiety were found to emerge in a similar way in early childhood (see Figure 5)⁸.

Depressive Symptoms

Depressive symptoms include feelings of sadness and worthlessness⁶. Depressive symptoms can emerge as early as preschool⁷. In our study, symptoms of depression were very low but increased from the fall of preschool to the spring of kindergarten (see Figure 5)⁸.



Somatic Symptoms

Somatic symptoms involve the tendency to be overly sensitive to or to experience minor physical complaints and discomforts, such as headaches or stomachaches⁶. In our study, children's somatic symptoms were low but gradually increased from the fall of preschool to the spring of kindergarten (see Figure 5)⁸.

Anxious Symptoms

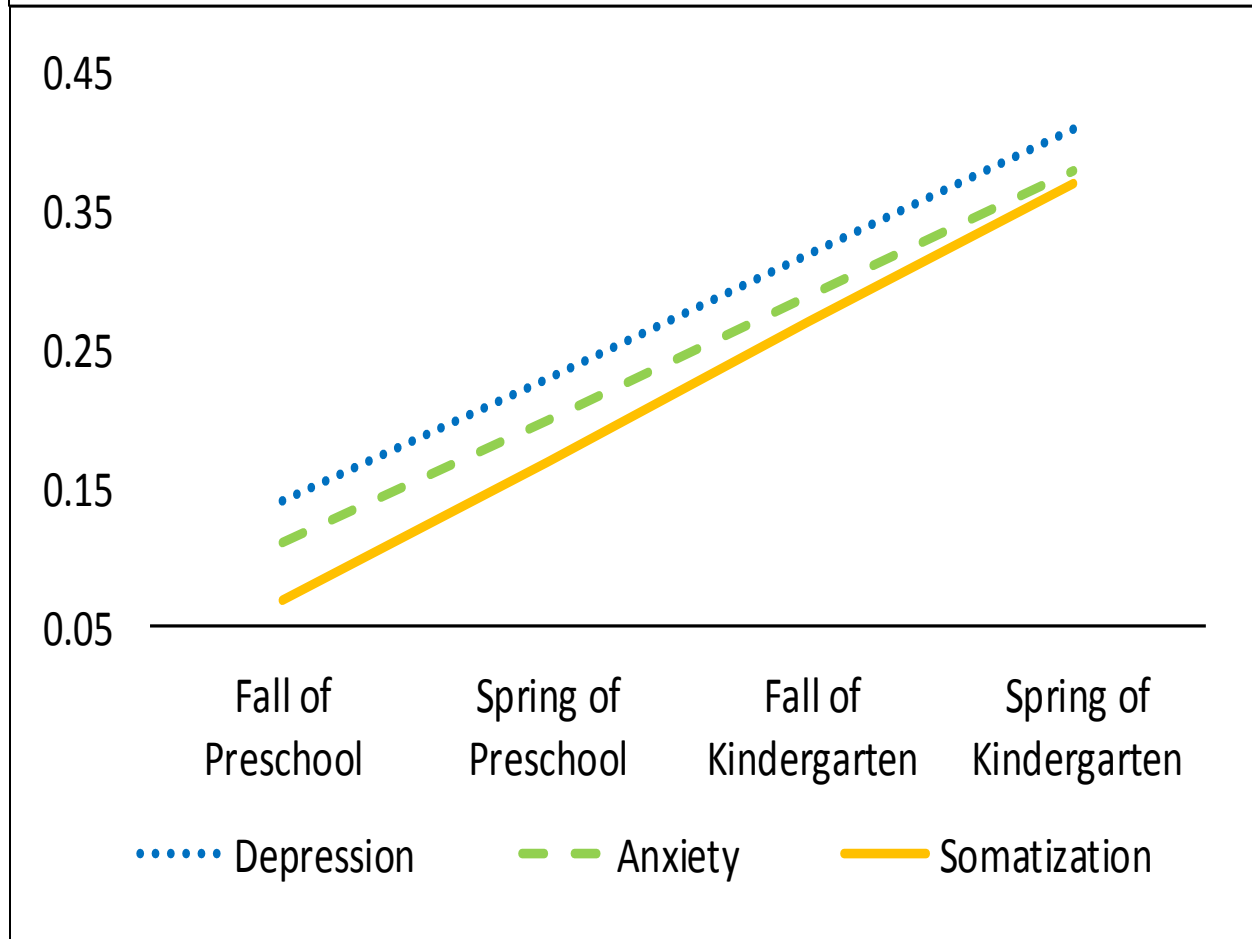
Anxious symptoms include excessive fearfulness and worrying, such as about how they did on a test or concern about their parents⁶. Anxious symptoms are the most common internalizing symptom among young children⁷. In our study, anxious symptoms were low in the fall of preschool and increased by the spring of kindergarten (see Figure 5)⁸.

Signs of Internalizing Problems

- ◇ Is irritable or gets upset easily.
- ◇ Often shows angry outbursts, tantrums or meltdowns, or negative mood.
- ◇ Is overly negative about their self and shows low self-esteem.
- ◇ Shows low energy or is often tired.
- ◇ Worries a lot and is overly fearful.
- ◇ Is overly sensitive and cries often.
- ◇ Refuses to eat or go to the bathroom anywhere except at home and doesn't want to leave home.
- ◇ No longer enjoys playing or doing activities they used to like.
- ◇ Avoids social situations, like school or friends.
- ◇ Clings to parents and constantly seeks their approval.



Figure 5. Patterns of depressive, anxious, and somatic symptoms.



Tips for Supporting Children with Internalizing Problems

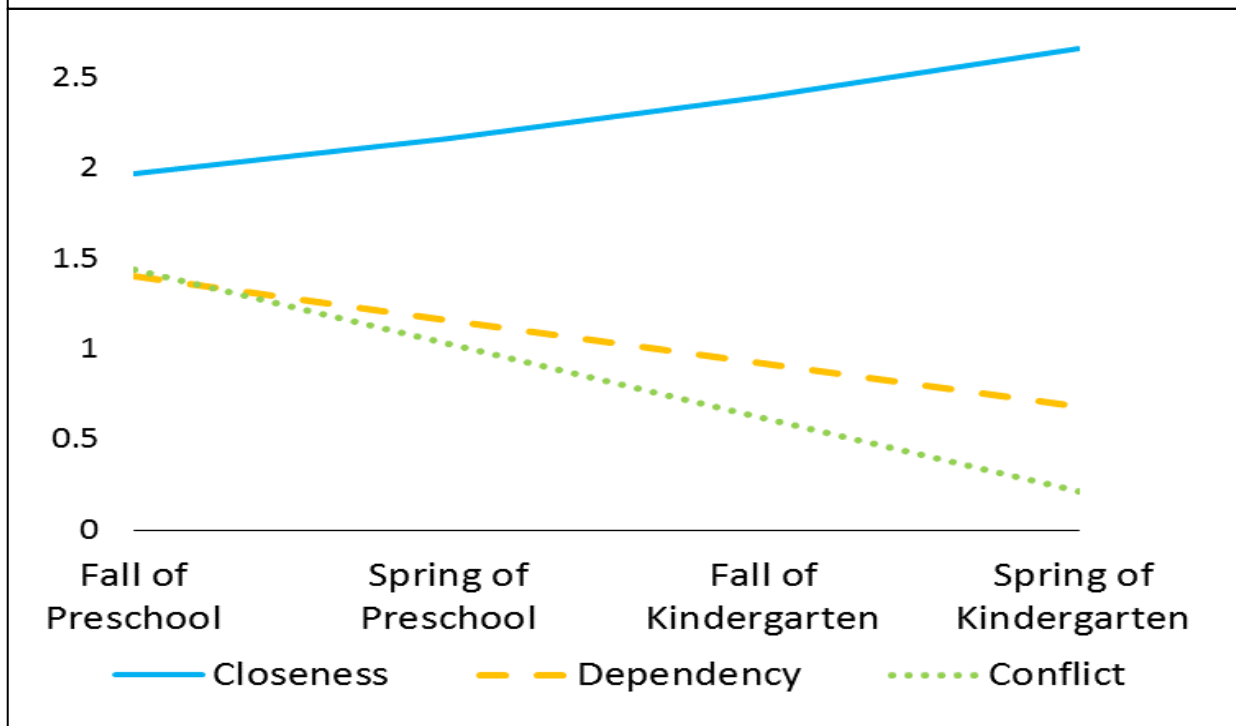
- ◇ Create a journal where children can write down their worries followed by something positive.
- ◇ Pay attention to children's feelings and help children label their feelings.
- ◇ Help children develop good expectations for themselves, such as breaking tasks into smaller steps.
- ◇ Do activities the child is good at and enjoys.
- ◇ Recognize and praise small accomplishments.
- ◇ Encourage a healthy lifestyle that includes frequent exercise, healthy eating, and regular sleep.
- ◇ Develop and follow a routine to provide children with stability and free time.
- ◇ Avoid telling the child about your own health concerns.



TEACHER-CHILD RELATIONSHIPS

Teacher-child relationship quality is the emotional nature of a child's relationship with her or his teacher⁹. Teacher-child relationship quality includes the amount of closeness, dependency, and conflict shared between children and teachers. Relationships between young children and teachers are generally positive and close¹⁰. However, there may be more dependency or conflict in some of these relationships. In our study, teachers reported the degree of closeness, dependency and conflict in their relationships with children on a scale from 0 (definitely does not apply) to 4 (definitely applies)¹¹. We found that teacher-child relationships became more close and less dependent and conflicted across preschool and kindergarten (see Figure 6)⁸.

Figure 6. Patterns of teacher-child closeness, dependency and conflict.



Closeness

Teacher-child closeness is the openness, warmth and affection shared between a child and her or his teacher^{9,11}. In our study, teacher-child closeness was moderate at the fall of preschool and increased steadily over preschool and into kindergarten (see Figure 6)⁸.

Conflict

Teacher-child conflict reflects anger shown by a child toward her or his teacher and the difficulty a child has with following class rules set by her or his teacher^{9,11}. In our study, teacher-child conflict was moderate in the fall of preschool and steadily decreased (see Figure 6)⁸.

Dependency

Teacher-child dependency is when a child overly relies on her or his teacher to engage in the class and has difficulty separating from the teacher^{9,11}. In our study, dependency was moderate in the fall of preschool and steadily decreased by the spring of kindergarten (see Figure 6)⁸.

Brenna Zatto, MSc

Brenna studied how children's internalizing symptoms (depression, anxiety and somatization) and related to the quality of their relationship with teachers (closeness, dependency and conflict)⁸. Brenna found that children's internalizing symptoms were negatively related to teacher-child closeness and positively related to teacher-child dependency and conflict in preschool and kindergarten.

When children experienced more depression, anxiety and somatization they also showed more dependency on their teachers in preschool and kindergarten. Children who experienced more depressive symptoms in the fall of preschool were also more dependent on their teachers by the spring of kindergarten. These findings

suggest that children who are overly sad or anxious may rely on their teachers to help them manage their negative feelings and to engage in class activities⁸.



When children showed more depression and anxiety they also had more conflict with teachers in preschool and kindergarten. Children's depressive symptoms and teacher-child conflict also influenced each other across preschool and kindergarten. Children who experienced more depressive symptoms in the fall of preschool had more conflict with their teachers by the spring of kindergarten. Similarly, children who had more conflict with their teachers in the fall of preschool experienced more depressive symptoms by the spring of kindergarten. These findings suggest that children who are overly sad or anxious may have more difficulty positively engaging in the classroom and following teacher's rules⁸.

Children who experienced more symptoms of depression also shared less closeness with teachers. This finding suggests that children who are overly sad may seem more distant and less engaged to their teachers⁸.

Overall, it is normal for young children to experience some degree of sadness or anxiety, especially when beginning school for the first time⁷. When teachers engage positively with children who appear overly sad or anxious it may help children adapt and engage positively in the classroom¹⁰. Teachers who can identify signs of young children's depressive, anxious, or somatic symptoms may be successful in nurturing positive relationships with these children and helping them adjust to school.



Data from the Early Experiences Project has been used to help undergraduate and graduate students learn about young children's social and emotional development. We are grateful to all the children, parents, teachers, and school staff for their participation in this project. We also thank our numerous student volunteers who gave their time and energy to help with this study.

PEERS Lab

Our research focuses on social and emotional development in childhood and adolescence. We are most interested in how relationships with peers, parents, and teachers contribute to resiliency among vulnerable children.

Mailing Address: Department of Psychology
P214 Biological Sciences Building, University of
Alberta, Edmonton, AB, T6G 2E9

Email: peerslab@ualberta.ca

Twitter: @WendyHoglund

Facebook: @UofApeerslab

Website: www.sites.psych.ualberta.ca



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