



Resource Article

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"Helping Families Understand
and Promote Their Child's
Self-Regulation"*

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Self-regulation skills emerge in infancy. They continue to develop throughout childhood and into adulthood. How do family and culture factor into the development of self-regulation? In their article, "Microregulatory Patterns of Family Interactions: Cultural Pathways to Toddlers' Self-Regulation", Feldman, Masalha and Alony (2006) examined three questions: 1) How do cultural differences play out within family interactional patterns? 2) Will cultural differences emerge in toddlers' self-regulatory behaviors? 3) Will "cultural pathways" shape developmental outcomes?

The researchers studied the work of Greenfield, Keller, Fuligni, and Maynard (2003) and their "cultural pathways" hypothesis, which suggests that experiences prevalent in the family differentially shape developmental outcomes. For this study, the researchers wondered whether differences would become apparent in how self-regulation developed in Israeli and Palestinian infants, as some view these two societies as having differing notions of the development of self; the Israelis having a more individualistic

orientation and the Palestinians a more collective one.

The subjects for this study included the healthy, 5-month-old first born children of 100 Israeli couples and 62 Arab Palestinian couples. All parents graduated from high school, most of them (83%) held vocational or academic degrees. Israeli mothers averaged 27.7 years of age, while their husbands averaged 30.37 years; Palestinian mothers averaged 25.65 years, their husbands 30.35 years. All families considered themselves middle class by their societies' standards. The families were culturally matched with an interviewer and a home visit with both parents and the infant was conducted. During the initial 2-hour home visit, interviews, questionnaires and interactions were recorded and video-taped. The video-taped segments were between the following groupings: mother-infant, father-infant, and triadic family session. Approximately 27 months later, when the toddlers were 33 months of age, the families participated in two home visits and a separate 1.5-hour observation of the children at the child-care setting. During the home visits, the

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families were given semi structured toys (12 blocks with 6 sides that had matching geometric shapes, matching numbers and creating a puzzle); both cultures considered this a familiar toy/play activity. Observations at child care settings (all of which were out-of-home) included a continuous narrative of child behavior.

The observations were then coded for self-regulation, which was divided into two subcategories: (a) Mobilizing action to requests (do) including scales such as, 'completes chores willingly', 'helps others when asked' and 'persists in activities'; and (b) Inhibiting action to prohibitions (don't), which included scales such as 'tolerates frustration' (e.g., not grabbing a desired toy), 'regulates emotions' (e.g., is able to modulate anger), and 'complies with rules and restraints (e.g., "don't eat while standing"). The observations with the babies were coded for microregulatory behaviors such as proximity, touch, gaze, and affect. The observations for the toddlers were coded regarding parents' teaching strategies such as being the initiator of guidance, the type of assistance offered, and the recipients responses.

The results of this study suggest differences were found between the groups when considering the proximity position of the infant in relation to the parent. Palestinian infants spent 83% of their time in direct physical contact with a parent; Israeli infants spent 74% of their time in a face-to-face position with a parent. Physical contact between parents was also higher for Palestinian couples. Their infants showed less negative affect. All Palestinian family members demonstrated gaze aversion more

often. Palestinian infants were slower to cry. Israeli parents touched, looked at and presented toys to their infant more frequently; they also showed more positive affect to their infants. Israeli parents were quicker to touch their infants.

For the toddlers, a culture difference was found regarding teaching strategies. Palestinian mothers provided more concrete assistance as did their spouses. Israeli mothers were quicker to offer directions, suggestions, and reinforcement. Interestingly, when considering parent response to toddler's request for assistance, almost all of the parents responded (98%) to the child's request. At child care, no cultural differences were found in terms of children's self-regulation (Palestinian children scoring a 3.51 and Israeli children a 3.64). When the two sub-categories of self-regulation were further examined, Israeli children scored higher on mobilizing actions to requests (do) and Palestinian children scored higher on inhibiting action to prohibitions (don't). Different predictors of self-regulation came to light. Parent touch and social gaze at 5 months and more indirect teaching at 33 months predicted self-regulation for Israeli children; more parental touch and less negative affect during infancy and concrete parental help at 33 months predicted self-regulation for Palestinian children.

Perhaps the take away from this article is simply a reminder that as early interventionists, we must value and respect our families and their unique cultures. We must make a point to get to know the families with whom we work to understand what they do and why in order to work within the bounds of what they view to be important.

Feldman, B., Masalha, S. & Alony, D., (2006). Microregulatory Patterns of Family Interactions: Cultural Pathways to Toddlers' Self-Regulation. *Journal of Family Psychology*, 20(4), pp. 614-623.

What do the data say?



What can families do to foster the development of self-determination in young children?

There is a strong link between self-determination and positive outcomes for children in school and later in life (Carter, et al., 2011). Self-determination is a combination of skills and characteristics that enable a child to engage in autonomous, self-regulated, empowered, goal-directed behaviors (Wehmeyer, 1992). Self-determination includes abilities such as making choices and decisions, setting goals, solving problems, taking risks, and acting responsibly. While its development is ongoing across the life span, the developmental process of self-determination for children with disabilities may take longer. Therefore, it is important to start early and capitalize on varied opportunities that promote children's self-determination.

Families play a critical role in young children's development of self-determination (Brotherson et al., 2008). But what exactly can they do to foster their children's self-determination? Shogren and Turnbull (2006) examined this question by reviewing existing research. When considering family influence on children's self-determination, the home environment plays a role. That is the positive physical structure, responsive social interactions, and natural learning opportunities within the family home and culture can foster children's development of self-determination. Shogren and Turnbull organized their findings of strategies that promote self-determination around Wehmeyer's defined essential characteristics self-determination (i.e., autonomy, self-regulation, empowerment, and self-realization).

To promote children's sense of autonomy families can:

- Respond to children's intentional bids for attention, such as crying to indicate they are hungry, tired, etc.
- Ensure a safe environment for children to actively explore and manipulate toys and materials.
- Provide varied toys/objects and activities for children to explore, experience, and develop preferences for.

- Encourage children to make choices by creating lots of choice making opportunities.
- Provide a responsive nurturing environment to promote secure parent-child attachments.

To encourage children's self-regulation families can:

- Establish predictable routines so that children can understand and anticipate day to day happenings yielding a greater sense of control, predictability, and sense of security.
- Encourage children's participation in routine activities (e.g., holding bottle, feeding the dog).
- Encourage children to make and achieve goals and celebrate their successes.
- Provide opportunities for children to experience and solve problems by allowing children to solve the problem on their own before offering assistance.

To encourage children's sense of empowerment families can:

- Create child proof spaces for children to explore.
- Encourage children to try new things by providing just enough support.
- Provide opportunities for children to take safe risks.
- Recognize and encourage children's independent efforts to do things.

To foster children's self-realization families can:

- Acknowledge children's efforts and successes.
- Create opportunities for children to be successful and emphasize their strengths.
- Offer encouraging support when children experience a sense of failure or disappointment.
- Demonstrate optimism.

Fostering self-determination in early childhood helps lay the foundation for children's future quality of life. Early intervention providers have unique opportunities to help families understand the importance of self-determination while also acknowledging and encouraging natural learning opportunities that can promote children's self-determination.

Brotherson, M. J., Cook, C. C., Erwin, E. J., & Weigel, C. J. (2008). Understanding self-determination and families of young children with disabilities in home environments. *Journal of Early Intervention*, 31, 22-43

Carter, E. W., Lane, K. L., Crnabori, M., Bruhn, A. L., & Oakes, W. P. (2011). Self-determination interventions for students with and at risk for emotional and behavioral disorders: Mapping the knowledge base. *Behavioral Disorders*, 100-116.

Shogren, K. A. & Turnbull, A. P. (2006). Promoting self-determination in young children with disabilities: The critical role of families. *Infants and Young Children*, 19(4), 338-352.

Wehmeyer, M. L. (1992). *Self-determination and the education of students with mental retardation. Education and Training in Mental Retardation and Developmental Disabilities*, 27, 302-314.



Consultation Corner

Self-Regulation: What it is and how this critical skill develops from birth to 3 years

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Joe (18 months) loves to climb and jump. But his parents have a rule that there is no climbing or jumping off the couch. As Joe starts to hoist himself up onto the sofa, his dad gently reminds Joe of this rule—using words and gestures given Joe’s age. He gently redirects Joe to help him gather some pillows to put on the carpeted floor that Joe can safely jump on. Joe tries to run back to the couch a few times but Dad stays calm and firm and Joe eventually adapts—joyously jumping on and off of the “mountain” he and his dad have constructed together.

Behold self-regulation in action: Joe is able to control his feelings and actions in order to comply with rules and choose an acceptable option. One small step for Joe, but a giant step for mankind—as the ability to self-regulate is a critical building block for overall healthy functioning. When children can inhibit their impulses (in this case, perhaps push dad away, pitch a fit, or have a total breakdown), and instead substitute a socially appropriate response, they are more likely to develop strong, positive relationships. Further, the ability to self-regulate also leads to success in school and learning as it enables children to become strong problem-solvers. When they can’t have what they want, or when they bump up against a challenge, they are able to maintain their calm and focus on finding alternative, acceptable ways to reach their goal.

Two-year-old, Aisha, loves the sensory table in her preschool classroom; but currently the maximum number of children are playing there. The teacher explains this to Aisha, reminding her of the rule that only four children are allowed to play at the table at a time. She helps Aisha count the number of classmates who are currently at the table. Then she directs Aisha to choose another activity while she awaits her turn. Aisha frowns, crosses her arms on her chest tightly, and stares at the group at the table for a minute, but then joins some other children engaged in block-building.

This example illustrates how self-regulation is somewhat more complex than “self-control”—which is often used synonymously with self-regulation—as it involves not just controlling an emotion, but the ability to stay calm in order to maintain attention on finding an appropriate response to meet a need or achieve a goal.

How does self-regulation develop?

The anterior cingulate in the prefrontal cortex is the part of the brain that plays a critical role in controlling behavior in challenging situations and making adjustments to behavior when a strategy is not working (Luu & Tucker, 2002). It becomes more active and developed between ages 3 to 6 years. Therefore, it is very important to manage expectations about children’s ability for self-control under age 3. The foundation for self-

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regulation is just developing in the earliest months of life. There is a lot you can do to support the development of this critical skill—which will be the focus of the articles to follow in this series.

Birth to One Year

From birth, babies are already starting the individualization process as they figure out where their bodies begin and end—the first step in understanding that they are separate from others. When you start to see babies marvel and explore their hands and feet, they are showing that they are engaged in this process of self-discovery. It is this recognition of the self as separate from others that ultimately leads to the ability for self-control and self-regulation.

One powerful example of this developing ability is when a 3-month-old stops crying upon hearing a trusted caregiver calling from down the hall to signal his or her approach. The baby has already associated that voice and person with comfort and she is able to self-soothe in anticipation of her needs being met. This is perhaps the most important factor in developing self-control—the ability to soothe and calm oneself when distressed. The first step in helping babies learn to soothe themselves is for their caregivers to calm and comfort them. Knowing there will be a loving adult there to soothe them when the world becomes overwhelming is a baby's first experience with self-control. Parents put a pacifier back in their baby's mouth, give their baby a "lovey" to help her fall asleep, and try to understand her facial expressions, gestures and cries in order to meet her daily needs.

Another example of the ability for self-regulation unfolding is a 10-month-old who is

trying to get the bear to pop up on his toy. He looks to his grandma, makes some sounds to get her attention and then bangs on the toy to show her he needs help. Less than a year in the outside world and he's already figured out how to manage his frustration by using all the communication tools at his disposal to get assistance!

One to Two Years

A major developmental milestone develops during the second year of life: by 18 months children begin to grasp that their own thoughts and feelings can be different from others' thoughts and feelings—a huge leap in the individuation, and thus self-regulation process. This is why you often see toddlers starting to test and push the limits. They want to play with your phone but they are well-aware that you don't want them to play with the phone, so they try every strategy they know to get you to change your mind to their way of thinking. When a parent gives in to a tantrum,, it is a missed opportunity to help the child learn self-control. You'd still expect a tantrum, as toddlers don't have the ability to control their impulses, but it doesn't mean you have to give in to it. Instead, you can validate the child's anger at not getting what he wants and help him choose an alternative. Calmly and lovingly you explain that you know he loves the phone and is frustrated that he can't have it, but it is not a toy. Then you offer one or two acceptable choices. If he continues to tantrum, you stay close by as a calm and loving presence. Once he sees you're not caving he will adapt.

When children get a lot of practice with this kind of approach to limit-setting in the early years, by the time they are 3 to 4 years, they have

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internalized these experiences and are able to control their impulses and choose appropriate alternatives on their own or with less support from an adult.

Two to Three Years

Older toddlers are making great strides in developing self-control but still have a ways to go to learn to manage their impulses in appropriate ways. While they have a firmer grasp on what is and is not acceptable, they have a hard time not acting on their emotions.

Oliver is with his little sister playing in the kitchen. He grabs a pot from her and immediately looks up, sheepishly, at his dad, clearly indicating that he knows grabbing is not allowed and checking to see if he saw the "offense" and is going to do something about it.

This is a great example of children having a cognitive understanding of the rules—many can repeat them back to you verbatim—but not having the control to inhibit their impulses. They also don't fully understand the connection between their behavior and the results of their behavior; but their ability to make this link is growing rapidly between 2 ½ to 3 years as children begin to develop logical thinking. That is why you constantly hear children this age asking "why?" They understand cause-and-effect, that there is a reason things happen: you cry when you're sad, you can't play outside because it's raining. Mastering this concept is a key factor in recognizing that their actions have an impact, on themselves and others: if they don't help clean up, they don't get to choose a new toy to play with; if they hit a friend it hurts and he doesn't want to play with you.

You teach self-regulation by avoiding a harsh response, as this leads to feelings of shame and causes most children to shut down, making it less likely that they will learn from the experience. And when the adults get revved up and reactive, it only increases the child's distress and dysregulation, making it harder for them to calm and take in any information you may want to share to teach about how to treat others. A loving and effective response would look something like this: "That's right, Oliver, we don't grab. I'm so glad you looked up at me for help. Let's give Shauna the pot she was using and find you something else. We can use our timer to help with taking turns."

Factors That Influence the Development of Self-Regulation

There are many factors that influence how and when young children develop the ability for self-regulation. [Temperament](#) —the child's individual approach to the world (slow-to-warm-up vs jump-right-in; intense reactor vs go-with-the-flow)—is one key variable. For example, children who are big reactors by nature are likely to have a harder time learning to manage their strong emotions. Contextual or environmental factors also matter a lot; any major change in the child's world can lead to feelings of insecurity which make it harder for children to cope with life's frustrations and disappointments. A new baby, the loss of a pet, an injured or ill parent, moving to a new home, separation from a parent due to military deployment or marital troubles, are just a few examples. And most importantly, the quality of caregiving that parents and other adults provide to children has a significant impact on children's ability to master self-regulation. We will be addressing all of these factors in depth in the following articles in this series.



On the WWW

Are you looking for a simple handout that briefly describes what self-regulation is and how parents and caregivers can help children learn self-regulation as well as self-soothing abilities?

The www resource this month is just that. The following link will bring you to a two page handout from the University of Pittsburgh Office of Child Development. This handout highlights tips for helping

infants, toddlers, and preschoolers learn to self-soothe and self-regulate. In addition to the helpful tips are reasons describing why the tips are important. Although the handout is titled Self-regulation: You and Your Foster Child, the information is not just for foster children.

Check it out at:

http://www.oed.pitt.edu/Files/PDF/Foster/27758_oed_self_regulation.pdf



Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on **Helping Families Understand and Promote Their Child's Self-Regulation**, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (February through June and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam for this series in July 2018. There is no need to register for the CEUs.

Rather, if you are interested, complete the

exam online at www.edis.army.mil

Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

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