

**Book review** by  
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# **An Activity Based Approach to Developing Young Children’s Social Emotional Competence**

Jane Squires & Diane Bricker  
*Paul H. Brookes Publishing Co., 2007*

The book entitled “An Activity based approach to developing young children’s social emotional competence”, which is reviewed in this paper, was written by Jane Squires and Diane Bricker. Squires is a Professor at University of Oregon, whose main focus of professional interest is developmental screening and improving social – emotional development of children. The second author; Bricker is also a Professor at University of Oregon, who has many studies on early intervention and participated in many community based projects

Authors state that the Activity Based Intervention: Social Emotional (ABI: SE) Approach in the book responds to the need for early intervention programs focusing on social emotional development. According to the authors; after the passage of NCLBA (No Child Left Behind Act) in United States, many programs based on academic success have been developed, but these programs usually lack components which are necessary for the socio-emotional development. Furthermore, it is a fact that specialists on early intervention have expertise in motor, cognitive, and linguistic development, but they usually lack knowledge on social emotional development. The deficiency of mental health experts presents another challenge for early intervention programs. Early interventionists have difficulty in reaching consultation services for these issues. The model aims to address these problems. ABI: SE Approach has been developed for the use of early intervention specialists, teachers and child care workers. The model does not require theoretical - practical background about developmental or clinical psychology.

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The book is mainly consisting of three parts. The first part is about the theoretical background of the ABI: SE Approach. Explanations about the risk populations and definitions of conceptual principles are discussed in the first three chapters of the book. In the second part, from chapters four to nine, all the steps in the ABI: SE Approach are explained in detail. The third part of the book consists of appendix in which screening and assessment tools used in the ABI: SE Approach, guides for selected early childhood curricula, guides for other screening tools and functional behavioral assessment and behavior support planning are included. The book covers the ABI: SE Approach completely, so this review will mainly be about the description of the model offered by the authors.

The book is written mainly for professionals but the ABI: SE Approach primarily focuses on caregivers' practices; thus, parents or caregivers are expected to implement the strategies of the model by themselves after receiving the guidelines from specialists. According to the authors the model is different from many other approaches since the activities are embedded on daily routines at home or in class, rather than practicing in clinical settings. The term "activity based" is emphasizing this approach. The main advantage of the activity based approaches is that; they are implemented by the individuals who are with the child most of the time and this gives many opportunities for practice. Furthermore, rather than a structured, behaviorist approach, they give more emphasize on interactions between the child and caregiver and this results in positive learning environments.

The ABI: SE Approach targets two different population, the first one is children at risk. The term "risk" is describing the children who live in environments lack of adequate safety, nurturing and stimulation. Children living in poverty or children living in the foster care system are usually stood as candidates for the risk group. The second focus group is children with special needs. According to research findings; children with special needs have more social emotional problems than normal population and this is the reason for the authors to add this population to their focus in the model. Children who are diagnosed with mental health problems and children who need immediate medical interventions are not suitable for the model. The model mainly holds a preventive approach to social emotional problems, and describes techniques for prevention rather than curing serious social emotional problems.

Authors stated that the model's theoretical background is adapted from the transactional model of development. The transactional model describes the development with ongoing interactions between child and his\her environment, each party actively influencing each

other. The authors adapted the principles of the transactional theory for the foundation of their model. The six main principles are: *child characteristics, environmental context, ongoing transactions, qualitative organizations, goodness of fit and risk - protective factors*. The ongoing transactions between the child and environments determine the match between the characteristics of the child and the environmental demands, and this is defined as the goodness of fit, and the degree of fit is influenced by the risk or protective environments. Reducing risk factors and increasing protective factors would affect the social emotional development positively.

In the book, social emotional development is described in a deterministic manner; the behavioral repertoire of the child is developed by the caregiver's response to child's reactions. Hence, while inappropriate responses by the caregiver leads to nonfunctional and inappropriate responses, appropriate responses, on the other hand, would lead to short term and long term social emotional competence.

According to the ABI: SE Approach, social emotional development is determined by the child and caregiver benchmarks. These benchmarks are the principles which are believed to be related to social emotional development. They are derived from the literature of child development. Ten benchmarks, which were gathered under the topic of "*healthy interactions with others*", were considered as child benchmarks and four benchmarks which were gathered under the topic of "*proving child a safe and healthy environment*" were considered as caregiver benchmarks. The aim of the ABI: SE Approach is to develop competence to the child and caregiver on these benchmarks. Related to the ecological view of the model mentioned before, caregivers are also targeted as active partners in the model for the healthy development social - emotional development of children.

The ABI: SE Approach composed of distinct but linked process, and each of these are discussed on different chapters in the book. These processes can be considered as different steps following each other, which are; screening, assessment, goal development, intervention and evaluation. All these steps are linked to each other; data gathered from one step is directly related to the next one. – This comprehensive approach can be thought as strength of the model. The specialist team does not need to rely on other specialist for the different part of the intervention since they are responsible for the whole practices.

The screening process is the first step in the model. Authors' state that although there are plenty of developmental screening tools that have been used for several years, the use of social emotional developmental screening tools is very recent issue. Authors are offering

several tools for assessment, including Ages & Stages Questionnaires: Social Emotional (ASQ: SE) and Environmental Screening Questionnaire (ESQ) which are developed by the authors. Since these tools are added in the book, it would be practical for readers to use them. ASQ: SE is a tool for the screening of the social-emotional development of the child, and ESQ screens the environmental and parental factors in which the child interacts. Because of the ecological emphasis on the model, the effects of the environmental sources on child's development are also considered in the ABI: SE Approach. Child and caregiver gets scores from screening and concerning their scores on this scale, the child is classified either as, *typical*, *at risk* or *questionable*. For typical developing children, periodic follow up is recommended. For at risk category, the child is referred to mental health professionals, meaning that children showing significant problems are not considered as a focus of interest in the model. Children classified as questionable are suitable for the intervention according to the ABI: SE Approach.

The next step in the ABI: SE Approach is the comprehensive assessment of the child and his-her environment. The Social Emotional Assessment Evaluation (SEAM) which is included in the appendix is offered as an assessment tool that was developed by the authors of the book. For three different age groups (infant, toddler, and pre-school age), SEAM is developed with a curriculum based approach; the items on the SEAM are directly related to intervention and suitable for goal development. They are derived from child and caregiver benchmarks which are mentioned before. Assessment procedure follows a strength based approach which emphasizes what the child can do, or what sources are available, rather than what to eliminate. Completing the assessment requires a partnership with the caregivers, and concerns of family are taken into consideration.

In the ABI: SE Approach, goal development process is the next step following the assessment process. The goal development involves discussing the information from SEAM or other curriculum based assessment with the team members and evaluating parent's concerns and priorities. Child and caregiver strengths are emphasized, since they can be used as guidance for goal development. Authors suggested to use a table for goal development and intervention plan which involves goals, their priority rank, suggested activities to target goals and time line. Goals with higher concern get higher priorities. Suggested activities are daily actives in which the interventions are embedded. Time line shows the beginning and the end of the intervention for the chosen goal. Authors also suggested a partnership with the family at this step. This would help the specialist to take cultural values and daily routines of the family into the consideration.

Authors group activities used for intervention in three titles; they are *child directed*, *a routine* and *a planned activity*. All of them include embedding learning opportunities into the daily activities. Child directed activities are highly motivating for children, since they are initiated by the child and give great opportunities for practicing goals. Attention of the caregiver to the child is important for child directed activities; he/she should follow child's interest and give appropriate responses. Routines are daily and regular activities in class or home, like meal times or bath times. Planned activities are the ones need adult guidance. Authors offer four steps in the intervention process. The first and the second steps are selecting one or two activities for per goal, and to identify embedding opportunities for the activities. For example; for the goal "*baby initiates and responds to communications*" (Goal C-1.3.) "*caregiver signs for juice at snack time, and gives juice after gestured request from infant*" (p. 103, table 8.1) can be used as a planned activity. For different goals, many different opportunities can be created. Modeling to caregivers or teachers by the specialists is the third step in the intervention plan, since they would need guidance at the beginning. The fourth step in developing intervention plan is defined as; providing multiple and varied learning opportunities for the selected goals. This would help to master caregivers not to waste different opportunities for practice. Authors also offer the use of functional behavioral assessment in order to identify the antecedents and consequences of the problem behaviors of child, which would lead to better learning environments.

Following the intervention, evaluating the intervention process is the last step in the ABI: SE Approach. This step gives information about the progression toward goals and general effectiveness of the model. Like the previous steps, authors are offering a systematic approach for the evolution. *Determining what goals will be monitored, targeting how data will be gathered, determining who will collect the data and where and when* and *discussing progress* are the main four steps in the evaluation process. These steps ensure that if the intervention process reaches targets and give necessary feedbacks to professionals and caregivers to make necessary modifications on the program.

In conclusion it can be claimed that, the book is a comprehensive response to the need for a good model of social and emotional development. Authors have had extensive experience in the assessment of social emotional development and they claim that the intervention part of the ABI: SE Approach is a result of necessity, since very few professionals had enough preparations about the subject. Early intervention of social emotional development for children at risk groups and for children with special needs is

very important. Possible future sociological and financial burdens for the society make it an urgent topic.