10

Encouraging Social Competence, Empathy, and Caring Behavior

Our society is becoming increasingly aware of and concerned about human cruelty, crime, and violence. Every day, every form of media, including newspapers, television, the Internet, and radio prominently feature new stories of conflicts taking place across the world. We are deluged with accounts and stories of inhumanity—of racial brutality, war crimes, terrorist attacks, torture, child abuse, domestic violence, school violence, and injustice. We are concerned about keeping children safe in this kind of world. These influences have led to an increasing interest in the academic community in combating these trends by discovering how to develop social competence and caring behavior in children.

In spite of this very negative picture, examples abound of individuals and groups who display caring toward others. Some individuals put their own lives on the line to help others; organizations and churches devote themselves to helping the poor, and individuals give extraordinary amounts of energy and compassion to helping those who are ill or who have disabilities. It is clear, therefore, that many people are both socially competent and caring, and the challenge is to find ways to enhance social competencies in young children.

Perhaps most gratifying is how much research about social behavior has burgeoned since the 1980s. There has also been an increasing understanding and acknowledgment of how socialization outside the immediate parent–child interaction and the family by peers, teachers, and others is extremely influential in terms of fostering caring, empathy, and related behaviors. This is particularly important because increasing numbers of infants and young children are spending large amounts of time in child care or other care outside the immediate family.

DEFINITIONS RELATED TO SOCIAL COMPETENCE, EMPATHY, SYMPATHY, PROSOCIAL BEHAVIOR, AND ALTRUISM

Social competence in children is reflected in their successful social functioning with peers and adults. It involves the social skills that allow children to succeed in achieving certain social goals. These goals include being liked and accepted, having friends, and engaging in rewarding and reciprocal interactions with others.

Empathy involves an affective response that comes from resonating with another person's emotional state or condition. Empathy can be accompanied by personal distress or sympathy. Personal distress includes responding with the identical or a very similar emotion to the one that the other person is experiencing, and often includes anxiety and other negative experiences. *Sympathy* also results from empathy, but is other-oriented and involves feeling concern or sadness for the situation or emotional state that the other person is experiencing and a desire to improve the other person's emotional state. Although empathy of both kinds can be linked to positive behavior toward others, in some cases, when it results in only personal distress or a self-focused reaction, the person may withdraw and find it hard to engage in prosocial behavior toward the other person. In these cases, empathy may occur, but without being accompanied by sympathy or true concern for the other person's well being.

Young children may not be able to differentiate their emotions from others. (From FOR BETTER OR FOR WORSE © [1978] Lyn Johnston Productions. Dist. By Universal Press Syndicate. Reprinted with permission. All rights reserved.)

Prosocial behavior includes cooperation and caring behaviors such as sharing, helping, or comforting another person as well as responding with concern to the distress of someone else. These acts are voluntary and are intended to help others; however, they can be motivated by more selfish reasons such as wanting to be noticed or to get a reward. In other cases, these acts may occur because the person is really concerned about the other individual or a group of people.

Altruism refers to prosocial behavior that is motivated from within and does not involve personal gain. Individuals who carry out altruistic acts may suffer guilt or feel unworthy if they do not carry them out and experience feelings of pride and self-esteem if they do. They do not depend on acknowledgment and rewards from outside, however. Altruistic people may be involved with people in need or become a part of movements such as helping the homeless or working for human rights.

THEORIES OF SOCIAL COMPETENCE, EMPATHY, AND CARING BEHAVIOR

Although social competence and prosocial behavior have been of interest to many theorists of personality and development, they have not been core issues of most psychological theories. Table 10.1 includes only those theories and theorists that focus on social behavior. Other theories that are not included but that have relevance for social development (e.g., theories of moral development, ethological theory, theory of mind) are discussed in previous chapters.

Some of the earlier theorists were interested in how social competence was fostered in the family (e.g., Kohut, 1959; Rogers, 1959). Their theories also emphasized how adults who had experienced a lack of nurturance could be helped to overcome the results of this background within a healing, therapeutic relationship (see "object relations" and "self-actualization" theories). Other theorists have been interested in discovering, by observation and research, when the

Table 10.1. Theories of social competence, empathy, and caring behavior

Theorist	Type of theory	Major constructs
Kohut (1959, 1984) Sullivan (1962) Kernberg (1980) Schultz & Selman (1989)	Object relations	Saw psychopathology mainly as the result of interpersonal difficulties such as being socially disengaged and having difficulty with trusting people. Believed that this occurs as a result of lack of mirroring and empathy in early relationships with parents
		Therapy or treatment seen as providing a reparative relationship by providing mirroring and empathy for the client
		Therapeutic relationship seen as providing a new and positive view of others that can be internalized
		Considered the nature of the representation of self and others formed in the early years as crucial in determining an individual's social interactions
Rogers (1959, 1975)	Self-actualization	Believed that the positive forces or growth in personality development could be distorted by the negative input of significant others
		Saw growth as being brought about by unconditional positive regard and empathy
		Rogerian therapy provided an atmosphere of acceptance, positive regard, and empathy, which were believed to play a key role in producing positive personality change
		Empathy training programs in schools and for adults seen as helpful to make societal change
Hartup (1970) MacDonald & Parke (1984) Radke-Yarrow & Zahn-Waxler (1984) Howes (1987, 1988, 1996) Eisenberg (1992) Eisenberg & Valiente (2002) Putallaz & Sheppard (1992) Dunn (1993, 2004)	Social developmental	Considered the cognitive, affective, and motivational factors that are important in the development of social competence
		Considered factors beyond the individual and family such as the influence of peers, friends, siblings, teachers, child cares, and so forth
		Interested in when capacities for social competence are developed
Selman (1980, 1981) Dodge (1986)	Social cognitive	Stressed the importance of various aspects of information processing that occur in social interaction
		Considered individual differences in these processes in different groups of children who were having difficulties with socialization, such as aggressive and shy and withdrawn children
		Considered the sequential processes of information processing involved in social interactions, including encoding stimuli, interpreting them, deciding on a response, and acting on the selected response
		Looked at the use of this information in conflict situations
Bandura (1986)	Social learning	Considered that social behavior is learned and shaped by the experiences or environmental events to which the child is exposed
		Considered how children become socialized through, for example, modeling, social referencing, and direct reinforcement
		Conditioning and learning concepts were used to explain the development of empathy and prosocial behavior
		Considered modeling and imitating of models as ways that children can develop social competence

(continued)

Table 10.1. *Continued*

Theorist	Type of theory	Major constructs
Bretherton (1985)	Attachment	Emphasized the importance of internal working models of attachment or of self and relationships with others
Sroufe (1989)		Suggested that early interactions and relationships become prototypes for later social relationships
Weston & Main (1980)		
LaFrenière & Sroufe (1985)		Found a secure attachment predicted better social engagement with peers and more concern and empathy for others

capacities develop in children and how they can be encouraged both within and outside of the family (i.e., social-developmental) (e.g., Hartup, 1970; Radke-Yarrow, & Zahn-Waxler, 1984). Also very influential in understanding how social development takes place are those researchers who have considered how behaviors are learned and which information-processing mechanisms *children use that influence their social interactions (i.e., social learning and social-cognitive)* (e.g., Bandura, 1986; Dodge, 1986; Selman, 1980, 1981). As well as researchers who have considered information-processing mechanisms and attributions, attachment researchers have emphasized how various attributions of ourselves and the world formed in early childhood may continue to affect how we socialize throughout our lives (e.g., Bretherton, 1985; Sroufe, 1989). Together, these researchers and theorists have provided us with an increasingly clear picture and understanding of how social competence develops, how it can be enhanced, and how it can get delayed or distorted.

THE IMPORTANCE OF SOCIAL COMPETENCE, EMPATHY, AND CARING BEHAVIOR

Many aspects of development contribute to social competence and can lead to a child's acceptance, popularity, and capacity to have close friendships. These developmental areas include

- Language and communication (particularly the capacity for reciprocal communication)
- Emotion regulation and self-regulation of negative behaviors
- The ability to engage in pretend play and to assume various roles
- Moral development
- A secure attachment

As well, social competence and the capacity for empathy and caring behavior contribute to and affect children's ability to cope in a number of settings. As social competence or difficulties tend to be relatively stable, this is particularly important. Children who do not develop social competence often show excessive amounts of externalizing behavior (e.g., aggression) or internalizing behavior (e.g., shyness, withdrawal from others). Social competence, therefore, can contribute to the areas of development noted in the following sections.

Academic Success and School Achievement

Children who are unpopular and who have few friends are far more likely later to be truant, to have discipline problems, and to drop out of school. Difficulties in school occur from three to five times more often for children with social difficulties, and although the social problems have not been proved to be causative, they are certainly frequently linked (Ladd & Coleman, 1997; Ladd, Birch, & Buhs, 1999; Wentzel, 1991, 2003). Conversely, children who are rated as more popular by peers are more likely to adjust well, to enjoy going to, and to complete school.

Self-Esteem

Shyness and aggression have been found to be associated with low self-esteem, especially in middle childhood. In early childhood, self-esteem is largely determined by what is experienced in the home and in relationships with parents and other family members. As children enter school, their self-esteem is increasingly affected by how well-liked they are by peers and how easily they can form friendships.

Emotional Development

Difficulties with social relatedness and empathy and caring can contribute to a number of behavioral and emotional disorders, including conduct disorder (particularly with aggression), anxiety disorders, and even depression. Socially competent children with a number of friends are more likely to experience support outside the family and are less likely to develop disorders. They are, therefore, more likely to cope and to show resiliency when they encounter traumas or difficult situations.
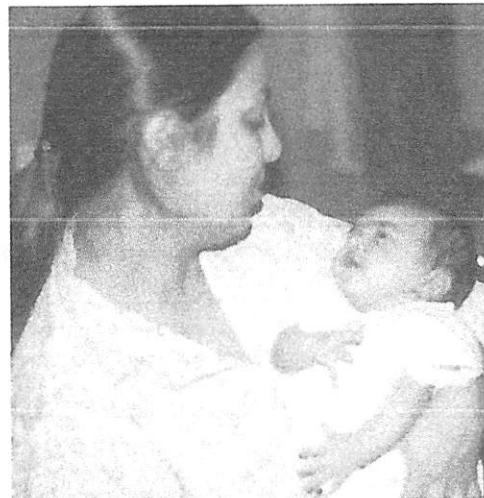
THE DEVELOPMENT OF SOCIAL COMPETENCE, EMPATHY, AND CARING BEHAVIOR

Although researchers are finding social or interactive behaviors in children at earlier and earlier ages, it is important to point out that these often represent only a very small proportion of the behaviors that are happening in a social setting and that there are vast individual differences in children's social competence. So, for example, while some 1-year-olds may be capable of giving objects to one another and comforting another child, these behaviors only represent about 30% of what goes on and some children may not be able to demonstrate the behaviors at all. Table 10.2 shows how the capacities of social competence develop throughout the various stages of a child's early life.

Birth to Twelve Months

From the very beginning, infants demonstrate interest in other people. From birth, they are more attracted to the human face than to objects and seek out eye-to-eye contact with others. They enjoy interactions with caregivers from a

From the beginning, an infant demonstrates interest in other people.

very early age as long as they can respond at their own pace and are allowed to back off when they wish to. In the first few months of life, babies smile at other people, indiscriminately at first, and enjoy cooing in response to caregivers talking to them. As attachment to their caregivers is established, they show preference for them and may become upset and afraid in the company of strangers.

By about 6 months of age, infants respond to other infants and may direct smiles and vocalizations toward them. These interactions are as yet not truly cooperative, but they certainly indicate interest in infants and in their behaviors. A 6- to 9-month-old infant may even touch another person if he is close enough.

Table 10.2. The development of social competence, empathy, and caring behavior

Age	Social competence	Empathy and caring behavior
Birth–12 months	Reacts to the human face more than to objects Enjoys face-to-face interaction and social interchange with adults very early Shows fear of strangers and preference for familiar caregivers Attachment to primary caregivers established by 7 months Engages in turn-taking with adults Some parallel play evident; may look towards peers and direct smiles and vocalization toward them by 12 months	Is sensitive to emotions and activities of others Responds differently to friendly and unfriendly faces Cries when other people (especially other babies) cry Tries to comfort a crying baby by offering toys, food, or other objects by 6 months
12–24 months	Enjoys parallel play but can cooperate for only brief periods of time Imitates others; begins to play follow-the-leader games Still seeks out the secure base of the caregiver at times Interactions with peers often become struggles over possessions Still frequently engages in solitary play 60%–80% of play is very object-centered	Increasingly uses social referencing or responding to and using emotions of another person to guide behavior Growth in joint attention with others using gaze at pointing Will try and comfort another person who is upset Increasingly shares things with others, helps others, "cares" for baby siblings
2–3 years	Friendships are more stable now Cooperates with peers in problem-solving Imitates social interactions more Is able to resolve conflicts and work collaboratively toward a goal with friends and peers Play is consistently more cooperative and interactive May engage in shared play themes with other children	Begins to be concerned about standards of social behavior (e.g., broken toys, missing buttons) Tries various methods to comfort others Realizes others have inner states, thoughts, and perceptions that may be different from his or her own May help parents with jobs around the house and garden
3–4 years	Cooperates with peers to achieve common goals Spends more time interacting with other children Acts out complementary roles in complex social pretend games Can maintain cooperative play for longer periods of times Is better able to work out conflicts Friendships become more stable	Sympathetic reactions to other children become common Increased ability to listen to others' points of view Theory of mind established and is better able to understand others' perspectives and feelings Shows increased ability to respond to the upset feelings of others by comforting them Sometimes helping behavior drops off a little because teachers are seen as the ones to do the helping
4–6 years	Enjoys interactive games with rules Identifies with people in and outside the family Plans games with other children, and can think before acting Can use quite sophisticated problem-solving ability around social issues Often has 2 or 3 friends that are seen outside child care or school	Can integrate mixed emotions, so less likely to suddenly become extremely angry Is capable of concern for the future welfare of others

Signs of empathy and caring behavior are evident quite early. Even newborns may cry if other babies (or adults) cry and may show different responses to and reflect the emotions of friendly and unfriendly faces. At 6 months an infant may try to comfort a crying baby and may give the baby something he finds comforting himself. By the end of the first year, he may begin to offer toys and other objects and food to other babies.
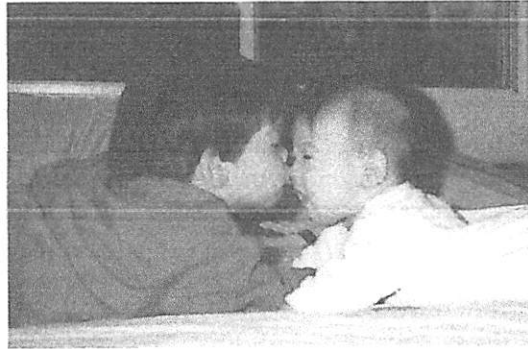
At 6–9 months, an infant may touch another person if close enough.

One to Two Years

From the first to the second year of life, toddlers enjoy being around other children and like to play close to them. Solitary play is still common and interactions with peers often involve struggles over possessions as toddlers tend to jealously guard their space and toys. The play between toddlers that does occur is mostly object-centered, and cooperation is only possible for very brief periods of time. Toddlers still need the secure base of their caregivers; though they may run off to join other children, they tend to come back to caregivers for "refueling." However, at 18 months, a child can play longer with peers and their play is a little more coordinated with the play of another child.

From the beginning of the second year, joint attention with others becomes more elaborate and a toddler will point to draw the attention of another person to something he finds interesting. He will also follow the gaze of another person to something that person finds interesting and share in the person's interest in the object or event. In spite of the infrequency of cooperative play, 1-year-olds increasingly respond to and copy the emotions of others. This includes comforting another child or adult who is upset. Parents report that their children respond with stroking and other signs of concern when they are upset. Of course, not all children exhibit these behaviors. Some even become upset when others cry and may actually hit them in an attempt to make the crying stop. In this year there is an increase in sharing things that can be divided, such as food and toys. Many of these behaviors are more likely to occur when supported by adults.

Two to Three Years

From the ages of 2 to 3, a child experiences a significant increase in her ability to cooperate in games with peers and is far more likely to directly initiate interactions with others. Pretend play, in which common themes are used and social roles are played out, increases as well. This facilitates true cooperative play and an increase in understanding of others' perspectives. There is also a noticeable gain in a child's ability to jointly problem-solve, work collaboratively toward a goal, and resolve conflicts. Of
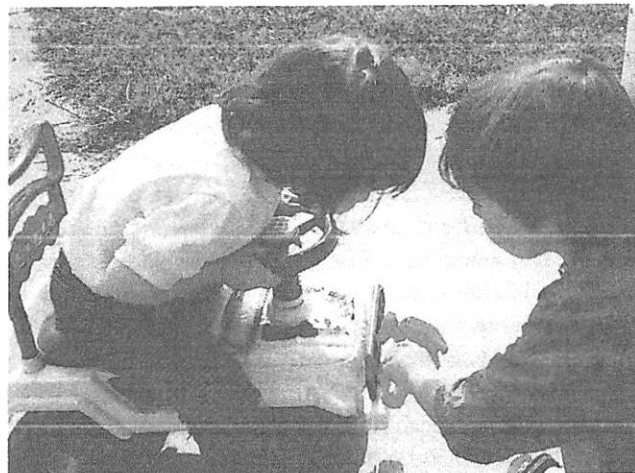
At 2–3 years, there is a significant increase in the ability to cooperate in games with peers.

course, conflicts are common and many need the intervention of an adult in order to be resolved, but there is a marked increase in children's willingness and ability to do this.

In this year of life, children become somewhat more able to understand another person's emotions without feeling the same emotions themselves. Children try out various methods to comfort others. Toddlers may try to help their parents with jobs around the house such as sweeping and putting groceries away. They may also "care" for a baby sibling and may try to comfort someone by patting and touching them. At the same time, children become more aware of and concerned about standards of social behavior and may get very upset if these rules are violated. This can include, for example, when they break toys or have missing buttons on their clothes.

Three to Four Years

During this year, friendships become more stable. Friends can become significant attachment figures, and children can become upset if they go away. Social skills are more available to children and significantly more time is spent in cooperative play in which more conflicts can be solved between children. Friendships may become more stable and children are able to cooperate and resolve conflicts between their friends.

By the end of this stage, children gain a theory of mind and become much better about taking the perspective of others and understanding that others' thoughts, ideas, and feelings are different from their own. As a consequence, they are more able to listen to others' points of view and sympathetic and helping responses to other children usually become more common. In other words, by this time a child's responses are less related to how being upset makes him feel but more related to how he believes the other child feels.

Four to Six Years

Although pretend play is still common, children now cooperate around games with rules, although they still sometimes change the rules to suit the situation. Sometimes games are planned ahead of time and children problem-solve around resolving conflicts and social issues. Children now identify with a number of people inside and outside the family and may pretend to be—and take roles and imagine themselves to be—just like them. Of course, they like to imagine themselves as superheroes or other characters as well.

Children can now integrate mixed emotions so they can understand the feelings of others with greater clarity. They are also less likely to be overwhelmed with other people's emotions and respond with appropriate affect to them. Now children can feel guilty if they do not respond by helping and can be concerned about the future welfare of others.

IMPORTANT RESEARCH FINDINGS

A significant amount of recent research has been focused on understanding the development of and contributors to social competence, prosocial behavior, and empathy. As mentioned previously some of this interest has arisen out of concerns about various forms of violence in today's society and the seeming lack of caring toward others less fortunate. This research has yielded consistent evidence that parents, siblings, peers, and other carers can make significant contributions to the development of children's social competence, their concern for others, and prosocial behavior (Hastings, Utendale, & Sullivan, 2007). As well, with new knowledge about the contribution of various internal and external factors to the development of the social brain, research is beginning to be translated into effective ways to intervene to support children's early social development.

Social abilities unfold over the first 5 years of life and set the stage for later social adjustment (Hay & Cook, 2007; Odom, McConnell, & Brown, 2008). In this research review, the research related to the development of various prosocial behaviors and aspects of social competence is described, as well as contributors to their development both within and outside the child reviewed. New directions for future research will also be outlined.

Development and Outcomes of Early Prosocial Behaviors

Prosocial behaviors are positive responses to the needs of others and serve to promote the well-being of others. However, a wide range of behavioral and emotional elements are included in the scope of prosocial development. These include empathy, sympathy, compassion, sharing, helping, comforting, rescuing someone from danger, volunteering, and other altruistic behaviors (Eisenberg et al., 1999; Findlay, Girardi, & Coplan, 2006, Hastings et al., 2007). Prosocial behaviors are seen as different from children's competence in social interactions that enable them to achieve their social goals with various social partners such as peers and family members (Guralnick, Neville, Hammond, & Connor, 2007; Odom et al., 2008). However, prosocial behavior and social competence are related and generally are found together. Socially competent behaviors are discussed in the next section.

Recent research has tended to show that the beginnings of empathy and prosocial behavior occur much earlier than had previously been considered possible. As has been mentioned, even newborn infants show a primitive form of empathy, and may cry when other infants cry (Hay, 1994). By 6 months, with the development of self–other differentiation, infants may try to comfort a crying baby, and may give the infant something of their own that they find comforting like a teddy bear (Demetriou & Hay, 2004). This behavior is motivated primarily by emotional contagion and their own personal distress, it would appear (Eisenberg, 1992; Eisenberg & Mussen, 1989; Hoffman, 2007). Toward the end of the first year, toddlers will share by offering toys, food, and other objects to others, sometimes putting the objects in the other child's hands (Brownell & Brown, 1992; Woodward, Sommerville, & Guajardo, 2001).

Much of the information about the development of prosocial development in the second and third year of life has come from the South London Peer Study, a longitudinal study in which observations were made in the home with the mother, a familiar peer, and the peer's mother (Demitriou & Hay, 2004; Hay & Cook, 2007). It has been found that, at this time, children's prosocial activities become much more elaborate and common and occur in about a third of possibilities (Sharron, 1991). Toddlers may try to help their parents in housework activities and "care" for their baby siblings. (Eisenberg, 1992; Lamb & Zakhireh, 1997; Radke-Yarrow, Zahn-Waxler, Richardson, Susman, & Martinez, 1994; Rheingold, 1982). By now, many children make concerted efforts to interact with other children who are in distress by patting and touching them (Demetriou & Hay, 2004; Hay, Castle, Davies, Demetriou, & Stimson, 1999; Kitwood, 1990).

Although prosocial behaviors are seen in toddlers, young children often ignore another child's distress or even behave aggressively toward them (Dunn, 1988; Howes & Farver, 1987; Zahn-Waxler & Radke-Yarrow, 1982). From 2 to 3 years of age, there is an increase in frequency of comforting behaviors, but some researchers have actually noted a decline in sharing behavior in the preschool years, with an increase occurring again in the years from 6 to 12 (Hay, 1994; Hay, Caplan, Castle, & Stimson, 1991). This dropping off in helping behavior in the preschool years has been difficult to explain, but it has been suggested that by this age, prosocial behavior is not always necessary and is no longer expected by peers or needed to keep interactions going. It may also be because preschoolers see teachers as the ones who should assume the role of helping (Caplan & Hay, 1989; Hay, 1994, 2006; Hay et al., 1991).

Individual differences in prosocial behaviors are seen in the third year of life (Hay & Cook, 2007), with some children observed to be highly prosocial while others show low rates of proso-

cial behavior and social competence. In one study, sharing in the preschool years predicted prosocial behavior in adolescence (Eisenberg et al., 1999). In another study, cooperation with others at age 4 years predicted compliance and less disruptive behavior at age 11 (Hay & Pawlby, 2003). Stable individual differences in prosocial behavior were found and consolidated by 30–36 months (Hay et al., 1999). A number of parallel developmental processes contribute to the emergence of and increase in prosocial behavior and are discussed in a later section of this review.

Development and Outcomes of Early Social Competence

A number of behaviors are needed for a young child to interact effectively with others. These include social skills, social problem-solving ability, understanding the perspectives of others, and cooperation and negotiation (Green & Rechis 2006; Porath, 2003).

Research conducted in the early 1990s has put the beginnings of interest in peers as early as 2 months, when infants exhibit high rates of looking at one another (Brownell & Brown, 1992). Relatively little interaction or engagement is seen until children are 6–9 months old, when infants may directly smile at each other or try to touch if close enough (Brownell & Brown, 1992; Brownell, Ramani, & Zervas, 2006; Howes & Matheson, 1992). By the end of the first year, infants have a number of ways of directing attention to each other, although they lack the skills to engage in true, interactive social play. After 18 months, children become much more involved in the social world of peers, and peer play can be maintained for longer and is more coordinated between the participants. Much of the play is still centered around objects, however, and many attempts to play by one of the participants will be ignored by the other (Brownell & Brown, 1992; Brownell et al., 2006; Hanna & Meltzoff, 1993; Howes & Matheson, 1992). At about the same time, joint attention becomes more elaborate and includes pointing and showing and initiating coordinated attention with a social partner (Mundy & Sigman, 2006; Vaughan Van Hecke et al., 2007; Woodward, 2003). Between 24 and 36 months, there is a marked increase in spontaneous, cooperative activity between peers and a change in social play, and social interactions include more social games and joint pretend play. Themes are shared and behavior is coordinated with one another rather than simply being imitative as it was before (Camaioni, Baumgartner, & Perucchini, 1991).

In this period, children have the necessary social and cognitive abilities to cooperate, assume different roles, engage in turn-taking, and work to achieve a goal collaboratively (Brownell, 1986; Brownell & Carriger, 1990; Eckerman & Whitehead, 1999; Howes & Matheson, 1992; Schaffer, 1991).

From the time a child is 3 to 4 years of age and older, most of the play that occurs is cooperative, often occurring in the context of pretend play or around a shared goal (Göncü, 1993). During this period children become increasingly able to resolve conflicts and to work out conciliatory ends to disputes and to take peers' desires, intentions, needs, and goals into account (Caplan, Vespo, Pederson, & Hay, 1991; Dunn, 1995; Dunn & Herrera, 1997; Smiley, 2001). In a study of preschoolers ages 3–6 years of age, Rourke, Wozniak, and Cassidy (1999) found that conflicts were frequent and that children used yielding to one another, disengagement, and negotiation to resolve conflicts. Sophistication of interactions increased with age, as did the children's tendency to use negotiation. Although friendships have been common previously, they become far more stable during this period and become an important way in which to learn about cooperating and resolving conflicts (Dunn, 1993; Dunn & McGuire, 1992; Gottman, 1983, 1986; Howes, Unger, & Matheson, 1992).

Related to social competence with peers is the development of friendships. Friendships are voluntary and friends in early childhood enjoy spending time together and sharing activities, and their interactions are typically coordinated and reciprocal. Having friends promotes the child's well-being and protects them from feeling isolated, lonely, and rejected (Dunn, 2004; Erdley,

Nangle, Newman, & Carpenter, 2001; Green & Rechis, 2006; Laursen, Bukowski, Aunola, & Nurmi, 2007). In infancy and the early toddler period, friendships are usually indicated by looking, smiling, vocalizing, and playing with or doing activities with a "friend" (Buysse, Goldman, West, & Hollingsworth, 2008; Goldman & Buysse, 2007; Ladd, Herald, & Andrews, 2006). In the older toddler period, the friends have fun together and take complementary and reciprocal roles in games such as hide and seek and throw and catch. In a longitudinal study, Howes (1988, 1996) found that early friendships were formed by 2 years of age and that 50%–70% of these friendships were still in place a year later (Howes, Hamilton, & Phillipsen, 1998). Dunn (2004) found similar patterns of stable friendships. From 3 to 5 years friends are able to use strategies to resolve conflicts, share information, coordinate joint activities, and talk about their friends and what they did together. They will also want to get together with friends outside child care or school (Buysse et al., 2008). Within the context of friendships young children are able to resolve disagreements and conflicts that may not occur with other peers (Dunn, Cutting, & Fisher, 2002; Hughes & Dunn, 2007).

Evidence continues to grow that having friends can support children's early adjustment to kindergarten and early learning (Bukowski & Sandberg, 1999; Buysse et al., 2008; Ladd, 1990; Porath, 2003). Friendships contribute to the development of cooperation and conflict management, self-esteem, and task orientation (Newcombe & Bagwell, 1996). In the Toddlers Up Project, 102 children (mean age 2.36) were observed playing with an unfamiliar peer (Hughes & Dunn, 2007). It was found that 2-year-olds could engage in "simple social play" (e.g., engaging in similar activities and offering a toy) and that this kind of play increased from 36–47 months. There was also a steady rise in "complementary and reciprocal play" from 42–47 months in which children switched play roles. Significant individual differences were found in the quality and level of play of the children.

A longitudinal study conducted by Dunn and colleagues (2002) found that the quality of preschool friendships predicted aspects of social understanding in the school years such as understanding friends and moral sensitivity. As well, as has been indicated by other studies mentioned previously, children who are rejected and who do not form friendships are more likely to have poor social outcomes and to be depressed and maladjusted later (Baillargeon et al., 2007; Hay, Payne, & Chadwick, 2004; Parker, Rubin, Price, & DeRosier, 1995; Schrepferman, Eby, Snyder, & Stropes, 2006; Sebanc, Pierce, Cheatham, & Gunnar, 2003).

Contributors to Prosocial Behavior and Social Competence from Within the Child

Gender

Few differences have been identified between the genders in social competence, although it is one of the most consistent correlates of prosocial behavior in many studies (Hastings et al., 2007). However, the finding is most consistent in studies that have used peer and teacher ratings (e.g., Cote, Tremblay, Nagin, Zoccolillo, & Vitaro, 2002; Hastings, Zahn-Waxler, Robinson, Usher, & Bridges, 2000; Keane & Calkins, 2004; Russell, Hart, Robinson, & Olsen, 2003). These results may also have arisen partly because the researchers were interested in the incidence of externalizing behaviors such as aggression, which is more common in boys. Such consistency is not found when observational methods are used, however (Eisenberg & Fabes, 1998; Hastings, Rubin, & DeRose, 2005; Zhou et al., 2002). Studies of the incidence of empathy and prosocial behavior using these methods have varied in whether they have found gender differences in terms of degree of showing these behaviors. When gender differences have been found they have tended to slightly favor girls on scores involving expression of empathy (Eisenberg & Mussen, 1989; Radke-Yarrow, Zahn-Waxler, & Chapman, 1983). Zahn-Waxler, Radke-Yarrow, Wagner, & Chapman (1992) found that 1- to 2-year-old girls showed more concern when another

child was distressed than did boys, but not more actual prosocial or helping behavior. In a study of twins in the second year of life, girls also scored higher on measures of empathy (Zahn-Waxler, Robinson, & Emde, 1992), although Howes and Farver (1987) found that for 16- to 33-month-olds, boys actually responded more and showed more prosocial behavior. In a review of studies, Eisenberg and Lennon (1983) concluded that boys show similar physiological responses to the distress of others, but less facial or verbal reactions. Consequently, their responses to the upset of others may be misinterpreted unless changes in physiological reactions are measured and their actual helping behavior is recorded.

By the preschool years gender segregation begins to be evident (Johnson et al., 1997). Researchers have noted that the types of social play that boys and girls engage in at this age is often quite different (Alexander & Hines, 1994; Maccoby, 1990). Boys prefer play that is characterized by a rough-and-tumble style, competition, and dominance, whereas girls prefer play that is less aggressive and more cooperative. Children from either gender can be unpopular or ostracized, however. Researchers, therefore, suggest that the gender segregation or the preference or tendency for children in preschool and elementary school to play with their own gender may be based more on the sharing of similar play interests than on merely being of the same gender (Alexander & Hines, 1994).

Temperament

Temperamental factors such as reactivity or negative emotionality, self regulation, approach-withdrawal, rhythmicity, and activity level (See Chapter 1) can contribute significantly to styles of social relatedness in young children. The most researched temperament traits are related to shyness and withdrawal or inhibition because of their obvious relationship to social relatedness and social competence (Sanson, Hemphill, & Smart, 2004). Various researchers have distinguished different types of social withdrawal for children with low sociability. For example, Coplan, Prakash, O'Neil, and Armer (2004) identified three types: 1) conflicted shyness (children who would like to play with others but are too fearful and anxious), 2) social disinterest (children who play alone because they are not motivated to engage in social interaction), and 3) active isolation (children whose play partners do not want to play with them). They found that teachers rated children in the conflicted shyness category as having fewer prosocial behaviors at 5 years of age.

Henderson, Marshall, Fox and Rubin (2004) found that children who showed solitary-passive behavior at 14 and 24 months but who wanted to play with others were high on measures of sociability at 4 years of age when they were less anxious about social interaction. Other studies have found that infant temperament characteristics of inhibited or uninhibited styles of responding evident at 4 months were related to adjustment in kindergarten. As well, children who were more reactive were rated by teachers as having lower prosocial and more externalizing behaviors (Diener & Kim, 2004). Children who were more approach oriented or sociable tended to have more positive relationships with peers and to be more popular (Eisenberg, Fabes, Guthrie, & Reiser, 2000; Sanson et al., 2004).

Various Developmental Capacities

A number of developmental skills, some also related to temperament, have been found to be related to or to contribute to the development of prosocial behavior and/or social competence. Research has shown that two aspects of emotional functioning are particularly important in the development of social competence. These are 1) the understanding of and regulation of emotions and 2) positivity of emotional response in interactions with other children (Raver, Blackburn, Bancroft, & Torp, 1999; Roberts & Strayer, 1996). Also, children who have learned to discuss emotions and to follow expected rules are more popular (Hubbard & Cole, 1994). Studies of African American children from the inner city found a strong relationship between both tem-

perament and emotion regulation and play ability with peers (Fantuzzo, Sekino, & Cohen, 2004; Mendez, Fantuzzo, & Cicchetti, 2002). In another study of preschoolers from middle-income families it was found that the children's ability to cope with emotional situations in an active, adaptive way, rather than hanging back and not getting involved, was associated with more prosocial behaviors (Blair, Denham, Kochanoff, & Whipple, 2004).

Language and Communication Skills

Language ability, particularly pragmatic and social language, is one of the most important child contributors to social competence (Odom et al., 2008). In the study referred to previously of African American preschool children, it was found that children's language skills were related to playing with peers in the classroom (Mendez et al., 2002). Similarly, Herbert-Meyers, Guttentag, Swank, Smith, and Landry (2006) found that social relatedness with peers at 3 and 8 years of age was significantly related to language ability. Conversely, it has been found that when there are language impairments, problems with social relatedness and other psychiatric difficulties are common (Cohen, Davine, Horodezky, Lipsett, & Isaacson, 1991; Hart, Fuyiki, Brinton, & Hart, 2004; Marton, Abramoff, & Rosenzweig, 2005; Odom et al., 2006).

Other cognitive abilities have been found to be related to social competence. For example, some studies have found that the ability to maintain attention is related to socialization (Bennett-Murphy, Laurie-Rose, Brinkman, & McNamara, 2007). Diamond (2002) also found that problem-solving skills influenced social competence in children with disabilities. Other cognitive abilities of social information processes and theory of mind and their influence on social competence are discussed in the next sections.

Social Information Processing

Perhaps one of the areas that has been most researched, especially in relation to children who have significant difficulties with socialization, has been social information processing (Akhtar & Bradley, 1991; Dodge & Price, 1994; Mayeaux & Cillessen, 2003). Dodge and colleagues have identified five steps that children go though in responding to social interactions:

1. Encoding the social stimuli and cues (i.e., registering what other children are doing)
2. Interpreting this information, or what the other child or children are doing
3. Thinking about a number of possible responses to the situation (i.e., response search)
4. Choosing the appropriate response for the situation
5. Carrying out the response and evaluating its success

Children who rate high in social competence do better in all of these steps. The first steps are particularly important, because if the situation is misunderstood and misinterpreted from the beginning, the response chosen may fail to take into account the perspective of others and the group's frame of reference, which can lead to rejection from the peer group. Dodge and colleagues have found that aggressive children, for example, are far more likely to attribute hostile intent to peers' intention (whether it was benign or ambiguous) and to act accordingly. They are also more likely to attend to and remember aggressive cues than they are to remember positive ones. These researchers have also found that these information-processing variables are significantly correlated with peer and teachers' evaluations of social competence (Crick & Dodge, 1994; Crick, Grotpeter, & Bigbee, 2002; Dodge & Coie, 1987; Dodge, Pettit, & Bates, 1994).

Conflict Resolution Skills

Another area of research has been how children's ability to resolve conflicts relates to social competence (Dunn & Herrera, 1997). Undoubtedly, conflicts in young children's play are common and the ability to resolve them without dissolution of interactions and friendships is crucial (Mayeaux & Cillisen, 2003; Shantz, 1987). Dunn, Slomkowski, Donelan, and Herrera (1995)

found that children's strategies varied with friends, siblings, and their mothers, with children using more other-oriented arguments with friends and more self-oriented strategies with siblings and mothers. They also found little carryover between what happened in the family and outside the home. Other researchers have noted that conflict-resolution ability matures with age and relates to increased perspective-taking, successful peer group entry, negotiation skill, and the ability to make friends (Iskandar, Laursen, Finkelstein, & Frederickson, 1995). Laursen and colleagues (1999) found that children between 4 and 6 years of age gained more ability to resolve conflicts with age and that they were also more likely than younger children to negotiate and to use power assertion as opposed to using disengagement, giving up, or seeking adult intervention or help.

Theory of Mind

When children develop a theory of mind, they gain an understanding of other people's behavior in terms of mental states such as beliefs, desires, and intentions. They also begin to understand that other people may be acting on beliefs that are false or mistaken. Between 2 and 5 years of age, children's understanding of other people's mental states shifts and children gradually develop a theory of mind between 3 and 4 years of age. Once children have this capacity, they become more effective communicators and social understanding and interactions improve (Astington, 2003; Hay & Cook, 2007; Wellman, Cross, & Watson, 2001; Ziv & Frye, 2003). Watson, Nixon, and Capage (1999) have found a positive association between preschool children's performance on a theory of mind task and teacher-rated social skills with peers. These findings relate primarily to children who are typically developing; children with autism who have extreme difficulties with socialization have deficits in both joint attention (often seen as a precursor of theory of mind) and theory of mind (Dawson et al., 2004; Howlin, Baron-Cohen, & Hadwin, 2000; Strain, Schwartz, & Bovey II, 2008). Various interventions to improve these and other characteristics of children with autism are discussed in a later section of this chapter.

Brain Development

During the past decade a new field of research has emerged—social neuroscience—with some new journals devoted to the subject. Both molecular and cellular methods as well as neuroimaging tools have been used to investigate the neural mechanisms that are used to process social information (Goleman, 2006; Insel & Fernald, 2004; Ochsner & Lieberman, 2001). There has been no single site or specific map identified for the "social brain" although it is now recognized that the circuitry for it is coordinated throughout the brain. However, converging studies are identifying some areas of the brain that are most often active during social interactions. These structures are the prefrontal area, particularly the orbitofrontal and anterior cingulated cortices that connect to areas in the limbic system, particularly the amygdala and hippocampus. As well, the temporal lobes, which combine together highly processed information from the senses, are involved. The orbitofrontal areas may coordinate and mediate information from the external world, especially emotional information, as well as information from the internal world. It seems, however, that the neural networks involved in particular social activities vary. So the neural networks may be different for a simple conversation with a friend, a mother's face-to-face interaction with her infant, or when we think about someone we care about (Adolphs, 2003; Cozolino, 2002; Johnson et. al, 2005). For example, when infants and young children are engaged in face-to-face interactions with their parents, the superior temporal sulcus and fusiform area of the temporal lobe ("face area") are involved in recognizing and reading the emotion in the faces and in sending emotional messages back and forth between the parent and infant. In addition to the response properties of these particular cortical regions, patterns of connectivity and integration between them are crucial (Johnson, 2005; Johnson et al., 2005). During development this social brain network gradually emerges as a whole in which the parts

can work together smoothly. The development is influenced by a number of factors including the interactions and experiences with others the young child receives.

In another area of research, brain behavior and brain activity have been studied using an electroencephalogram (EEG) (Henderson, Fox, Smith, & Rubin, 2001). More socially competent children have greater left frontal lobe activity, whereas children who are more withdrawn in social situations have greater right frontal lobe activity.

One of the most fascinating findings of recent years has been the discovery of mirror neurons that are located in several areas of the brain including the premotor cortex, posterior parietal lobe, and the superior temporal sulcus. They reflect back an action that we observe in someone, else making us copy the action or have an impulse to do so. In other words our brain mimics the neuronal firing of the other person. These mirror neurons can explain emotional contagion from one person to another and how infants may learn during interactions with caregivers (Goleman, 2006; Siegel, 1999; Stern, 2004). In this way the brains of two people can actually make a functional link that can be observed through neuroimaging and felt by the observing person as "empathic resonance" or "attunement" (Goleman, 2006).

External Contributors to Prosocial Behavior and Social Competence

A number of factors external to children have been found to be related to the development of prosocial behavior and social competence (Ladd & Pettit, 2002).

Parents' Emotions with their Children

A number of studies have linked parents' expression of emotion and warmth to children's prosocial behavior and social competence. Studies of the emotions that parents express during parent–child interactions, such as warmth and positivity, have been found to predict a variety of social outcome measures including sociometric ratings, social competence, and prosocial behavior. Children also seemed to match their mothers' affective tone (e.g., agreeable or negative and controlling) (Carson & Parke, 1996; Clarke & Ladd, 2000; Denham & Grout, 1993; Isley, O'Neil, Catfelter, & Parke, 1999; Laible, Carlo, Torquati, & Ontai, 2004). However, the evidence from longitudinal studies is somewhat mixed and the expected relationship has not always been found (Davidov & Grusec, 2006; Garner, Jones, & Miner, 1994; Robinson, Zahn-Waxler, & Emde, 1994; Zhou et al., 2002). The reason for these divergent findings is unclear and could relate to measurement issues or it could be that, although warmth is related to various developmental needs, it does not affect some social competence outcomes.

Sensitivity and Responsiveness to the Child

Parental sensitivity and responsiveness to the distress of their infants and young children is linked to the child's quality of attachment. Roberts and Strayer (1987) found parents' response to distress was predictive of social competence. Davidov and Grusec (2006) found that although warmth and positive emotions were not related to social competence, mothers' response to distress was related to children's empathic responding with peers. Parents' responsivity to their infants has also been linked with secure attachment in children, whereas inconsistent or lack of responsiveness has been linked to insecure attachment. A number of studies have shown that early attachment security predicts better prosocial development. Securely attached children show better interpersonal problem-solving and social engagement with peers compared with insecurely attached children (Kerns, Cole, & Andrews, 1998; Rose-Krasnor, Rubin, Booth, & Coplan, 1996). They also exhibit more empathy and concern for others (LaFrenière & Sroufe, 1985; Londerville & Main, 1981; Park & Waters, 1989; Sroufe, 1983; Weston & Main, 1980). Kestenbaum, Farber, and Sroufe (1989) found that infants with secure attachments assessed between 12 and 18 months and again at 4 years of age were more helpful and sympathetic with

distressed peers at 4 years of age. In a similar study, Iannoti, Cummings, Pierrehumbert, Milano, and Zahn-Waxler (1992) found that secure attachment in toddlers predicted more prosocial behavior with peers 3 years later. Conversely, Rose-Krasnor and colleagues (1996) found that insecurely attached children used more aggressive strategies in interactions with peers. Another study found a very strong relationship between avoidant attachment and later behavior problems (Vondra, Shaw, Swearingen, Cohen, & Owens, 1999). Other researchers have found that anxiously attached children (both avoidant and resistant) are more likely to have their social overtures rejected and to have negative and asynchronous interactions with peers than securely attached children (Fagot, 1997; Youngblade & Belsky, 1992). It may be that the early relationship can become a prototype for later social relationships through the internal representations or working models of attachment that are formed (Milkuner & Shaver, 2005).

Parents' Response to Conflict and Negative Emotions

Similarly, parents' response to conflict and to their children's negative emotions or their regulating of their children's emotions has been related to social competence in children. In a study of mothers' and fathers' responses to their children's negative affect in a physical play interaction, Carson and Parke (1996) found that children whose fathers responded negatively to their children's negative affect had children who were more verbally aggressive, played less with other children, and shared less. Mothers' responses were not related to their children's peer competence. In a study of how families handled family disputes that occurred when the children were 33 months old, it was found that at age 72 months, if a mother had used a "constructive" style of conflict resolution when the child was younger, their child was better able to manage peer conflict than if the mother was nonresponsive (Herrara & Dunn, 1997). Although no studies have directly researched the relationship between parents' discussion of emotion with their children and their children's social behavior with peers, studies have shown that children who hear and engage in more talking about emotions tend to understand their emotions and regulate them better (Dunn & Brown, 1994; Gottman, 1983, 1986; Gottman & Parker, 1986). In turn, children who can talk about their emotions and describe causes of them have more cooperative behavior with peers (Brown, Donelan-McCall, & Dunn, 1996) and have greater peer acceptance (Denham, Zoller, & Couchoud, 1994).

Dyadic Synchrony

Some researchers have looked at the dyadic synchrony between parent and child, or the way the parent attunes to and responds sensitively to her baby's cues. In dyadic synchrony, interactions are characterized by matched nonverbal and verbal dialogues and lively affect. This has often been studied as well as the individual interactional behaviors of the parent or child. Some studies have found dyadic variables to be the most predictive of peer competence (de Koeyer, 2001). Harrist, Pettit, Dodge, and Bates (1994) assessed three aspects of what they termed *connectedness* or synchrony of kindergarten-age children and their mothers. Dyadic synchrony was found to be related to social competence in children on a number of comparisons. However, this was for teacher-rated and not peer-rated competence. Mize and Pettit (1997) also considered dyadic synchrony (i.e., mutual pleasure, warmth, contingent responsiveness). They found dyadic style was related to peer acceptance particularly for boys.

Parenting Style or Discipline

Research on parenting and discipline has generally looked at patterns of control, responsiveness, and warmth in managing children's behavior. Much of the literature has used Baumrind's categories of *authoritarian* (i.e., parents enforce rigid set of rules and discourage the child's individuality), *authoritative* (i.e., parents have clear boundaries and rules but also encourage individuality and independence), and *permissive* (i.e., where rules and structure are lacking) parenting or discipline

(Baumrind, 1988). The permissive style of parenting was later further distinguished as laissez-faire or more neglectful. (See Chapter 7 for a review). The literature on these styles of discipline and children's social competence is mixed. In general, authoritative styles of discipline have been found to be related to children's higher levels of prosocial behaviors, whereas an authoritarian style that may model a lack of concern for others may result in similar behavior in the children or less prosocial behavior. It would seem that the strategies used by parents may become part of a child's behavioral patterns with peers (Hastings et al., 2005; Parke, MacDonald, Bietel, & Bhavnagri, 1988; Rubin & Burgess, 2002; Sigel & McGillicudy-DeLisi, 2002). However, in some studies, effects seem to be mediated by children's temperament and various emotional characteristics. For example, some research shows that shy, reticent girls may need more directive parenting or clear instructions to be able to initiate autonomous prosocial behavior (Hastings, Rubin, Mielcarek, & Kennedy, 2002). The research also shows that discipline that is negative and harsh or that uses restrictive control is related to externalizing behavior including aggression, but is mediated by children's problem-solving skills and various temperament traits such as adaptability (Bates, Pettit, Dodge, & Ridge, 1998). Although these styles of parenting have been related to socialization of children, these broad descriptions are complex and multidimensional and parents may not always react in ways that match these styles. Distinct parenting practices and parents' attitudes and emotions may also influence child outcomes (Hastings et al., 2007). Some of these are discussed next.

Parents as Contributors: Specific Aspects of Parenting Behavior

Modeling

Although little longitudinal research exists on the effects of modeling on prosocial behavior, there is some correlational data. As pointed out by Spinrad and colleagues (2007), parents can serve as models for constructive ways to deal with distress. This modeling provides children with opportunities to learn strategies to control their emotions and behavior. In their study of toddlers, they found that when parents modeled these strategies at 18 months, a year later the children showed higher social competence including concerned attention toward a stranger and their mothers and low levels of personal distress reactions. Experiments in the laboratory have shown that when children see charitable or helpful models, they immediately become more helpful themselves and are more likely to perform acts of kindness (Rushton, 1980). These effects have been demonstrated 2 to 4 months later. Studies of very charitable adults indicate that these adults often were raised by very altruistic parents (Eisenberg & Valiente, 2003). Clary and Snyder (1991), who conducted interviews with individuals involved in the civil rights movement in the United States, for example, found that these individuals had typically been raised by parents who advocated altruism and modeled it by performing many kind and compassionate acts.

Some studies have not found a link between mothers' empathic concern and children's prosocial behavior at 3 years (e.g., Grusec & Lytton, 1988). However, this may be that the altruistic behavior developed when their children were older or that for the empathic parental modeling to be effective, children also need to receive sensitivity and warmth from their mothers (Moore & Eisenberg, 1984).

Teaching Perspective-Taking

Children's pretend play, when done with a parent during which the parent introduces a character during the play and talks about that character's point of view, can enhance children's capacity for perspective-taking. Sometimes, if play becomes aggressive or if the child repeatedly wants to play out aggressive themes, these themes can be used by the parent to encourage em-

pathy by joining in and gradually moving the play to a more prosocial theme. In one study it was found that parents of children who were nonagressive often used this approach, whereas parents of aggressive children either stopped the play entirely or let it escalate out of control (Landy & Menna, 1997). Another way to encourage perspective-taking is through the use of induction or talking to children about the effects of their behavior on another person (e.g., "You made Mary cry because she is very sad") (Hoffman, 2000; 2007). This approach has been shown to be effective in children aged from 1 to 2 years of age (Zahn-Waxler, Radke-Yarrow, & King, 1979). At this age it may also be an important strategy to move the child beyond a very egocentric perspective. Also its use has been found to be correlated with empathy in older children (Eisenberg & Fabes, 1998; Janssens & Gerris, 1992; Krevans & Gibbs, 1996). The same relationship has also been found when mothers explained to their children how their behavior made them feel sad (Denham & Grout, 1993). These statements use both cognitive and affective mechanisms to help a child understand the perspectives and emotions of others. This approach is particularly helpful as part of an authoritative or democratic parenting style (Dekovic & Janssens, 1992; Janssens & Dekovic, 1997).

Assignment of Responsibility

Practice in performing chores or other helpful behaviors seems to be useful for promoting prosocial tendencies (Barton, 1981). If a child is given responsibility for another person or for a task, it can enhance their prosocial behavior (Maruyama, Fraser, & Miller, 1992; Peterson, 1983). This applies across cultures and in voluntary community services when children are assigned responsibility to help others (Yates & Youniss, 1996). Statements about the importance of and reasons for performing the task promote prosocial behavior, empathy, and sympathy. Some studies that followed up the children for a few weeks found that they continued to influence the child's prosocial behavior (Perry, Bussy, & Freiberg, 1981). However, if children view these explanations about the importance of assuming responsibilities as pressuring them, they may not be successful.

Another way of encouraging responsibility, as discussed previously, is using inductive reasoning (Hoffman, 2000, 2007). Induction, or pointing out the child's responsibility to avoid hurting others and to comfort the other person if they do, may increase the child's empathy for the other person's distress and increase her understanding of the cause-and-effect relationships between hurtful acts and their effect on others.

Teaching Conflict Resolution

Children learn negotiation and perspective-taking skills during constructive conflictual interactions. Associations have been found between these experiences and the use of conciliation and perspective-taking (Dunn & Munn, 1986; Foote & Holmes-Lonergan, 2003). In one study, parents were taught to use formal mediation procedures during sibling disputes with children ranging from 5 to 10 years old. Results showed that children gained in social and social-cognitive ability (Smith & Ross, 2007). Parents may also talk to children and explain to them how to manage conflicts. In one study, parents were taught to use vignettes to help coach their children on how to respond in conflict situations. The children's strategies during conflicts with peers were observed in a naturalistic situation. Both coaching the children to use positive strategies during conflict and mothers' relationship style were positively associated with peer acceptance (Mize & Pettit, 1997).

Parents' Mental State Talk or Discussions of Thoughts and Feelings

Parents who think in mental state terms and who focus on and discuss the mental and emotional attributes of their children during discipline and at other times tend to have children with a more developed theory of mind (Dunn, 2000; Dunn, Brown, & Beardsall, 1991; Meins

& Ferneyhough, 1999; Symons, 2004). These associations are particularly important because having a theory of mind provides a foundation for social understanding and the ability to interpret the behaviors of others (Astington, 2003; Symons, 2004). Evidence from training studies shows that when children receive discourse about the mental states of others, such as of story characters, this leads to improvement in theory of mind tasks (Appleton & Reddy, 1996; Tager-Flusberg, 2002). Lohmann and Tomasello (2003) pointed out that language that refers to mental states and presents opposing views of what the people in the situations were thinking and feeling were critical for the gains to take place.

Research has also shown that children whose parents' use discourse during play about the mental states of the characters in the play have greater false belief understanding. When mental state talk occurs during reading stories, the same association has been found (Ruffman, Slade, & Crowe, 2002). For example, Ruffman, Slade, Devitt and Crowe (2006) examined the mental state talk of mothers and aspects of their 3-year-old children's social development 1 year later. It was found that a mother's mental state talk was related to her child's theory of mind and the mother's warmth was related to the child's level of conflict/cooperation. In a meta-analysis of early parenting style and later child behavior, Rothbaum and Weisz (1994) found that when studies took place over several years, the effects of parents' mental state talk tended to be stronger.

The Use of Social Stories

Recently, the use of social stories has been investigated as a way to promote social interactions with peers (Gray, 1998). Social stories are individualized for a particular child and focus on describing the relevant components of social situations in which they are having difficulty. The children are then taught appropriate responses to make with other children. Children can be taught using repetitions of the stories and illustrations that are incorporated into the story. The stories are read daily to a child and can be referred back to if the child has a difficulty in a social situation. These social stories are sometimes used with videotaped examples of the child's interactions. Some of the skills that have been taught through the stories include entering a group, getting other children's attention, initiating comments and requests, and making contingent responses. A number of studies have shown that when social stories are used, the children have increased social free play, rates of social behavior, contingent responding, and social engagement. Some generalization across other contexts has been found in studies, as well (Barry & Burlew, 2004; Delano & Snell, 2006; Thiemann & Goldstein, 2001). These types of stories can be used with any children who are having difficulties with entering a group and in staying involved in peer interactions and with children with autism.

Direct Teaching of Social Skills

Parents can intervene to encourage their children's play with peers in two ways: 1) by engaging in peer play as a partner, and 2) by observing rather than by being directly involved. In the first approach, parents are involved in the play and can encourage turn-taking, prompt appropriate peer behaviors, and deal with conflicts. The research support for the success of this approach is mixed, with some studies showing that children achieve higher levels of social competence when mothers are involved directly in the play, particularly younger children (Bhavnagri, 1987; Bhavnagri & Parker, 1991), but that the children do not always maintain a higher level of social competence when mothers are not participating.

In the second type of intervention, the mother is an observer from outside the group (Lollis, Ross, & Tate, 1992). Finnie and Russell (1988) found that encouraging cooperation facilitated and maintained the interaction. It has also been shown that mothers of children with high social status used positive and direct strategies and mothers of children with low social status talked more about avoidance and described vague strategies.

Pettit, Brown, Mize, and Lindsay (1998) compared parental behavior in three interactive settings: 1) parent–child play, 2) parent involvement with child–peer play or watching but not directly participating in the play, and 3) parent coaching by making sure that the social interaction goes well. They concluded that each approach presented positive but different opportunities for socializing children.

Providing Social Opportunities

It is clear that children benefit from interactions with peers (Ladd & Pettit, 2002). Therefore, it is important that parents provide their children with access to peers and opportunities for their children to interact with other children outside the home. This could be through the parents' own social networks or in preschool. Ladd and Golter (1988) studied the number of initiations of parents of play contacts for their preschoolers. Parents who were "high initiators" of peer contacts had children who had more playmates and more frequent play experiences. They found similar findings in a later study (Ladd & Hart, 1992), and also that children of mothers who involved their children more often in peer play had children who were able to initiate more of their own peer contacts.

Sibling Influences

More than 80% of American children have one or more siblings, and apart from the influence of parents, interactions with siblings have been shown to have the most effect on children's social competence. Sibling relationships provide intense emotional interactions, and children display a great deal of conflict as well as nurturing behavior with their siblings (Cutting & Dunn, 2006). Thus, social skills and prosocial behavior may be developed in sibling relationships, and siblings can support each other in times of stress (Ross, 1996). Children with older siblings, as compared with children with no siblings or only young siblings, show a more advanced theory of mind (Ruffman, Perner, Naito, Parkyn, & Clements, 1998). Siblings who show high levels of sharing, helping, and cooperating toward each other are more cooperative later with peers than are siblings who do not act in this way toward each other (Dunn, 2007; Dunn & Munn, 1986). However, if the sibling relationship is very antagonistic, a child may respond more negatively with peers (Demetriou & Hay, 2004). This finding emphasizes the importance for parents not to continually ignore constant fights between siblings and to intervene when an interaction is extremely conflictual and to teach negotiation skills. Stocker and Dunn (1990) found that children behaved similarly with siblings and peers; however, they noted that the relationships were complex and influenced by child temperament, gender, and adoptive status as well.

Contributors Outside the Home

Peers and Friends

Children's peers and friends act as socializers for one another (Buysse et al., 2008). Peers and friends can serve as models of aggression, of sociability, or of withdrawal. Peers can also model caring behaviors, such as sharing, helping others, expressing sympathy, and being generous. Children whose peers expose them to these types of behavior are more likely to act the same way themselves. In fact, peers can be as strong an influence on children's behavior as parents. Also, peers provide different experiences, with more reciprocity and cooperation between equals (Eisenberg-Berg, Cameron, Tryon, & Dodez, 1981; Zahn-Waxler, Iannotti, & Chapman, 1982).

Children's friendships, even in the early years, are also important contexts for socialization and provide resources for having fun and learning about solving conflicts (Costin & Jones, 1992; Hartup, 1992). Friends can show sharing, understanding, and loyalty toward each other and children can also learn in that context that conflicts can be solved and friendships preserved

(Gottman & Parker, 1986; Hartup, Laursen, Stewart, & Eastenson, 1988; Vespo & Caplan, 1993). Also, prosocial children have been found to be more popular and to be more likely to have close friends (Clarke & Ladd, 2000; Gest, Graham-Bermann, & Hartup, 2001). In other words, the influence may be bidirectional. Although friendships may not be essential for children, they can certainly provide advantages and be a source of support to those who have them (Hartup & Sancillio, 1986; Walden, Lemerise, & Smith, 1999). Children with emotional and behavioral difficulties often have more difficulties in maintaining friendships, and children without friends are often very unhappy and lonely and feel rejected (Cassidy & Asher, 1992). For example, children who are aggressive are likely to be rejected (Wentzel, 2003). Also, children who lose friends because they move away may show a decline in social competence for a significant time period, showing how important the support provided by friends can be (Field, 1984; Howes, 1987, 1988).

Child Care Providers and Teachers

In today's society, 58% of all women with infants under 1 year are in the labor force (Bureau of Labor Statistics, 2000), and the majority of these women have their children in some kind of out of home care from 6 months on. These group experiences and teachers can have a significant effect on the children's socialization (DiLalla, 1998). Early studies suggested that when children were in care for 20–30 hours a week, especially if it began in infancy, they showed elevated levels of aggression and noncompliance when they were 3–8 years of age (e.g., Belsky, 1988, 1990, 1999). However, these results have been extremely controversial because they did not take into account the quality of the child care or the preexisting family background. Also, there were questions as to whether the observed aggression and noncompliance were actually associated with growing independence and assertiveness (e.g., Thompson, 1988). Some of these questions have been clarified by the NICHD Study of Early Child Care that assessed child care experiences of children from diverse families in the United States and considered variables that were not explored in previous studies. The presence of behavior problems and social competence were assessed at 4 years of age and in kindergarten. It was found that children who started child care earlier and consequently spent long hours in non-parental care tended to be more aggressive than children who were not in care from as early or for as long (NICHD Early Child Care Research Network, 2005 a, b; Rimm-Kaufman, Pianta, & Cox, 2000). However, the differences were small and only a minority of children was affected and the children's behavior was in the normal variability of age differences. Also, examination of data collected at an early stage of the research found that children's play became more positive and less negative between 24 and 36 months (NICHD Study of Early Child Care, 2005b).

The processes or mechanisms of this influence are unclear. For example, research has shown that long days in child care are associated with higher cortisol levels that may affect the children's behavior (Dettling, Gunnar, & Donzella, 1999; Tout, de Hann, Kipp-Campbell, & Gunnar, 1998). Also, it is clear that some of the characteristics of child cares affect child outcomes such as the toys, equipment, play space available, and the classroom activities provided in the child care (Sainato, Jung, Salmon, and Axe, 2008). For example, toys that encourage interactions and social participation and a curriculum that is well organized can be helpful (Diamond, Hong, & Baroody, 2008). However, the most important variables have been found to be how much the teachers are directly involved with the children and their style of interaction with them (Hamre & Pianto, 2006). In Grade 2 the child–teacher relationship has been found to be related to the child's social competence (Brophy-Herb, Lee, Nievar, & Stollak, 2007; Howes, 2000). Studies have also found that when teachers are warmer and have a close relationship with children, the children have a secure attachment with the teacher that is correlated, in turn, with prosocial behaviors in the children (Birch & Ladd, 1998; Howes, 2000; Kienbaum, 2001). When teachers of 5- to 7-year-olds are taught proactive ways to prevent childhood aggression

and improve positive behavior, studies have shown that the children's prosocial behaviors (e.g., sharing, helpfulness, reparative behavior) increase (Flannery et al., 2003). Also, child care teachers who promote secure relationships and who work to increase the positive behavior of children may reduce children's stress and any physiological effects of the stress. In other words, teachers can be powerful models of prosocial behavior (Mitchell-Copeland, Denham, & DeMulder, 1997) and schools have often been the site of a number of organized programs that have successfully taught whole classrooms of children to show more empathy and caring behavior toward each other (Flannery et al. 2003; Kusche & Greenberg, 1994; Spivak & Shure, 1989; Webster-Stratton, 2000). This research suggests that, for children in excellent child cares with the positive characteristics discussed previously, any negative effects of child care are likely to be minimal.

Summary and Future Directions

Much of the early research in the 1970s on prosocial behavior and social competence was based on social learning theory and relied on laboratory experiments to research the effects of parents' behaviors on the development of social behavior. Since the 1980s, instead of relying on laboratory experiments, researchers began to examine instead the influence that parents and other caregivers had on children's social development in the real world (Hastings et al., 2007). This shift has been paralleled by a shift in the types of assessments used and toward the use of a more "multidimensional and pragmatic approach" (Odom et al., 2008, p. 5–6). Another major shift has been away from using single-point correlational research designs to examine associations between parenting and social behavior to using longitudinal research designs. Also, new statistical approaches are being used that have improved researchers' ability to identify the relationships between early experiences and later social ability and competence and to identify variables that moderate or mediate those associations over time. Consequently, these newer research strategies are increasing the ability of researchers to draw firm conclusions about the course of the development of social competence and prosocial behavior and to determine the influence of such variables as parents, siblings, peers, and child cares and teachers (Hastings et al., 2007; Ladd, 2005). Some of the new directions in which research still needs to go include the following:

- Increasing use of multidimensional assessment of social competence and prosocial behaviors that reflect the conceptual complexity of the capacities. This needs to include understanding of the statistical and psychometric issues of utilizing multiple measures and the development of approaches that can be used in community settings (Odom et al., 2006).

- Increasing the time period of longitudinal research designs across early childhood and at least into the middle school years

- Understanding the differences in the development of social competence and prosocial behavior for boys and girls because the relative contributions of parenting, physiological differences, or peer socialization are still unclear.

- Understanding the influence of culture on social development. In fact, an ecological framework is needed recognizing the influence of family, school, community values, and social opportunities, as well as culture.

- Increasing research and understanding on social development as it relates to children with various kinds of disabilities and ways to enhance it in children with behavior problems (Hastings, Zahn-Waxler, Usher, & Bridges, 2000).

- Increasing research on fathers. Fathers appear to have a particularly strong influence on the social development of boys and girls and more research is needed to determine the particular aspects of their interactions with their children that have the most influence.

- Increasing the translation of research into practical, effective, and evidence-based strategies that can be used by parents, teachers, and other caregivers to improve the social competence

and prosocial behaviors of young children. Similarly, research is needed on the effectiveness of the approaches that are developed.

The number of children entering early childhood settings who lack social competence and other important capacities necessary for their ongoing success is increasing. Therefore, research on evidence-based practices that can improve social competence of children is critical. It is also important to make sure that relevant research findings are made available in ways that they can be used by parents and by caregivers in group settings (Weisz, Jensen, & McLeod, 2004). As well, it is important that as a society, effective social policy and practices are developed and directed toward reducing violence and supporting kindness and compassion.

THE GROWTH-PROMOTING ENVIRONMENT: PRINCIPLES OF ENCOURAGING SOCIAL COMPETENCE, EMPATHY, AND CARING BEHAVIOR

This section explores a number of principles for encouraging social competence, empathy, and caring behavior in young children in the home and in group settings (see Table 10.3).

Principle 1: *Model caring behavior toward the child and others. Show caring behavior toward the less fortunate. Reinforce and encourage caring behavior.*

The adage that children do as you do and not as you say is very true. In fact, no principle of child rearing is more powerful in instilling a social and caring conscience in children than providing a good example. Children, almost from birth, love to imitate and are surrounded by positive and negative influences and models from which to draw their impressions. Nevertheless, the way a caregiver responds to the child is the most important and most crucial model.

Children can learn to care by seeing parents show interest and caring about what they say and do and by experiencing comforting when they feel upset and in danger. Modeling prosocial behavior or altruistic attitudes such as not putting others down and respecting others' point of view can be a powerful example for children to follow. Also showing responsible behavior toward the family, in the workplace, and in other activities can be excellent models. In other words, caring must be woven into the fabric of the home environment. The child who feels loved and valued will have the energy and security to be able to notice and respond lovingly to others.

Clearly, it is difficult and inappropriate to expose young children to a full understanding of the problems people in the world face; however, it is important to provide opportunities for demonstrating caring and altruistic behavior toward the less fortunate. In other words, it can be very helpful for children to gradually see that the family has a commitment to some larger goal or tradition beyond self-interest. Although children do not understand societal values, they can be involved in caring activities such as donating toys and clothes to charity, taking food

Table 10.3.	Principles for encouraging social competence, empathy, and caring behavior
Principle 1	Model caring behavior toward the child and others. Show caring behavior toward the less fortunate. Reinforce and encourage caring behavior.
Principle 2	Help the child see the effect of his behavior on others. Encourage role-taking and perspective-taking.
Principle 3	Encourage responsibility by having the child do chores.
Principle 4	Expose the child to contacts with peers and teach her social skills and strategies for positive social interactions with others.
Principle 5	Use "mental state talk" when communicating with the young child.
Principle 6	Teach conflict resolution and interpersonal negotiation skills to the child.

Caring needs to be woven into the fabric of the home environment.

to the food bank, helping the homeless, and participating in a walkathon.

Parents can also notice children's spontaneous helping behavior and let them know how pleasing it is. Young children often show caring behavior in a number of ways that happen every day: protecting a sibling, comforting a friend, feeding a pet, or sharing a treat with another. Children need to be told frequently about the pleasure and pride they cause when they help others. In other words, it is as important to notice acts of kindness as it is to respond to demonstrations of competence.

Playing cooperative games with young children can be fun and encourages caring behavior instead of competition. In these games, each child takes a turn, but may have a task of helping another rather than trying to get to a certain place first.

For some more shy and inhibited children, it is important to be more directive to get them to show prosocial behavior to others because their natural tendency may be to be passive and to hang back from helping. However, providing physical presence and support, clear directives as to what to do, and praise for their efforts can increase children's capacity for showing caring and prosocial behavior.

Principle 2: *Help the child see the effect of his behavior on others. Encourage role-taking and perspective-taking.*
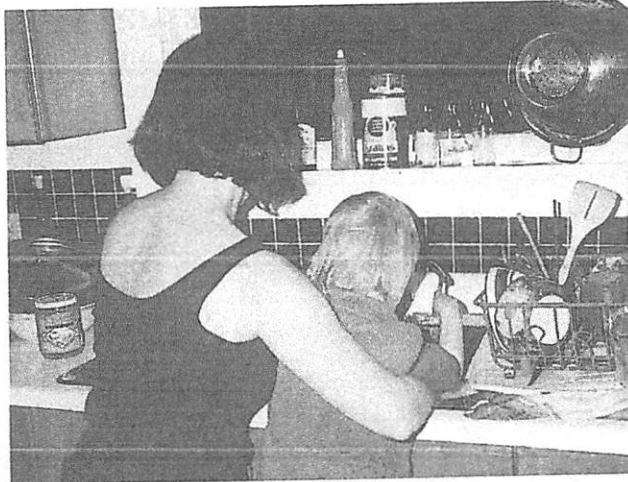
Research clearly shows that in order to be sociable and empathetic, children must be able to understand the point of view and the feelings of other people. Typically, children acquire a theory of mind or an understanding of how other people think and feel between 3 and 4 years of age. However, before that time they do have some capacity to understand that others may have different thoughts and feelings, and certain strategies can help this capacity to more fully develop. In order to do this, a number of role-playing or perspective-taking activities can be helpful. Many of these have been talked about in other chapters, especially Chapter 4 on play, and include interactive storytelling, short skits or plays, pretend play, and puppet play and role reversal. Another game that children love is the detective game. In this game, people and characters that the child knows and likes are chosen. Children are then asked to figure out what makes the people or characters happy or unhappy, what they like or dislike, and what makes them mad or afraid. Charts of their responses can be made and small tasks toward the goals undertaken, with help as needed. For example, a child might determine that Aunt Lillian may like flowers, so the parent could help the child plant some seeds or buy a rose to take on the next visit.

Simply telling a child it is not nice to be unkind or punishing the child for hitting or teasing another child will not teach about the value of caring for others. If a child is unkind to someone else, refuses to share, or will not play with another child, it is important that the parent be very clear that she is upset, unhappy, and angry about the child's insensitivity. The parent should ask her to think about how she would feel and how she thinks the other child feels. In other words, it is crucial that she learns about other people's perspectives, feelings, and point of view so she can feel for them or have sympathy. Without this, caring behavior will not be learned and internalized for the future.

Principle 3:   *Encourage responsibility by having the child do chores.*

An increasing number of families today tend to ignore the need to teach children responsibility. Even young children need to share responsibilities within the family, however. Along with the good feelings of helping, children can gain a sense of their own competence. One way of encouraging responsibility is to have children involved in the management of the home and responsible for certain chores. If presented in a positive and cheerful way, caregivers can provide children with a greater sense of usefulness and belonging. Even young children like to feel they are contributing.

Just as with any kind of routine, doing chores has to be reinforced, and time should be taken to monitor that they are being done. As children get a little older, it can be helpful to have them involved in

Letting a child help with simple chores can enhance his sense of competence and responsibility.

planning what needs to be done and who will do what. Some suggestions for chores that young children can usually manage at different ages are set out in Table 10.4.

Principle 4:   *Expose the child to contacts with peers and teach her social skills and strategies for positive social interactions with others.*

Most young children love to be around other children. Although some children seem to find playing with other children and developing friendships natural and easy, others have a great deal of difficulty learning to relate to other children and may need to be taught some of the nec-

Table 10.4.   Examples of suitable chores for different ages

Age range	Chore
2–3 years	Get own drink of water in a plastic cup Put spoons in the dishwasher Pick up toys
3–4 years	Help set the table (e.g., by putting out some utensils) Fill pet dishes with water and dry food Help with shopping and putting away groceries Get the mail
4–5 years	Pour milk or juice Water plants Make their bed Answer the telephone
6 years	Rake leaves Put plates in the dishwasher Put dirty clothes in the hamper Assist with grocery shopping

essary skills. It is critical for children to have friends and to be accepted by other children because being rejected can make them feel sad, anxious, angry, and worthless, feelings that may get more extreme as the child gets older. With these types of feelings, socializing can get more and more difficult. Obviously, just teaching social skills without laying a foundation for the child to feel competent, respected, and listened to is not helpful. However, there are a number of skills that that caregivers can foster in children.

Research has shown that it is crucial that young children have the opportunity to be around other children, either in an organized program (e.g., child care, preschool) or in more casual settings (e.g., the park, a drop-in center, at family gatherings). If a child is having social difficulties, it is helpful to invite one child over that the child plays well with and to observe and intervene if necessary to ensure that the visit goes well. Keeping the visit short at first and making sure interesting toys and activities are available can help the visit go smoothly. Some social skills that children need to help them interact better with peers are set out in Table 10.5.

Teaching Skills for Entering a Group of Children

During the toddler and preschool years, children go from more uncoordinated play and tentative peer contacts to being able to sustain quite long and complex interactions with each other and being able to make friends. In order for this to happen, children need a number of social skills—particularly the ability to enter an ongoing interaction between groups of peers or to accept being approached by other children. This can be very difficult because interactions in preschool settings can be quite brief, so children have to constantly be renegotiating entry into groups of peers. Also, once children are already playing with each other, they tend to protect their interactive space. Unfortunately, entering groups is not easy; typically, more than half of all entry attempts are rejected by other children.

In trying to enter groups and initiate contact, children use a number of strategies that can range from being quite passive and just hovering on the edge to insisting on entering the group. Success in entry attempts appears to be related to three main elements:

1. *Observation:* Children who observe the play that is going on and adapt and contribute to it are more likely to be accepted and integrated into the play.

2. *Bid for entry:* It is important that a child make a bid for entry if it seems that he could be accepted.

Table 10.5. Social skills that can help children better interact with peers and others

Skills for joining a group of children	Skills for keeping play going and making friends	Skills for cooperating and sharing
Establishing eye contact, and asking to play in a pleasant tone of voice	Avoiding biting, yelling at, or in any way hurting others	Sharing toys with others
Listening and observing what is going on before entering and then fitting in with the play	Standing up for oneself and not accepting being bullied	Helping out another child
	Listening to other children and being able to have a conversation	Playing games that can be enjoyed as a group
Using polite statements (e.g., "Please" "Thank you" "Excuse me")	Learning to negotiate and resolve conflicts	Helping in a cooperative activity such as building part of a structure made of blocks
Watching children's play and choosing an appropriate role and time to join in and blending into the play	Understanding the emotions of other children and containing their own.	Taking part in turn-taking games or interactive/pretend play such as playing doctors or teachers
	Being able to agree with other children, at times, to keep the interaction going	Physical types of play such as playing chasing games together
		Playing games with rules as children get older

3. *The manner of the approach.* A bid is far more likely to be accepted if the child makes his approach in a confident and positive way. Children who are perceived as whiny or aggressive are far more likely to have their requests for entry rejected.

If a child is having difficulty entering play groups, it can be necessary to both coach the child and to encourage the other children to allow him to enter the group. If possible, setting up activities for more interactive and cooperative play in terms of the toys available and scaffolding the choice of play can be helpful. Although constantly organizing and hovering over play is not helpful in the long term, it may be necessary in the beginning to help the child experience some success in entering a group so he can begin to feel more positive about the experience

Young children love to be around other children.

and to build his self-esteem. Here are some suggestions for helping children with group entry that can be used by staff in childcare settings and by parents:

- Have toys such as blocks and pretend play materials available that can encourage collaboration.

- Make sure enough toys are available, but not too many as to be overwhelming. Have duplicates of some very popular toys, especially if they can only be used by one child at a time or if having two can encourage interactive play (e.g., two telephones so that children can hold a pretend telephone conversation). If toys can be on shelves and relatively uncluttered, this can also encourage their appropriate use and cooperative play.

- Choose children who can play together or just one playmate who the child likes to encourage a child's ability to join in with the play. Join the group yourself and make sure that all or both of the children can take part. Sometimes it may be necessary to choose the activity and to select the toys to ensure success. Once things are going well, remain available on the "sidelines," but do not be too intrusive or overbearing.

- Help a child who is having difficulties, observe what is going on, talk about this with her, and suggest things that she could say or do to enter the group. Sometimes encouraging parallel play close to the group for a brief time can be very helpful before actually joining in the play. If the children are playing tea party, for example, suggest that the child take a cup and ask for some tea, or that she offer to help with pouring or doing the dishes. Suggest alternative ways to ask to join in such as, "Can I play? That looks like fun."

- In large groups of children, such as in child care, it may be necessary to comfort those who are upset because of being rejected, to offer suggestions to children who are having difficulty playing together, and to praise children who are cooperating well together.

- Because many frequently rejected children misread social cues and tend to think children are rejecting them or are hostile toward them when they are not, it is important to intervene

when this happens and to reinterpret the intentions of the other child immediately. Quickly asking what has happened and correcting any misconceptions can help a child to ignore the event and keep the play going without acting out aggressively or retreating and isolating herself. This strategy, over time, can help a child find new ways to process information.

- Sometimes a more competent or older child can be recruited as a buddy to help a child who is having difficulty entering a group.
- Draw a child's attention to efforts that other children may be making to communicate with him and help him to communicate more clearly.
- Encourage children to participate in pretend play, plays, or puppet shows to enable passive or shy children to try out more assertive roles and aggressive children to act out more co-operative roles.
- Read children's stories about rejection and cooperation so children can learn to understand how other children feel about relationships and how they can work (see the children's books at the end of this chapter for some examples).

Activities that teach social problem-solving and negotiation, as discussed under Principle 6, can also be helpful.

Teaching Skills for Keeping Play Going and Making Friends

Once a child has gained entry into a group, he needs to be able to keep the play going. The level of social participation may shift during an interaction between quite intense communication and interactive play and more parallel play. Interactive play can become interrupted if children become bored with an activity or because one or more children interrupt the play. Play can be kept going when children engage in conversations and when they listen to each other, so encouraging communication skills can be crucial. It may also be important to interpret another child's feelings for the child and to encourage him to talk about his feelings. Gaining control of emotional outbursts is crucial for a child to be accepted in a group and to allow interactions to continue. Remember that children who are more cheerful and positive with others are more likely to be popular and accepted, so give children an opportunity to discuss negative feelings but make an effort to help them bring them back to positive. Encourage pretend play because much of the successful interactions that take place in preschool settings involve pretending or sociodramatic play when children play out a family routine or special event, or an exciting adventure. Join the child yourself in these games so he or she can learn about how such interactions can take place and play themes can become more elaborate.

Teaching Skills for Cooperating and Sharing

For preschool children, learning to share is a difficult process and one that does not happen without a lot of coaching. This is primarily because young children have an egocentric view of the world and "It's mine" and "Gimme" feature significantly in their vocabulary. Another reason is that young children often equate sharing with giving something away completely. Young children see possessions as extensions of themselves, and more fights occur over possessions than over anything else. Moreover, children cannot see that if they share a toy now, someone may share with them later. If a child grabs a toy from another child, making another child cry, the immediate reaction needs to be to restore calm and to help the crying child. It is also helpful to ask the child who grabbed the toy why she did that, as it is likely she does not realize that the child will give it back and she will have a turn later. If this is the case, reassure her that you will make sure that she will get a turn later. Explain that grabbing a toy is upsetting for the other child and makes him feel sad.

Using Social Stories

Social stories, discussed earlier in the research section of this chapter, can be written by parents or professionals. They are short stories that are individualized and that teach the relevant components of a social situation that the child is having difficulty with or could be confused about. The stories emphasize the cues in the situation that the child needs to look out for and the appropriate responses to them. The child's input is integrated into the story by asking him to describe what he finds difficult in a situation and teaching him how to react in a more positive way. The stories are read to the child at least once a day and may be gone over more frequently if the child continues to have difficulty with the situation. Adjustments that would apply in similar situations can be added. These are some of the steps for creating a social story:

1. *Decide on the topic for the story.* Typically it will be about a social situation that the child has repeated problems with such as entering a group or lining up to go outside for recess. However, it could also be about a difficult event that the child has faced recently or will have to deal with in the future.

2. *Observe the situation and record what you see happening.* Determine how often the situation occurs and try to see any reasons why the situation is difficult for the child and ways it could be made easier or clearer for the child to manage. Use descriptive sentences to point out the relevant facts of what actually occurs in the situation.

   - *Seek information from the child on his perspective.* Ask him about what causes the difficulty (i.e., triggers) and think about the situation from the child's point of view. By individualizing the story in this way, the child will find the information to be much more useful and meaningful to him than if it was written about another person or character. Also ask him to go through the steps of the situation and ask questions if he leaves important aspects out. It is also important to describe the perspective of other people involved in the interaction and particularly the other children and teachers. These perspectives describe why the child and other people need to do certain things.

   - Talk to the child's parents and teachers in order to get more information and other perspectives on what is happening or about something new that may be worrying the child. Get any ideas from them about what may be motivating the child's behavior.

   - Write the story that includes a description of the situation in detail using the information gathered in the other steps and that gives the perspective of the child and other children who are involved. Include suggestions or directives about what the child can do at each step of the situation. These suggestions need to be clear; and to tell the child exactly what will be required. The sentences the children usually come up with begin with "I can" or "I will." The final story can be in book form, on audiocassette or videotape.

Principle 5: *Use "mental state talk" when communicating with the young child.*

Social understanding and competence requires that children be aware of the mental states of others or that they develop a theory of mind. Research has clearly demonstrated that children learn to understand the perspective of others from early experiences with their parents and other caregivers when they talk about the thoughts and feelings of other children and adults the children interact with.

Mental state language refers to making mind-related comments as opposed to talking about behavioral or physical characteristics of people. Such comments may be about thoughts, desires, and feelings that are going on in your mind, the child's mind, or in another person's mind. This type of discourse, although simple in some ways, has been linked to theory of mind, secure attachment, perspective-taking, prosocial behavior, and social competence in children.

It is believed that when young children hear this kind of discourse, reasoning about mental states is encouraged and internalized.

Mental state talk can take place during play, discipline, television watching, and joint reading, for example (Symons, 2004). A parent may attribute meaning to a toddler's vocalizations such as, "You are really interested in that toy," "That is really frustrating when the blocks fall down," or "It seems to make you very happy when we dance around." When a parent is disciplining a young child, he may say, "When you do that, your sister cries because she is sad," or "When you disobey the rule, I am very disappointed." During joint reading or when watching a DVD, video, or television, a teacher may say, "Simon believes his father went away because he was mad at him but his father really went away for work. His Daddy thinks about Simon when he is away and misses him." In this kind of mental state discourse, the child is asked about how she is feeling and what she is thinking about so her perspective can be understood, as well as the other person's point of view explained. Included in the dialogue can be a description of why the child or someone else may be thinking or feeling a certain way. For example, "He looks mad because he has an angry face or his fists are clenched," or "She has an excited tone of voice; she must be enjoying the game." These suggestions can be particularly helpful for aggressive or shy children who often fail theory of mind tests and misinterpret social cues when interacting with others.

As mentioned previously, the comments can be about what you think the child or someone else is thinking, believes, or is feeling. Table 10.6 includes examples of mental state talk under each of these types of exchanges.

Principle 6:   *Teach conflict resolution and interpersonal negotiation skills to the child.*

Conflicts occur frequently when toddlers and preschoolers play together and also between siblings. In fact, they have been seen to occur several times an hour in some groups. Conflicts can be frustrating, of course, but they can play an important role in children's social development by forcing children to learn about other people's perspectives. Children need to learn that they must not act aggressively or use physical force but instead, that they need to learn to use more indirect methods such as discussion to resolve conflicts.

Children are able to settle most conflicts by themselves, with one child submitting to or cooperating with the other and with no adult intervention. Adults need to help children learn effective conflict-resolution skills, and children frequently provide caregivers with excellent exchanges for teaching conflict resolution when they get into fights with peers or siblings. The skills are best taught on the spot as the conflict happens and before the caregiver or children are too worked up. Learning to resolve conflicts can involve two major strategies: 1) helping children learn to process and interpret the social cues or reactions of the other child accurately and 2) learning actual conflict-resolution skills. As noted previously, some children continually misinterpret what the other child is doing or saying as rejection or aggression, and some conflicts can be stopped from escalating by explaining to the child what was actually meant and having the other child tell him he did not mean to hurt him. When a conflict cannot be avoided

Table 10.6.   Examples of mental state talk

Cognitions	Beliefs	Feelings
"Mary must be thinking about how pretty her new room is." "It looks like John is thinking about starting school tomorrow; he's looking quite scared."	"John believes he is stupid when he can't write his letters, but he is a smart kid." "I think Nilofar believes nobody likes her because she is the new girl in child care."	"Felicity has to have her tonsils out, and she is scared about going to the hospital." "It looks as if Tom is very jealous of his baby sister. He looks mad about her and won't hold her."

Table 10.7. The steps of conflict resolution

1. Ask each child to define the problem. Let each speak and express the problem while the other listens. Allow emotions to be expressed but tell children they are not to swear, shout, or hit. Insist they "use their words" and a pleasant tone of voice.
2. Ask some open ended questions and reflect what is being said. "I guess you both want to play with _____." "You need _____."
3. Brainstorm for different solutions. Generate ideas yourself. Be receptive to ideas from the children and write them down. Do not judge the quality of the ideas and praise the children for their suggestions.
4. Select a solution that satisfies both sides. Get the children to see both perspectives. Get agreement to try the solution for a week.
5. Put the solution or plan in writing or pictures. Review it in a week to see how it is working. Adjust anything that is not working.

in this way, however, it can be helpful to go through the steps given in Table 10.7 with the children involved. Many parents are very surprised with how well this method can work—even with children as young as 3 years of age—and how quickly children can learn to use it in situations that have not yet escalated out of control. If a child has become extremely upset and angry, tears and anger must be brought under control before using it. Once the child has calmed down, however, the conflict can be discussed. If necessary, of course, providing children with good problem-solving skills and conversational abilities can support their ability to use these strategies.

Although talking through conflicts is helpful and should be used when possible, it may take too much time in some circumstances. If this is the case, the object that the children are fighting about should be removed, and the children separated and distracted with another activity.

SOME COMMONLY RAISED ISSUES AROUND SOCIAL COMPETENCE, EMPATHY, AND CARING BEHAVIOR

The following are some commonly raised issues around social competence, empathy, and caring behavior.

The Effect of Television and Films on Empathy and Caring Behavior

The effects of television and films on play have already been discussed in Chapter 4; however, television is an important socializer of children and parents worry about its effect on their children's social interactions and prosocial and altruistic behavior. Because some young children watch several hours of television a week, it can have a major influence on them (Cantor, 2001; Comstock & Scharrer, 2001; Huston, Wright, Marquis, & Green, 1999; Woodard, 2000). Television can influence even young children and pervasive messages about behaviors, values, attitudes, and social norms are modeled through characters on television shows. As children get older, rock stars, soap opera characters, and other media stars can become powerful models.

A number of studies and real-life examples indicate that watching violent television, especially if it is frequent and over many years, has a causal effect on aggressive behavior in children and adolescents (Kronenberger et al., 2005; Singer & Singer, 2000; Weber & Singer, 2004). Other studies suggest that watching certain television shows may provide a "dulling" effect, so that cruelty or another person's pain is no longer upsetting or significant (Anderson & Bushman, 2001). This may result in actual dampening down of physiological arousal mechanisms to scenes of violence. The effect of watching sexually explicit acts may have a similarly devastating effect and flood the child with information that is frightening and beyond their understanding.

Also, for younger children, television viewing can replace warm social interactions and play with toys and consequently, affect development (Anderson & Evans, 2001). As much as

Table 10.8. Strategies for getting control of television and making television viewing positive

Strategies for getting control of television viewing	Strategies for making television viewing positive
Limit the time children watch television.	Discuss shows with children, for example, talk about characters, the plot and ending, and any messages in the program.
Turn off television and do other family activities instead.	
Have a timetable of acceptable shows.	Use television shows that teach prosocial messages and that are about self-control.
Put the television in an out-of-the-way place; this is especially helpful with young children.	Encourage children to create their own versions of the program by providing props and allowing space to use them.
Record shows that are acceptable or have DVDs or videos that have positive themes. Encourage children to watch these instead of television programming.	Talk about the values and the difficult issues dealt with in some television shows or movies.
Make watching television or a video a family event or something special, not something that is done all the time by the child him- or herself.	Consider how the characters feel and think about things, which enhances perspective-taking.

children can learn negative behaviors and attitudes from television shows, however, television can be used to foster positive learning related to social competence. Certain television programs like *Mr. Rogers' Neighborhood*, *Barney*, and *Blues Clues* can teach socially desirable behaviors, empathy, and prosocial behaviors, and television can provide positive role models of people helping others and overcoming adversity. Parents can use different ways to control television in their homes and to turn it into a more positive influence for children. Some ideas are set out in Table 10.8.

Keeping Children Safe in an Unpredictable World

As people hear about terrifying crimes against children and the significant incidence of sexual abuse, there is a natural tendency to develop strategies to keep children safe or to street proof them. Consequently, many young children are given a variety of rules and information about the world so that they can keep themselves safe. Although this is understandable, it is also clear that protecting a small child is an adult's responsibility and that expecting the child to assume too much responsibility is likely to cause significant emotional damage. Young children must learn to trust and to feel safe in order to be able to develop an inner sense of security and competence and a belief in their own ability to solve problems and manage the world. The following vignettes illustrate some of these ideas.

Mia had been raped by her grandfather and continued to struggle with feelings of helplessness and anger. In order to protect her own daughter, Tammy, she began at a very young age to warn her about the dangers of strangers, male relatives, and walking outside. She also asked her daughter every night if any men had touched her or talked to her. By 5 years of age, Tammy was terrified of men, running away if a male teacher talked to her or tried to help her.

Enrique came from a country in which a civil war raged and it was difficult to trust anyone. When his son Christopher was 3 years old, he decided it was time to teach him that he could trust no one. He took him to the playground, had him climb to the top of the slide, and encouraged him to jump down into his arms. At the last minute he moved away, letting the child fall and break his arm. This experience, Enrique believed, would teach him that nobody can be trusted and would consequently make the child fit to survive in a cruel, unhelpful world. Christopher presented at school as an isolated, angry boy.

....

Mary had moved with her husband from a small town where she knew everyone to a large city. At first, she felt overwhelmed and lonely, especially after her baby was born and she was home on maternity leave. At this point she decided to make a conscious effort to get to know people in the community and to make sure her son, Thomas, had other children to play with. When Thomas was a preschooler, Mary told him and showed him many exciting things he could do in the city. While she taught him about how strangers could be dangerous, she also made sure he knew that not all people are bad and that there are people close to home who can help him if he needs it.

The first two vignettes present extreme situations, but they illustrate the way in which excessive emphasis on the dangers of the world can cause emotional and social difficulties. The presentation of these kinds of models of the world leaves little opportunity for the children to find positive models to identify with in schools or other organizations to which they are exposed, whereas the model Mary gave Thomas was that there are many exciting places and kind people around him that he can enjoy.

The ideas presented in Table 10.9 can help parents find a balance between the need to keep children safe and the need to tell them about the potential dangers in the world. We cannot expect children to go to child care or school excited about learning if they are constantly vigilant. Nor can we expect them to trust, respect, and be friendly with sitters and other reliable people if we tell them people cannot be trusted.

Bullying

Bullying among children is not a new phenomenon, and many adults have had personal experiences of being bullied in their childhood. Our awareness of the extent of the problem and its negative effect on children who are victimized is growing, however. Research now indicates that preschoolers are particularly at risk for being victimized compared with older children and that it often remains an ongoing and chronic problem if not dealt with, making it even more significant (Salmivalli & Isaacs, 2005). Children who are teased, threatened, or physically attacked by peers may develop very negative feelings toward school and may resist going. They are lonelier, more depressed, anxious, and less liked than children who are not bullied and may believe negative things that are said about them such as, "You are clumsy" or "You are stupid."

Kochenderfer and Ladd (1996) identified two types of victimized children: those who are sometimes quite provoking and are aggressive and hot tempered and those who are passive and insecure. Some of the passive children become very upset and cry when they are victimized and make no effort to stop the attacks. They are often cautious, sensitive, and quiet children who

Table 10.9. Absolute rules for keeping children safe

What the adult must do	What to tell children
Teach children rules of social conduct and what is acceptable to say, things like "I don't like to be picked up and hugged."	Tell children it is an absolute rule they cannot wander away. Check that they show they remember the rule by having them repeat it.
Check out the background of anyone (especially caregivers) who will be alone with a child. Get as many details as possible.	Teach children about people they can turn to in emergencies (e.g., policemen, neighbors, teachers).
Teach children their address and telephone number.	Teach children they must never go in a car with anyone they do not know or accept gifts from strangers.
Encourage open communication so the child will tell caregivers about problems.	Tell children to let you know if anyone or anyone's behavior makes them uncomfortable.
Make sure the child is never alone on the way to and from school or in a mall.	

look on themselves as failures or who exhibit behaviors that make them appear different or vulnerable to peers. Some children can be bullies *and* victims, and if a pattern of being involved in bullying, in either role, is established in the early years it can become an ongoing pattern of behavior. Consequently, it is very important to intervene immediately when children are involved in hurting or bullying others (Veenstra et al., 2007). Parents of children who are being victimized can help their children by

- Talking to personnel at the child care or preschool and alerting them to the child's difficulties

- Asking that the teacher or caregiver make every effort to keep the child safe from verbal or physical attacks or teasing

- Letting the child know that you and the teacher will keep him safe and encouraging him to talk about what is going on at school and how he feels about it

- Not being too overprotective of the child. Make sure he gets opportunities to play with other children and encourage him to enter groups and to develop some of the interpersonal skills outlined previously.

- Encouraging the child in any way possible to make small decisions and use every opportunity to give him a feeling of competence. For example, give the child a chance to take the lead in conversations and pretend play and do not be too demanding of the child in interactions; show interest and respond to any initiations the child makes.

- Bringing any aggression under control (as outlined in Chapter 8)

- Stopping children in exclusive groups from victimizing others and encouraging children to accept the victimized children into their play

Overcoming Grandiosity and Self-Centered Behavior

A number of children at 4, 5, and 6 years of age continue to show behaviors and attitudes that are typical of much younger children. They are self-centered to a degree that they do not understand and are not even interested in the perspective of others, and they have a fragile grandiosity about things they can do and their control over other people. When these children find that they cannot do something, however, they get very anxious and often refuse to participate in learning the skills necessary to be successful. Without a capacity to see others' point of view, they show little concern for the welfare of peers or adults and seem to lack the capacity for empathy or for helping others. These children are often lonely and unpopular and frequently antagonize peers and adults alike. Unfortunately it can become a more chronic issue without efforts to support the child to become more empathic towards others.

The reasons for this developmental failure are not always clear. It could be contributing factors such as the child having a difficult temperament or ADHD; however, certain parenting reactions and styles of parenting may contribute. For example, some children may not have had firm-enough limits or others may have not experienced enough caring and responsiveness in early interactions with their parents. It is, therefore, very important that certain approaches be used to help these children move beyond their egocentricity and self-centeredness to be able to show empathy and concern for others. Strategies include the following:

- Set effective limits so that a child learns that his caregivers can control his aggressive impulses and keep him safe. He will also learn that other people's needs must be taken into account.

- Do not allow the child to take control, and avoid role reversal so that she learns that parents are in charge and that some rules, such as not hurting others, are nonnegotiable.

- Be responsive to the child's needs for interest and affection so that the child no longer has an intense need for control and becomes much more trusting of the world. Provide a consistent, loving base for the child to which he can come for comforting if he is hurt, upset, or ill. Try to attune to the child's emotions; for example, if he is sad, let him know you understand he is feeling upset.

- Do not repeatedly give reasons and explanations for everything the child is told to do or not to do, but rather tell the child that certain behaviors such as hurting others are unacceptable and will not be allowed under any circumstances. If a child does hurt someone else, physically or emotionally, he must be told how this makes the other child feel.

- Show the child that learning to do things takes time and that he cannot expect to do things without effort. In other words, things cannot be done as if by magic by anyone.

- Stop aggression and encourage interactive play instead.

- In group situations, every effort must be made to stop victimizing of any child and to encourage children to accept any victimized or shy, passive child into the group.

- Make an effort to help the child understand and accept the point of view and needs of others. Children must learn about how their behavior hurts others and receive consequences for it.

- Use pretend play and role playing as ways to teach perspective-taking and to encourage understanding of the needs of others.

- Sometimes spending more time with the child can be helpful, especially if concern for her is shown and nurturing and caring is modeled.

- Remember that children do not respond well to harsh discipline and strict control. Some children do not become anxious or physiologically affected by the use of punishment or consequences for their behavior and may appear unresponsive to them. For these children discipline that is fair, consistent, loving, and based on a warm relationship is crucial.

- Avoid praising the child for everything she does because this can lead to perfectionism. However, notice effort towards trying to do something that is difficult and for learning something new and for showing empathy and caring behavior, and let the child know how much you appreciate these efforts.

Autism Spectrum Disorders and Social Competence

Autism spectrum disorder is a neurodevelopmental disorder and is a lifelong disability with no known cure. Children with autism spectrum disorders are primarily characterized by impairments in social interaction, as well as speech deficits and stereotypic and ritualistic interests and behavior. Children with autism rarely play with other children and prefer to play alone (Strain & Hoyson, 2000). They also have difficulties with imaginative and pretend play, preferring to play with objects. Individuals with autism are thought to not develop the ability to understand the perspective of others and their feelings or a theory of mind and can act without concern for other people because of this (Baron-Cohen, Tager-Flusberg, & Cohen, 2000). However, children with autism spectrum disorder vary considerable in terms of both their intellectual capacity and the extent of their symptoms.

When a child is diagnosed with autism, various therapies may be suggested that aim to enhance functioning in the main areas of impairment, including sensorimotor interventions, enhancement of play, speech and language interventions, medication, and behavioral and relationship-based interventions. It is important to note that the choice of interventions may vary and should be individualized according to the predominant difficulties of a particular child and their intellectual capacity (Koegel & Koegel, 2006). Some of these interventions are briefly described in the following sections and the common elements noted.

Sensorimotor Intervention

Many children with autism spectrum disorder have difficulty with attending to more than one type of sensory input at a time. Some may be acutely sensitive to touch and other sensory stimulation. These problems account for some of the ritualistic behaviors such as rocking, finger flicking, sniffing objects, or repetitive touching and may contribute to aggression if sensitivities are triggered. Sensory integration therapy has been used with children with autism and is described in Chapter 2, and includes deep touch body massage, swinging and rocking, or spinning on special chairs. Other strategies can be developed for a particular child. It may also include rubbing the child's skin with a special brush that seems to help the different sensory systems work better together. Although sensory integration therapy has shown few long term effects on language acquisition or in reducing ritualistic or self-injurious behavior, it can help a child to be more relaxed in the short term and consequently, more able to socialize and learn (Ayers, 1979; DeGangi & Greenspan, 1997; Fisher, Murray, & Bundy, 1991). Many children also receive interventions from an occupational or physical therapist for difficulties with fine and gross motor difficulties and with balance and movement in space.

Enhancing Play Abilities

A number of therapies have been used with children with autism in order to enhance their capacity for playing with others and for imaginative play. Smith (2001) has outlined a number of strategies to teach play skills to children on the autism spectrum including encouraging imitative play, sensory and physical play, water and sand play, and interactive play with objects such as blocks and puzzles. Play therapy has been used with children with autism as a way to encourage their capacity for pretend play and communication. Greenspan used play with parents present to help improve contact with their children, to enable the parents to follow their children's lead, and to extend play themes within the children's choice of play (Greenspan, 1997; Greenspan, et al., 1997). Floor time has also been used with children with autism spectrum disorders in which the child plays with a parent or a therapist who is directive in encouraging imaginative play, usually with special toys (Greenspan & Wieder, 1998). Particularly for children with autism who are high functioning, this approach has been useful as one of a range of interventions.

Speech and Language Interventions

Children with autism spectrum disorder with no language are often taught using behavioral strategies that reinforce any communication efforts (Lovass, 1998). Children with language need to be taught basic conversational skills or pragmatic language skills including looking at people, using gestures, and listening to what the other person is saying. Sometimes a child can be supported to engage in joint attention with another child about something they are interested in and then to exchange some conversation about what they saw or played with together. Adults can set up conversations and keep the communication going by building on what the child says (Quill, 2000).

Other speech and language interventions include music and play therapy. Music therapy can provide children with a channel of communication that is usually easier for them than communicating with language. Sometimes music and play therapy are used together and center around playing with the child and a music therapist who uses music to help structure the interaction. The parent is often included in these intervention sessions.

Behavior Interventions

Behavior interventions aim to teach children skills with autism spectrum disorders in areas such as language that can help them adapt to the environment and to decrease inappropriate behavior. It is particularly successful with children with autism who have low intellectual capacity

and severe symptoms. Applied behavior analysis (ABA) is one of the most widely used methods. It uses shaping (i.e., teaching a new behavior by modifying an existing behavior through reinforcing small changes to it until it is like the desired behavior), and gradually fading the reinforcement. Extinction of negative behaviors includes providing immediate consequences for negative behavior and reinforcement of any positive behavior to teach the child new behaviors. During the ABA process, tasks are broken into small steps and each is taught by giving consistent cues that are gradually faded out. The child is rewarded with acceptable reinforcers such as food and toys. It is usually used in child care, school, and at home so that the reinforcement is given consistently. ABA has been shown to have positive results including supporting the child's inclusion in a classroom with children who are typically developing (Schopler, Mesibov, & Hearsey, 1995).

Relationship-Based Interventions

Because deficits in social interaction are central in the diagnosis of children with autism spectrum disorder, strategies for developing these children's social relationships or relationship-based interventions are increasingly being used (Gutstein & Sheely, 2002; Mahoney & Perales, 2005; McAfee, 2002; Sonders, 2003; Strain et al., 2008). These approaches can be used by parents and teachers in child care, and peer-mediated interventions can be used, as well. The approach of Gutsein and Sheely (2002) known as Relationship Development Intervention (RDI) is a system that features activities surrounding interactions with others: 1) social referencing, 2) turn-taking, 3) sharing, 4) pretend play, 5) synchronized role-playing, 6) learning to understand and express basic emotions, and 7) beginning conversational skills. The program is described in Gutstein and Sheely (2002) and on the web site: http://www.connectionscenter.com. Peer-mediated approaches that can be used in child cares and with groups of children train them to be buddies and to initiate play with children with autism spectrum disorders in the classroom. The initial outcomes indicate significant success, particularly with higher functioning children (Strain et al., 2008).

Other approaches have emphasized improving the social-cognition deficits of children with autism spectrum disorder (Winner, 2002, 2003). These approaches emphasize the development of perspective-taking and working to help children to develop a theory of mind and the capacity to understand what is going on in the other person's mind. One program has been developed that teaches children to develop a theory of mind or to understand the thoughts and feelings of others or to "mind-read" by expressing emotions and understanding the perspectives of others (Howlin et al., 1999). Early outcome results show that this can be very effective. Other approaches can be used with groups of children.

Combining Interventions

Often, a range of interventions can be most useful, including speech and language therapy, behavioral interventions, occupational therapy, relationship-based interventions, and play and music therapy. Occupational therapy can be used to improve fine motor and gross motor development and behavior therapy can be used to improve eye contact, language, and task completion. It can also be used to reduce undesirable behaviors. The other methods can be used to enhance a child's motivation and pleasure in interaction and social relatedness. These include engaging the child through very animated and focused interactions using dancing, singing, rhymes, and finger plays. Some other principles of intervention need to be considered when working with children with autism spectrum disorders in child care centers and other settings. These include the following:

- It is essential to start interventions as early as possible. With children increasingly being diagnosed in the second year of life, for many children, early interventions have resulted in very significant improvements in their development and have made their prognosis much better.

- Intervention strategies need to be adapted to various characteristics of the child. These include her cognitive ability, whether she has language, the level of ritualistic or stereotyped behaviors, and whether she engages in self-injurious or aggressive behavior. The type of reinforcers and punishments used also need to be adapted to the interests of the child.

- Intensity of intervention is crucial and treatment needs to be provided both in the home and in the child care or school placement.

- Support for parents and parent relief are crucial, especially when children have more difficult behaviors.

THE ROLE OF PARENTS IN ENCOURAGING SOCIAL COMPETENCE, EMPATHY, AND CARING BEHAVIOR

Adults and their behavior and beliefs about socialization have significant effects on various aspects of children's social competence. Adults vary significantly in a number of aspects of their sociability, which include

- The type and amount of socialization and closeness with others they are comfortable with

- Ease of interacting with others and their temperament style including whether they are more inhibited and shy or uninhibited and extroverted

- Beliefs in the trustworthiness and safety of other people

- Interest in and involvement with extended family, the school, church, recreation center, and other sources of support and social contact

- Beliefs about the poor and disenfranchised members of society and feelings about helping them

- Ability to be sensitive to and empathetic toward others

- Ways of dealing with conflict situations with some parents capable of negotiating the issues, while others are unable to talk about the situation, withdraw from it, or become explosive

- Interest in and ability to understand and discuss feelings about self and others

These differences are influenced by genetics and biological characteristics such as an individual's temperament and inborn disposition, cultural beliefs, and the type of parenting experienced.

As explained in Chapter 1, some people are born more shy and inhibited and these tendencies may continue into adulthood. For example, parents who are very shy may choose not to go out much so their child can be around other children. Instead, they may prefer to spend a lot of time at home alone with their child.

As well, parents who experienced early trauma may be overprotective and become very anxious if their child is away from them at child care. This can create a belief in the child that the world must be a threatening place. Individual difference may also be related to early experiences with caregivers and later experiences with partners, friends, and experiences of trauma and loss. Some parents who have experienced cumulative negative events may have little energy and few models to follow in order to teach their children strategies to encourage social competence. In addition, parents who were not nurtured themselves may find it hard to model for children the caring behavior they need to learn. Also, parents who were traumatized frequently, or whose parents were very authoritarian and harsh in their discipline, may not develop self-reflectivity and may find it difficult to see the importance of engaging with their children in ways to enhance their children's perspective-taking and to use mental state discourse when communicating with their children. Some of these issues may impede their capacity to encourage their children's prosocial behavior, empathy, and social competence.

DISCUSSION QUESTIONS TO USE IN TRAINING PROFESSIONALS

1. Describe two possible empathic responses and how the ability to show them can affect social competence.
2. What gender differences are found in social competence?
3. Can parents encourage their children's social competence? If so describe some of the strategies that can be helpful.
4. How can a child care environment be set up to encourage empathy and caring behavior?
5. How can influences outside the family help children's social competence?
6. Why do some children become victims and get bullied in school and what can be done about it?
7. How soon do children show the ability to play with other children, share, and show concern for others?
8. What cognitive factors influence social competence in children?
9. Do you think aspects of social competence are genetic? Describe which aspects may be genetic.
10. How may cultural differences affect socialization practices and social competence of children?

Working with Parents

Much of the emphasis of enhancing children's development in the early years has been on the importance of their relationship with their parents. Although this is crucial, parents need to be informed about the important influence of children's interactions with their peers. Also, it is important that caregivers understand that children who are socially competent and popular at school usually do well academically and those who are not popular and rejected feel lonely and are far more likely to drop out of school later. Although the importance of peers and their influence on development has been emphasized for teenagers, up until recently their importance for young children's development was not as well understood and appreciated.

Parents who have their children in group care need to be encouraged to make sure that their children are accepted by the other children and that they are not experiencing too much rejection. For children who are not in group care, parents need to make sure that their children get opportunities to be around other young children. Parents also need to make sure that young children fit in well and enjoy the interactions, and are able to enter groups and to sustain interactions.

As developing caring and empathy in children is best done by modeling caring and concern toward the child, parents who have difficulty doing this may need special help. As well, if parents are anxious about involving their children in various social experiences, various types of strategies to encourage them to be involved may be helpful. Some types of strategies that have been used include

- Providing information about social development and temperament in a dyadic model
- Encouraging them to join parent groups that suggest various strategies of parenting or parent techniques that encourage parents to relate in new ways with their children
- Providing supportive therapy in which parents are given strategies for getting practical help with housing, food, and other basic necessities

- Providing interactional coaching/guidance during which the interviewer watches or joins a parent–child interaction and speaks for the child or models different ways to interact
- Providing psychotherapy, during which the parent recalls past trauma and loss, begins to associate events with feelings, and links the past with the present
- Encouraging caregivers to learn to talk about how they feel in relation to their children and helping them to see the situation from the child's point of view
- Encouraging self-reflectivity and empathy through viewing videotapes of their interactions with their children. During playback of the interactions, ask parents to comment on what they think was going on in their child's mind and what he was thinking about and feeling at certain times during the video. Also ask how they think their interactions worked and what they were thinking and feeling during the videotape. Strengths in the interaction can also be identified and reinforced.

GROUP EXERCISES AND ACTIVITIES FOR PARENTS TO ENCOURAGE THEIR CHILDREN'S SOCIAL COMPETENCE, EMPATHY, AND CARING BEHAVIORS

This section includes exercises that can be used with parents and other caregivers to help them to encourage children's social competence, empathy, and caring behaviors. Other group exercises and activities are provided in the companion volume, *Pathways to Competence for Young Children: A Parenting Program* (Landy & Thompson, 2006), also published by Paul H. Brookes Publishing Co.

Encouraging Perspective-Taking and Understanding of the Child

Ask parents to think about and discuss any information that they found out recently that has allowed them to understand their child's point of view differently, feel more sympathy toward the child, or adapt their parenting to accommodate their child.

Ways I Show Concern for My Child

Ask parents to prepare a list of ways they think they show empathy and concern for their child. Put the examples on the blackboard and provide it as a list of ways to show concern. Some com-

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My Caring List

Look at the examples that are provided and then write down some of the ways that you show your child you care.

1. I make sure my child is safe at all times.

2. I spend time talking and listening to my child every day.

3. I make sure my child has food and clothing.

4. I make sure he has some fun times, such as going to the park on weekends.

5. When my child breaks a rule, I listen to his explanation even though I am angry sometimes.

Figure 10.1. Example of "My Caring List" exercise. Participants can write such a list on a blackboard or piece of paper to facilitate their discussion on ways they show caring, empathy, and sympathy toward children.

ENCOURAGING SOCIAL COMPETENCE, EMPATHY, AND CARING BEHAVIOR

Table 10.10. Encouraging responsibility without shame by turning negative messages into positive ones

Messages that encourage feelings of shame	Messages that encourage feelings of responsibility for a wrongdoing
"You are so stupid; how could you fail again?"	"I noticed you failed your math. Perhaps you need to study more tonight."
"You are a lazy, messy slob."	"I had to clear the table last night. It is your responsibility to do it tonight."
"You are unkind and cruel. You'll end up in jail."	"It really hurts me when I see you treat your brother that way. It's important that you treat him better."

mon examples are provided in Figure 10.1 to get parents started. Ask parents if they think that their children understand how much they care about them and make a list of ways they can let their children know how much they are loved.

A Balance Between Appropriate Guilt and Shame

In teaching children about right and wrong and caring for others, we need to promote a balance between feelings of responsibility if they do not follow rules (or an internal feeling of having done wrong) and shame (a feeling of worthlessness and despair about the act). With guilt, the child is left with feelings that there is something she can do about what she did. She can make the situation better or do it better next time. With feelings of shame, the child is left feeling flawed and diminished and that there is nothing to do about it. Shame can be present in a child as early as 2 or 3 years of age.

This balance is a fine line at times. In order to help parents better understand the difference, have them think about remarks that promote one or the other (see Table 10.10). Obviously, the first type of remark can only lead to low self-esteem and resentment while the second insists that the child take action and makes it clear that there is a way to be responsible. Ask parents to think of examples of remarks their parents used which encouraged responsibility and those that made them feel ashamed. Also, have them think of remarks to promote responsibility with their own children.

How You Were Taught Empathy and Caring

Ask parents to think about positive and negative examples from their childhoods of when they were taught empathy and caring. Was there a lot of sharing? Did parents model caring and empathy?

Today's World

Ask parents to talk about concerns they may have about society today. Do they feel it is a less-caring community? Then ask parents to come up with ideas of what people can do about the problems (i.e., too much violence, lack of concern by government).

What Would Life Be Like?

Ask parents to describe someone they know in a difficult situation and to explain how they feel about it, including what kind of emotions it arouses in them (see Figure 10.2). Make a list on the blackboard. Discuss how group members felt, if it was similar or different.

How Conflict Was Solved in My Family as I Was Growing Up

Point out that dealing with conflicts and disagreements is one of the most difficult things that are dealt with in any relationship (parent–parent and parent–child). Ask parents how conflict was solved in their family as they were growing up. Ask them if they are doing things the same or have made some changes and how they would like things to work around disagreements (See Figure 10.3).

Instructions: In the left-hand column below, write about a difficult situation faced by someone you know. In the middle column, discuss how it probably makes that person feel. In the right-hand column, write how the situation makes you feel. One example is provided.

The situation	How it made the person feel	How it made me feel
Example: A neighbor whose husband just left her with three small children	She is devastated and feels helpless.	I feel very sad for her and angry at her husband.

Figure 10.2. Brainstorming exercise to gain a better understanding of someone else's situation. This type of exercise fosters empathy and sympathy.

What a Child Feels Like

Have parents in a group use toys, playdough, finger paints, and other activities. Ask them to describe how it felt to do those activities. Note observations they may have had. Suggest that it is fun sometimes to put themselves in their child's place and to understand their feelings. This could be a great way to introduce the last session of a parenting group.

How Conflict Was Solved in My Family as I Was Growing Up and How We Solve It Now		
Instructions: Check the following statements that apply to you as you were growing up and those that apply now.		
Statement	Applied as I was growing up	Applies in my family now
1. Ignoring the issue		
2. People screaming at one another		
3. One of the people walking out		
4. Blaming one another		
5. People sitting down and talking about it and finding a solution		
6. Punishing each other by sulking and withdrawing		
7. Physical violence		

Figure 10.3. Exercise for describing how conflict was handled in families in the past and present.

SAMPLE HOMEWORK TASKS

To strengthen the concepts and skills broached in the group meetings, it is helpful if parents can be given one or two homework tasks to do between sessions. Also suggest that they all try to do activity 11. During the next week they can discuss what happened when they tried the homework activities. Because this could be the last topic of the parenting group, assign one or two of the suggested activities the first week if you will be doing two sessions on this topic or plan a wind-up session after suggesting parents try out the activities.

1. Record any example of empathy and prosocial behavior you see from your child during the week. Record what led up to the incident and what happened and make sure your child is acknowledged for the behavior.

2. Start a "helping tree," or a big picture of a tree without leaves. Anytime your child helps or shows concern, add a leaf or a fruit to the tree.

3. Keep a television diary of what your child watches. Record any examples of discussions you have about the shows.

4. Have children do one act of kindness during the week. *This can be with the whole family or with one child.*

5. Try a role-playing game or act out a story or game with your child. Discuss the feelings of the characters.

6. *Think about your family's schedule and see how opportunities could be provided to share time and activities together.*

7. Have a friend over for your child to play with and ensure that it is a cooperative time between them. Provide toys and a snack and encourage sharing.

8. Check toys and see that there are some available that can encourage sharing.

9. Try using the suggested conflict resolution skills with two children present and notice how it works.

10. Watch your child entering a group and coach him if he seems to have problems.

11. Try to assign some time to get together with a friend or attend a social event with your partner or a special friend.