



Supporting the social-emotional development of infants and toddlers in foster care¹

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The social-emotional development of infants and toddlers in foster care who have been neglected, abused, or traumatized can differ from other children. This information sheet offers practical strategies to caseworkers and foster parents for supporting the social-emotional development of foster children under the age of five.

What do young children need for healthy social-emotional development?

All infants and young children need the opportunity to form a close emotional tie with a consistent adult. They need someone who will act as a safe haven in times of stress and who will take delight in their exploration and accomplishments. Forming a consistent relationship with at least one caring adult in the first few years of life lays the foundation for healthy development in virtually all aspects of life- intellectual, social, physical, emotional, behavioural, and moral.² The crucial importance of an infant's need to develop an early connection with an adult cannot be overstressed.

The development of these early parent-child relationships occurs simultaneously with all aspects of children's social-emotional development. One important component of social-emotional development is the acquisition of self-regulation skills which is a key milestone in learning to relate to others.³ Self-regulation refers to the ability to achieve some level of control over one's emotions,

behaviours, and attention. Self-regulation also refers to the ability to manage positive and negative emotional states such as excitement or distress when needed. Children learn how to self-regulate early in life through their interactions with supportive caregivers.⁴

Why does the social-emotional development of foster children differ from other children?

When young children have been frightened, abused, or neglected by their primary caregiver, or when they have repeated changes in caregivers, several things may happen that can interfere with these children's social-emotional development and their relationships with new caregivers:

- Maltreated infants and toddlers frequently develop problems giving accurate cues about their emotional needs, often because these cues were not responded to consistently in the past.⁵ This can cause them to miscue their new caregiver about their feelings. They can, for example, appear to neither want nor need nurturing or they might whine, pester, or tantrum to enlist reassurance and support from a caregiver.
- In some situations, these children can behave in ways that made sense in their previous environment but are confusing or misleading to a new caregiver. For example, an infant who has witnessed violence between his or her parents from a

crib might become unexpectedly agitated when placed in a crib. If foster parents are not aware of the child's history, they can be confused about the child's real need.

- Well-meaning foster parents may view some of these children's behaviours as purposeful when in fact they are not. For example, under normal circumstances a child who tantrums at mealtimes might be seen as manipulative; for many foster children however, mealtimes are especially difficult to manage because of past deprivation.
- Foster parents may unwittingly set expectations that are reasonable for other children the same age, but that the foster child cannot meet due to his or her lack of self-regulation skills. For example, it is not unreasonable to expect a five-year-old child to sit still and wait his or her turn or to share a toy. A child with self-regulation difficulties may not be able to handle this expectation. If the foster parent sets up a consequence for behaviour the child is incapable of producing, this can set off an escalating negative cycle between the child and the foster parent in which worsening behaviour is met with increasing dismay.

What kinds of problems do young children in foster care display?

Along with disturbed parent-child relationships and abusive early experiences, other biological or environmental factors (such as congenital problems or prenatal exposure to drugs and alcohol) can add to a foster child's emotional problems and further interfere with his or her ability to communicate feelings and needs effectively. Researchers estimate that the majority of children in foster care have some type of emotional, behavioural, or developmental delay such as impairments in language, learning ability, or physical development, that are frequently undiagnosed.⁶ Some of these children have not learned how to handle strong emotions, focus their attention, or cooperate with others.⁷ Other children might display inappropriate sexual behaviours, or they might display odd self-soothing behaviour such as head-banging or masturbating.⁸ Foster parents should be well prepared for having foster children with this combination of emotional, developmental, and parent-child relationship problems. This will reduce the likelihood of foster parents either misunderstanding the reasons why some foster children have difficulties behaving in expected ways, or becoming discouraged if children with these behaviours do not respond to strategies foster parents have used successfully with other children.

How can caseworkers help foster parents understand their foster child's problem behaviours?

- Along with an initial medical, all young children in foster care should be screened for physical, developmental, and emotional problems once the child has had a stable placement for at least two months. When concerns are identified, a developmental specialist or multi-disciplinary team should be consulted. A prenatal history, birth record, and previous health information are crucial to maximize the contributions of specialists.
- Foster parents need detailed information about what life was like for the foster child before coming to their home and how the child's history might affect his or her behavior and development.
- Foster parents might need special help to understand their foster child's behavioural cues and develop effective responses.⁹ Offering an empathetic response to some behavioural cues without encouraging attention-seeking behavior can be challenging. Foster parents may require help developing strategies to address the child's underlying needs without encouraging problem behaviours.
- Foster parents can differ in their ability to tolerate various kinds of challenging behaviour in foster children.¹⁰ For example, foster parents who value independence might be less understanding of a needy or clingy foster child. Foster parents may find that their tolerance increases once they become more aware of their own behavioural "triggers."

How can foster parents build a relationship with a young foster child?

1. **Child-led play**—Child-led play is an excellent strategy for building a relationship¹¹ and teaching play skills to children of all ages, even very young infants. Find a 15–20 minute period several times a week to play one-to-one with the foster child. Foster parents can babble with the baby, imitate his or her sounds, make facial expressions, and so on. Older foster children can be offered a limited selection of toys with the rules of "no breaking anything" and "no hurting anybody." The child is in charge of the play and the foster parent follows his or her lead. The goal of child-led play is to help the child enjoy a relationship with an adult rather than to teach academic skills.
2. **"Time-ins"**—Isolating children when they misbehave as a discipline tool (which is called

“giving a time-out”) can be effective when used properly; however, some traumatized children can become distressed or panic when placed in a time-out. Instead of using time-outs with these children, try employing a “time-in” strategy: view the misbehaviour as a mistake and increase *supervision* of the child by maintaining close physical proximity and engaging the child in a positive interaction. Use a verbal cue such as, “I see you are having trouble sharing your truck, I’m going to help you with that. Why don’t the three of us play together for a little while?”

3. **Learn when to take charge and always use empathy**—Try to anticipate when meltdowns are likely to occur and intervene before problems escalate. The use of a kind, calming voice, empathic statements, and gentle touch can be effective in curtailing emotional outbursts and can encourage a child to view the foster parent as someone who will help him or her feel better. Make sure the child is capable of producing the desired behavior before attaching rewards or consequences to it.
4. **Be persistent with withdrawn children**—Sometimes withdrawn children can be easy to overlook. They need to be engaged by their caregiver even though it may take some effort and persistence.¹² The use of quiet activities and a soft tone of voice can entice the withdrawn child into a social interaction. Gentle games like ‘this little piggy’ allow the foster parent to playfully introduce soothing touches that can be pleasing for withdrawn children.

How can foster parents promote self-regulation in young foster children?

- **Think younger (sometimes *much* younger).** Young foster children who are struggling might not have the ability to do certain things independently such as use the bathroom or feed themselves. They may find it difficult to control their impulsive behavior or to handle the sharing and turn-taking required to play well with other children. Expectations in all of these areas can become more realistic by thinking of children at their emotional age, rather than their chronological age.
- **Modify the environment.** Foster children can become over-stimulated or distracted by noisy, busy environments or clutter. Even exciting activities such as local fairs or trips to the mall might be difficult for some foster children. If the foster child is overly active, distractible, or quick to tantrum, try turning off the TV or radio,

removing clutter, and storing toys and other play activities until needed. Try as much as possible to create an environment that is quiet, consistent, and highly predictable.

- **Moderate the activity level.** As children grow, they establish a daily activity pattern; they will sleep through the night, be alert in the morning, and have periods of quiet followed by more boisterous activity throughout the day. Foster children often do not have these established patterns.¹³ They may become over-stimulated and have difficulty regaining equilibrium. Recognize signs of over-stimulation, such as the child becoming too lively or loud, and signal the child with a consistent verbal cue such as, “let’s take a rest” so he or she can anticipate the next step. Guide the child to a calmer activity that includes nurturing, such as sitting together with a book or hand puppet. Some foster children will start to recognize when they need help regaining self-control and will signal their foster parent on their own.

*Whenever possible, follow the foster child’s lead and take delight in his or her accomplishments. Whenever necessary, take charge, use a calm tone of voice, and support the expected behaviour.*¹⁴

Tips for Caseworkers

1. Language delays are common in foster children but are often misdiagnosed as learning or behavior problems.¹⁵ Encourage foster parents to consult with community speech-language resources or early intervention programs and ask for strategies that they can use at home to promote the language development of children in their care. Many of these strategies have the added benefit of building positive relationships between children and their caregivers (child-led play is one example).
2. Case workers should listen empathically to the concerns of foster parents and address their priorities promptly. When problems arise, professionals should aim to instill patience and confidence rather than impart advice or give directions.
3. High-quality preschool programs can provide foster children with enriched and supportive environments in which to thrive. These programs can be a source of continuity through placement changes and can offer needed respite for foster parents. A

preschool program that includes psychology and speech-language pathology services is ideal because these support services raise the overall quality of the program offered and they help to ensure that foster children with delays are identified and linked to the necessary services.

- 1 This information sheet is based on the peer-reviewed article, Wotherspoon, E., O'Neill Laberge, M., & Pirie, J. (2008). Meeting the emotional needs of infants and toddlers in foster care: The collaborative mental health care experience. *Infant Mental Health Journal*, 29(4), 377-397.
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- 14 Circle of Security (1998). *Twenty-five words*. Retrieved August 8, 2008 from: <http://www.circleofsecurity.org/downloads.html>
- 15 Canadian Association of Speech Language Pathologists and Audiologists (2006). General Speech and Hearing Fact Sheet. Retrieved July 21, 2008 from: <http://www.caslpa.ca/english/resources/factsheets.asp>

Additional Resources

Circle of Security. Retrieved August 11, 2008 from: www.circleofsecurity.org

Zero To Three. Retrieved August 11, 2008 from: www.zerotothree.org

Calgary Health Region Infant Mental Health Pamphlets. Retrieved August 11, 2008 from: <http://www.calgaryhealthregion.ca/mh/collaborative.htm>

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