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socialization and its effects on early childhood development

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Anyone who watches children play together will notice several distinct behaviors, depending on the age group they are observing. For children two years and younger, the play tends to be more independent, as if the other children are operating in a separate world. Between the ages of two and three, play becomes parallel, in which children play with the same toys or perform the same tasks, yet do so side by side, rather than with one another.

Around age four, play becomes more socialized and children start to become aware of others and their surroundings. During this time, children participate in more verbal interaction, play closer together, and learn by modeling those around them. By the age of five, typically around the time most children start kindergarten, the focus is on socialization and peer interaction. See Table 1 for more details on the stages of socialization.

For most children, this time of socialization is a positive learning experience. However, children who

encounter poor social experiences at an early age may experience academic difficulties later in life (Hojnoski & Missall, 2006). Researchers believe "it is possible that the earlier years are of disproportionate importance for children's developing socio-cognitive understanding" (De Rosnay & Hughes, 2006, p. 21). Further, research supports the notion of a relationship between socialization and academic achievement (Logue, 2007). Given the importance of socialization on both a child's immediate social experience and future development, attention must be paid to enhancing social efforts. This article will discuss the

impact of socialization on overall cognitive development as well as offer suggestions for ways to promote socialization in the early childhood years.

The Psychology of Socialization

A child's social understanding involves both experience and interaction with others (Carpendale & Lewis, 2004). Such an understanding continues to grow throughout

It is possible that the earlier years are of disproportionate importance for children's developing socio-cognitive understanding.

Table 1

Stages of Socialized Play in Children

Stage	Typical Age	Description of Stage
Solitary Play	<2	Children in this phase are content to explore and play on their own. They pay little attention to other children.
Primitive Social Play	<2	This stage is represented by games like "peek-a-boo" and "chase" that involve more than one participant.
Onlooker Play	2+/-	Children in this phase watch other children but do not participate. In this manner, children expand their social awareness while still retaining an individual identity.
Parallel Play	3+/-	This play occurs when children play side by side, often using similar toys, with little interaction.
Associative Play	3½ to 4	This type of play involves interaction among children, although the play is still independent.
Cooperative Play	4+	In this stage of play, children engage in active social behavior, form friendships, and enhance their creativity.

(Partin, as cited by Le François, 1996)

childhood as children are exposed to more social encounters and begin to develop friendships. Often, the attitudes of those that are close in their lives—friends, parents, brothers, and sisters—afford valuable insight into another’s perspective, something that is necessary in helping children develop a sense of the world around them (De Rosnay & Hughes, 2006).

According to Gauvain (2001), “the human intellect develops in a rich social and cultural context” (p. 126). To understand cognitive development, we must examine the role of socialization in the process. For example, social exposure helps children to develop social and conversational skills, as well as to learn about fairness, negotiation, and problem solving (Logue, 2007). Therefore, it makes sense to incorporate social opportunities into a child’s daily experiences, whether at home, in childcare, preschool, or an early childhood setting.

Depending on the circumstances, such influence can be positive or negative. Because children are impressionable by nature, the effects of poor social experiences can last a lifetime if they affect a child’s ability or desire to interact with others. Further, children who are not exposed to positive social experiences at an early age may be delayed in other developmental areas. In fact, children who lack an opportunity for socialization are more susceptible to learning difficulties than those who have sufficient social exposure prior to kindergarten (Logue, 2007).

Stages of Development

For children to be effective in their efforts at socialization, they must possess a variety of skills, such as the ability to listen when others are speaking, to share, and to appropriately handle conflict (Smart & Sanson, 2003). Children often do not develop mastery of such skills until preschool age or later. It is common for infants and children younger than two to show a lack of interest in socializing with those outside their immediate

family. From the age of two to three, however, verbal skills develop at a rapid pace. People outside the immediate family are of more interest and social habits such as smiling or waving in response become more common. Play with others in the same age group still tends to be limited, although children might begin to learn names or recognize playmates with whom they interact frequently.

Once a child enters preschool, typically around the age of three, group interaction is more common. However, "preschoolers do not have the same sense of self, the same understanding of emotions..., or the same understanding of what is appropriate behavior and what isn't as do older children" (Le François, 1996, p. 222). Piaget regarded this phase as more conceptual and symbolic than an adult's cognitive development, considering children in this stage to be preoperational.

Typically, children begin to show more interest in socialization at the age of four. At this age, children begin to see the value in playing with others. Although most children will begin to play cooperatively, some may continue to participate in associative play (see Table 1).

By five years of age, children tend to be highly social, anxious to interact with others, and ready to explore the value of friendships. It is during this stage that much can be learned from social activities, although children not previously exposed to social settings may be more hesitant to interact with others of their own age. With a little prompting and with the offering of social opportunities that fit their particular needs, even children who are shy or scared can overcome their reservations and learn to interact comfortably with others.

Social Learning

The term social learning is often used to describe the manner in which children learn to interact with one another. Smart and Sanson (2003) describe it as "the ability to act wisely in human relations" (p. 4). Learning is not just an individual activity; children who work together perform better than those who work alone (Fawcett & Garton, 2005). Further, research has proven that children with at least one mutual friend are generally considered more competent by their teachers and are more liked by their peers (Lindsey, 2002).

Piaget and Vygotsky had differing views on how socialization and collaboration affected

cognitive development. According to Piaget, cognitive development was more of an internal process dependent on interaction with the environment, whereas Vygotsky considered it to be external and dependent on interaction with others. Regardless of this debate, one thing is clear: active involvement and verbal communication lead to cognitive restructuring and change (Fawcett

& Garton, 2005). Collaboration is by nature group-oriented and mastery of an activity cannot be attributed to one person, as each participant influences the other's abilities and perceptions (Matusov, 1998). Such an occurrence simply does not happen when one works alone.

Developmental Influences

There are many social opportunities for children to learn. However, the characteristics and frequency of these opportunities depend on the child's cultural environment.



As children learn through social contexts, they develop cognitively (Gauvain, 2005). Therefore, when addressing the topic of socialization in young children, influential factors such as culture, gender, language development, imitation, and awareness of social etiquette must be taken into consideration.

Cultural Influence

Social learning helps to promote cultural values (Aoki, Wakano, & Feldman, 2005). Thus, socialization can be a primary method by which children learn about the traditions and beliefs of their social group (Le François, 1996). Naturally, children are going to look to family members as a means of interpreting the world around them. This makes the home environment an integral part of social development, as this is where attitudes and behaviors are typically learned (Smart & Sanson, 2003).

Socialization enhances cognitive development by serving as “the primary system through which children learn about the world and develop cognitive skills” (Gauvain, 2005, p. 123). Social interaction also affords opportunities such as cultural exposure that might not be generated otherwise. Older persons within the community can help shape children’s cognitive development simply by interacting with them. This can enhance intellectual developmental and bring about essential changes in the way children think.

Gender

It is speculated that biological differences between genders can impact a child’s overall development (Smart & Sanson, 2003). Gender may play as much a role in a child’s efforts at socialization as cultural background and other external influences. For example, children tend to use more collaborative communication with those of the same sex (Leman, Ahmed, & Ozarow, 2005). Studies have also shown that girls typically are expected to be cooperative,

responsible, and empathetic, whereas boys are expected to inhibit the most emotional expression. Further, young girls tend to have more intimate, supportive relationships than boys, and these friendships often promote more self-disclosure and the development of emotional skills. Such gender-based experiences may help to foster early social skills in girls while limiting social competence in boys (Smart & Sanson, 2003).

Measuring Sociocognitive Development

By observing children’s levels of interaction, ability to give and take, and verbal transactions, both parents and early education professionals can determine a valuable starting point for evaluating a child’s progress. Teachers should consider implementing a series of activities designed specifically to enhance socialization for children who are clearly lacking these skills. If this does not help them to interact more with others, consider recommending additional assessment to determine any underlying issues (De Rosnay & Hughes, 2006).

Language Skills

There is significant research into the correlation between language development and social understanding. Stennes, Burch, Sen, and Bauer (2005) showed that children’s vocabularies between the second and third year of life consisted of mostly same-gender words. Further, girls often develop their language skills earlier than boys, which may help in the overall facilitation of social competency (Prior, Smart, Sanson & Oberklaid, 1993, as cited by Smart & Sanson, 2003).

Why is language so important to social development? According to Carpendale and Lewis (2004), language is essential to a child’s social understanding. Without the ability to effectively communicate, children cannot be exposed to other’s opinions,

perceptions, or beliefs, thereby limiting their experiences and understanding of the world around them. Such differences in early social interaction may limit their cognitive development as well.



Imitation

Imitation plays a critical role in cognitive development. Children tend to mimic those around them, particularly adults, in their effort to learn appropriate behavior and cultural values (Le François, 1996). Learning occurs when beliefs or actions are transferred from model to observer (Aoki, Wakano, & Feldman, 2005). Imitation is therefore critical in the development of cognitive skills that help children to interpret social situations and to respond accordingly.

Social Etiquette

Socialization at any age involves more than just interacting. It encompasses a series of rules or social norms that help dictate acceptable behavior. Such behavior allows people to interact effectively with others and to draw on their knowledge of social situations and appropriate behaviors (Smart & Sanson, 2003).

Peers, especially friends, play a fundamental role in social cognitive development during the early years, helping children to learn strategies for problem solving as well as conflict resolution (Brendgen, Bowen, Rondeau, & Vitaro, 1999). Such friendships are helpful not only in promoting socialization skills, but also in reinforcing acceptable behavior. In fact, research consistently shows that "children's ability to form positive relationships with peers represents an important component of social development" (Newcomb & Bagwell, 1996, as cited by Lindsey, 2002, p. 145).

Potential Barriers to Socialization

Studies have found that children who are actively involved in all facets of the educational setting are more likely to be social, because their actions are reinforced by educators and other children. But learning delays and other influences can affect socialization and learning, having an impact on cognitive development as well.

Developmental Delays

For children who experience developmental delays, socialization can seem like another difficult concept to master. In fact, such issues may impact their desire and ability to socialize. According to Elias (2004), children with learning difficulties may not be accepted by their peers. They may have difficulty interpreting nonverbal and other social cues. The ability to interpret such cues is necessary, for example, in knowing when it is appropriate to respond, to listen, and to participate.

For many children, learning may be slow or delayed, depending on previous social experience, limited exposure to peer groups, and even the amount of time spent with younger children. Studies have shown that children who spend the majority of their time socializing with younger children (which may occur in a traditional preschool or child-care setting) experience more difficulty in

socializing with and being accepted by peers in their own age group. It is important to remember that "different structural relationships afford different opportunities for interaction" (De Rosnay & Hughes, 2006, p. 28). Thus, children should be exposed to relationships with other children of varying ages, both older and younger.

Socialization issues can further be complicated when exclusion is the standard for children with developmental delays. According to Elias (2004), "singling children out for intervention reduces opportunities for natural peer interaction and runs the risk of increasing their social isolation and stigma" (p. 53). Modeling may not be as effective for students with learning disabilities if they are not able to learn from observation. Since socialization involves building specific skills, children require more than observation to effectively learn and progress. For this reason, even if exclusion is the standard in a particular environment, one-to-one teaching opportunities or socialization with other children is still beneficial and recommended.

Lack of Familiarity

For most children, consistency is essential, as knowing what to expect helps them to feel safe and secure. According to Lindsey (2002), "Young children are more likely to form friendships with children who they see on a regular basis and preschool friends are more likely to maintain close proximity to one another than children who are not friends" (p. 146.) When children are transplanted from one preschool or kindergarten class to another, it is reasonable to expect limited socialization at first. As children become more familiar with their surroundings, they often interact more and begin to make friends.

For those lacking solid social skills, such delays may affect their acceptance by peers and result in adjustment difficulties (Smart & Sanson, 2003). This scenario is further complicated by the fact that children may frequently change peer groups. Given the

transient nature of preschool and early educational settings, it is worthwhile for teachers and caregivers to make an extra effort to help children maintain these early friendships (Lindsey, 2002).

Cultural Differences

Children not from the United States or those born into a non-English speaking family may find acclimation into an early educational setting difficult and frustrating (Ryu, 2004). For children from diverse cultural backgrounds, it is important that teachers "try to get to know each child, their personality and their social and developmental status" (Zeng & Zeng, 2005, p. 712). Naturally, it will be harder for children who do not speak the same primary language or who are unfamiliar with the local customs and culture to successfully interact with their peers. In such instances, "care should be taken so as to help them develop positive self-identity;" children's cultural backgrounds "should not be ignored or treated as deficits to be overcome" (Bredekamp & Copple, 1997, as cited by Zeng & Zeng, 2005, p. 713).

Learning several basic words in a child's native language is one way to respect a child's culture and to help promote social and psychological adjustment (Ryu, 2004). Another helpful method is the incorporation of dance, which provides opportunities for self-learning, enhances motor skills and cognitive development, and promotes cultural understanding and respect. By introducing culture into the educational setting through language, dance, music, guest speakers, or any other appropriate methods, teachers can help to promote greater self-esteem, particularly among minority children (Lutz & Kuhlman, 2000).

Temperament

For some children, socialization is difficult simply because they are not comfortable with the task. Internal factors such as introversion, shyness, or a highly sensitive nature may make social situations seem

awkward and worth avoiding simply to ease psychological pain. Research has suggested that, in addition to the family's characteristics, other factors such as the child's temperament, intelligence, and social support could be operating to influence the psychological and behavioral health of the child exposed to family life events (Jackson, Sifers, Warren, & Velasquez, 2003). For these children, respect for individual temperament is necessary, as is the introduction of social activities that do not emphasize a forced one-to-one interaction.

Table 2

Suggestions for helping children socialize with others

- Choose books for reading time that highlight social themes.
- Provide opportunities for children to role-play. Give them a situation to act out, such as dealing with a peer who knocks down their blocks. For children who are shy, the use of puppets for role-play is helpful.
- Designate one child each week (or month, depending on the size of your group) to be spotlighted. Make a poster of this child's interests, likes, and dislikes. Be sure to include pictures of the child and perhaps involve a parent in the poster creation. This activity allows each child to have a special turn while helping the group to become more familiar with one another.
- Assign color strips for a variety of activities. (For example, a blue strip symbolizes block time, a green strip equals story time, and a red strip means arts and crafts.) Give each child one strip for each activity and then allow them to choose which one they would like to participate in at that time. Approaching play time in this manner allows children who might not normally play together to interact and prevents children from limiting their interactions to the same group of children.

It is worth noting, however, that although children may not be inclined to be social, it is still an important and necessary skill. In this case, treating it as any other skill to be learned could be beneficial. Rather than just assuming a child possesses the skills necessary to successfully interact with others, teacher intervention or creative approaches may be necessary. See Table 2 for examples of ways to expand children's social skills without making them the focus of attention.

The Educator's Role

The long-term benefits of socialization at any age are clear, but children in particular will benefit from regular, stimulating interaction with others. After all, children who frequently socialize with their peers are better able to adapt to new situations, show more confidence in their abilities, and are more interested in school. Such behaviors can have a far-reaching effect on a child's cognitive and emotional development, academic achievements, and even success later in life.

For many children, interacting with others will come naturally and easily. For those with special needs or developmental delays, however, assistance may be needed to encourage interaction and socialized play. By offering ample opportunities for interaction, caretakers and educators can help children acquire a valuable skill while also enhancing their ability to learn.

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The Child Development Associates (CDA) competencies that can be linked to this article are:

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For more information on the CCP certification, contact the National Child Care Association at 800-543-7161 or visit www.nccanet.org.

inclusion of children with hearing loss, guidelines for parents and early childhood educators

By Tracy L. Farstad, M.A.
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I have had my hearing loss for 30 years. Unfortunately, 30 years ago there were no newborn hearing tests being conducted. As a result, my hearing loss went undiagnosed for almost four years.

As a young child, my family found me to be a rebellious two- and three-year-old. When I turned four, I was watching a cartoon show and my mother came by, said that the TV was too loud, and turned it down. After she left, I turned it back up. She went past a second time and turned the TV down stating it was too loud. Again, I turned it back up.

Thinking I was being my rebellious self, my mother passed by a third time, turned down the TV, looked me in the face and said that the TV was too loud. I then said four words that would affect the rest of my life: "I CAN'T HEAR IT." My mother was shocked; she asked me to turn it up to where I could hear it. After that incident, I was taken into the John Tracy Clinic in Southern California, diagnosed with hearing loss, and given my first set of hearing aids.

As we walked out the door with my first set of hearing aids, my mother walked a few paces behind and then called my name, and for the first time, I turned around and heard her. She realized all those years I was not being rebellious – I just could not hear her.

This article is intended to assist early childhood professionals to understand hearing loss in young children. It includes general information on hearing impairments as well as recommendations for working with children with hearing loss.

General Information on Hearing Loss and Deafness

There are four severities of hearing loss typically identified: mild, moderate, severe, and profound. A person with mild hearing loss can hear conversations, but may need amplification. Individuals with moderate hearing loss will require amplification, but should still develop speech and language. Those with severe hearing loss require amplification, auditory management, and professional assistance. Those with profound hearing loss require significant support, amplifications, and in some cases, cochlear implants. See Table 1 for information on the three types of hearing loss.

Table 1

Three Types of Hearing Loss

1. Conductive hearing loss: Caused by problems in the middle or outer ear
2. Sensorineural hearing loss: Caused by damage to the inner ear or the auditory nerve
3. Central auditory processing disorder: Caused by impairment of the neural system

(Gilliam & Easterbrooks, 1997)

There are four main terms used when discussing hearing loss – deafness, hard of hearing, Deaf, and hearing impaired. Deafness means a hearing loss which is so severe that the child is impaired in processing linguistic (communication) information through hearing, with or without amplification (hearing aids). Hard of hearing refers to a hearing loss, but one which allows the child access to some degree of communication with or without amplification. Deaf with a capital “D” refers to those individuals who identify themselves with the deaf culture. Hearing impaired is used for a wide range of hearing loss; however, it is mostly used to refer to hard of hearing individuals. There are four

main communication devices that amplify sound for those with hearing loss. See Table 2 for details.

Table 2

Four Main Communication Devices

1. Hearing aids: Children with profound deafness can now benefit from hearing aids, whereas 20–30 years ago the availability of aids and ear mold technology was insufficient to provide appropriate amplification. There are three types of hearing aids: analog, programmable, and digital. Digital provides the most flexibility for audiologists and often the clearest sound for the wearer.
2. FM (individual) amplification system: This system is particularly good for group situations in which the child needs to hear a single speaker in a crowd or in noise. With this system, the speaker wears a microphone that amplifies to a receiver worn by the student.
3. Infrared (group) amplification system: Similar to the FM amplification, this system transmits the talker’s voice to a speaker system that projects sound throughout a classroom, rather than directly to a specific child’s hearing aid.
4. Cochlear implants: This device sends electronic signals directly to the inner ear to stimulate the auditory nerve. This is accomplished by surgically implanting an electrode array in the cochlea. The external component of the cochlear implant consists of a headpiece with a microphone and speech processor.

Early Identification and Intervention

Why is hearing loss an important topic to those of us working with young children and their families? Early identification and referral are pivotal to the development of speech



and hearing skills in children with hearing loss. The first six months of life, in particular, are a critical period and have implications for long-term development of the child (Bartlett et al., 2002).

Hearing loss is the most common birth anomaly, affecting approximately 3 per 1,000 live births. The frequency of hearing loss is many times higher than the combined incidence of many other conditions for which we screen newborns, such as cystic fibrosis, hypothyroidism, hemoglobinopathy, and phenylketonuria (Mehl & Thomson, 1998).

Among children born with hearing loss, 20 percent will have profound loss. These are children who are unable to hear speech sounds and who might not even hear a lawnmower a few feet away. Hearing loss may develop after birth in up to 3 percent more children, due to causes including autoimmune inner ear disease, meningitis, maternal viral infection during pregnancy, or ototoxic drugs given after birth. Despite the frequency of hearing loss in children, many pediatric professionals are unaware of the advances in hearing testing, technology, and the many communication options available to children who are deaf or hard of hearing. One survey found that while half of the pediatricians had heard of oral deaf education, only 30 percent were aware of programs in their community (Bartlett et al., 2002).

In about 50 percent of all newborns with hearing loss, the cause is unknown or unidentifiable. In roughly 25 percent, known genetic factors cause the hearing loss. Many experts now believe that a significant number of cases categorized as unknown are, in fact, genetic. However, it is important to remember that most deafness is recessive and 90 percent of children with hearing loss are born to parents who are hearing (Bartlett et al., 2002).

Thankfully, the concept of universal hearing screening is now fairly standard. However, there are a number of risk factors that may lead to or indicate hearing loss in children 29 days to 2 years. These risk factors are outlined in Table 3.

Table 3

Risk Factors for Hearing Loss in Children Between 29 Days and 2 Years

1. Parent/caregiver concern regarding hearing, speech, language, and/or developmental delay
2. Bacterial meningitis and other infections associated with sensorineural loss
3. Head trauma associated with loss of consciousness or skull fracture
4. Stigmata or other findings associated with a syndrome known to include hearing loss
5. Ototoxic medication
6. Recurrent or persistent otitis media with effusion for at least 6 months
7. Family history of hearing loss

(Bartlett et al., 2002)

Parental concern is a very important indicator that a problem is present. Often there is a lag of several months after parents bring their concerns to their healthcare professional, and this delay can negatively impact the child's acquisition of speech and language skills.

Results of Undiagnosed Deafness

Undiagnosed deafness may lead to longstanding social barriers. The social behaviors of children with hearing loss often differ from those of their hearing peers. A lack of response from a hearing impaired child may be misinterpreted as a lack of social interest rather than a hearing problem. These barriers can affect the attachment relationship between hearing parents and their children with hearing loss. Parents may feel inadequate in meeting their children's emotional needs or misinterpret their children's social and emotional behavior. Children with mild to moderate hearing loss may suffer the same social issues as profoundly deaf children, yet their diagnosis may be significantly delayed, resulting in more room for misinterpretation.

Another perhaps greater concern among parents and professionals is that undiagnosed deafness can lead to impaired language development (Sininger, Doyle, & Moore, 1999). We know that the most critical stage of language development occurs before six months of age (Yoshinago-Itano & Apuzzo, 1998). The absence of sound during this period can permanently damage a child's ability to process sound, especially language.

Identified Hearing Loss

The National Center for Health Statistics estimates that more than 22.5 million Americans have some degree of hearing loss. Of these individuals, 1,053,000 were under 18 years of age (Adams & Benson, 1992). This means that one of every six children has diminished hearing to some degree (Berg, 1986). In very young children the signs of hearing loss include lack of or inconsistent attention, lack of or reduced vocal interactions, and lack of or reduction in language development. In particular, language impairments affect quiet word endings such as -ed, -ing, and -s (Davis, 1989).

Supporting Families

Once hearing loss is diagnosed, caregivers and specialists must partner with families to ensure the greatest benefit for the child. The Program for Infant/Toddler Caregivers (PITC) emphasizes the importance of partnerships between caregivers and family members. The program's goal is to establish and nurture healthy relationships among all involved: the caregiver, the child, the family, and the specialists. In order to strengthen these relationships it is helpful to have a system that keeps everyone involved and updated. Support systems should contain elements (e.g., a family newsletter, home-care journals, culturally and linguistically representative staff) that support these relationships. With these elements in place, everything else (such as adapting routines, materials, and environment) will occur more easily and with more success (Beginning Together, 2003).



The key to collaboration is to link the professionals together while maintaining communication with the families. To facilitate this process, someone needs to take initiative. Although it seems like a simple idea, there are many reasons connections do not happen. By exploring some of these barriers, we can identify several strategies that can promote connections (Brault, Jeffers, & Merry, 1997).

Table 4 describes a few of the barriers faced by child-care professionals. Table 5 then provides a variety of strategies to overcome these roadblocks.

Table 4

Common Barriers

1. Early childhood professionals are often underpaid for the important work that they do.
2. They often lack belief in their critical role (the importance they have in a child's life).
3. There aren't specialist resources available for some.
4. The number of children needing extra attention in any one setting may be out of balance.
5. Child-care professionals may feel under-skilled and under-trained when caring for children with special needs.
6. They are sometimes intimidated by jargon used or by specialist or parents.
7. There may be a lack of administrative or colleague support.
8. Many experience a lack of confidence.

Benefits

Educating children, staff, and parents is the beginning of instigating inclusion in the child-care program. When child-care providers learn different ways to modify their child-care programs, they will be able to design inclusive programs. Inclusive programs not only benefit children with disabilities, but they also allow children, parents, and teachers to adjust and grow together (Kendrick, Kaufmann, & Messenger, 1995).

Inclusion helps nondisabled as well as disabled children. When children with special needs participate in early childhood programs as welcome members of the

Table 5

Strategies to Overcome Barriers

1. Recognize parent expertise and be willing to learn from them. Be clear about your interest and willingness to learn from parents.
2. Reach out to parents. Listen for windows of communication.
3. Offer support by attending planning meetings (Individualized Family Service Plan – IFSP or Individual Education Plan – IEP).
4. Be willing to seek outside help and resources.
5. Use the community (workshops, meetings) and begin to network with various people in special education.
6. When networking, use parents and specialists to gain knowledge and share your knowledge.
7. Focus on creating a team effort with parents and specialists when working with the same child.
8. Encourage other providers in your setting to be sensitive and aware of parent's feelings and privacy if they happen to share information.
9. Help other caregivers realize that they can make a difference.
10. Emphasize positive aspects of all children to staff as well as parents.
11. Create a resource notebook for your site.
12. Let families and staff know that you are available for support or help.
13. Take advantage of additional training opportunities, either formal or through your own reading and networking.

class, they learn self-reliance and master new skills. As they work and play with other children, they are encouraged to strive for



greater achievements. Inclusion can help non-disabled children by teaching them to accept and be comfortable with individual differences. Some studies show that children's attitudes towards children with special needs become more positive when they have the opportunity to play together.

Inclusion can also help the parents of children with disabilities. These parents may feel less isolated when child-care professionals and specialists share the responsibility for teaching their child. The parents will see that some of the behaviors that concern them are probably typical of all young children, not just children with special needs.

Teachers can also benefit from the inclusion of students with special needs. Child-care professionals have the chance to make a significant impact on a child with special needs. The techniques they develop while working with these children will enhance their ability to meet the range of individual needs of all the children in their program. Many of the most effective teaching techniques were first developed for children with special needs.

Inclusion

The Early Childhood Research Institute on Inclusion (1999) has found that by modifying the curriculum, child-care providers can promote active participation both from children with and without disabilities. Inclusive classrooms can also be created by ensuring that spatial organization, materials, and activities enable all children to participate actively (Derman-Sparks & the ABC Task Force, 1989). During one such activity, a teacher might have children in the classroom help problem solve situations with the use of a disabled persona doll.

Communicating with Children with Hearing Loss

In order to provide a truly inclusive classroom environment, early childhood professionals must know the proper way to communicate with those children who are hearing impaired. There are three key strategies to keep in mind when communicating with children with hearing loss. First, you must keep your face in view. If the child can see what you are saying, it will also be easier for him or her to hear what you say. If you stand where your face is well lit, the child can easily see your facial expressions and read your lips. Therefore, avoid covering your face with objects (e.g., your hand, a newspaper, a book) when speaking (Oticon, 2003).

Secondly, be sure to speak clearly and at a normal pace to the child, and remember that you do not need to shout. If the child has difficulty understanding you, try rephrasing the sentence rather than just repeating yourself. Use visual aids whenever possible to aid the child in understanding your instructions (Oticon, 2003).

Finally, avoid background noise. Turn off any media and close any open windows to muffle the noise from traffic. You can also move closer to the child to make your voice louder or you can try to find somewhere quieter to talk. Make sure the chairs, desks, and tables in your classroom have rubber

stops to cut down on the noise. Use thick fabrics to muffle environmental sounds. Also, be sure your classroom is free of noisy fans and heating/cooling systems (Oticon, 2003).

Improving the Environment

There are a number of things that an early childhood center can do to improve the environment for children with hearing loss. Since these children must rely heavily on their other senses, programs should incorporate more tactile toys, labels, and smells. While interacting with the children, staff should make sure their communication includes lots of touching.

Deaf awareness activities will also promote inclusion and acceptance. Sign language lessons should be provided for the other children so that all can communicate. Centers should include posters that encourage staff, parents, and volunteers to learn and use sign language with the children. Encourage all speakers to face the child when speaking. Activities that encourage cooperative learning without a lot of verbal communication should be part of the schedule (e.g., larger puzzles that more than one student can work on, trucks, blocks, and cars).

It is important to ensure that the children with hearing loss understand directions and can follow through with an activity. Children and adults in the program need to be given information on how to interact with the child. This should include information on the child's technology, such as cochlear implants, hearing aids, and FM systems, and tips on how to communicate with the child face-to-face.

Programs should include a variety of items that show individuals who are hearing impaired. Curriculum should represent people with hearing loss or portray characters with hearing loss in stories. Teachers should incorporate items like dolls and books into their classroom to show children with hearing aids.



Part of creating an inclusive classroom is having an awareness of any precautions that need to be taken in regards to the disabilities represented in the classroom. When caring for a child with hearing loss, professionals need to be careful to protect the child's hearing aids and cochlear implants. Cochlear implants should be turned off during some playground activities. For example, static electricity caused by plastic equipment (especially plastic slides) can ruin cochlear implants. Hearing aids need to come off during water play. If the child is participating in any activity that will cause them to sweat, their hearing aids should be removed or they should wear special sweatbands designed to protect the hearing aids. Also, young children may not tell you when their batteries die, so professionals should check them often. For more safety suggestions, see "Safety Suggestions for Inclusive Centers" on pages 10 and 17.

Parent-teacher conferences can help inform teachers of specific needs of the child and the family. Parents can be the best source of information about an individual child's needs. They will be able to explain what does and does not work for their child. Teachers should make an effort to observe the child as much as possible to track their progress and discover which activities are most helpful for that child. The provider also needs ongoing in-service training by the parent or another professional, including training on the proper care of hearing aids and cochlear implants. If the child uses sign language, the child-care staff should learn to sign.

Safety Suggestions for Creating Inclusive Centers

Blocks:

Educating children on safety in this area is important; the children need to be very careful with the blocks. A child with hearing loss may not hear another child say “watch out” if they are knocking down a building structure they have built. It is important to look at the child and either sign to them or let them lip-read that they need to move out of the way. Labeling where the blocks and accessories go is important and taking pictures of the child with hearing loss building with the other children is critical for self-esteem. Also, teachers should consider incorporating various props that real-life children with hearing loss associate with, including miniature hearing dogs, miniature block people with hearing aids, miniature buildings with flickering lights, miniature road signs that signal that a hearing impaired child lives nearby, etc.

Housekeeping:

The housekeeping area should have pictures of children with hearing loss. The props should include various items that children with hearing loss use in their everyday lives. For example, consider including a lamp with an alarm clock connected to it that blinks when the alarm goes off and TTY phones that children can use to “talk” to each other.

Table Toys:

Table toys are often an individual activity time. If a child with hearing loss is focused on an activity and the teacher or children need to get the child’s attention, they need to touch the child gently, then look at them, and tell them what they need. If there is a transition time (like five minutes to clean up) the teacher should flick the lights so the child knows they have five minutes to finish their activity and clean up. Table toy activities should include puzzles with sign language pictures, puzzles with pictures of hearing-impaired children, TTY phones, hearing dogs, etc. It is critical to educate other children when playing board games with a child with hearing loss. It is important to show the child with hearing loss various cards and bingo numbers used during the board games.

Sand & Water:

Either of these activities can destroy hearing aids and implants. Educating staff and children on the importance of not getting sand or water on the child’s hearing aid or implants is critical. It may be a good safety measure to remove the child’s hearing aids or implants during water play to be on the safe side. If this does happen and the child is without their hearing aid or implant, communication is even more critical, looking at the child and signing/lip reading is important for them to be included in conversations.

Safety Suggestions for Creating Inclusive Centers

Library:

The library area should include books for and about hearing loss. There should be informative books on how hearing aids and cochlear implants work, how someone becomes deaf or hard of hearing, how to learn to lip read, how to learn to sign, what are the various instruments hearing impaired children use, what does a hearing dog do, etc. There should also be children's books written in sign language.

At story time, when a teacher is reading to the group, it is important for the teacher to look directly at the child with hearing loss so they can "hear" the story. Teachers might also consider providing the child with his or her own copy to read along or have someone sign the book to the child.

Music and Movement:

Music is very difficult for many children with hearing since they cannot always hear the beat. Sometimes when dancing, they may be a little bit off-beat because they may not hear some of the sounds needed for rhythm. It is important for the staff to continue to support and encourage the child to dance and move, even if he or she is off-beat. If the child is old enough, provide song lyrics in writing (or in pictures) so that the child can sing along. Again, there needs to be support and respect from the staff and children when the child sings off-key.

Art:

Allowing children to express themselves in art is very important for self-esteem. The main thing to keep in mind with art is that a child with hearing loss must be careful with their hearing aids or cochlear implants. They cannot get paint, glue, or other materials on them. Remind the child to wash and dry their hands after each art activity.

Cooking

Staff members need to ensure that safety rules and instructions are written down so that the child with hearing loss can participate while still understanding the safety precautions. With cooking projects, it is important to use cue cards that label the steps in the activity. If there are going to be five steps that all the children do, the steps should be written out and shown with pictures. If there are steps which specific children will be doing, write out steps for each child, not just the child with hearing loss. The staff could write the name of each child and what cooking activity they will be doing. It is important that they are all included in the written and verbal instructions, thus not singling out the hearing-impaired child.

Safety Suggestions for Creating Inclusive Centers

Computers:

Computers are extremely important to children with hearing loss, not only for playing games, but also for communicating. Many children with hearing loss prefer e-mailing or using instant messengers with their friends rather than calling or talking to them. Having a few computers where the children can practice e-mailing each other or using instant messengers would be beneficial for all the children by introducing technology while encouraging communication.

Outdoors:

Safety issues are the biggest outdoor concern for a child with hearing loss. There is a lot of noise, and communicating to the child quickly is very difficult. Many times, staff can shout, "Be careful, Johnny" or "that is not safe, Emily," and a child will hear them. This is not a choice with a child with hearing loss; the staff needs to actually get to the child and look at them or sign to them what is not safe. The best thing staff members can do is go over a list of outside safety rules with the children. The safety rules should be written and posted outside to help remind the children.

Water play and/or pools are also outside safety hazards for children with hearing loss. Many programs have water play days or outside pool fun. It is critical that the staff remind the child to take out their hearing aids or implants and place them in a safe location during these times. If a child accidentally gets the hearing aids or implants wet, they can break.

Hot weather and over-stimulating play is another hazard for children with hearing loss. The heat and exercise cause children to sweat, which can destroy the hearing aids. Again, if the child is going to be doing an activity that will cause them to sweat a lot, such as a sports day event or a specific game, then the staff members need to remind the child to take out the hearing aids or use a sweatband made especially for the hearing aids.

Conclusion

Education is an important part of every young child's life, including children with disabilities. When working with a child with hearing loss, teachers should research and find out as much as possible to ensure that the child receives the best possible care. Visiting a deaf or hard of hearing facility for young children will help teachers

identify new teaching methods and better communication techniques. They should become acquainted with community resources and individuals or groups they can rely on to give them the information and support that they need. By taking these steps, professionals will ensure the best possible education experience for all of the children.

Online Resources

www.deaf.com

This Web site provides an insight into deaf culture. Created and maintained by members of the deaf community, deaf.com does not contain facts about hearing loss, but rather advocates deaf causes.

www.nad.org

This Web site is sponsored by the National Association of the Deaf. It contains helpful information on advocacy issues, legal rights, educational issues, and technological aids such as cochlear implants.

www.deafchildren.org

Sponsored by the American Society for Deaf Children, this Web site is designed as a resource for deaf children and their families. Find helpful articles, advocacy partnerships, and information on IDEA and training options for parents.

www.agbell.org

This Web site offers a myriad of information helpful to parents or educators, including resources specifically designed to aid in educating the hearing impaired. The site is also available in a variety of other languages, including Spanish.

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The Child Development Associates (CDA) competencies that can be linked to this article are:

- To establish and maintain a safe, healthy learning environment
- To establish positive and productive relationships with families
- To support social and emotional development and to provide positive guidance

For more information on the CDA competency requirements, contact the Council for Early Childhood Recognition at 800-424-4310 or visit www.cdacouncil.org.

The Certified Childcare Professionals (CCP) professional ability areas linked to this article are:

- The ability to establish and maintain a safe, healthy, and nurturing learning environment
- The ability to enhance the social and emotional development of young children
- The ability to provide effective and nurturing learning environments in response to the individual needs of each child
- The ability to respond to the comprehensive service needs of children and their families

For more information on the CCP certification, contact the National Child Care Association at 800-543-7161 or visit www.nccanet.org.

how to help children delay gratification through make-believe play (part 1)

By Joanna Cemore, Ph.D.
Assistant Professor, Missouri State University

"I want it now!" Most adults have been bombarded with this request more than once. As a teacher, you may worry about keeping a balance between giving your children what they want and what they really need. It can be a difficult and heart-wrenching struggle doing what you think is best. What we do know about children and delay of gratification is that a child's behavior as young as age four can predict adolescent behaviors. Young children who are able to delay

gratification are more likely to be happier, get along better with peers, be more academically competent, and have higher SAT scores as teenagers. These children also have concurrent emotional, social, cognitive, and physical benefits as well. So now you may be asking how teachers and parents can increase children's ability to delay gratification. One answer is incredibly simple and doesn't require expensive tutors, equipment, or teammates – make-believe play!

Here are two typical scenarios for a preschool-age child:

Kim and Macy are playing house in the living room. Macy tells Kim, "I want to be the mom." "No, I want to be the mom. You were the mom last time!" Kim protests. "Why don't you be the sister? You can be the mom later," Kim continues. Macy sits down and doesn't say anything for a while. Kim starts to stir the imaginary pot in front of her, "I'm cooking dinner. Do you want to help?" "Okay, Mom," Macy says as she joins Kim. "I'll get the milk."

Julio and his dad are at the playground having a picnic. They are sitting at a picnic table with swings and sandboxes in view. Julio has finished eating and wants to play on the swings. Julio gets up from the picnic table and starts running to the swings. His father calls to him, "Come back here. It's not time to play yet. You need to wait a few minutes." Julio walks back to the picnic table, sits down, and waits for his father.

Which of these two situations is helping the child develop his or her ability to delay gratification? Surprise! It's the first one! Macy's decision to continue playing as the sister until later will help her develop delaying abilities, while Julio's waiting may not. Why? Julio's delay is imposed by his father while Macy's decision is self-imposed. Macy decided that if she wanted to continue playing with Kim (the greater reward) she would play as sister for now (the lesser reward). Julio on the other hand had no choice in the matter, he was told what to do. Children must be allowed to make choices early in life if they are to be expected to make good decisions later in life.

When children play, they are the ones in charge. This is good. Adults often mistakenly think they are teaching delay of gratification skills by imposing situations on the child where she has to wait, or by controlling situations. Actually, the opposite is true. Children who grow up with coercive parents are less likely than other children to be able to delay gratification. Interestingly, children who spend more time engaged in make-believe play are the children who delay gratification longer.

Make-Believe Play and Delay of Gratification

Delay of gratification is the ability to refrain from fulfilling immediate desires in exchange for fulfilling greater desires in the future. Several authors have stated that make-believe play is linked to delay of gratification, emotional regulation, self-regulation/self-restraint, self-determination, and/or persistence in play (Cemore & Herwig, 2005; Elias & Berk, 2002; Fantuzzo, Sekino, & Cohen, 2004; Krafft & Berk, 1998; Lindsey & Colwell, 2003; Meichenbaum & Goodman, 1971; Mischel & Baker, 1975; Singer 1955, 1961).

“Play is where we go to when we need to find ourselves, but it is through engagement of play that we organize what we need to know.”

— Lawrence D. Bruya,
Washington State University

As Vygotsky (1966) states, “play continually creates demands on the child to act against immediate impulse” (p. 548). Therefore, a constant conflict occurs during play. The child must struggle with the choice of playing by the rules of the situation or doing what he would do if he could act spontaneously. Many researchers have linked make-believe

play with the ability of preschool and early school-age children to delay gratification (Franklin, 1975; Mischel & Baker, 1975; Meichenbaum & Goodman, 1971; Riess, 1957; Saltz, Dixon, & Johnson, 1977; Singer, 1955, 1961). As research has shown, children who engage in more make-believe play at home and have more imaginary companions are also more likely to tolerate long waits and to delay gratification longer (Reiss; Singer). Saltz, Dixon, and Johnson (1977)

showed that adults could help increase children's self-delaying behavior by training them in sociodramatic play or fantasy play. Their study found that training children in make-believe play increases impulse control.

Advantages of Play and Make-Believe Play

In make-believe play, children make strides in numerous areas of development. Play is oftentimes an active experience, and thus is critical for a child's physical development. As children play, they make their own decisions and act on those decisions; they become the owners of their learning. Kohlberg (1968) states that:

what is most important in the development of the child is that which comes from within him . . . The pedagogical environment should be one which creates a climate to allow inner 'goods' (abilities and social virtues) to unfold and the inner 'bad'

to come under control of the inner good, rather than to be fixated by adult cultures. (p. 1014)

Make-believe play allows children to develop those skills valued as a society and to inhibit those that are not valued. In 2006, the American Academy of Pediatrics published a report in defense of play as a response to the recent push to shorten play time for young children. This report indicates a positive trend, reflecting decades of research on the importance of play on child development.

Social-Emotional Development

Make-believe play is highly interrelated to social and emotional development. In a recent address to The Association for the Study of Play, Sutton-Smith (2007) focused on “play as emotional survival.” He suggests that play allows children to transform the world to their own satisfaction. Primary and secondary emotions abound in play situations, which often involve struggles



of duality and deal with things that are dangerous. Children practice reciprocity, nurturance, and cooperation through make-believe play (Berger & Thompson, 1991). They also continue to develop cognitive skills that are crucial to positive social interactions, such as negotiation, compromise, and dispute resolution (Berk, 1993). Research has shown that social pretend play (one type of make-believe play) predicted scores on measures of social competence, popularity, and role-taking (Connolly, 1980; Connolly & Doyle, 1984). Creasey, Jarvis, and Berk (1998) propose that play encourages development by promoting social competence. They conclude that “play training” and the “systematic observations of children’s naturalistic play behaviors” (p. 117) are indicative of social development.

Other studies have found that children who engage in more pretend play have greater conversational success, emotional understanding, creativity, and divergent problem solving and thinking (DeKroon, Kyte, & Johnson, 2002; Lloyd & Howe, 2003; Seja & Russ, 1999; Russ & Kaugers, 2001; Russ, Robins, & Christiano, 1999; Wyver & Spence, 1999). Several studies have found that when children are trained in sociodramatic and/or fantasy play their scores increase on such features as perspective-taking ability, group cooperation, social-communicative behaviors, descriptive and request utterances, social participation, and impulse control (Craig-Unkefer & Kaiser, 2002; Rogers & Sawyers, 1988).

Social skills can be defined as children’s ability to manage their environment. There are six hierarchical levels of social play as defined by Parten (1932): unoccupied, onlooker, solitary, parallel, associative, and cooperative. (For more on these stages of play, See Table 1.) Parents and teachers who are aware of these levels can provide better opportunities for children to advance their social skills in appropriate intervals. Vygotsky (1966) asserts that children satisfy certain needs and incentives through solitary or social make-believe play. Play allows children to

feel productive and competent, resulting in feelings of personal satisfaction (White, 1958). While many studies report social benefits of play, additional studies have reported that play also promotes healthy emotional functioning (Rogers & Sawyers, 1988). The many emotional benefits of make-believe play include contentment, self-awareness, emotional awareness, sensibility, flexibility, and creativity.

Make-believe play results in many psychosocial benefits as well. Children who engage in more make-believe play often appear happier, see themselves as having greater peer acceptance, and are more flexible in new situations (Singer, 1973; Singer & Singer, 1985; Flannery & Watson, 1993). A study by Galyer and Evans (2001) found that children who engaged in make-believe play daily had significantly higher ratings of emotional regulation than those who did not. In addition, those who played make-believe with their parents were rated as having higher emotional regulation than those who did not. While social well-being and make-believe are interrelated, play and make-believe play offer children many other kinds of benefits as well.

Cognitive Development

Play is thought to reflect the cognitive level of the child as well as contribute to development by providing the context for growth. In a recent address, Bergen (2007) explained the possible parallels between brain development and play behaviors exhibited by children of various ages. Studies involving neuroimaging and animal play behaviors have aided in the revelation of these parallels. According to Vygotsky (1966), play is the leading source of development in the preschool years. When a child is deeply involved in play he is focused on the goal at hand and is able to sustain this focus for lengthy periods of time. This ability

to focus is what the child needs later in the elementary school grades for reading, writing, and arithmetic (Slade, 1998). During child-initiated play, children show more cognitive competencies than in other types of activities (Gmitrova & Gmitrov, 2004). This type of play also encourages the development of divergent thinking (decentration) or the ability to entertain alternative possibilities and creativity (Christie, 1983; Holmes & Geiger, 2002; Howard-Jones, Taylor, & Sutton, 2002; Pepler & Ross, 1981; Russ & Grossman-McKee, 1990; Russ & Kaugars, 2001; Russ, Robins, & Christiano, 1999; Sutton-Smith, 1997; Wyver & Spence, 1999). In several studies, children's levels of dramatic play

(one type of make-believe play) were found to correlate with perspective-taking abilities and memory (Cole & La Voie, 1985; Connolly & Doyle, 1984; Rubin & Maioni, 1975; Jensen, 1999, 2000; Newman, 1990). Make-believe play has been found by others to exercise flexibility in thinking that allows one to solve problems from a fresh perspective or

use a tool in a unique way (Adams, 1976; Hazen & Black, 1984; Rogers & Ross, 1986; Trawick-Smith, 1988). During play, children experiment with their understanding of mathematical concepts, including numbers, time, space, distance, size, and direction. Rubin and Maioni (1975) found that scores on classification and spatial perspective-taking tasks correlated significantly with the frequency of observed preschool dramatic play.

FLOW

The state of a child engaged in play is similar to what Csikszentmihalyi (1990) describes as the condition of FLOW:

a sense that one's skills are adequate to cope with the challenges at hand . . . concentration is so intense that there is no attention left over to think about anything irrelevant,

“Don't trusts anyone who won't play!”

*– Jay Mechling
Board Member of The Association
for the Study of Play*

or to worry about problems. Self-consciousness disappears, and the sense of time becomes distorted. An activity that produces such experiences is so gratifying that people are willing to do it for its own sake, with little concern for what they will get out of it, even when it is difficult, or dangerous. (p. 71)

Table 1

Parten's Stages of Play

Unoccupied

The child does not engage in play. He may stand idly, seemingly uninterested in the play activities of others. (The child moves about the room without purpose, disinterested in materials and activities, or may stare into space.)

Onlooker

The child watches others at play, but does not enter into ongoing play. (One child stands near the blocks and watches other children build.)

Solitary

The child plays alone and is actively engaged. (One child works a puzzle alone.)

Parallel

Children play at the same task near each other, perhaps talking and sharing similar materials and equipment, but each works independently on a project. (Several children sit together at a table, sharing markers, but each drawing their own picture.)

Associative

Several children play together in a similar, but loosely organized activity; however, the activity does not have a group goal or purpose. (Children chase each other on the playground.)

Cooperative

Several children play together working toward the same goal. (Children work together to build a fort.)

Because children are in this state of intense concentration during play, the immediate benefits and future outcomes for development are profound. This state is one of freedom and total engagement. Vygotsky (1966) and Piaget (1962) similarly describe children who are able to perform above their normal daily abilities and skill level when engaged in make-believe play.

Theory of Mind

Play is thought to reflect the cognitive level of the child as well as contribute to development by providing the context for growth. In a recent address, Bergen (2007) explained the possible parallels between brain development and play behaviors exhibited by children. A child's "developing concept [sic] of mental activity" (Bjorklund, 2000, p. 214) is known as the theory of mind. This area of research has grown substantially in the last two decades and the relationship of theory of mind to pretense has been an especially hot topic. There has been some evidence and discussion that there is a link between make-believe play and the child's developing theory of mind (Berguno & Bowler, 2004; Harris 1994; Lillard, 1993; Schwebel, Rosen, & Singer, 1999). The rationale for this link is evident in the essence of many play theories and was first identified with the actual terminology "theory of mind" by Leslie (1987). Leslie explained that make-believe play affords children the opportunity to understand others' thoughts, beliefs, and feelings, or at least experiment with these concepts.

Language Development

Correlations in the development of language and play are widely recognized. The relation is drawn between symbolic usage in play and language as well as the indications that during play children make their first attempts to read and write (Rogers & Sawyers, 1988). Therefore, opportunities for children to engage in make-believe play may provide more

opportunities for advancement of language skills. In play situations, children use and are exposed to more vocabulary; the use of descriptive and colorful word choices is more prominent during play than in other types of activities. Play also allows children to gain a greater understanding of logical sequences (Davidson, 1998). Studies have shown that children trained in sociodramatic play perform better than other children on various language arts skills, like story comprehension and recall (Lim, 1998; Pellegrini & Galda, 1982; Saltz,

Dixon, & Johnson, 1977; Saltz & Johnson, 1974). This use of language in play situations is related to both present and future literacy skills, such as elaborated language, reading achievement, receptive vocabulary, and word encoding (Fantuzzo, Sekino, & Cohen, 2004; Neuman & Roskos, 1990, 1993, 1997; Pellegrini, 1984; Roskos, 1990; Roskos & Neuman, 1993, 1998). Greater incidence of play is related to greater language development (Lyytenin, Laakso, & Poikkeus, 1999; Snyder & Schere, 2004; Yoshinga-Itano, Snyder, & Day, 1998).



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how to help children delay gratification through make-believe play (part 2)

By Joanna Cemore, Ph.D.
Assistant Professor, Missouri State University

What Your Children Want to Play

Infants want to play with YOU! The most effective play for an infant is conversations, songs, and games such as peek-a-boo. Toys that react to your child's actions are most appropriate at this age. Your baby's inquisitive face turns into a wide smile and is accompanied by an invigorating giggle when the mobile she's kicking begins to play music. She's discovering she can make things happen.

Toddlers (12 months to 3 years) are most interested in playing things they know and care about most, their home life and you! A toddler will prefer to pretend the rituals set up in his family and/or center, such as eating, sleeping, bathing, and cleaning. He'll also enjoy pretending he is the father, mother, sister, brother, baby, or dog.

Four-year-olds have more experiences and ideas formulated about the outside

world and will start acting those out. A four-year-old may pretend she is a teacher or a doctor. She may pretend to run errands, such as grocery shopping, getting her hair done, or putting gas in the SUV.

Kindergarteners' play often focuses on fantastical events and good versus evil. A kindergartener will act out situations from books and movies, such as Cinderella and Spiderman. He will create grandiose opportunities to protect and save others, whether he is saving the world from destruction or his little brother from a monster. This is a vital time for him to explore and express the morals families and teachers are instilling in him.

You will improve the quality of children's lives by adopting these strategies. Children who engage in make-believe play more often tend to delay gratification longer. Set your children up for success – and in return they may be happier, more competent children and adolescents.

“Be courageous to your beliefs that children interpret their world and learning through the freedom they find in play – and remember to play with them.”

*– Audrey Skrkupskelis
President of the International
Play Association – USA*

Increasing Make-Believe Play

Make-believe play is essential to the well-being of children (Institute for Play, 2006). As Sutton-Smith succinctly stated, “the opposite of play is not work. It is depression” (Saffa, 2000). What follows are some ways you as a teacher can help increase the amount of make-believe play the children you teach and their families engage in to help promote well-being of the whole child.

Value Play

Teachers who value play have children who play more! Show children you want them to engage in fantasy play and that it is important to you. Use the topic of play in conversation with your children.

“What did you want to play today?”

“What did you play today?”

“Who did you play with this morning?”

“What do you want to play tomorrow when you come back to school?”

“I’ll help you clean up your toys when you are finished. You are playing now and that’s important.”

Make Time

Set aside time every day for make-believe play. Children move into more complex levels of play the longer they engage in the activity. So, allow your children time to get really involved in a make-believe situation. Begin structured activities a little later in the day after your children have had extended periods of time to pretend. Encourage parents to schedule “play dates” and “pretend time” into their weekend activities and leave the television off or turn it off for “play time.”

Show Them How

It is shocking, but some children don’t know how to play. Children need to be shown how

to play. You can encourage your children by pretending with them.

“You are going to the dentist tomorrow. Let’s pretend I am the dentist and you are the patient. What do you think will happen?”

“Your baby doll is wet. I’m going to change his diaper. Can you get me the wipes?”

“I was thinking today how it would be fun to be able to fly. Where would you go if you could fly anywhere?”

Children love to play with adults. Your interaction can help them be more involved in play. Remember that once children know how to play, let them take the lead. If you get involved in their play, follow the lead and do not interfere.

Provide Props

The use of props encourages more elaborate and complex levels of make-believe play. Provide both realistic props, such as dolls and cars, as well as materials without clear functions, such as fabric, blocks, and paper.



These types of materials can be used to represent many different items in a pretend situation. For example, a block can be a phone, a car, a piece of food, or part of a structure, such as a farm, house, or post office.

Incorporate pretending into your daily routines by providing realistic props for your children that you use in your school. Brooms, water pails, and sponges you use to clean the room are interesting to young children. Have adult writing materials and clipboards around that you use for observation so that the children can use these objects in a similar way.

Provide parents with at-home pretend play suggestions. For example, parents can set empty pots and spoons on the floor or table for a toddler to play with while dinner is being prepared. Suggest that parents provide their three-year-old with a pail of water and a brush to “paint the house” while other family members are doing outdoor chores. Old shoes and clothes can be kept in a box or luggage for dress-up.

There are plenty of cheap and easy props in the home or local consignment shops. Add some of the items listed on page 31 to your classroom’s play area.

Figure 1

Play Improvement Plan				
Identified Needs	Short-Term Goal	Resources Needed	Long-Term Goal	Resources Needed
<p>What will I do first? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				

- Paper-towel rolls
- Baskets, suitcases
- Scarves, hats, shoes, and other adult-sized articles of clothing
- Dishes, cups, utensils
- Broom, mop, duster
- Laundry basket
- Paper, pencils, markers, chalkboard, chalk, stapler, scissors
- Hairbrushes, curlers, barrettes
- Make-up, mirrors
- Containers of various sizes and water
- Stuffed animals, dolls, blankets
- Bank deposit slips, old checks
- Envelopes, stamps
- Old magazines, catalogs



If you have the available funds, think about purchasing quality wooden blocks. You can add to this collection periodically or on a yearly basis, as funds are available. Blocks offer opportunities for greater complexity in thought and creativity for all ages and are required in most child-care centers.

Create an Action Plan

Implementing these ideas into a classroom can seem like a monumental task. One way to make this easier is by creating an action

plan. Identify the play needs of your classroom based on what you've read (see Figure 1), then decide what you can do to meet those needs (both short-term and long-term). Some needs might be easier to accommodate than others. For example, you could identify a need for more free time to engage in make-believe play. A short-term goal could be to re-examine the classroom schedule to see where you can add more extended blocks of free play time. A long-term goal could be to create more outdoor make-believe play materials. Lastly, decide what you will do first. Plans are great, but without implementation of those plans your children may not benefit. Meeting these goals may require extra time and money, but if the result allows children to better develop their social/emotional skills and their ability to delay gratification, then the benefits are well worth the cost.

Online Resources

<http://www.csuchico.edu/kine/tasp/>
The Association for the Study of Play (TASP)

<http://www.ipausa.org/>
The International Play Association – USA

<http://www.museumofplay.org/>
The Strong National Museum of Play

http://nifplay.org/front_door.html
The National Institute for Play

<http://www.naeyc.org>
The National Association for the Education of Young Children

<http://www.acei.org>
Association for Childhood Education International

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