

# **Social and Emotional Development in the Early Years**

## ***Presenter's Guide***



*A project supported by the BC Healthy Child Development Alliance*  
<http://www.childhealthbc.ca/bchcda>

This presenter's guide and the accompanying Power Point presentation was prepared for the BC Healthy Child Development Alliance by Evelyn Wotherspoon ([www.evelynwotherspoon.ca](http://www.evelynwotherspoon.ca)), in partnership with the Public Health Agency of Canada (PHAC). The views expressed in this publication do not necessarily reflect the official views of the Public Health Agency of Canada.

To download the most up-to-date version of this guide, please visit:

<http://www.childhealthbc.ca/bchcda>



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# 1 Purpose of the *Social & Emotional Development in the Early Years* Presentation Package

The BC Healthy Child Development Alliance created this presentation package as an adaptable resource to raise awareness about the mental health needs of infants and toddlers.

The presentation package consists of:

1. A slide presentation with detailed notes for many of the slides to aid the presenter
2. Tailored handouts for audiences of:
  - *Health Care Providers*
  - *Early Childhood Development & Parent Support Providers*
  - *Child Welfare Workers*
3. A pamphlet for parents
4. A presenter's guide with key information about preparing and offering the presentation of *Social & Emotional Development in the Early Years*

The slide presentations and supporting handouts are designed to give audiences of professionals a basic understanding of infant mental health, how infant mental health and child development are closely tied to one another, and practical strategies for screening and support. These presentations are not designed to provide advance training for audiences already familiar with the infant mental health body of knowledge.

The presenter using these slides is expected to have training in infant mental health and/or early childhood development.



## Core Concepts

(Center on the Developing Child at Harvard University)

This presentation is intended to emphasize the following core concepts based on extensive research investigating how the public thinks about infant mental health, common default positions adopted by the public in the absence of good information, and widely shared cultural beliefs about the emotional world of the infant.

(Davey L; 2010)

1. Healthy development occurs in the context of a relationship.
2. Experience shapes brain architecture by over-production of connections followed by pruning
3. Brains are built from the bottom up: Skills beget skills
4. Serve and return interaction builds healthy brain architecture
5. Cognitive, emotional and social development are connected: You can't do one without the other
6. Toxic stress damages developing brain architecture
7. The ability to change brains and behaviour decreases over time

### Suggested Readings:

- Center on Developing Child at Harvard University. Core Concepts in the Science of Early Childhood Development [http://developingchild.harvard.edu/index.php/library/multimedia/interactive\\_features/coreconcepts/](http://developingchild.harvard.edu/index.php/library/multimedia/interactive_features/coreconcepts/)
- Davey, L. How to Talk About Children's Mental Health: A FrameWorks Message Memo [http://www.frameworksinstitute.org/toolkits/cmh/resources/pdf/CMH\\_MM.pdf](http://www.frameworksinstitute.org/toolkits/cmh/resources/pdf/CMH_MM.pdf)

## Core Messages\*

### What develops:

#### Brain architecture simplifying model

The basic architecture of the human brain is constructed through an ongoing process that begins before birth and continues into adulthood. Like the construction of a home, the building process begins with laying the foundation, framing the rooms and wiring the electrical system in a predictable sequence. Early experiences literally shape how the brain gets built: a strong foundation in the early years increases the probability of positive outcomes; a weak foundation increases the odds of later difficulties.

#### How it gets built: Serve and return

The interactive influences of genes and experience shape the developing brain. The active ingredient is the "serve and return" relationship of infants with their parents and other caregivers. Like the process of serve and return in games such as tennis and volleyball, young children naturally reach out for interaction through babbling and facial expressions. If adults do not respond by getting in sync and doing the same kind of vocalizing and gesturing back, the child's learning process is incomplete. This has negative implications for later learning.

#### How it's disrupted: Toxic stress

Chronic stressful conditions such as extreme poverty, abuse or severe maternal depression — what scientists now call "toxic stress" — can disrupt the architecture of the developing brain. This can lead to lifelong difficulties in learning, memory and self-regulation. We know that children who are exposed to serious early stress develop an exaggerated stress response that, over time, weakens their defense system against diseases from heart disease to diabetes and depression.

\*Excerpt from FrameWorks Institute: Early Child Development toolkit: The Core Story of Child Development. 2011 [http://frameworksinstitute.org/toolkits/ecd/resources/pdf/ECDToolkit\\_core\\_story.pdf](http://frameworksinstitute.org/toolkits/ecd/resources/pdf/ECDToolkit_core_story.pdf)

Also see: Davey L; 2010

## Common Misunderstandings About The Mental Health Of Infants

- ❌ Children don't understand or remember emotional events so they don't have lasting mental health problems.
- ❌ Children's emotional problems are simple and transient, not serious or chronic.
- ❌ Children are more resilient and adaptable to adversity than adults; they can more easily overcome emotional hardships or setbacks.
- ❌ Mental illness is inherited/genetic/familial – you get what you get, there is nothing that can be done to change your genes.
- ❌ The “family bubble” – parents are responsible for the wellbeing of children, intervention begins and ends within the family. Individuals who hold this view will have a model for addressing mental health problems.
- ❌ Child development is about rolling, sitting, standing, walking, talking. It is not about learning to empathize with others, learning to handle and express emotions, learning to focus attention and constrain impulses, etc. Many people have difficulty seeing the connection between child health, child development and mental health. This is especially true in relation to infants and young toddlers.
- ❌ Aging up – when the topic of infant mental health does come up, individuals tend to think of older toddlers or preschoolers rather than children under one year of age.




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## Preparing For This Presentation

Presenters may wish to review the following online lectures for examples of how this material can be used:

- ✓ **Wotherspoon E. Lecture One: The Core Story of Child Development. [Video]. Series: When Science Meets Practice: Supporting High Risk Infants and Toddlers.**  
<http://www.research4children.com/admin/contentx/default.cfm?PageId=89418>
- ✓ **Shonkoff, J. Building Blocks for a Healthy Future**  
<http://www.albertafamilywellness.org/resources/video/building-blocks-ii-speakers-dr-jack-shonkoff>
- ✓ **National Science Council on the Developing Child. InBrief: The Foundations of Lifelong Health**  
*(7 minutes)* Center on the Developing Child Lecture, Harvard University  
[http://developingchild.harvard.edu/library/multimedia/inbrief\\_series/inbrief\\_\\_the\\_foundations\\_of\\_lifelong\\_health/](http://developingchild.harvard.edu/library/multimedia/inbrief_series/inbrief__the_foundations_of_lifelong_health/)

# 2 **Presenter's Guide to *Social & Emotional Development in the Early Years* Presentation**

## ***Presentation Strategies***

- ***The goal*** of this presentation is to offer clarity and guidance about what professionals can do to promote infant mental health within the context of their daily practice. This presentation is intended to motivate concern for the mental health of infants and provide practical ideas for supporting the mental health of infants. Stick to the core concepts, avoid talking about esoteric issues or indulging in complex in-depth explanations unless they are: a) matched to the audience skill level and b) lead to concrete strategies.
- ***Rely*** on the handouts provided to give participants more details. PPT slides can provide a guide for the presenter and audience to follow, but too much information on slides is not helpful.
- ***Emphasize*** the messages you wish to convey rather than spending time on the common myths or erroneous beliefs about infant mental health. Research suggests that audiences tend to confuse the myths with the facts later on.
- ***Avoid*** triggering default explanations or widely held cultural models that will interfere with your message (another reason not to talk about myths). Imagery, case examples, interventions, and so on, should all emphasize the infant as a person who is engaged in relationships – relationships that are the cornerstone of human development. Promoting mental health and optimal development in infants means promoting healthy relationships between infants and caregivers.
- ***Know your audience.*** If the presentation is being delivered to a specific professional group, ensure that the presenter is very familiar with *its* work. For example, presentations to child welfare audiences should be delivered by a presenter familiar with child welfare work. Alternatively, enlist an individual from that profession to assist with case examples and discussion.
- ***Presenters will have a range of time frames*** within which to deliver this presentation. As a rule of thumb it takes about three minutes per slide to comfortably deliver (not including introduction, acknowledgements, and thank-you slides) this content. Do not rush a presentation or try to 'squeeze in' more content than time allows. Consider carefully the needs of the audience, the core message you want to deliver, and the time allotted. Select the slides accordingly.

## ***Presentation Options***

There are four variations of the presentation each of which is geared to a different length. The presentation lengths and instructions are as follows:

**A - 30 mins** Show the slide presentation only.

**B - 60 mins** Show the slide presentation and include one case example

**C - 90 mins** Show the slide presentation and include one case example

**D - 120 mins** Show the slide presentation and include at least one case example

Focus the presentation on strategies and case examples. Audience feedback consistently rates strategies as the most helpful aspect of the presentation. The time allotted for the case examples and group discussion can be shortened or lengthened according to the time available. Solicit practical ideas in a group discussion of a case example.

The most powerful and adaptable strategies are ones that encourage parents or caregivers to follow the child's lead in one-to-one play such as Floortime or Child Lead Play. For more specific ideas see How to Use Greenspan's Floorplay at [http://www.ehow.com/how\\_2149859\\_use-greenspans-floortime.html](http://www.ehow.com/how_2149859_use-greenspans-floortime.html) or Six Steps to Follow the Child's Lead from Hanen at [http://www.hanen.org/Images-for-public-site/Links---Sample-PDFs/TTS\\_1-ENS.aspx](http://www.hanen.org/Images-for-public-site/Links---Sample-PDFs/TTS_1-ENS.aspx)

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## ***Further Information on Strategies***

### **1. Promoting Attachment**

Appleyard K. & Berlin LJ. Supporting Healthy Relationships Between Young Children and Their Parents: Lessons from Attachment Theory and Research. 2007

### **2. Addressing Trauma**

Perry, BD. Bonding and Attachment in Maltreated Children: Consequences of Emotional Neglect in Childhood. 2001

Alberta Family Wellness Initiative. 2010 Early Brain & Biological Development Symposium. <http://www.albertafamilywellness.org/resources/video/2010-early-brain-biological-development-symposium-summary>

Center on the Developing Child at Harvard University. Core Concepts in the Science of Early Childhood Development. <http://developingchild.harvard.edu/>

In addition, Circle of Security has some very useful materials and handouts that are available for free and some for purchase. Its Shark Music DVD, for example, nicely demonstrates the experience of trauma from the point of view of a trauma victim. A video follows a path to the ocean with pleasing music, and then shows the same clip with menacing 'jaws' type of music to illustrate how an innocuous event can seem threatening to a traumatized individual.

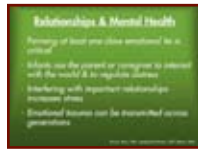
Mind in the Making also has some great ideas for promoting self-regulation, flexible thinking, and social emotional skills. It is available as a downloadable video book (or Vook) for under \$5. Galinsky E. Mind in the Making: the Seven Essential Life Skills Every Child Needs.



# Source Material For Slides



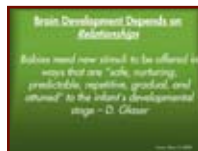
**Slide 5 What is Infant Mental Health?**  
 Zero To Three: Definition of Infant Mental Health



**Slide 7 Relationships and Mental Health**  
 National Scientific Council on the Developing Child. Persistent Fear and Anxiety Can Affect Young Children's Learning and Development



**Slide 10 What Develops**  
 Rubin J. What Makes Us Human?  
 Galinsky E. Mind in the Making: the Seven Essential Life Skills Every Child Needs



**Slide 13 Brain Development Depends on Relationships**  
 Glaser D. Child abuse and neglect and the brain – a review.



**Slide 16 Mindreading**  
 Rubin J. What Makes Us Human?  
 Galinsky E. Mind in the Making: the Seven Essential Life Skills Every Child Needs



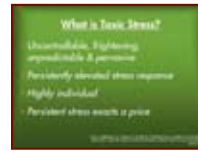
**Slide 17 The Triangle**  
 Rubin J. What Makes Us Human?  
 Galinsky E. Mind in the Making: the Seven Essential Life Skills Every Child Needs



**Slide 18 Focus and Self Control**  
 Rubin J. What Makes Us Human?  
 Galinsky E. Mind in the Making: the Seven Essential Life Skills Every Child Needs



**Slide 21 The Stress Response System**  
 Alberta Family Wellness Initiative. 2010 Early Brain & Biological Development Symposium (Dr. Hill's lecture)



**Slide 25 Toxic Stress**  
 National Scientific Council on the Developing Child. Excessive Stress Disrupts the Architecture of the Developing Brain



**Slide 26 Period of Purple Crying**  
[www.purplecrying.info](http://www.purplecrying.info)  
 National Center on Shaken Baby Syndrome. Period of Purple Crying



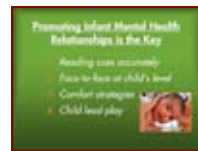
**Slide 28 Long-Term Health Outcomes of Chronic Stress Early in Life**  
 Hill M. *The Good, the bad and the damaging: chronic stress and the concept of allostatic load*

Additional Source

Shonkoff J. The Science of Child Development and the Future of Early Intervention



**Slide 31 When Babies Witness Violence**  
 National Scientific Council on the Developing Child. Persistent Fear and Anxiety Can Affect Young Children's Learning and Development



**Slide 34 Promoting Infant Mental Health Relationships is the Key**

**AND**



**Slide 35 Stack the Odds in the Child's Favor**

These two slides are offered as suggestions for presenters. The needs of the audience, the amount of time available, etc. will determine how much emphasis can be placed on practical strategies, the kinds of strategies that can be presented (health strategies or child welfare strategies for example) and how many can be covered. Rely on the handouts for more information

## ***Videos Resources Required For This Presentation***

This presentation includes video clips of babies from commercial productions. These video clips are noted below at the place in the presentation where they appear with relevant ordering information:

- Slide 9** Attachment Network of Manitoba. *Listening to Baby*  
<http://www.attachmentnetwork.ca/index.php?act=viewProd&productId=2>
- Slide 12** Hertzman C. *Sensitive Periods in Early Brain Development*  
<http://www.youtube.com/HumanEarlyLearning#p/u/1/M89VFlk4D-s>
- Slide 14** Klaus M, Klaus P. *The Amazing Talents of the Newborn: A Video Guide for Healthcare Professionals and Parents*. Johnson & Johnson Pediatric Institute. Phone: 877 565-5465 Fax: 877 565-3299 [www.parentsaction.org](http://www.parentsaction.org)
- Slide 24** *Still Face Experiment* - Tronick, Edward  
<http://www.youtube.com/watch?v=apzXGEbZht0>
- Slide 30** Santa Barbara Graduate Institute. *Trauma Brain and Relationship: Helping Children Heal*. Email: [tr@sbgj.edu](mailto:tr@sbgj.edu) Phone: 805 963-6896  
Order from: [traumabrainrelationship@gmail.com](mailto:traumabrainrelationship@gmail.com)
- Slide 36** Attachment Network of Manitoba. *Listening to Baby*  
<http://www.attachmentnetwork.ca/index.php?act=viewProd&productId=2>
- .....

# 3 Case Examples

## *Child Welfare Workers*

Rose is a 22-month-old infant who was recently removed from her parents' care and was placed in a foster home with her 5-year-old sister. The child welfare history was of one year duration and included concerns about chronic neglect of medical and dental needs, poor nutrition, lack of household routines, and the unhygienic condition of the home.

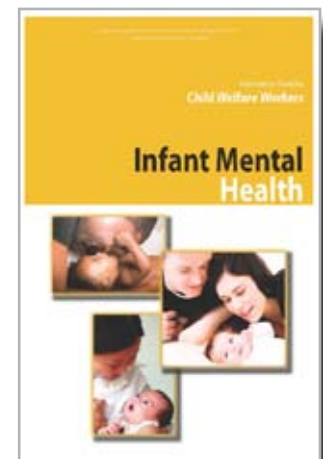
The mother had a history of depression and anxiety and she admitted that things had deteriorated recently. She said she and the children rarely left the house. The social worker felt the mother had some insight into her mental illness. The mother agreed to contact her family doctor and resume medication.

At a medical appointment Rose appeared despondent; she stood in the middle of the office crying and only reluctantly sought comfort from the foster parent. She was iron deficient but otherwise healthy. She had little exposure to activities to promote her development which may have contributed to her low scores on the developmental screening.

In the foster home, she was distraught and whiny. On visits with her biological family, Rose was wary of strangers, such as the social worker, and retreated to her mother's lap. Her mother usually allowed Rose to remain on her lap, holding her comfortably throughout interviews with the social worker.

### **Use the handout to plan an intervention strategy for Rose.**

*Rose was likely overwhelmed on a sensory and emotional level by the noisy, busy environment of the foster home. After all, this was a toddler who had known only two adults in her life and had little experience with the world outside of her home. On the other hand, Rose seemed attached to her mother. The parents were offered support during visits that included teaching them relationship-building strategies such as getting down on the floor to play and learning to read and respond to the children's cues. The mother's resumption of treatment for her own depression, the family's willingness to accept ongoing community support along with therapeutic visit coaching during the time in foster care, allowed Rose to return to her parents' home successfully.*



# Case Examples

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## Health Care Providers

A family doctor is asked to see 15-month-old Donny because he is always tugging at his ears and his mother wonders about an ear infection.

Donny's 18-year-old mother is expecting a second child and is being evicted from her apartment at the end of the month.

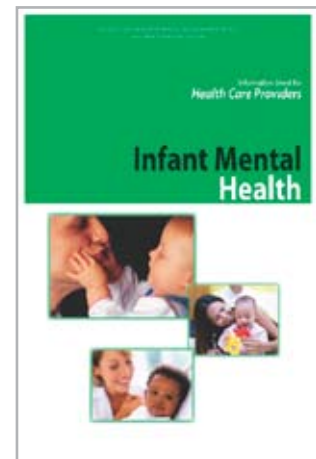
During the interview the mother discloses that there had been frequent and violent disputes between the parents, but she has recently separated from her abusive partner and does not intend to have any further contact with him.

During the appointment, Donny falls and hurts himself. He immediately approaches the physician (a stranger to him), crying. He pauses, then turns to his mother, stops crying, and freezes for a moment. After about 30 seconds, he resumes crying while frantically tugging his ear. His mother comments that it is this behaviour that has her wondering if he might have an infection. The exam reveals no concerns.

**Use the handout to plan a strategy to help Donny and his mother.**

*Donny's behaviour suggests that he does not have a consistent, organized strategy for handling distress. This is a troubling sign of a disturbed attachment with his mother, and his ear-tugging is most likely a primitive, self-soothing strategy he has adopted.*

*In this example, Donny's behaviour suggests a disturbed attachment relationship with his mother because he is unable to use her as a source of comfort following a minor stressful event (injury). Donny's mother is coping with numerous life stressors and trauma from her own childhood, causing her to be less emotionally available to her infant at a time when he had high needs to be nurtured and reassured. This puts him at increased psychological risk. In addition, the risk factors burdening this mother and her infant have stressed their attachment relationship, and the stressed attachment relationship further increased Donny's vulnerability to those risks.*



## Case Examples

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# ***Early Childhood Development & Parent Support Providers***

## ***(Early Intervention and Community Service)***

Joey, eight months, was referred for services when a developmental screen revealed that he was showing some delays in communication and social interest.

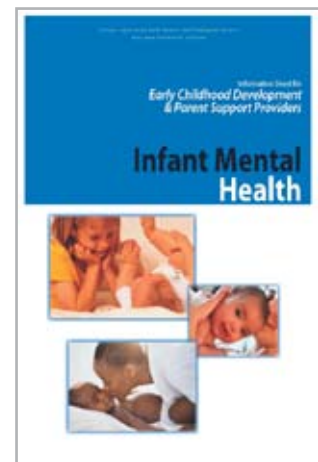
The early intervention worker arranges a home visit with the young mother and her husband. Joey's parents agree that he is a good baby and rarely cries. Joey is held on his mother's lap facing away from her and appears to have poor posture.

He does not look at the consultant. Joey's mother is also flat and passive, saying little unless prompted. The family lives in a small dark basement suite.

Joey's father works at a seasonal job from which he will be laid off soon. The interview reveals that Joey spends most of his day in his crib or in his car seat.

**Use the handout to plan a strategy to help Joey.**

*In this case maternal depression and lack of responsiveness is likely contributing to Joey's delays. Offering early intervention may be less of a priority than helping the family address housing and financial problems through referrals. The EI worker could explore sources of support such as extended family, interest in learning about community services such as subsidized housing etc., and willingness to acknowledge and address mom's possible depression. Emotional support to the parents may be as effective as other strategies aimed at promoting development.*



## 4 Source Materials & References (Sept 19, 2011)

Alberta Health Services Collaborative Mental Health Care Team:

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=2141>. Accessed Sept 16, 2011.

Ages and Stages Questionnaire/ ASQ Social Emotional:

[www.brookespublishing.com/store/books/squires-asqse/index.htm](http://www.brookespublishing.com/store/books/squires-asqse/index.htm). Accessed Sept 16, 2011.

Alberta Family Wellness Initiative. 2010 Early Brain & Biological Development Symposium.

<http://www.albertafamilywellness.org/resources/video/2010-early-brain-biological-development-symposium-summary>. Accessed Sept 16, 2011.

American Academy of Pediatrics, Committee on Early Childhood, Adoption and Dependent Care. Developmental Issues for Young Child in Foster Care; 2000; 106(5), 1145.

American Academy of Pediatrics: [www.aap.org](http://www.aap.org). Accessed Sept 16, 2011.

Appleyard K, Berlin LJ. Supporting Healthy Relationships between Young Children and Their Parents: Lessons from Attachment Theory and Research. Durham, North Carolina: Center for Child and Family Policy at Duke University; 2007. <http://childandfamilypolicy.duke.edu/pdfs/pubpres/SupportingHealthyRelationships.pdf>. Accessed Aug 12, 2011.

Assessing Emotional Neglect in Infants: <http://www.cecw-cepb.ca/publications/523>. Accessed Sept 16, 2011.

Benoit D, Infant-Parent Attachment: Definition, Types, Antecedents, Measurement and Outcome. Paediatric Child Health. 2004; 9(8): 541-5.

Best Chance website (including Baby's Best Chance and Toddler's First Steps): [www.bestchance.gov.bc.ca](http://www.bestchance.gov.bc.ca). Accessed Sept 16, 2011.

Brazelton TB, Greenspan S. The Irreducible Needs of Children: What Every Child Must Have to Grow, Learn, and Flourish. Da Capo Press; 2007.

British Columbia Handbook for Action on Child Abuse and Neglect for Service Providers: [www.mcf.gov.bc.ca/child\\_protection/pdf/handbook\\_action\\_child\\_abuse.pdf](http://www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf). Accessed Sept 16, 2011.

British Columbia Pediatric Society: [www.bcpeds.ca](http://www.bcpeds.ca). Accessed Sept 16, 2011.

Canadian Pediatric Society: [www.cps.ca/english/publications/MentalHealth.htm](http://www.cps.ca/english/publications/MentalHealth.htm). Accessed Sept 16, 2011.

Centre of Excellence for Early Childhood Development:

[www.excellence-earlychildhood.ca/home.asp](http://www.excellence-earlychildhood.ca/home.asp). Accessed Sept 16, 2011.

Center on the Developing Child at Harvard University. Child Development Fact Sheet; 2011.

[www.developmentchild.harvard.edu](http://www.developmentchild.harvard.edu). Accessed Aug 18, 2011.

Center on the Developing Child at Harvard University. Core Concepts in the Science of Early Childhood

Development. [http://developingchild.harvard.edu/index.php/resources/multimedia/interactive\\_features/coreconcepts/](http://developingchild.harvard.edu/index.php/resources/multimedia/interactive_features/coreconcepts/). Accessed Aug 12, 2011.

Center on the Developing Child at Harvard University. The Foundations of Lifelong Health Are Built in Early Childhood; 2010. <http://www.developingchild.harvard.edu>. Accessed Sept 2, 2011.

Child Trauma Academy: [www.childtrauma.org](http://www.childtrauma.org). Accessed Sept 16, 2011.

Circle of Security. <http://www.circleofsecurity.org/>. Accessed Aug 12, 2011.

Cooper m; Hoffman K; Marvin R & Powell B. Building a Secure Attachment with Your Baby. 2000.

[www.circleofsecurity.org](http://www.circleofsecurity.org). Accessed Aug 15, 2011.

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- Davey L. How to Talk About Children's Mental Health: a FrameWorks MessageMemo. FrameWorks Institute; 2010. [http://www.frameworksinstitute.org/toolkits/cmh/resources/pdf/CMH\\_MM.pdf](http://www.frameworksinstitute.org/toolkits/cmh/resources/pdf/CMH_MM.pdf). Accessed Aug 12, 2011.
- Edinburgh Postpartum Depression Scale (pre and post natal screening tool for depression in mothers): [www.perinatalervicesbc.ca/Edinburgh%20Perinatal%20Postnatal%20Depression%20Scale.htm](http://www.perinatalervicesbc.ca/Edinburgh%20Perinatal%20Postnatal%20Depression%20Scale.htm). Accessed Sept 16, 2011.
- Emotional Trauma in Infancy: [www.cecw-cepb.ca/publications/917](http://www.cecw-cepb.ca/publications/917). Accessed Sept 16, 2011.
- First Words Project (free downloadable screening tools): <http://firstwords.fsu.edu/> Accessed Sept 16, 2011. Contact your local public health unit, Infant Development (IDP) or Aboriginal Infant Development (AIDP) program for screening services.
- The F.O.R.C.E. (Families Organized for Recognition and Care Equality) Society for Kids' MentalHealth: [www.bckidsmentalhealth.org](http://www.bckidsmentalhealth.org). Accessed Sept. 17, 2011.
- FrameWorks Institute. Early Child Development Toolkit: the Core Story of Child Development. 2011. [http://frameworksinstitute.org/toolkits/ecd/resources/pdf/ECDDToolkit\\_core\\_story.pdf](http://frameworksinstitute.org/toolkits/ecd/resources/pdf/ECDDToolkit_core_story.pdf). Accessed Aug 15, 2011.
- Galinsky E. Mind in the Making: the Seven Essential Life Skills Every Child Needs. New York, NY: Harper Collins; 2010.
- General Brain Development; ZERO TO THREE; 2011 [http://main.zerotothree.org/site/PageServer?pagename=ter\\_key\\_brainFAQ#bybirth](http://main.zerotothree.org/site/PageServer?pagename=ter_key_brainFAQ#bybirth). Accessed Aug 18, 2011.
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- Gopnik A, Meltzoff A, Kuhl P. The Scientist in the Crib: What Early Learning Tells Us About the Mind, Harper Collins NY; 2000.
- Grubin D. Secret Life of the Brain, Episode 1 – The baby's brain: wider than the sky. [Video]. Educational Broadcasting Corporation and David Grubin Productions, Inc; 2001. <http://www.pbs.org/wnet/brain/episode1/index.html>. Accessed Aug 15, 2011.
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