



Can classroom emotional support enhance prosocial development among children with depressed caregivers?

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ABSTRACT

Preschool children from economically disadvantaged families often experience difficulties in developing prosocial behavior. Risk associated with depressive symptomatology in caregivers (parents and guardians) may further compound these difficulties. The overall objective of the present study was to examine the compensatory effect of Head Start classroom environments on the development of prosocial behavior among children with caregivers high in depressive symptomatology. We initially examined the association between caregiver depressive symptoms and children's starting levels of prosocial behavior and then tested classroom emotional support as a moderator of the relation between caregivers' depressive symptoms and children's prosocial behavior development during the school year. The sample of 194 Head Start preschoolers in 28 classrooms was part of a larger study designed to test the effects of an emotion-based prevention program. As expected, caregivers' levels of depressive symptoms predicted lower starting levels of prosocial behavior. However, classroom emotional support promoted improvements in prosocial behavior for the children of the caregivers high in depressive symptomatology. The implications of these findings for the development of preventive interventions are discussed.

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The widespread societal costs of social skills deficits highlight the importance of understanding social developmental processes in early childhood (Lösel & Beelman, 2003; Webster-Stratton, Reid, & Hammond, 2001). Prosocial behaviors are characterized as actions that benefit others. They include a subset of behaviors characterized by empathy, altruism, cooperation, and helping (Dovidio, Piliavin, Schroeder, & Penner, 2006) and are often reflected in children's ability to verbally and nonverbally communicate with others (Bouchard, Cloutier, Gravel, & Sutton, 2008). There is evidence that the early development of prosocial skills establishes children on a trajectory that leads to positive outcomes in childhood and adolescence, including better academic performance and lower levels of peer rejection and bullying (Kokko, Tremblay, Lacourse, Nagin, & Vitaro, 2006; Veenstra et al., 2008). Children from economically disadvantaged families that are served by Head Start are exposed to a number of risk factors and processes, such as neighborhood violence, marital discord, punitive parenting, and less social support (Evans, 2004), that impede the development of prosocial skills (Webster-Stratton & Hammond, 1998). As a result, Head Start now supplements the academic curriculum with a social-emotional component with the goal of compensating for risks to prosocial development that are associated with poverty (Zigler, Gordic, & Styfco, 2007).

Although the preschool years are a sensitive period for the development of prosocial skills (Denham & Weissberg, 2004; Eisenberg, Lennon, & Roth, 1983; Hay, 1994), relatively little is known about the processes that impede and promote prosocial development during this period. Clearly, the child's models of adaptive socialization are believed to make a significant contribution to the development of prosocial skills (Denham & Weissberg, 2004; Eisenberg et al., 1983; Eisenberg, Cumberland, & Spinrad, 1998). There is some evidence that family risk factors such as parental depression and school factors such as relationships with teachers are associated with prosocial skills (Cummings, Keller, & Davies, 2005; Lambert, Abbott-Shim, & McCarty, 2002). However, few studies examine improvements in prosocial skills over time. Our objective in the current study was to examine the relationship between caregiver (parents and guardians) depression and preschool environment on improvements in prosocial behavior over the course of a single school year. More specifically, we examined the extent to which a supportive classroom environment can protect children from the negative effects of living with a caregiver experiencing depressive symptomatology.

1. Caregiver depression and prosocial behavior

There is substantial evidence that children's social development is significantly influenced by their caregivers' personality and adaptation (Qi & Kaiser, 2003), as caregivers have the primary responsibility for caring for a preschool child. Caregiver

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depression has consistently been linked to negative child outcomes (Cummings & Davies, 1994; Goodman et al., 2011). Although most research has investigated the effects of maternal depression, there is evidence that depressive symptomatology of other caregivers in the child's environment may have similar effects (Cummings et al., 2005). Offspring of depressed parents have at least two to five times greater likelihood of developing a broad range of behavior difficulties (Cummings & Davies, 1994). These include externalizing problems, internalizing problems, negative emotionality, and psychopathology (Goodman et al., 2011). Although caregiver depression has been well established as a predictor of these maladaptive outcomes in children, the association between caregiver depression and adaptive outcomes such as prosocial behavior is less clear.

Studies of the relationship between caregiver depression and prosocial behavior have yielded mixed findings. Although some studies have failed to find links between caregiver depression and children's prosocial behavior, a number of studies suggest that caregiver depression is negatively associated with children's prosocial behavior and social competence (Goodman, Brogan, Lynch, & Fielding, 1993; Hay & Pawlby, 2003; Whittaker, Harden, See, Meisch, & Westbrook, 2011). Factors that account for caregiver effects on children's prosocial behavior may include parental socialization practices, parenting style, and quality of the parent–child relationship (Michalik et al., 2007), all of which co-vary with caregiver depression. Depressed caregivers have lower levels of emotional availability, supportiveness, and warmth, as well as impaired appraisal of their child's behavior (Cummings & Davies, 1994). These factors may contribute to impaired social interactions, and fewer positive social relationships (Downey & Coyne, 1990). Further, the relative lack of caregiver warmth that is associated with depressed mood may impede the development of children's empathy, an aspect of their prosocial behavior (Zhou et al., 2002). Consequently, depressed caregivers are less likely to model and foster their children's prosocial behaviors.

There is some limited evidence that parental depression promotes empathy in children's relationships with their depressed caregivers (Radke-Yarrow, Zahn-Waxler, Richardson, Susman, & Martinez, 1994). Two to four year old children of depressed mothers expressed more concern toward their mother's simulation of sadness, but did not engage in more prosocial behaviors in a naturalistic condition (Radke-Yarrow et al., 1994). Although these findings suggest a positive contribution to the child's development, these effects are limited to the parent–child context and may indicate some dysfunction in the relationship (Hay & Pawlby, 2003; Radke-Yarrow et al., 1994). Less is known about whether the effect of caregivers' depression on children's prosocial behavior generalizes to contexts outside the family, such as relationships with teachers and peers in school settings. Cumulative family adversity that combines caregiver depression with associated factors such as high parental stress and low maternal sensitivity has been shown to hinder the development of social competence (Ashman, Dawson, & Panagiotides, 2008; Hammen, Shih, & Brennan, 2004) and social-emotional functioning (Whittaker et al., 2011). This has been demonstrated in a variety of contexts, such as at home and school, and by reporters other than the caregiver, unlike the literature suggesting a positive effect of caregiver depression on young children's prosocial behavior.

2. Classroom climate as a protective factor for prosocial development

Given the risks posed to children's prosocial development by caregiver's depression, it is important to identify protective factors that improve prosocial behavior (Wentzel & McNamara, 1999).

Preschool is an important period for the development of adaptive social behavior and classroom settings provide an opportunity to compensate for the risks associated with caregiver depression. Many children spend a significant portion of time in classrooms where they have opportunities to interact and form relationships with teachers and peers. Teachers play an important role in influencing classroom climate and serve as important adult figures who are responsible for regulating children's activity level, communication, and contact with peers (Hamre & Pianta, 2001). Emotional support in a classroom reflects the teacher's ability to foster interactions characterized by warmth and low negativity, as well as the teacher's sensitivity and responsiveness to students' needs (Hamre & Pianta, 2007). In addition to enhancing academic outcomes (Curby, Rimm-Kaufman, & Ponitz, 2009), emotionally supportive classrooms also contribute to the development of self-regulation and adaptive social behavior through the modeling of interpersonal relations by the teacher, encouragement of appropriate emotional responses, and individualized attention (Domínguez, Vitiello, Fuccillo, Greenfield, & Bulotsky-Shearer, 2011; Hamre & Pianta, 2005). Emotional support in the classroom is associated with lower levels of negative behaviors, as well higher levels of positive social behaviors (Lambert et al., 2002; Mashburn et al., 2008).

Several studies suggest that emotional support in school may be particularly influential for children with poor social competence (O'Connor, Dearing, & Collins, 2011; Rimm-Kaufman et al., 2002) and may compensate for the risk posed by caregiver depression to children's prosocial behavior (O'Connor & Kathleen, 2006). For instance, children with behavioral difficulties benefited most from positive elementary classrooms and struggled most in classrooms marked by low teacher sensitivity (Rimm-Kaufman et al., 2002). In a cross-sectional study of Head Start children, higher classroom quality was related to children being perceived by parents as having fewer behavior problems. Furthermore, individualized attention, a specific dimension of classroom quality, moderated the relationship between caregiver depression and children's behavior problems. Classrooms with more individualized attention reduced the negative effects of maternal depression on children's behavior problems (Lambert et al., 2002). These findings suggest that teachers who create an emotionally supportive classroom environment can compensate for the harmful effects of caregiver depression. However, more research is needed to demonstrate that classroom climate can offset the negative effects of family adversity on children's development of prosocial behavior.

Although classroom emotional support may promote the development of prosocial behavior over the course of a school year, previous research on this topic has generally been limited to cross-sectional designs. The effects of classroom environments can be more reliably determined with a repeated-measure design that assesses improvement in social and emotional functioning over the course of a single school year. A study conducted by Spangler Avant, Gazelle, & Faldowski, 2011 is one of the few longitudinal examinations of the role of classroom emotional climate on children's functioning. Elementary school-aged children rated as highly anxious showed significant decreases in rates of exclusion over the course of the school year when in classrooms rated moderate or high in emotional support. Another longitudinal study revealed the positive effects of teacher–child closeness on children's problem behaviors over time, as well as a stronger effect for children with greater risk backgrounds, such as low maternal education (Peisner-Feinberg et al., 2001). These studies demonstrate the ability of the classroom climate to alter trajectories of growth in adjustment particularly for at-risk children, an important contribution to the prevention and intervention literature. The findings from this study along with other previously described research suggest that children who are at risk for social and emotional difficulties may be

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