



Early Multi-Tiered System of Supports (Early MTSS)

SUPPORTING SOCIAL EMOTIONAL COMPETENCE IN INFANTS AND YOUNG CHILDREN FACT SHEET

Early MTSS :

A TIERED FRAMEWORK OF THE PYRAMID MODEL

The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children provides a tiered intervention framework of evidence-based interventions for promoting the social, emotional, and behavioral development of young children (Fox et al., 2003; Hemmeter, Ostrosky, & Fox, 2006). The model describes three tiers of intervention practice: universal promotion for all children; secondary preventions to address the intervention needs for children at risk of social emotional delays, and tertiary interventions needed for children with persistent challenges. The Pyramid Model was initially described as an intervention framework for children 2-5 years old within early childhood settings. However, newer iterations of the model provide guidance for the implementation of the framework with infants, toddlers and preschoolers, and include interventions needed to support children who are typically developing and who have or are at risk for developmental delays or disabilities (Hunter & Hemmeter, 2009).

TIER 1: UNIVERSAL PROMOTION

The first tier of the Pyramid Model involves two levels of practices that are critical to promoting the social development of young children. The first level of practices is the provision of nurturing and responsive caregiving relationships to the child. This includes the family or primary caregiver and the caregiver or teacher

within an early childhood program. In addition to a focus on the relationship to the child, this level of the pyramid also describes the need for developing partnerships with families and collaborative relationships among intervention or classroom team members.



There is ample evidence that the provision of a responsive and nurturing relationship is pivotal to a child's development (National Research Council, 2001; Shonkoff & Phillips, 2000). In their early years, children exist within a web of relationships with parents, teachers, other caring adults in their lives and eventually, peers. This web supplies the context within which healthy social emotional growth and the capacity to form strong positive relationships with adults and peers develop. The relationships level of the pyramid model includes practices such as: actively supporting children's engagement; embedding instruction within children's routine, planned, and play activities; responding to children's conversations; promoting the communicative attempts of children with language

delays and disabilities; and providing encouragement to promote skill learning and development.

The second level of universal promotion is the provision of supportive environments. Within home and community settings, this level of the pyramid refers to the provision of predictable and supportive environments and family interactions that will promote the child's social and emotional development. Universal practices for children with or at risk for delays or disabilities include receiving instruction and support within inclusive environments that offer the rich social context that is essential to the development of social skills and peer relationships.

In early care and education programs, this level of the pyramid refers to the design of classrooms and programs that meet the standards of high quality early education. This includes the implementation of a curriculum that fosters all areas of child development, the use of developmentally and culturally appropriate and effective teaching approaches, the design of safe physical environments that promote active learning and appropriate behavior, the provision of positive and explicit guidance to children on rules and expectations, and the design of schedules and activities that maximize child engagement and learning. At this level of the pyramid, families who receive early intervention services might be provided with information and support on establishing predictable routines; implementing specialized health care and treatment procedures; teaching social, emotional, and other skills within play and routine activities; promoting language and communication development; and fostering the development of play and social interaction skills.

TIER 2: SECONDARY PREVENTION

The secondary or prevention level of the Pyramid includes the provision of explicit instruction in social skills and emotional regulation. In early childhood programs, all young children will require adult guidance and instruction to learn how to express their emotions appropriately, play cooperatively with peers, and use social problem solving strategies. However, for some children it will be necessary to provide more systematic and focused instruction to teach children social emotional skills. Children might need more focused instruction on skills such as: identifying and expressing

emotions; self-regulation; social problem solving; initiating and maintaining interactions; cooperative responding; strategies for handling disappointment and anger; and friendship skills (Denham et al., 2003; Strain & Joseph, 2006). Families in early intervention programs might need guidance and coaching from their early intervention provider on how to promote their child's development of targeted social and emotional skills. Families of infants and young toddlers might need guidance and support for helping the very young child regulate emotions or stress and understand the emotions of others.

TIER 3: TERTIARY INTERVENTIONS

When children have persistent challenging behavior that is not responsive to interventions at the previous levels, comprehensive interventions are developed to resolve problem behavior and support the development of new skills. At this level of the Pyramid Model, Positive Behavior Intervention Support (PBIS) is used to develop and implement a plan of intensive, individualized intervention. PBIS provides an approach to addressing problem behavior that is individually designed, can be applied within all natural environments by the child's everyday caregivers, and is focused on supporting the child in developing new skills (Dunlap & Fox, 2009; Lucyshyn, Dunlap, & Albin, 2002). The process begins with convening the team that will develop and implement the child's support plan. At the center of the team is the family and child's teacher or other primary caregivers. The PBIS process begins with functional assessment to gain a better understanding of the factors that are related to the child's challenging behavior. Functional assessment ends with the development of hypotheses about the functions of the child's challenging behavior by the team. These hypotheses are used to develop a behavior support plan. The behavior support plan includes prevention strategies to address the triggers of challenging behavior; replacement skills that are alternatives to the challenging behavior; and strategies that ensure challenging behavior is not reinforced or maintained. The behavior support plan is designed to address home, community, and classroom routines where challenging behavior is occurring.

