

DATA REPORT

Understanding Young Children's Psychosocial Development More Deeply: Views From Parents Representing Diverse Cultural Backgrounds

This data brief explores how parents from diverse cultural backgrounds in Nebraska perceive early psychosocial development in young children. Through focus groups and surveys, the findings highlight key behavioral challenges and underscore the importance of parental support and mental health in shaping children's emotional and social growth.

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November 2024

Psychosocial development refers to the process of learning to regulate emotions and maintain positive interactions with other people and is a key component of mental health. Healthy psychosocial development for infants and toddlers includes the growing ability for young children to express and manage their emotions and build close bonds with other people.¹ While young children have the capacity to develop and experience complex emotions, they must learn to manage these sometimes-difficult emotions. Along with the development of their biologically-driven regulatory processes, children's environments – whether they receive positive support or encounter adverse, negative experiences and high levels of stress – shape their well-being and mental health.

Young children often experience frustrations as they learn to regulate their emotions. For instance, crying and having emotional outbursts are a typical part of development but issues arise when both adults and children are unable to manage these complex emotions, even as children grow older. When children struggle to gain the skills to regulate themselves, it may indicate that additional support is needed. As researchers, we aim to identify when behaviors signal to adults that something might be wrong by tracking how often, how intensely, and for how long they occur. We refer to these behaviors as psychosocial behaviors.

What types of problems can arise in psychosocial development?

Challenges in early psychosocial behaviors include externalizing behavior problems, internalizing behavior problems, difficulties with social skills, poor sleeping habits, and eating problems. Externalizing behavior problems include outwardly directed behaviors, such as aggression, impulsivity, and hyperactivity, while internalizing behavior problems encompass problems with self-regulation which can manifest into anxiety and depression.

Why is tracking early psychosocial behaviors important?

The first five years of life are a critical period as children undergo rapid physical growth, including accelerated brain development. While this development lays the foundation for future learning, health, and behavior, young children are especially vulnerable to environmental stressors and factors that they face in their day-to-day lives. Thus, it is crucial to understand the development of psychosocial behaviors and how they are shaped by children's environments and experiences.

OUR FOCUS ON NEBRASKA FAMILIES

Despite its importance for children's development, statewide data on psychosocial development has not been collected to date. To address the lack of information, the Kidsights Data Team began collecting data from metropolitan areas of Nebraska in 2020-2021. Caregivers with a child aged birth to 6 years completed a brief online survey about their family demographic characteristics, caregivers' mental health, the caregivers' and child's adverse childhood experiences, and the child's developmental outcomes including a new scale measuring psychosocial development.²

We found that early experiences matter for children's psychosocial development. For instance, results from this survey indicated that children's early adverse experiences are associated with heightened

psychosocial problems. Additionally, caregivers who experience depression and anxiety symptoms were more likely to report that their children have trouble regulating their emotions and behaviors.² These results highlight the importance of caregivers' own emotional regulation for children's development and align with research indicating that both caregivers' and children's adverse experiences shape children's development. We also found that more than half of Nebraska caregivers experienced some symptoms of depression and anxiety. Based on these findings, we were then interested in exploring early psychosocial development more deeply, especially focusing on how different groups of caregivers might view psychosocial development.

CURRENT STUDY

The next phase of our work was focused on how parents view and understand early psychosocial behaviors. In Nebraska, we hosted focus groups for parents to discuss how they understand behavioral concerns during the first five years of life. Parents were eligible to participate if they belonged to one of the four cultural groups recruited for the study (African American or Black, Caucasian/white, Spanish-speaking, and Somali refugees), had a child between 12-71 months of age, and reported that their child had not been diagnosed with any type of developmental or behavioral condition. Parents attended a focus group that lasted 80 minutes. During this time, a trained facilitator provided a story that included specific examples of child psychosocial behaviors and asked parents questions about their perceptions of these behaviors and under what circumstances specific behaviors might occur.

How Did Parents View Psychosocial Behaviors?

Parents were most likely to comment on children's behaviors that are easy to observe (and challenging for parents to handle), and that align with externalizing behaviors such as throwing tantrums, hitting or kicking. Some behaviors that are also indicative of early challenges in regulating, such as problems with eating or sleeping, were less readily identified by parents as "early psychosocial challenges," even though these behaviors can be indicative of long-term mental health challenges. When prompted about children's challenges with eating and sleeping by the facilitator, parents disclosed specific challenges around these behaviors and how they were associated with other behaviors such as crying, having more tantrums, and hitting.

Parents attributed psychosocial behaviors to changes in development and growth, and they expected that these types of behaviors should stop by a certain age as children mature and acquire language skills. Consistent with parents' expectations, findings from our most recent quantitative study indicated that parent-report of children's psychosocial behaviors gradually decrease between 30 and 71 months,² suggesting that psychosocial behaviors decline in frequency and duration as children mature.

Qualitative responses from the focus groups were categorized into five domains using the Global Scales for Early Development Psychosocial Form, which has been previously validated in a Nebraskan sample.² Table 1 summarizes parents' responses about children's psychosocial behaviors.

TABLE 1 | CHALLENGES IN PSYCHOSOCIAL BEHAVIORS MENTIONED BY PARENTS IN OUR STUDY

Externalizing Behaviors	Internalizing Behaviors	Difficulties with Social Skills	Poor Sleeping Habits	Eating Problems
• Tantrums • Kicking • Lying on the floor when they do not get their way • Hitting caregiver and/or other children • Shouting • Flight/running • Self-harm • Hyperactive • Wanting to break things • Making a mess	• Isolating themselves • Crying for no reason	• No respect for authority/adults • Taking toys away from other children • Wanting their own way • Kissing and/or being overly affectionate	• Does not want to sleep alone • Fighting sleep/staying up late • Sleeping during the day and not at night	• Refusing to eat • Refusing to eat food the caregiver prepares • Only wanting to eat food the caregiver does not consider nutritious • Eating nutritious food for others but not the primary caregiver

How Do Parents Shape Children’s Psychosocial Behaviors?

Generally, parents saw themselves as key figures in promoting appropriate behavior and supporting children to work through problematic behaviors. They often view themselves as important emotional support for their children and believe that their moods and behaviors influence their children. Indeed, parents highlighted the supportive role they can play in helping their child to work through their feelings, leading to fewer behavior issues. Parent quotes include:

“You know they basically go off your energy. [What] I mean that is like, if they see you happy, they’re going to be happy. If they see you sad, they’re going to be sad. They see you angry, they’re going to be angry.”

“You know it’s all about how you present yourself when you’re talking with a two-year-old.”

“Parents have a lot to do with it...Children are guided more by what they see and feel than by what they hear.”

Parents’ views are consistent with the available research. For instance, existing evidence suggests that parental distress symptoms, such as anxiety and depression, are associated with more psychosocial problem behaviors in young children.²

Policy recommendations: There are several ways that Nebraska policies and programs can help support psychosocial development. First, home visit services allow families to connect with trained professionals to support the well-being of young children inside the home, which further provides caregivers with opportunities to learn and understand changes in children's behaviors. Currently, Nebraska offers maternal infant early childhood home visits, but only in a limited number of counties across the state. More recently, a new bill was signed into law that allocates funding to expand programs for home visiting, which has long-term impacts for infants and families. We strongly advocate for the expansion of home visiting services given the limited access to these types of resources across the state.

Second, access to trained mental health professionals with expertise in infant, child and family mental health is critical. According to the Mental Health America Report in 2024, Nebraska was ranked 41st in prevalence of mental health conditions and access to care for adults among the United States, indicating that there is a high prevalence of mental illness with limited access to care in the state.³ There is a shortage of mental health professionals in most counties in Nebraska and around a third of the counties lack any mental health providers.⁴ As such, many Nebraskans struggle to gain access to mental health resources, especially those living in rural communities. More investment is needed in training a skilled, culturally, and linguistically diverse mental health workforce and financing mental health coverage, especially for families with previous trauma.

About Kidsights Data

Kidsights Data is an initiative to build demand for and generate population-level data that tracks the development of children from birth to five in the United States using the Kidsights Measurement Tool. This tool is the first population-based measurement tool of a core set of child development skills for children birth to age five in the United States. For more information about Kidsights Data, located in the College of Public Health at the University of Nebraska Medical Center, visit www.kidsightsdata.org.

REFERENCES

- 1 Zeanah CH. Handbook of infant mental health. Guilford Publications; 2018.
- 2 Waldman MR, Raikes A, Hepworth K, Black MM, Cavallera V, Dua T, et al. Psychometrics of psychosocial behavior items under age 6 years: Evidence from Nebraska, USA. *Infant Ment Health J.* 2024 Jan;45(1):56–78.
- 3 Reinert M, Fritze D, Nguyen T. The State of Mental Health in America 2024. Alexandria, VA: Mental Health America; 2024.
- 4 Nebraska Partnership for Mental Healthcare Access in Pediatrics. Ne.gov; 2024
<https://dhhs.ne.gov/Pages/Nebraska-Pediatric-Mental-Healthcare-Access-Partnership.aspx>