

Original Research Paper

Operationalising Social and Emotional Coping Competencies in Kindergarten Children

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Abstract

In order to assess a child's competence in the social and emotional domains of development, specifically emotional recognition, regulation and expressiveness in interactions, it is necessary to have an understanding of the types of stresses and problems children face at that developmental stage. Building on the work of Frydenberg and Lewis (1993, 2008) in the child and adolescent coping arena, the purpose of this project has been to understand the coping actions of four and five year old children; in particular identify the ways in which the children describe their coping and how their parents' descriptions concur and amplify these. The participants in the project were twenty Australian four to five-year-old children attending a three-day a week kindergarten program, and their parents. This paper presents an overview of the first phase of a three-phase research project and discusses the analysis of data collected via child interviews and a parent on-line survey. By expanding understandings of children's coping strategies, the variety of ways in which children express their ideas about coping and parents views of their children's coping, early childhood educators in both Australia and other countries can more effectively respond to the social emotional needs of young children.

Introduction

The development of emotional expression and competence is a gradual process that begins in infancy and continues through into adolescence. A range of theories, gathered together under the banner of the 'functionalist approach' (Barrett & Campos, 1987, Lazarus, 1991), emphasize emotions as a central force in human activity, involving, cognitive processing, social behaviour and physical health (Berk, 2000). Emotions are also considered to be important in the emergence of self-awareness with educators recognizing that children gradually gain voluntary control over their emotions as they negotiate their physical and social worlds. It is during the early years that children start to conform to the 'emotional display' rules of the surrounding culture and begin to develop strategies for dealing with their own emotions and those of others.

Emotional competence is viewed as an organizational construct that reflects the child's capacity to integrate behavioural, cognitive and affective skills (Bierman & Walsh, 2000) with emotional expression, emotion regulation, knowledge of emotions, social problem solving and positive and negative social behaviour (Denham, 2006) considered important

parts of the construct. During the early years that young children gradually gain the ability to understand the emotions of self and those of others, respond to the emotions of others, regulate personal emotional expressiveness (Denham, Blair, Schmidt & DeMulder, 2002) and obtain successful outcomes from interactions with others (Spence & Donovan, 1998).

The ability to understand and interpret the emotions of others is an essential skill in a child's repertoire of social and emotional competence (Laible & Thompson, 1998) and over time children make substantial gains in their understandings of emotions, and are increasingly capable of incorporating emotional language into their interactions with others. Between the ages of four to five years children can usually name emotions, correctly judge the cause of emotional reactions and predict how others may behave in response to an identified emotional state (Berk, 2000).

From research with children, adolescents and adults, coping has been defined as the thoughts, feelings and actions that occur and are utilized to deal with situations (Frydenberg & Lewis, 1993). In this sense, coping goes beyond the emotion domain and is akin to adaptation; a situation determined with temperament, developmental and environmental factors playing a part (Frydenberg, 2008). When children believe that a stressor is manageable or controllable they are more likely to use problem-related or active coping strategies but when the situation is deemed to be outside their control they are more likely to use emotion-related or passive coping strategies, such as crying to release feelings (Boekaerts, 1996; Fields & Prinz, 1997). Essentially these strategies are used to accommodate to the situation and to restore the individual to a sense of wellbeing or equilibrium. No specific coping response is effective for all situations so for individuals it is a matter of building up a coping repertoire over time.

Educators agree that the development of social-emotional competence contributes to a young child's success within the preschool environment and has a major influence on the establishment of positive peer relationships. Such competence is also considered very important in relation to school readiness with Denham (2006, p. 59) citing extensive research (Birch, Ladd & Blecher-Sass, 1997; Ladd, Birch & Buhs, 1999; Ladd, Knochenderfer & Coleman, 1996) indicating that young children entering school with "more positive profiles of social-emotional competence have not only more success in developing positive attitudes about school and successful early adjustments to school but also improved grades and achievement". Conversely, it has been found that children who display deficits in this developmental area are at risk of experiencing multiple problems including dislike of school, inability to manage routines, academic difficulties, victimization by peers and less acceptance by teachers (Gagnon, Craig, Tremblay, Zhou & Vitaro, 1995; Knochenderfer & Ladd, 1996, Raver & Knitzer, 2002).

In terms of social competence and interpersonal problem-solving ability, Spence (2003) has identified that deficits result in inappropriate or problematic responses in social situations. Those children who are unable to identify challenging social situations, generate possibilities for dealing with the situation or predict likely consequences, are less likely to execute an appropriate social response. Such children could be labelled as possessing ineffective coping skills. To assess a child's competence in the social and emotional domains it is necessary to have an understanding of the types of stresses and problems children face at that developmental stage. Youngs (1985) asserts that the key stressors faced by preschool aged children are uncertainty (fear of abandonment by a significant adult), fear of bathroom accidents and fear of punishment/reprimand from the teacher. In today's complex society pre-school children may also face numerous stresses that relate to family life and meeting

parental expectations in a range of performance areas with transition to school also presenting as a period of anxiety for both children and parents.

Given these circumstances it is imperative for the long-term wellbeing and academic success of children that assessment tools designed to pinpoint strengths and weaknesses in social-emotional competencies are developed. To date a range of approaches have been used to gain information about the young child's knowledge of emotions. Denham's 'Affective Knowledge Test' (AKT, 1986) has been widely used to measure children's understandings of emotion including their ability to identify the feelings of others in a range of situations. The AKT uses puppets in a playful semi-naturalistic interview environment with children being given the opportunity to view and discuss puppets with happy, sad, angry and fearful expressions. Another approach adopted by Gordis, Rosen & Grand (1989) employs 'storytelling and interview' to measure children's understandings of situations that provoke ambivalent emotional responses. This approach known as the 'Ambivalent Emotions Task' presents events in stories chosen to illustrate situations in which the child could experience two emotions for example having a birthday party to which one's best friend cannot attend.

Building on additional socio-emotional research, including the development of the Adolescent Coping Scale (Frydenberg & Lewis, 1993), the Children's Coping Scale (Lodge & Frydenberg, 2004; Jones, 2007) and the Coping Scale for Adults (Frydenberg & Lewis, 1997), the purpose of this study was to add to a growing body of research which aims to further understand the social and emotional development of four to five year old children. Specifically, the study investigated the language children use to describe their coping, the differences between children, as well as to determine the consistency between parent and child descriptions of coping.

Study Phases and Anticipated Outcomes

The project has been conceptualized as follows.

Phase 1: The establishment of a foundation from which an Australian coping measure could be developed by identifying preschool children's coping responses and matching these with parent's understandings of their children's coping responses. This matching exercise aimed to capture with greater confidence the range of coping strategies than would be possible by considering the responses of adults or children alone.

Phase 2: The development of a nomenclature of coping responses for the preschool age group including the development of visual representations of challenging situations which will be used to stimulate a larger sample of preschool children's verbal responses about their coping strategies. The children's, teachers' and their parents' responses will be included in this phase of the research.

Phase 3: The validation of the coping responses involving a wider age range of primary school children enrolled in schools across multiple sites. Following Phases 1 and 2, it is anticipated that it will be possible to validate the tools with a larger, more diverse sample of children representing a larger age range.

It is anticipated that the outcomes of the research, specifically the development of the coping assessment measure will support the:

- identification of children exhibiting developmental delays or socio-emotional difficulties

- provision of a non-language dependent measurement tool suitable for preschool children including Indigenous children and children of non-English speaking backgrounds
- capacity to engage in a longitudinal study of coping that spans the preschool years through to late adolescents
- development of social emotional curriculum suitable for both individuals and groups of preschool children. Such a curriculum would recognize that social emotional learning can be in fact be taught, with such learning involving the recognition and management of personal emotions, the promotion of caring and empathetic relationships with other children and adults, the establishment and maintenance of positive relationships with others and the handling of 'challenging' situations effectively.

Method

Phase 1 of the study adopted a 'question-asking' (Ary, Jacobs & Razavieh, 2002) survey research approach gathering data using interviews and an on-line survey. Such an approach was considered well-suited for the small sample size giving children an opportunity to elicit their own responses and parents a time-efficient and targeted opportunity to provide feedback about their children. It was also considered important to choose a methodology that acknowledged the value of a child-focused process (Clarke & Moss, 2001, Farrell, 2005) where talking to children and giving them a chance to communicate their ideas and understandings was considered paramount. This is consistent with the new paradigms in early childhood "in which children are seen as having power and agency in their own right, not simply in relation to the social constructions to which adults around them consign them" (Anning, 2004, p. 59).

Participants and Setting

The sample consisted of four to five year old ($M = 4.6$ years) inner-city Australian children, nine males and eleven females ($n=19$), enrolled in a three day per week, long day 'Funded Four Year Old Kindergarten Program' www.education.vic.gov.au/kindergarten, and their parents ($n=17$). Subsequent to ethics clearance participants were recruited into the study via family 'pigeon-hole' distribution in the kindergarten. Informed consent was obtained from all participants with children being given the opportunity to agree or not to agree to be involved in the interview process.

Data Collection and Procedures

The Child interviews

The purpose of the child interviews was to identify the range of responses that children had available to them to describe their coping in particular situations. Interviews were considered to be an appropriate tool for capturing the 'children's voices' to gaining insight into individual understandings of coping. Interviews have been noted as a research tool that provides children with the possibility to share their perspectives on, and their experiences of, their social emotional worlds and daily lives (Clarke & Moss, 2001). The participation of children in the research process acknowledges children as experts in their own lives (Langstead, 1994; Farrell, 2005) with the adoption of the interview approach providing researchers with an opportunity to listen to children (Greig, Taylor & MacKay, 2007) and

frame and direct questions in interesting, natural and meaningful ways and elicit openings for further discussion (Carr, 2000). Interviews have proven to be a particularly successful technique in creating conversations around emotions, situations that trigger emotions, and how emotions are expressed (Sorin, 2003b) and in this research children were given the opportunity 'to express their points of view or remain silent' (Clarke & Moss, 2001) if they chose to do so.

In this study the 5-8 minute interviews were conducted in a quiet indoor or outdoor location in the kindergarten and aimed to identify perceived stressors and coping responses of the children. They were recorded using a digital voice recorder to ensure accuracy of responses and then transcribed for analysis. The researcher, acknowledging the importance of taking on the role of 'active listener' also transcribed participant's responses. These were used to confirm and extend the audiotape data, when it was not clearly audible.

The Questions (child)

The children were asked eleven questions that targeted their understandings of coping in general and coping during *challenging* situations. They were asked about the types of coping strategies or actions that they might adopt in these situations for example, "what do you do when you feel upset, what do you do when you feel lonely and what do you do if you get in trouble from the teacher?"

The Parent Survey

Surveys are a widely used method of gathering information with the purpose being simply to determine how people feel about a particular issue. In this research the purpose of the parent survey was to identify the ways in which parents described their children's coping and to identify whether or not a correlation existed between the children's understandings of coping and their parent's views. The 10-15 minute survey was developed with reference to the social and emotional development of four-year old children (Berk, 2000) and an adapted version of the Children's Coping Scale (Lodge & Frydenberg, 2004; Jones, 2007). It was designed using 'Survey Monkey' and made available to parents online via a link through the kindergarten's website. Employing a 'Likert Rating Scale' parents were asked to indicate their degree of agreement or disagreement with the questions asked. The final item asked them whether there were any other strategies that their children employed.

The Questions (parents)

Questions 1-6 of the survey related specifically to Separation, Communicative Problem Solving, Independent Problem Solving, Social Skills, and Adaptability. In question 7 parents were provided with a list of 27 coping strategies and asked to rate whether their child used each strategy 'Never, Sometimes, or A Lot'.

Analysis

A qualitative thematic analysis was conducted on the comprehensive range of coping strategies that were identified in both child interview responses and parent survey responses. Following the transcription, the children's interview responses were categorized according to the question/situation that had been presented to them. A list of all responses was then compiled and duplicate responses deleted so that the list was reduced. A further categorization was then undertaken according to conceptual similarity and based on commonly used groupings of coping (Zimmer-Gembeck & Skinner, 2008), namely 'Active',

describing what children do, 'Passive', describing how children withdraw or avoid difficult situations and 'Relational', describing how children deal with situations involving others. These three broad groupings, which were reviewed by the research team to provide a form of inter-rater reliability, were based on conceptual validity. Whilst they are somewhat different from the groupings that have been used in prior research on young people, namely productive, nonproductive and reference to others coping (Frydenberg & Lewis, 1993), this categorization was deemed to be a more appropriate grouping for the coping strategies of four-five year old children. The parent responses were similarly categorized into Active, Passive and Relational to enable comparisons to be made.

Results and Discussion

A comprehensive range of coping responses were identified from both the child interviews and the parent survey.

The Child Interviews

The twenty child interviews provided 36 different coping responses and these were transcribed and categorized according to the question/situation the child responded to. The total number of responses was compiled and duplicated responses deleted so that the list was refined to contain the main coping responses reported by the children. Coping strategies were then categorized as Active (n=20), Passive (n= 7), and Relational (n=9). The finer-grained groupings represented in Table 2 i.e. 'play', 'talk it through', 'say sorry', 'ask for help' etc, were also conceptually derived and kept close to the Adolescent Coping Scale groupings (Frydenberg & Lewis,1993) wherever possible.

The Parent Survey

Parent survey data consisted of parent ratings of the extent to which their child used the 27 coping strategies listed in Q7 of the survey (Never, Sometimes, or A lot). Of the 27 strategies, 6 were identified as active coping strategies, 14 as passive coping strategies, and 7 as relational coping strategies.

Table 1: Total number of coping strategies reported by children and parents

	Active coping strategies	Passive coping strategies	Relational coping strategies	Total
Child reports	20	7	9	36
Parent reports	6	14	7	27

From Table 1 it can be seen that children report using more active coping than passive coping. Additionally, Table 2 summarizes the children's interview responses and highlights the rich language used to describe their coping strategies such as talking it through, going to the bedroom, thinking positive thoughts, and seeking comfort (e.g. cuddling a toy). Strategies such as keeping feelings to self and getting angry were 'passive coping' strategies that parents reported their children used, however it is interesting to note that in the interviews children did not spontaneously report using these strategies. Parent and child

reports of ‘relational coping’ strategies were similar, however, the children’s responses focused on seeking support from family members and teachers rather than friends. The fact that parents reported more passive coping strategies than did their children suggests that these strategies are less likely to be nominated by children. This could be because they are either not within the range of their awareness or that they are generally disinclined to acknowledge or talk about negative strategies.

Table 2: Children’s interview responses and parent survey responses

Child responses	Parent responses
<p>Active</p> <p>Play</p> <p>Just play and pretend that things are alive.</p> <p>I’d play with my imaginary friend.</p> <p>I play with myself.</p> <p>I take care of myself - I feed my pet cat.</p> <p>I do a letter.</p>	<p>Active</p> <p>Immerse him/herself in play</p> <p>Redirect behaviour to having fun, drawing, play games</p> <p>Go out and play and forget about their problem</p>
<p>Work hard</p> <p>Try and fix it.</p> <p>I just try really hard.</p>	<p>Try hard to work through the feelings</p> <p>Work hard</p> <p>Be happy with the way things are</p>
<p>Talk it through</p> <p>Say sorry.</p> <p>Say stop I don’t like it.</p> <p>I would say well I think we should have a excussion (discussion) because it wasn’t just me fighting it was sometimes him fighting.</p> <p>You’d ask are you ok?</p> <p>Removal from situation</p> <p>Go to my bedroom and have a rest.</p> <p>I’d be sent to my room/Play coz I’ve got toys in my room.</p> <p>You get time out. You just wait there and not cry and then they’ll come and get you again.</p> <p>Seek comfort</p> <p>You give yourself a little drink.</p> <p>Turn on the light.</p>	

<p>Cuddle my toy.</p> <p>Positive thought/feeling</p> <p>I would just still have my head up and just play safely.</p> <p>Make them feel better - I would make them laugh.</p> <p>I think about things that are happy.</p>	
<p>Passive</p> <p>Cry/feel sad</p> <p>Cry.</p> <p>I hurt.</p> <p>I would feel sad. I would say to myself I want Henry (friend) to play with me.</p>	<p>Passive</p> <p>Cry or scream</p> <p>Worry</p> <p>Feel sad</p> <p>Feel bad</p>
<p>Withdraw</p> <p>Do nothing.</p> <p>Give up. I run back home/run away.</p> <p>Hide.</p>	<p>Do nothing</p> <p>Give up</p> <p>'Lose it' – cry, scream or fight</p> <p>Complain of illness</p>
	<p>Keep feelings to self/not show how he/she feels</p> <p>Try to hide feelings from others</p> <p>Keep away from other children</p> <p>Get angry with others</p> <p>Get angry with him/herself</p> <p>Blame him/herself when things go wrong</p>
<p>Relational</p> <p>Help from adult</p> <p>Tell my mum/dad.</p> <p>Tell my teacher.</p> <p>Ask teacher/parent/grown-up to help.</p>	<p>Relational</p> <p>Get a teacher or grown-up to help</p> <p>Ask a teacher for help</p>
<p>Seek support</p> <p>Go to grandma.</p> <p>I cuddle my daddy, mummy, brother, sister, pet.</p> <p>I try to find someone to play with.</p>	<p>Chat to friends</p> <p>Spend a lot of time with a good friend</p> <p>Notice what others are doing</p> <p>Work with others</p> <p>Try to help others</p>

Table 2 indicates that children reported more 'active coping' strategies and fewer 'passive coping' strategies than those listed in the parent survey and identified by parents as strategies that their child adopted either 'Sometimes' or 'A Lot'. Parent survey responses reported the identification of more 'passive coping' strategies than through child interviews. Only one parent reported that their child complained of illness (sometimes) as a coping strategy. The number of 'relational coping' strategies reported by both parents and children were similar. Overall, children spontaneously provided more coping strategies than those listed in the parent survey suggesting that there may be a wide range of coping strategies that young children commonly adopt that are not widely recognized in current literature and are also not recognized by the children's parents. Whilst it is not readily possible to compare these findings with that of other studies reported in the early childhood literature and in the childhood, adolescent or adult coping literature, it is nevertheless helpful to have identified the children's coping strategies in this particular context. When the children's coping strategies were considered together along with those of their parents, the data indicated that parents reported more passive coping strategies than did their children

Limitations and Implications of the Study

Phase 1 of this study undertaken in the Australian context had several limitations. Firstly, the sample was small and it was a case study within one kindergarten. Secondly, the children involved in the study were particularly confident in the verbal domain and thus provided data that could be made use of in other contexts. The question needs to be asked as to whether other children of this age in different contexts, such as rural and Indigenous communities or other countries, would be similarly willing and able to articulate their understandings of their coping strategies. Although in cross-cultural studies of coping research indicates there are generally more similarities than differences in young people's coping (Gibson-Kline, 1996), nevertheless it is important to verify that the strategies used in this study could apply to any socio-cultural or ethnic group. Thirdly, it is readily acknowledged that the involvement of the children's teachers, who see children in a different context to that of their parents, should also be included in the research sample. It is anticipated that the views of teachers would provide further helpful insight to children's coping strategies and these will be included in future research.

Despite these limitations, the findings remain helpful in providing information about young children's capacity to articulate understandings of coping and how parent's views concur and differ from those of their children. They have also informed Phase 2 of the research program, specifically the development of a nomenclature of coping responses for the preschool age group including the development of visual representations of challenging situations which will be used to stimulate children's verbal responses about their coping strategies. The data set has clearly shown that young children are competent communicators who are capable of comprehending and talking about complex topics, and as such, teachers can draw on these capacities to inform their teaching, in particular the development of social emotional curriculum.

Conclusion

The aim of this project was to understand further the social emotional development of four to five year old children and in doing so laid the foundation for the establishment of a helpful nomenclature that could inform the design of a coping assessment measure. The investigation identified the ways in which young children describe their coping, making it possible to compile a list of 12 generated coping strategies (such as: play, work hard, go to

bedroom, seek comfort, have positive thoughts or feelings, cry, feel sad, do nothing, keep feelings to self, get angry with self, complain of illness, get help from grown up, helping others, talk about it and get angry with others). It also provided information about how parents view their children's coping with the analysis indicating that parents report more passive coping strategies than do their children. These findings have informed Phase 2 of the research in the development of visual 'coping cards' based on the children's understandings of coping, namely separation from parents, friendships, notions of power, relationships with teachers, relationships with siblings, night fears and transition to school. In this phase of the research the assessment tool will be used to stimulate discussions with a larger sample of four-five year old children about their coping abilities with the views of parents and teachers being included to extend upon the research reported in this paper. Phase three of the research will expand the sample to include primary school age children across multiple sites.

Glossary

Preschool in Australia refers to educational programmes for 3 to 5 year olds.

Kindergarten in Australia refers to the 4 year-old preschool year.

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Erica Frydenberg is an Associate Professor in psychology in the Melbourne Graduate School of Education at The University of Melbourne and is a Fellow of the Australian Psychological Society; an elected member of its Board 2007-2009. She has extensive experience as an educational, clinical and organisational psychologist practising in the Australian educational setting as a Guidance Office in Victoria before joining the staff of the University of Melbourne in 1990. She has authored and co-authored over 100 academic journal articles and chapters in the field of coping, developed (with Ramon Lewis) psychological instruments to measure coping, namely Adolescent Coping Scale and Coping Scale for Adults, developed programs to teach coping skills including *The Best of Coping* (Instructor and Teacher workbooks) (co-authored with Cathy Brandon) and a CD-Rom *Coping for Success*.

Haruka Tsurutani is a Postgraduate student at the University of Melbourne and has completed her Masters in Educational Psychology. Haruka has worked on an extension of the Early Years Coping research as part of her Masters thesis, focusing on differences between parents' and teachers' understandings of their 4 year old child's coping behaviours. t, a description of part of an original project, or a reflective examination of some aspect of the research experience.