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Positive Development for Preschooler Well-Being

Melissa Bray and Cheryl Maykel

Abstract

The intent of this special section on promoting mind-body health in preschoolers is to review the related areas of assessment, intervention, and physical health care practices. The preschool years are a time of critical development, growth, and vulnerability. Growth trajectories put in place and supported across settings can lead to positive outcomes. However, these can be interrupted during periods of trauma. It is at these times that the overall wellness of these youth requires careful support. This introduction reviews preschool mind-body health development, assessment, and intervention within a cultural context, both as part of typical development and in the case of traumatic events such as the COVID-19 pandemic.

Keywords: *Mind Body Health, Physical Health and Wellness*

The initial reason for this special section was to highlight what is known in the area of mind-body health in the preschool-aged child across the areas of assessment, intervention, and physical health practices that in their totality promote overall well-being. This introduction serves first to describe how a preschooler comes to be in relation to the topics covered by the articles in this issue. However, this introduction now also pays particular consideration to the effects of trauma and the current COVID-19 pandemic. The final summary piece of this special section reflects on the issue as a whole through the lens of broader considerations, while identifying areas that are in need of further consideration in future research.

There are a number of various perspectives from which we could consider the early years of a child's mind and body development and the foundation for an individual's overall well-being. Evidence shows that even before a child is conceived, there are a multitude of environmental and genetic influences at play in shaping the child's development. The importance of a mother's physical health and environment is often the focus during pregnancy, yet we know that beyond these basic needs, social supports and psychological health are also key to a healthy pregnancy and the caring of an infant. During the early years, children typically develop resilience against various stressors through access to protective factors, including (1) trusting nurturing relationships; (2) safety; and (3) experiences to thrive (Srivastav et al., 2020). Warm and responsive caregiving, the development of strong positive attachments and a sense of trust, as well as an enriching early learning environment that promotes growth are all important factors, in addition to proper nutrition, adequate sleep, and other physical essentials.

For some children, exposure to particular adverse childhood experiences (ACEs) will have a significant impact on their development in the early years. The CDC classifies ACEs in three categories: abuse, neglect, and household dysfunction. Greater exposure to trauma as a youth increases risk for behavioral, physical, and mental health issues throughout the lifespan. As we write this article, we

are in the early stages of the disruption caused by the COVID-19 pandemic. At this point, one can only surmise how far and wide the ripples of the events caused by this virus will reach; we cannot fully understand the extent of the fear, closures, food shortages, social distancing, financial loss, increased time at home, distance learning/teaching/working and so forth, or how it will impact life as we know it when society transitions to reopening. Our thinking has been affected in light of our current adjustment to a so-called "new normal," and we would be remiss if we did not consider the impact that these events will undoubtedly have on young children and their development in particular. The COVID-19 pandemic and all that it entails has been traumatic for many young children, though exposure and experiences of disruption and stress likely differ widely among youth and their families.

An important consideration is the stark differences in the experiences of children from varied socioeconomic levels, cultural backgrounds, and family dynamics. With preschools and other child-care centers closed, access to a variety of resources is restricted for many young children. Some young children will benefit from having an abundance of essential resources at home, as well as stimulating learning materials, quality time with family members, and other comforts. Others will experience comparatively increased levels of stress, domestic abuse, food scarcity, illness, isolation, and a lack of education and connection with others. Most will likely have some combination of both positive and negative experiences, but all young children are likely experiencing significant disruptions to daily life as it once was and may be fearful of what the future holds. After COVID-19, the return to school is not likely to be smooth academically, socially, or emotionally. Children may or may not be eager to return, but they will surely find that they are returning to a drastically altered school environment with new protocols in place.

James Redford has described childhood trauma and the biological underpinnings that lead to changes in behavior as a result of these types of negative experiences that interrupt development

(Edwards, 2018). Redford has projected that similar outcomes related to trauma from COVID-19 will occur and that children will require support. Trauma-informed care practices include such mental health and learning strategies as those that promote engagement, empowerment, safety, and trust (Simpson & Green, 2014). These techniques, such as universal social and emotional learning curricula for students, are beginning to be adapted and successfully used for social emotional well-being and academic success in the preschool population. School mental health professionals, namely school psychologists, have been working to move trauma-informed care practices to the front lines within child development curricula (Connors-Burrow, 2013). These psychoeducational practices are imperative during the COVID-19 pandemic crisis and these professionals are needed more than ever. There is and will continue to be an increased need for assessment of academic and social emotional concerns, counseling, and physical health supports.

The protective factors that have been identified as relating most to treating ACEs and promoting trauma-informed healing need to be included when assessing and treating all students, especially the preschool population, who are developing these resiliencies (Srivastav et al., 2020). The ACE indices have shown to be effective in identifying critical intervention points during traumatic periods (Stork et al., 2020) and should be promoted for use by educational, psychological, and health care professionals. It will be even more important in the coming months for educators and physicians as well as mental health providers to carefully consider the impact of trauma when working with young children and their families, and more providers should be encouraged to use this measure. Further, these areas are being highlighted for consideration in upcoming policy design options that promote both school- and community-based efforts aimed at the improvement of family and educational systems that have been interrupted and disrupted for many young children during the pandemic.

In summary, as each child begins school, they enter the classroom with varying familial, social, and educational experiences. Further, it has been stated that the first three years of life are the most important to development and that personalities are well-formed by the age of five (Cipriano & Stifter, 2010). Therefore, by the time most children enter preschool at three or four years of age, they have already begun to develop a sense of self, certain beliefs about others, and notions about how they fit into an evolving narrative of the world around them. In this special section, we decided to focus on promoting health and wellness among preschoolers. To this end, there are articles on physical health, including nutrition and physical activity, school-based relationships between students and teachers, mind-body health interventions, and three articles focusing on the assessment of preschoolers: in general; within the socioemotional domain; and cognitive/academic readiness. A final conclusion piece seeks to provide some perspective on these topics through the lens of mind-body health and raises implications for work with preschoolers into the future. Health and well-being are not granted universally to all and can be disrupted during times of trauma, but fortunately can also be promoted, repaired, and maintained with effort and intention over time.

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