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Developing Coping Skills in the Early Years: A Positive Educational Approach

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Coping in the Context of Policies and Standards

Consistent with global imperatives to improve the health and wellbeing of children, countries such as the U.K., the U.S., and Australia have developed a variety of national policies, frameworks, and standards for children's wellbeing from birth through the primary and secondary school years. For example, Australia launched their first national plan *The Nest* action agenda in 2013, with a vision for all Australian children and youth to achieve six outcomes: being loved and safe, having basic necessities, being healthy, learning, participating, and having a positive sense of identity and culture (ARACY, 2014). In line with this action plan were many initiatives to track and improve the wellbeing and development of children in the early years. One such initiative is the Australian Early Development Census (AEDC), which provides a national measure to monitor five areas or "domains" of early childhood development in Australia:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills (school-based)
- communication skills and general knowledge

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These domains have been linked to good adult health, education, and social outcomes (AEDC, 2015). As a population-based measure, the AEDC helps communities know how their children are progressing and highlights what is working well (developmentally on track) and what needs to be improved (developmentally at risk or vulnerable) to support children and their families for health and wellbeing. Programs like the AEDC sit alongside and impact the initiatives that drive social emotional aspects of early years education. In the context of social emotional education in general, coping constructs and concepts have led to the development of a range of practical applications in educational settings.

While coping research preceded the positive psychology and social emotional learning movements, it fits both of these landscapes appropriately and effectively. Additionally, it has considerable practical applications across the lifespan. Positive psychology is an orientation and approach to attaining wellbeing and resilience, while coping is the process by which they are achieved. As such, it is helpful to think about the role that coping can play, particularly within the early years.

This chapter addresses the importance of developing social emotional skills in today's complex societies so as to build wellbeing and resilience. It illustrates how coping skills provide an exemplar of life skills as a valuable tool with which to deal with circumstances as they arise. How we view things matters, so a positive appraisal of events is helpful. There is no better time to start than in the early years. Additionally, individual resilience building capacity is enhanced by bringing the family on board and providing them with good coping skills. An intergenerational program further illustrates how young people's engagement with the elderly in the community develops a dimension of sharing and caring for others at an early age.

Unpacking Coping

In simple terms, coping can be described as the thoughts, feelings, and actions in response to the demands of our everyday lives. Thoughts, feelings, and actions can be operationalized, and like other psychological constructs (e.g., IQ and emotional intelligence, anxiety), description of the concepts makes it possible for coping to be measured. With coping measures, there is no ideal score, but rather a description of which strategies are used a great deal, sometimes, or a little. There are helpful (productive) coping practices and unhelpful (non-productive) ones, which may become habitual in nature and can occur simultaneously (Frydenberg & Lewis, 2011). For example, you can

both try to solve the problem (a productive strategy) and be worried about the outcome (a non-productive strategy).

Coping habits develop from an early age and continue to change and develop across the life span (Skinner & Zimmer-Gembeck, 2009a, 2009b). Substantial research in child and adolescent coping has demonstrated that coping is similar to adaptation with situations in which temperament, developmental, and environmental factors all play a part. For example, children with an engaging temperament are more likely to use positive coping strategies, as are young people who traverse their developmental milestones without difficulties. This means there is no right or wrong way of coping, but rather that the situation determines what is likely to achieve the desired outcomes. Ultimately, the individual decides what is helpful and what is not, and that often determines which coping strategies become part of the coping repertoire.

It is widely acknowledged that a child's developmental level may both contribute to and limit the type of coping responses employed, and hence influence the types of coping strategies that a child utilizes in different contexts (Compas, 2009; Compas et al., 2001; Rudolph, Dennig, & Weisz, 1995). In general, as children develop, cortical functioning increases, and their coping repertoire increases and shifts from primarily behavioural to more cognitive influenced actions (Skinner and Zimmer-Gembeck, 2007). This enhances both the child's self-control when facing a stressful situation and their ability to plan effective coping options (Derryberry, Reed & Pilkenton-Taylor, 2003).

Helpful coping links consistently with positivity (Fredrickson, 2004; Lyubomirsky, 2008) and wellbeing (Bryden, Field, & Francis, 2015; Frydenberg, Deans, & Liang, 2017; Zeidner, Matthews, & Shemesh, 2016), whereas as unhelpful coping has been related to anxiety (Pang, Frydenberg, & Deans, 2015; Yeo, Frydenberg, Northam, & Deans, 2014). As such, we encourage upscaling and increasing the use of helpful coping and downscaling the use of less helpful coping strategies, described below.

The Nature of Coping

To date, much of the coping research in the child and adolescent area has been predicated on the theorizing of Folkman and Lazarus, which emphasizes the context in which the coping actions occur, the attempt rather than the outcome, and the fact that coping is a process that changes over time, as the

person and the environment are continuously in a dynamic, mutually influential relationship (Folkman & Lazarus, 1988; Lazarus & Folkman, 1984). That is, the same circumstances are not being dealt with on an ongoing basis, but rather continue to shift and change over time. For example, if a child is so anxious about speaking in front of the class that he/she is paralyzed into inactivity and does not want to go to school, anxiety is likely to be compounded by having to go to school the following day. The theory of coping proposed by Richard Lazarus (1993) is generally known as the Transactional Model of Coping. Lazarus (1993) defined coping as the response to the “ongoing cognitive and behavioural demands that are taxing or exceeding the resources of the person” (p. 237). That is, what we want to achieve in coping is to build up coping resources by providing individuals with opportunities to trial strategies and learn as to what works and what does not.

Functional coping styles represent direct attempts to deal with a problem, with or without reference to others. Dysfunctional coping styles, in contrast, relate to the use of what we call non-productive strategies, such as worry and crying or screaming, while productive coping has generally been associated with positive adaptation (Ebata and Moos, 1991). The terms functional and dysfunctional styles do not refer to “good” or “bad” styles, since styles of coping are largely dependent on context. In fact, whether one is deemed to be a good or bad copier depends on the skills that one brings to a particular situation and the outcome following the coping action/s. Furthermore, an individual can both change him or herself and modify the environment (Aldwin, 2007) to support the capacity to cope.

Cognitive Appraisal in Coping

One of the basic tenets of Lazarus’ (1993) theory is *appraisal*. In simple terms, appraisal refers to whether or not an individual perceives an event or situation as stressful is a result of how an individual assesses or evaluates the event. It focuses on the thoughts and emotions that a person experiences as they live from day to day, impacting upon whether the individual perceives a situation as threatening or challenging. When an event occurs (internally or externally), a person engages in cognitive appraisal—cognitively evaluating whether the particular encounter is relevant to his or her stress and wellbeing. How a person appraises the situation affects how they feel about it.

As illustrated in Fig. 15.1, according to this theory, there are two things that a person thinks when they encounter a situation: primary appraisal and secondary appraisal. *Primary appraisal* asks: “what is at stake in terms of

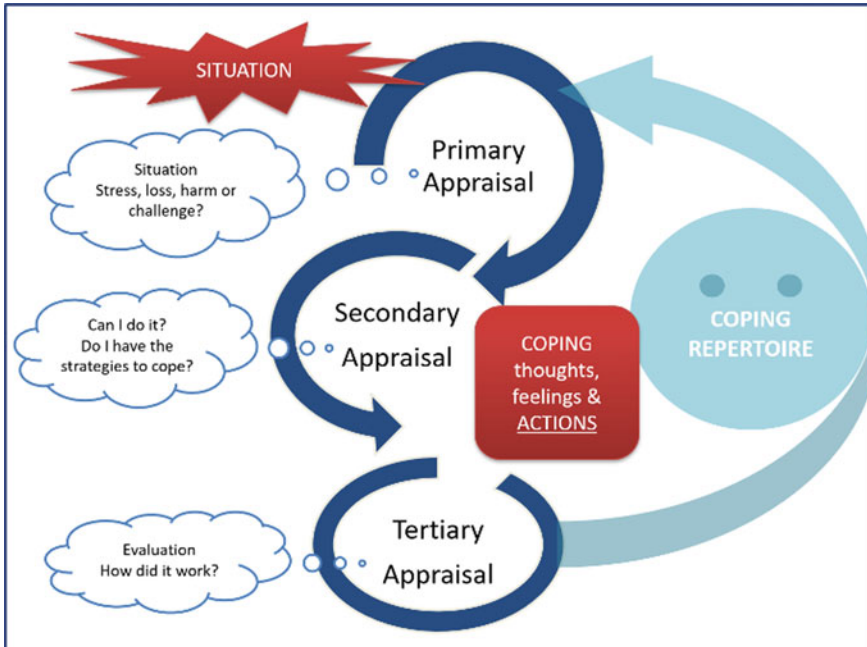


Fig. 15.1 Appraisal theory of coping

potential harm or benefit?” Secondary appraisal asks: “what can be done about the situation or what are the options or resources available?” (Folkman, Lazarus, Gruen, & DeLongis, 1986). The appraisals may initiate a chain of activity and coping actions to manage a situation. *Tertiary appraisal* occurs when the individual puts a chosen coping strategy into action, evaluates the coping outcome of the coping effort, and decides whether it fits into his or her coping repertoire to be called into action on future occasions.

Early studies found that appraisal is associated with the type and amount of coping (Stone & Neale, 1984), and that students assessed what is stressful in a work situation according to whether they regarded the situation as one of loss, threat, or challenge (Manzi, 1986). In relation to stressful academic and social events in a school environment, appraisal played a part, in that the severity of the stress was assessed according to whether individuals felt they could do something constructive to deal with the problem (Fahs, 1986). Through interview responses with 9–10-year-olds, Muldoon (1996) found that events that are harmful or loss-inducing are perceived by children as most stressful, and when asked to describe an event that is stressful children spontaneously described a harmful event (see also Compas, 2009).

A number of studies in the coping literature have looked into the effect that positive thinking has on the appraisal of stress, coping, and wellbeing. Positive thinking allows the individual to interpret situations in ways that are conducive to growth and success while negative thinking leads to appraisals that anticipate bad outcomes. For example, Folkman (1997) and Naseem and Khalid (2010) have argued convincingly that positive thinking and positive affect are related to distress reduction and predicting healthy outcomes, and how positive emotions can undo the effect of negative emotions on cardiovascular function.

Coping in Childhood

These adult conceptions of coping have been useful in delineating children's coping and bringing teachers and parents along the coping journey with their children. As we learned through the *Early Years Coping Project*, described below, it is possible to take account of situations that are stressful for children and ask them to describe how they cope. These descriptions in turn form the basis of how we measure and teach coping skills to children, taking account of age appropriate language and circumstances. By utilizing what is known about adult coping and what we know about how children cope, it is possible to achieve the best outcomes both in family and school contexts.

The Early Years Coping Project

Since 2010, our team has focused on early childhood (i.e., ages 3–6 years). We see this as the most relevant and opportune age for the teaching of coping skills. It is the stage of life when both children, teachers, and parents are receptive to learning and sensitive to developments in the family. Parents are often readily engaged in children's learning experiences. Indeed, we have found through our *Families Coping Program* that children and their participating parents learned to enjoy having a common language of coping which enabled the parents to apply the coping skills they acquired in a parenting program into the family context. Below, the phases of the *Early Years Coping Project* is described, along with the purposes.

Overview of the Early Years Coping Project

The multiphase *Early Years Coping Project* commenced in 2011 when we first identified the concepts and constructs relating to young children's coping and developed visual tools that enable children to engage in conversations and interventions relating to age-appropriate concerns and coping in the early years. This was followed by the development of a parenting program that incorporated coping skills development for both parents and children, and more recently we developed a COPE-Resilience program that has been integrated into classroom practice. The ongoing project has involved 9 phases to date:

- **Phase 1—2008:** Investigation into preschool children's coping responses and matching these with parents' understandings of their children's coping responses (Chalmers, Frydenberg, & Deans, 2011; Deans, Frydenberg, & Tsurutani, 2010).
- **Phase 2—2009:** Development of the *Early Years Coping Cards*, a teaching and learning tool that depicts a range of visual representations of challenging situations to be used to stimulate children's verbal responses about their coping strategies (Frydenberg & Deans, 2011).
- **Phase 3—2010:** Application of the *Early Years Coping Cards* in multiple settings (early childhood centres and homes) with teachers and parents (Deans, Frydenberg, & Liang, 2012).
- **Phase 4—2011:** Investigation of parents' use of the *Early Years Coping Cards* (Frydenberg, Deans, & Liang, 2014).
- **Phase 5—2012:** Development of the *Families Can Do Coping (FCDC)* parenting program (Frydenberg, 2015).
- **Phase 6—2013:** Development of the *Families Coping (FC)* – an adapted version of the FCDC) parenting program for families from CALD backgrounds and disadvantaged communities—the *Early Years Productive Parenting Program (EYPPP)* (Deans, Liang, & Frydenberg, 2016).
- **Phase 7—2014:** Exploration of the relationship between anxiety and coping (Pang, Frydenberg, & Deans, 2015; Yeo, Frydenberg, Northam, & Deans, 2014).
- **Phase 8—2015:** Development of the *COPE-R Program for Preschoolers: Teaching empathy and prosocial skills through the Early Years Coping Cards*. The process of socialisation and embodiment of a Social Emotional Learning program in an early years setting (Deans, Klarin, Liang, & Frydenberg, 2017) and teacher experience (Alexander, 2018).
- **Phase 9—2018:** Cross generational program (Stirling, 2020).

Through these phases, numerous findings and insights have arisen. Here we highlight some of the key findings and offer a more detailed description of the programs that have been developed as a part of the project.

Understanding Coping in Young Children

The first phase involved understanding coping responses in children and considering how these overlap with their parents' perceptions. The children were asked to describe how they would manage seven typical situations that included saying goodbye to a parent, fear of the dark, fear of trying something new, being in trouble with a teacher or parent, being bullied, losing something special, and being hurt. Parents were also surveyed with the aim of identifying the ways in which they described their children's coping. We also wanted to identify whether a correlation existed between the children's understandings of coping and their parents' views. We found that children aged 4–5 were able to articulate 36 different active and passive coping responses, some of which had not been identified previously (Chalmers, Frydenberg, & Deans, 2011; Deans, Frydenberg, & Tsurutani, 2010). There are numerous ways of categorising the strategies. In one study the strategies were classified as active or passive. Active strategies described what children do proactively and passive strategies typically involved withdrawing from or avoiding difficult situations. These strategies could also be grouped as *productive self-reliant* (e.g., thinking positively, doing something else, solving the problem), *productive reference to others* (e.g., seeking help, seeking comfort), and non-productive (e.g., doing nothing, don't know, get angry/throw a tantrum (Deans, Frydenberg, & Tsurutani, 2010). More recently they have been grouped as *positive*, *negative emotional expression*, and *negative emotional inhibition* (see Table 15.1).

Notably, parents reported fewer coping strategies, with a larger number of passive strategies being reported. Parents indicated that their children were more likely to cry/feel sad, complain of illness, seek help from grown-ups, or blame others. Teachers, on the other hand, indicated that children were more likely to do nothing, keep their feelings to themselves, or seek help from others. More fathers than mothers considered that their children worked hard at solving problems. Importantly, all the situations that were presented to the children were also recognised by both teachers and parents to relate frequently to the children's experiences; the one exception was choosing between two groups of friends for play, as this was more frequently identified by the teachers because of its relevance in the school situation.

Table 15.1 Coping strategies identified by 4–5 year old children, classified as positive, negative-emotional expression, and negative-emotional inhibition (Adapted from Pang et al. [2015])

Positive	Negative-emotional expression	Negative-emotional inhibition
Have fun, play sport, draw, play games	"Lose it"—cry, scream or fight	Keep feelings to self/not show he/she feels
Play	Cry or scream	Do nothing
Chat to friends	Feel sad	Don't let others know how they are feeling
Work with others	Get angry with others	Get stomach aches or headaches
Work hard	Keep away from other children	Give up
Try to help others	Feel bad	Get sick
Be happy with the way things are	Blame themselves/when things go wrong	Ask a teacher for help
Hope	Worry	
Spend a lot of time with a good friend	Get mad with themselves	
Go out and play and forget about their problem		
Try		
Notice what others are doing		
Get a teacher or grown-up to help		

The overall conclusions drawn from these studies are that young children do respond to challenging situations, that they can articulate and utilise a wide range of coping strategies that are not generally recognised in the current literature. Parents tend to be more critical of their children's coping, and this is reflected in their frequent visits to doctors regarding children's and their own parenting anxieties. In addition, parents' perceptions of their children's coping strategies vary from that of their teachers' and the children themselves.

Building Family Resilience Through the Families Coping Program

Beyond identifying coping strategies, the project moved towards developing a repertoire of coping skills. The capacity to cope is a key factor that contributes to both parents' and children's healthy adaptation to everyday experiences.

The ability of parents to manage the demands associated with raising a child, as well as to show willingness to engage in a process of self-enquiry so as to improve their parenting practices and learn new skills, inherently calls on the use of everyday coping skills. To provide parents with the skills needed for health adaptation, we developed the *Families Coping Program* (Frydenberg, 2015), which incorporates good communication skills (active listening, assertiveness, and managing conflict), positive psychology principles, coping skills, and mindfulness. The elements are underscored by the guiding principle that it is important to have adults and children share an understanding of the language of coping so that social learning and modelling can take place both in the home and in the school setting.

Table 15.2 provides an overview of the *Families Coping Program*. The five sessions introduce parents to information associated with positive parenting principles, family communication, and use of a visual resource to help parents stimulate conversations about coping with their children. The twin aim is to teach parents communication skills while receiving practical psychoeducation and training on how their own productive coping skills can be developed, and their use of non-productive strategies can be minimised. Learning mediums include direct facilitator instruction, a self-directed workbook, and participation in role-plays and group discussions. The intended outcome is to contribute to early years' wellbeing through enhancing the application of positive parenting skills in addition to the development of adaptive coping in both parent and child.

The evaluation of the program uncovered parents reporting a move towards the development of more positive parenting practices and use of productive coping by their child, as well as some aspects of improvement in both parent and child wellbeing (Gulliford, Deans, Frydenberg, & Liang, 2015). This indicates that the *Families Coping Program* provides a useful addition to the pool of programs currently available to parents.

Extensions to Other Populations

Numerous researchers in the field of early years wellbeing have pointed out that young children from culturally and linguistically diverse (CALD) backgrounds are disproportionately exposed to family and neighbourhood-level risk factors (e.g., low maternal education, low parental income) for poor child mental outcome (e.g., emotional difficulties, peer problems) and are more susceptible to family violence, substance abuse, and increased problems relating to parenting (Parker, 2009; Priest, Baxter, & Hayes, 2012). The early

Table 15.2 Descriptive overview of the Families Coping Program

Focus	Session overview
Session 1 <i>Positive Psychology of Parenting</i>	The history and core principles of positive psychology and positive parenting and how such practices support family health and wellbeing. Parents are encouraged to review their own wellbeing and consider personal strengths. Quality family time in each family is considered
<i>Coping with Stress in the Family</i>	Stresses associated with family life are part of everyday living. Social learning theory and parents as role models are considered. The transactional model of stress and coping is introduced to highlight how parents manage their stress not only impacts their own health and wellbeing but also their child's coping and wellbeing. Parents identify the difference between parenting styles and the building blocks of healthy and happy families
Session 2 <i>Parents Dealing with Difficult Situations</i>	The concepts and constructs of coping are introduced to help parents examine and enhance their coping skills. Parents consider their own styles of coping by reflecting on their <i>Coping Scale for Adults</i> profiles and use of coping strategies, specific to their parenting role. What is helpful and unhelpful coping is considered
<i>Everyday Worries and Anxieties of Children</i>	The ages and stages of social emotional development are present, particularly in the 4 to 8-year-old age group. What worries children and how they deal with worries are identified. Parents learnt how to help their children identify stressors and the physical symptoms of stress in the body

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Table 15.2 (continued)

Focus	Session overview
Session 3	
<i>Listening to Children: The Neuroscience of Communication</i>	The neuroscience of communication and benefits of reflective listening are considered along with the barriers to communication being presented. Parents learn how to respond to children's concerns and worries in a helpful way
<i>Purposeful Behaviour of Children: When Assertiveness Helps</i>	Parents are encouraged to reflect on their parenting styles as they explore the skills of assertiveness. The notion that parents being in charge is presented. The notion that all children's behaviour is purposeful is taken into account, with parents reflecting on the behaviours of their own children and making the distinction between needs and wants
Session 4	
<i>How Children Deal with their Worries and Talking about Challenging Situation with Children</i>	The <i>Early Years Coping Cards</i> are presented. Parents are taught to apply skills of open questioning and reflective listening as helpful communication tools. The cards are introduced to parents and a number of ways in which these can be used is presented so that parents can use the cards with their children. Games and various activities are suggested that bring together a situation card with different visually illustrated child coping actions (e.g. seek help, think happy thoughts, worry, hide)
<i>Collaborative Problem Solving</i>	Problem solving is presented as a core skill that can be drawn on in diverse contexts. Parents rehearse the skills and are encouraged to apply the skill to their own problems and children's problems when they arise. Problem solving is encouraged to be used with children as a collaborative process

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Table 15.2 (continued)

Focus	Session overview
Session 5 <i>Mindfulness as a Way of Achieving Wellbeing</i>	The practice of mindfulness, with its emphasis on staying in the moment and paying full attention to the here and now is considered in the context of parenting. The historical origins of mindfulness and contemporary evidence-based applications along with the relationship between mindfulness and relaxation are considered. The teaching of these skills is emphasised both for parents and children
<i>Putting it Together</i>	The core messages of the five sessions are drawn together. Parents are encouraged to reflect on their personal experiences during the program in relation to parenting, coping, and wellbeing for both themselves and their child. Parents are asked about highlights and areas they will continue to focus on to improve family life

years provide a window of opportunity to engage these parents in mental health promotion and the development of healthy parent–child relationships in a particular context.

The *Families Coping Program* was subsequently adapted into a simplified and culturally sensitive *Early Years Productive Parenting Program* (EYPPP) for a group of CALD parents attending a playgroup in an inner urban early childhood setting in metropolitan Melbourne, Australia. The EYPPP emphasised what parents from CALD families with pre-schoolers can do to facilitate helpful coping strategies in parenting practices and how they can be proactive in developing these skills. Easily accessible stand-alone resources such as a set of illustrated parenting tip sheets and group activities were designed for developing positive relationships through self-reflection, an enhanced awareness of children's behaviour, and suggestions for engaging/guiding/responding to children so that there is mutual gain for both parent and child. A key format variation from the *Families Coping Program* was the inclusion of a set of image-based tip sheets designed for each session and introduced at the beginning of each session. Parents are encouraged to utilise the "tips" during the week and the experiences are discussed during the following session,

using a parent as an interpreter if required. The tip sheets focus on good parenting practices and age-appropriate developmental issues. These sheets include suggestions such as, talk, read, play with your child each day, praise effort, celebrate good behaviour, build a support network, set simple family rules, play out clear limits, and use kind words in the family.

The EYPPP was delivered to 17 families at a community playgroup setting, a natural environment for parent–child interaction, to maximise learning opportunities for this group of families (Dean, Liang, & Frydenberg, 2016). All these families came from diverse backgrounds, including Sudan, Somalia, Vietnam, New Zealand, and Australia. The participants brought their children (aged 2–5 years), plus younger (7 months old) and occasionally older (teenagers) siblings who participated in the 5-session one-hour program as part of the playgroup's activities. Results from this pilot study indicated that CALD parents were more likely to report the use of self-blame and ignore the problem as coping strategies in their parenting journey. They also reported the highest-level helpfulness rating of the program for their parenting journey and many of them quoted new skills and strengths acquired from this brief program. The outcomes of this small study highlight the significance of providing a flexible and inclusive model of community-based parenting program as a resource and part of a support-network building opportunity for families of CALD background.

COPE-Resilience

Having developed tools for children, parents, and teachers, our next extension involved the development of additional resources that meet the curriculum requirements for teachers in early childhood settings. A key consideration in education and increasingly within positive education is the role of teachers. Teachers' confidence or self-efficacy, perception of and attitude towards an intervention, knowledge, belief in the program, and their level of skill to implement it with fidelity are important components for achieving effective program outcomes (Brackett et al., 2012; Domitrovich et al., 2009; Durlak & Dupre, 2008; Jones & Bouffard, 2012; Schonert-Reichel, 2017). Further, if teachers feel that the goals of the program are appropriate and feasible, and that they as teachers are well supported, they are likely to implement the program with greater motivation and fidelity (Denham & Burton, 2003).

Drawing on these insights from the literature, we developed a resource for use by teachers: the COPE-R program. The program comprises activities on Caring for Others (C); Open communication (O); Polite/Respectful

behaviours (P); Empathise/Sharing behaviours (E), and a Review (R), which incorporates *the Early Years Coping Cards* along with explicit empathy and prosocial skills. It has been developed to incorporate coping skills and utilise them to teach empathy and prosocial skills to children aged four to eight years of age.

Tables 15.3 and 15.4 outline the program content and the activities that are utilised in the COPE-R Program. The program offers comprehensive teaching content with teachers being asked to utilise at least two activities for each of their teaching sessions so as to capitalise on instructor skill and interest. During several of the sessions in the COPE-R program, the *Early Years Coping Cards* (Frydenberg & Deans, 2011) are used to help children explore their feelings, that of others, and what they might do in the different situations presented. Children are asked to become a “Feelings Detective”. There is also use of drawings, puppetry, and role plays.

To illustrate how the curriculum is implemented, along with age-related responses of the children, two examples are offered. During the lesson on feelings titled “Walking in someone else’s shoes”, the teacher asked the children: “*What can you do to show your friends that you understand how they feel?*” The children’s responses included: “*offer help*”, “*call the teacher if help is needed*”, “*ask a person ‘Are you ok?’*”, “*if the person is feeling hurt you could get a tissue or band aid or even some olive oil [soothing]*”, and “*you can gently touch them and say ‘do you need help?’ even if they are not your friend*”. One child summed it up succinctly: “*if you go to someone when they need you, that person will be grateful and that’s a good way to make a new friend. By helping others, we make friends*”.

In the lesson on Caring the teacher asked: the children “What is caring?” Responses included: “*looking after someone*”, “*respecting the forests means that you care for them*”, and “*looking after our friends and family*”. The children also identified ways to recognise someone needing care, such as: “*they might look upset*”, “*they might have sad eyes*”, and “*a person might be homeless and not having a bed*”. The teacher then prompted: “*How do we care for others?*” Children noted that they could care for others by helping, playing, listening, cuddling, and showing kind gestures such as “*we can take them flowers to cheer them up*”, asking “*do you want me to call a teacher/parent?*”, and “*give a homeless person a cup of tea*”. The teacher also enriched the discussions by prompting children to demonstrate ways they could care for themselves and other living things.

Table 15.3 Outline of the COPE-R program content

Lesson	Lesson content
Foundation skills: Understanding Emotions	<ul style="list-style-type: none"> • Feelings Detective: Noticing Emotions in Ourselves and Others • Role-Play/Puppet-Play: What Feelings Look Like • Art/Craft: Putting Ourselves In Someone Else's Shoes • Singing/Dancing/Movement: We All Have Feelings • Additional Resources and Activities
Lesson 1: C Caring for Others	<ul style="list-style-type: none"> • Early Years Coping Card: Getting Hurt • Feelings Detective: What Is Caring? • Play/Puppet-Play: When I'm Caring For Others • Art/Craft: Caring Behaviours • Singing/Dancing/Movement: Looking After Ourselves While Caring for Others • The Caring Tree: Lesson Close • Additional Resources and Activities
Lesson 2: O Open Communication	<ul style="list-style-type: none"> • Early Years Coping Card: Wanting To Play With Others • Feelings Detective: How a Good Listener Listens • Role-Play/Puppet-Play: Supportive Statements • Art/Craft: Two Mouths and One Ear • Singing/Dancing/Movement: Types of Communication • The Caring Tree: Lesson Close • Additional Resources and Activities
Lesson 3: P Politeness	<ul style="list-style-type: none"> • Early Years Coping Card Teasing • Feelings Detective: The Impact of Behaviour • Role-Play/Puppet-Play: Politeness • Art/Craft: Respect • Art/Craft: Different Cultural Backgrounds • The Caring Tree: Lesson Close • Additional Resources and Activities
Lesson 4: E Empathetic Sharing	<ul style="list-style-type: none"> • Early Years Coping Card: Sharing • Feelings Detective: Feelings Charades • Feelings Detective: The Benefits Of Sharing • Role-Play/Puppet-Play: Different Ways We Can Share • Art/Craft: How Can We Share? • The Caring Tree: Lesson Close • Additional Resources and Activities

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Table 15.3 (continued)

Lesson	Lesson content
Lesson 5: R Review	<ul style="list-style-type: none"> • Art/Craft: Caring for Others (C) Review • Singing/Dancing/Movement: Open Communication (O) Review • Role-Play/Puppet-Play: Politeness (P) Review • Feelings Detective: Empathic Sharing (E) Review

Table 15.4 COPE-R activities

Activity	Description
Early Years Coping Cards	These cards provide images of situations for children to help them explore their feelings, others' feelings, and what they might do in the different situations presented
Feelings Detective	Children will be asked to become a "Feelings Detective" and to engage in fun detective cases to support their learning. Either a pretend or real detective hat can be used
Role-Play/Puppet-Play	Role-plays provide children with an experiential opportunity to practise the skills being learnt. These activities may provide opportunity for more active involvement from the children
Art/Craft	There are a variety of activities such as drawing to assist children's learning using their creativity, imagination, and non-verbal skills.
Singing/Dancing/Movement	These are fun activities that allow children to learn through song and understanding the importance of body language
The Caring Tree	Children's pro-social behaviours can be acknowledged throughout the week by providing tokens that are familiar to the children (e.g., leaves, hand prints, paper hearts) and placed on a "tree"/"chart" in the room
Additional Resources and Activities	While these are not core activities, there are some additional resources and activities provided if needed

These interactions illustrate how the teacher's questioning enables both teaching of the concepts and assessment of how the children think in relation to particular situations and how they would respond if the situations arose in real life.

An early evaluation of the teacher-led program reported significant reductions in emotional problems post program (Deans, Klarin, Liang & Frydenberg, 2017). Qualitative responses from parents also indicated that they noticed positive differences in their children after the program finished. A thematic analysis of parents' responses was conducted, revealing two major themes in the differences that the parents noticed in their children: increased prosocial behaviour and enhanced communication skills. Drawings and comments made by preschool participants provided further support for the efficacy of the program (Cornell et al., 2017; Pang, Frydenberg, Swana, Deans, & Liying, 2018).

Providing additional support for the program, in 2018, six teachers in three classrooms participated in teaching the program to 91 pre-schoolers (Alexander, 2018). Two of the three classrooms received the COPE-R Program, delivered by their classroom teacher over a six-week period. In one of these classes, the teacher already had experience with COPE-R. In the second class, the teacher delivered the program for the first time. The third class was assigned to be the comparison group, which engaged in an inter-generational program, involving visiting a nearby elderly residential setting (described in more detail below). Measures included the Empathy Questionnaire (Rieffe, Ketelaar, & Wiefferink, 2010), the Strengths and Difficulties Questionnaire (Goodman, 1997, 2001), the Children's Coping Scale-Revised (CCS-R, Yeo, Frydenberg, Northam, & Deans, 2014), and the Childhood Executive Function Inventory (Thorell & Nyberg, 2008). Child interviews on emotional knowledge were also conducted. While children in all three classes increased in emotional literacy and coping skills across the intervention period, students in COPE-R Program classrooms demonstrated significant improvements in teacher-rated prosocial skills and positive coping, compared to the control group. Importantly, students undertaking COPE-R Program with an experienced teacher facilitator demonstrated the greatest improvements in teacher-rated behavioural and coping outcomes, as well as on direct measures of child coping. As a whole, the results provide additional support for the program, and suggest that greater experience with the program by the facilitator enhances implementation success.

A Cultural Adaptation

While Australia provides a cultural setting where SEL is well accepted within the educational community and teachers are obliged to implement the program to meet the requirements of the curriculum, in many cultures where there are different social and cultural imperatives, SEL has only more recently become a requirement in early childhood education, with coping a relatively recent addition. To consider the extent to which the COPE-R Program can be beneficial in such cultures, we trialled the program in Taiwan (Wu, 2020). We first carefully translated the teaching materials. Focus groups were conducted, and adaptations to the resource materials were made to fit well with the culture. Teachers were trained, with some supervision by the researcher, a qualified early childhood educator, who had been involved with the 2018 program. The program resulted in beneficial outcomes for the students, though the teachers sought more scripted resources and further support for implementation. Users of the COPE-R Program across other cultural settings should be cognisant of teachers' comfort with the material and be ready to provide additional resources and support if needed.

An Intergenerational Approach

A final focus in the *Early Years Coping Project* is the *Intergenerational Program*, which has been occurring since 2016. Quality early childhood social and emotional development includes a focus on reducing young children's prejudice and preconceptions about ageing (Femia et al., 2008; Low et al., 2015). Other studies find that children who have participated in intergenerational programs have positive gains on their social emotional development, behaviour, school performance, and attitude towards older adults (Femia et al., 2008; Heyman, Gutheil, & Whiteman, 2011).

Returning to the study by Alexander (2018) described above, the control class engaged in an Intergenerational Program, which involved visiting a neighbouring elderly citizens' residential setting. The early learning setting was located in metropolitan Melbourne, Australia. During the program, children visit residents, who volunteer to participate in the program, on a fortnightly basis. For instance, in one trial, 20 children (4–5 years of age) visited 10 residents (65–100 years old) in the nearby residential setting (Stirling, 2020). The children and residents engaged in shared activities such as art, singing, gardening, and playing games such as Bingo. Additionally, there was storytelling from the residents with prompts using artefacts from

the past such as milk bottles, cameras, kitchenware, and photographs of cars that told a story about times past. The activities generally resulted in communications between the residents and the children. Multiple outcomes were assessed through parent and participant feedback, children's reflective drawing-tellings, and observation of the children. Parents commented that there were key learnings from the program about "ageing and death".

As with the COPE-R program, teachers who had participated in several iterations of the intergenerational program had "deeper" relationships with the residents and were able to facilitate better communications between the residents and the children, meeting the goals of the program.

Conclusion

In this chapter, we pointed to the importance of incorporating the development of coping strategies as critical to positive education, with early education being a pertinent time to be developing these skills. To illustrate, we described the *Early Years Coping Project*. Several key aspects of this program of research described in this chapter are particularly relevant to wellbeing and positive education. Firstly, each of the sequenced elements of the nine phases of the *Early Years Coping Project* is beneficial when integrated into early years educational experience. Children receive classroom input at the same time as they are illuminating what can be achieved in the early childhood context through application of the concepts and constructs of coping. Secondly, these concepts provide psycho-educational tools as a means of advancing healthy development. The tools of measurement, visual resources for engagement in conversations, scripted curriculum support material, or parent programs each provide resources for teachers that help them to advance social emotional aspects of education in a positive learning environment.

In 2020, as we face the challenges of a pandemic such as COVID-19 with families in lock down for extensive periods, home schooling as an ongoing experience, where parents are closely engaged in the educational process with their children through home schooling with online learning programs as the norm, it is clear that coping skills both for adults and children are important. In the *Families Coping Program*, parents are encouraged to reflect on their own coping and engage with their children to facilitate the development of both their own skills and that of their children. In a social emotional learning program such as COPE-R, along with an *Intergenerational Program* such as the one described above, children learn values including empathy, respect, caring for each other and the world around them, along with skills

to regulate their emotions. These are all qualities and skills that need to be fostered in the twenty-first century so that together we can build emotionally healthy communities that are able to deal with the challenges that may confront them.

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