EARLY CHILDHOOD MENTAL HEALTH: HOW TO PROMOTE SOCIAL EMOTIONAL WELL-BEING AND ACCESS SERVICES

Ready at Five School Readiness Symposium
Supporting The Whole Child: Social And Emotional Learning
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University of Maryland School of Social Work
Institute for Innovation & Implementation
Objectives

- Participants will learn about different models of screening, referral and intervention that focus on early childhood mental health and behavioral health support for young children.
- The will learn about the importance of structured feedback to caregivers around screening results and joint referral planning.
- They will learn about options across the state to access early childhood mental health and behavioral health support for young children.
- They will be provided with information available or possible partners to engage around early childhood mental health covering universal interventions to highly targeted interventions.
Agenda

• Early Childhood Mental Health System of Care
• Social Emotion aspects of learning in the school environment
• Service array options
  • Within school/childcare
  • Outside of school/childcare
  • When to refer
• Data informed decision making
• Diagnoses and purposes of diagnosing
• Where to find services
• Integrated services
• Family choice and voice in early childhood mental health
Participant Perspectives

• Your name, setting and role.

• What do you hope to learn about the Infant and Early Childhood Mental Health Service Array?
PIEC (Parent Infant Early Childhood) Program

The Institute for Innovation & Implementation
University of Maryland School of Social Work

The Institute: The University of Maryland’s Institute for Innovation & Implementation serves as a training, technical assistance, evaluation, policy, systems design, and finance center to supports local, state and national governments and organizations to implement effective systems and practices to best meet the needs of children and youth with complex behavioral needs and their families. The Institute brings with it nationally recognized expertise in the fields of children’s behavioral health, systems of care, evidence-based and promising practices, care management, finance, policy, systems design, evaluation, juvenile justice and child welfare.

PIEC Unit: The Parent, Infant, and Early Childhood (PIEC) unit within the Institute is focused specifically on infant and early childhood mental health efforts throughout the state of Maryland and currently partners with a range of providers as well as state and local agencies to support the growth of the system of care targeting at-risk parents and young children. The PIEC team is comprised of experts in the field of maternal and child health policy, program development, research and evaluation and partners with National content experts as well as the Institutes’ National Technical Assistance Network to raise the voice of infants and young children in issues related to mental health financing, homelessness in transition age youth, adult substance use and intimate partner violence. PIEC work output includes: federal and state quarterly and annual reports, policy and position papers, scientific publications as well as local and national presentations and lectures. All projects include robust evaluation and data collection, including the management and analysis of two state-wide electronic databases used in a CQI process to inform program development and workforce support.
First, Understanding Infant & Early Childhood Mental Health

Starting with the premise that kids, and parenting, and families are stressful!

"A two-year-old is kind of like having a blender, but you don't have a top for it."
-Jerry Seinfeld
When you think of Early Childhood Mental Health... what comes to mind?
Social emotional readiness

Why does getting ready for kindergarten include focusing on social emotional development?

- Children who are viewed as ready for kindergarten typically exhibit high attention, approach, and adaptability coupled with low activity and reactivity.
- These characteristics tend to be especially valued by teachers and describe a child who is "teachable," or school ready.
- Since many children enter formal schooling earlier by attending pre-K for 4-year olds, often called 4-year-old kindergarten, there is a need to examine school readiness earlier than kindergarten, which may look very different developmentally.
Defining Mental Health for Early Childhood

Infant-early childhood mental health is the developing capacity of the child from birth to 5 years of age to form close relationships, experience, tolerate and express a range of emotions without lasting collapse, and explore the environment and learn.

In early childhood this means:

• Throughout assessments to understand the root of the behavior

• Emotional Literacy Skills

• Focusing on adult regulation!
  • Daniel Siegel’s Hand Model of the Brain
If a picture is worth a thousand words, this video is priceless

University of Minnesota Institute of Child Development, video by Cliff Dahlberg and Vox Pop Video: https://www.youtube.com/watch?v=SpqLzFew9bs
Sensitive Periods in Early Brain Development

Graph developed by Council for Early Child Development (ref: Nash, 1997; Early Years Study, 1999; Shonkoff, 2000.)
Sequential Development of the Brain

Abstract Thought
Problem solving
Affiliation
Attachment
Sexual Behavior
Emotional Reactivity
Motor Regulation
Sleep
Digestion
Blood Pressure
Heart Rate
Respiration
Body Temperature

Dr. Linda Chamberlin, Institute for Safe Families: http://www.instituteforsafefamilies.org/sites/default/files/isfFiles/The_Amazing_Brain-2.pdf
Mental Health Concerns Across Childhood

Egger and Angold, 2006
Preschool Expulsion Response:

According to the Maryland State Department of Education, 2,363 students in pre-K through second grade were suspended during the 2015-2016 school year. Of those, 82 were in pre-K.
Preschool Expulsion Response:

• **Maryland SB 651** legislates prohibition of suspension and expulsion (with some rigorous exceptions) for preK through second grade in publicly funded education programs.
  • Regulation?
  • Implementation?
  • Guidance?
  • Funding?
Adult Capacities Video:
https://www.youtube.com/watch?v=urU-a_FsS5Y
Considering Parents’ Perspective

- Is my baby alright?
- Am I a good enough parent?

Parents don't make mistakes because they don't care, but because they care so deeply.

— T. Berry Brazelton —

Effective Characteristics of Parent-Focused Interventions

Consider how you can incorporate parent-focused interventions into your child/family practice.
An infant’s secure attachment to his or her parent is regarded as the “seminal event in a person’s emotional development – the primary source of a child’s security, self-esteem, self control and social skills…”

“Experience is biology…Parents are the active sculptors of their children’s growing brains.”

-Daniel Siegel, MD

1. Cellular level (epigenetics)
2. Brain development (hormones, circuitry and structure)
3. Social behaviors (attenuate stress, learning, patterns of protecting and loving)
SAMHSA’s Behavioral Health Continuum of Care Model

• Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes the following components:
  
  • Promotion — Strategies designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges.
  
  • Prevention — Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.
  
  • Treatment — Services for people diagnosed with a mental health condition or disorder.
  
  • Recovery — Services to support individuals’ abilities to live productive lives in the community following treatment.
Early Childhood System of Care

These are moving closer toward **INTEGRATION**

**System is CHANGING**
• To create good outcomes for children we need to support adults.
• Two-generation approaches recognize that the child is experiencing ACEs now and the caregiver likely experienced ACEs in their own early years.
What does an integrated service array look like?

Services that are evidence-based, high quality, inclusive, accessible and inclusive.

Defined and coordinated leadership, recruited and engaged stakeholders, financing strategy, enhanced and aligned standards/competencies across programs/providers, accountability and structured communication.
Core Competencies Approach to Addressing IMH needs

- Family and youth-guided multidisciplinary teams with care coordination capability
- Individualized and integrated care plans
- Use of evidence-based guidelines
- Established and accountable relationships with other entities
- Data-informed planning

Without program/system collaboration...
Family has concern about 3 year old son

Warm Line Navigation assists family’s enrollment in:
- ABC for mom and baby
- PCIT & CCO for caregivers and 3 year old
- E-EMHC for daycare to support behavior within all settings

Tri-County Early Childhood Warm Line Recommended

Trained warm line operator helps identify services to address family needs.

If higher level of support is needed, family navigator with lived experience meets with family about concerns and supports their sustained engagement with services.

Warm Line referral assists family’s enrollment in:
- health care for caregivers within the home
- DSS supports for WIC and financial support due to caregiver unemployment, job needs and other resources
- Mental Health services for mother due to postpartum stress
- school-based early intervention supports

Supported engagement in community-based services reinforces successful engagement mental health programs
Group Work
What does your Current system look like?

• What does your system look like?
• What services are present/absent?
• Where are there strengths?
• Where do families get help?
• How do childcare and schools get help?
Interventions
School Based Models
• SEFEL (Social and Emotional Foundations for Early Learning) is a framework that promotes the social and emotional development and school readiness of young children from birth through age 8. SEFEL has been successfully implemented in a wide range of Maryland child care settings and is now being adapted for elementary school settings. The SEFEL model is very much a team approach, so experts are not only offering training to Maryland’s child care providers, but also to parents, home visitors, child welfare workers and first responders.

• Online training modules
  
  https://theinstitute.umd.edu/sefel/teachers-caregivers/index.cfm
SEFEL Pyramid Model & PBIS

Shared evidence base that emphasizes prevention

- Administrative leadership as vital
- Teaming as a change agent
- Data based decision making
- Defined positive social expectations
- Explicit teaching
- Acknowledge positive behavior
- Continuum of intervention
## SEFEL Pyramid Model & PBIS

<table>
<thead>
<tr>
<th>SEFEL Pyramid Model – Key Components</th>
<th>School Wide PBIS – Key Components</th>
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<tbody>
<tr>
<td>Tiered Model of Interventions</td>
<td>Tiered Model of Interventions</td>
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<tr>
<td>Focus on Birth-5</td>
<td>Focus on K-12</td>
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<td>Administration Participation and Support</td>
<td>Administration Participation and Support</td>
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<td>Explicitly Teaching Behavior</td>
<td>Explicitly Teaching Behavior</td>
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<td>Focus on Prevention</td>
<td>Focus on Prevention</td>
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<td>Program-wide Expectations</td>
<td>School-wide Expectations</td>
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<td>Systematic Acknowledgement</td>
<td>Acknowledgement System</td>
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<td>Adult Managed Behavior</td>
<td>Teacher/Office Managed Bx (T-Chart)</td>
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<tr>
<td>Data-Based Decision Making</td>
<td>Data-Based Decision Making</td>
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Routines and Rituals

When considering child behavior, the focus often falls on the adult to facilitate consistency and predictability in the routines, rituals and responses to behavior.
Teaching Emotional Literacy – Feelings Faces Bingo!

Happy  Sad  Mad

Scared  Sick  Silly
DIY Emotion Cards & games for kids

23 CHILDREN’S BOOKS ABOUT FEELINGS
Leadership Team

Data Decision-Making Examining Implementation and Outcomes

Family Engagement

Continuous Professional Development

Program-Wide Expectations

Systems to Identify and Respond to Individual Child Needs

Supports for Pyramid Model Practice Implementation
## Impact of Coaching

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<th>Outcomes</th>
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<tr>
<td></td>
<td>Knowledge</td>
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<tr>
<td>Discussion</td>
<td>10%</td>
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<tr>
<td>(relaying theory)</td>
<td></td>
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<tr>
<td>Demonstration</td>
<td>30%</td>
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<tr>
<td>(Implementing Services)</td>
<td></td>
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<tr>
<td>Practice &amp; Feedback</td>
<td>60%</td>
</tr>
<tr>
<td>(Modeling, Providing Discussion)</td>
<td></td>
</tr>
<tr>
<td>Coaching</td>
<td>95%</td>
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<tr>
<td>(Supporting use of strategies in real time context)</td>
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Support workforce and families to implement

Note: Adapted from "Student Achievement Through Staff Development," by B. Joyce and B. Showers, 2002, p.78
Copyright 2002 by the American Society for Curriculum and Development.
OMS Supporting Workforce’s Shift to Coaching

Fidelity measures and coaching logs support the workforce as they are making this shift to implement coaching with accuracy to the practice based coaching model.

Their data also helps us tell the state story – where coaching resources are, what trends we are seeing with respect to duration, frequency and focus of coaching.
A Model of Early Childhood System-Wide SEFEL Implementation: Maryland Infants & Toddlers Program Training and Coaching

1. SEFEL Mods 1,2,3
   - Identify County Lead Coaches

2. PIEC coaches Lead Coaches

3. Lead Coaches coach providers

4. Providers coach parents

5. Parents coach children
Team Approach For Early Educators: Parallel Process of Providers & Supporting Families

Importance of Collaborative Teaming: Early Educators often don’t have background in behavior, limited experience with teaming and often lack formal credentials.
Early Childhood Mental Health Consultation project is both child/family focused and classroom/program focused.

- This hybrid model allows consultants to focus on specific child behaviors while working with teachers to improve the overall quality of the classroom environment.
- ECMH Consultation Project: 1-877-605-1539
Consultation and COS Parenting Groups
Group Models
8 Keys to Effective Discipline

1. **Discipline is tied to a specific behavior.**
   Children need to know the specific thing they did wrong and what needs to change.

2. **The punishment should fit the crime.**
   Harsh punishments make children angry and hopeless and make behavior worse.

3. **Discipline is predictable.**
   The discipline should happen whenever the misbehavior happens, not just when parents have had a bad day.

4. **Discipline is controlled.**
   Parents should never lose control over what they are saying or doing.

5. **Discipline without rage.**
   Parents should never lose control over what they are feeling.

6. **Discipline without humiliation.**
   Even when children are being disciplined, parents should always respect a child’s dignity.

7. **Discipline with a positive ending.**
   When it is over, it's over. Children need to be allowed to reconnect with the parent in a positive and loving way.

8. **Children should know they are loved even though the misbehavior is not.**
   Children need to know that, no matter what, they are loved.
CIRCLE OF SECURITY
PARENT ATTENDING TO THE CHILD’S NEEDS

I need you to...
- Watch over me
- Delight in me
- Help me
- Enjoy with me

Support My Exploration
- Secure Base
- Secure
- Protect me
- Comfort me
- Delight in me
- Organize my feelings

Welcome My Coming To You
- Safe Haven
- Safe

Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child's need.
Whenever necessary: take charge.

© 1998 Cooper, Hoffman, Marvin, & Powell
circleoffeasurity.org

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Individual Models

- Attachment Bio-behavioral Catchup (ABC)
- Child Parent Psychotherapy
- Parent Child Interaction Therapy
- Family Therapy
Attachment and Biobehavioral Catch-UP (ABC)

Home Visiting Parent Training for caregivers of children who have experienced early maltreatment and/or disruptions in care.

Focuses on teaching caregivers to understand avoidant or ambivalent attachment cues and to develop effective nurturing skills to diminish problematic behaviors by providing responsive, predictable environment that enhances young children's behavioral and regulatory capabilities.

Sessions are implemented by parent coaches who provide parenting training in the parent’s home for weekly one-hour sessions over a period of 10 weeks.

(Dozier, 2009)
ABC MODEL VIDEO
Child Parent Psychotherapy

• CPP is a treatment for trauma-exposed children aged 0-5.
• Typically, the child is seen with his or her primary caregiver, and the dyad is the unit of treatment. CPP examines how the trauma and the caregivers’ relational history affect the caregiver-child relationship and the child’s developmental trajectory.
• A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child’s mental health. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g., culture and socioeconomic and immigration related stressors).
• Representations are expressed through language, behavior, and play
CPP Take Aways:
Ghosts and Angels in the Nursery

GHOSTS:
- Unconscious repetition of the past in the present
- Repression of the affects associated with early helplessness and terror
- From victim to perpetrator: Identification with the aggressor
  - (Fraiberg, Adelson & Shapiro, 1975)

ANGELS:
- Benevolent experiences also last a lifetime
- Re-creating relationships, recreating the self
- The intervener as agent of hope
Parent-child interaction therapy (PCIT) is an evidence-based treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Children and their caregivers are seen together in PCIT. Most of the session time is spent coaching caregivers in the application of specific therapy skills.
2 take aways from PCIT

• PRIDE SKILLS
• Child Directed and Parent Directed Activities
Considerations

• EBPs that include a varied workforce
• Tiered approach covers
  • child/family intensity need
  • Different points of entry
  • Different workforce disciplines and requirements
• Existing capacity
• Specific need
Considerations

• What system-wide supports are needed to make EBPs successful
  • Engagement of CCO for younger kids
  • Family voice and parent education
  • Workforce/agency commitment
  • Integration with other services/communities
    • Schools & EI/Birth to Five programs
    • Adult mental health
Trajectory of interventions 0-5

- Starting with prenatal
- Home visiting in infancy
- Birth to five intervention
- Preschool/childcare
- Kindergarten
Reducing Stigma

• Stigma can be understood as:
  • negative stereotypes about mental illness
  • devaluation of and discrimination towards those affected by mental health problems

• Three ways to fight stigma:
  • Education
  • Protest and Challenge commonly held stigmatizing images
  • **Contact** by putting a human face on mental illness
Resources

• Infants & Toddlers Program
• ChildFind
• ECMHC Project
• SEFEL online training
• Therapy services in region
• Parenting groups
• Addiction support
Data-Informed Decision Making
Assessments

• What is your current practice for screening and assessing for social emotional concerns/status for children on your caseload?
• Targeted screenings or universal?
• How is it working?
Considerations for Selecting Screening & Assessment Tools

Screening Tools should be:
1. Repeatable (every 3 months)
2. Brief
3. Easy to use and score
4. Inexpensive
5. Reliable and valid
6. Capable of telling programs:
   - When there is a concern
   - Area of intervention
The Linked System Framework

- Screening
- Assessment
- Goal Development
- Intervention
- Evaluation
Social Emotional Benchmarks Themes

1. Positive peer and adult interactions
2. Expresses and identify a range of emotions
3. Regulates social emotional responses
4. Shares attention and engagement
5. Demonstrates appropriate separation and reunification
6. Regulates attention and activity level
7. Utilize a range of adaptive skills
Discussion Around Rating Caregiver Concerns

1. Importance of honoring their perspective
2. What to do when you are concerned and caregiver is not
3. Consider what the driver is for your referral
   • Is it solving a concern that you have
   • And or a concern that caregiver has
   • How and when to sequence referrals so that caregivers and children are set up to be successful and motivated and not overwhelmed
Possible Actions

- Information and support
- Outside agency referral for services, supports, benefits
- Outside agency reporting for immediate intervention
  ★ Involve prevention, promotion, identification, and intervention

(Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003)
Informal Information Gathering

- Gathering information from families on their interests, priorities, concerns and everyday routines is best accomplished through conversation.

- Gathering this information is critical to develop meaningful outcomes and to design intervention strategies that build on family strengths and capacity.
What does a diagnosis mean

• Is it permanent?

• How is it helpful?
  • In early childhood a given child’s ability to express upset or dysregulation is limited, so it might look the same {think tears & tantrums!} but have different contexts, antecedents, and facilitators.
    • If it is anxiety, or sensory issues, or trauma [different diagnoses] the treatment plan and intervention will look different.
Elements of Service Intensity

- Focus and setting of interventions
- Extent of specialized services
- Number, frequency, duration of interventions
- Support for safety and daily functioning
- Number of systems/agencies involved, and degree of care coordination required
- Extent of community and natural supports
Benefits of integrated services and colocation

- Workforce competencies increase
  - Increased communication, cross pollination of disciplines = greater understanding of the child & family needs.
  - Leads to less confusion on parent’s part
    - Provider A and B giving differing sometime conflictual advice!
- Reduces stigma
- Reduces family burden of multiple visits, locations, appointments, etc.
Family Voice and Choice
Service Array Discussion at Your Tables
If you could have the ideal EC SOC and service array in your agency/county/region, what would it look like?

- What successes/wins do you have now?
- What is missing?
- What would you change, add, take away?
- What partnerships would you build?
WHAT IS ONE THINK YOU CAN TAKE BACK TO YOUR WORK YOU THINK CAN HELP TO MAKE CHANGE TO ADDRESS ECMH?
Take Away Messages

1. Early childhood mental health is a broad, interdisciplinary field that crosses many settings and fields of service working to meet the needs of very young children and their families.

2. Parents need help to understand the developmental stage and behavioral meaning in their young children.

3. Efforts to engage the broader service array and address caregiver needs are vital when considering mental health interventions for this age group.
Questions? Ideas?