

Infant/Early Childhood Mental Health 101



**PRESENTATION TO
CHILDREN'S BEHAVIORAL HEALTH INITIATIVE (CBHI)
PROVIDERS**

BY

**THE MASSACHUSETTS DEPARTMENT OF MENTAL
HEALTH**

&

**THE MASSACHUSETTS DEPARTMENT OF EARLY
EDUCATION AND CARE PROVIDERS OF EARLY
CHILDHOOD MENTAL HEALTH CONSULTATION
SERVICES**

WINTER 2014

EARLY MOMENTS MATTER

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VIDEO: Early Moments Matter: Building Attachments: Birth—18 Months
This Emotional Life/PBS (2.30 minutes)

OVERVIEW:

Infant/Early Childhood Mental Health

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- Synonymous with healthy social and emotional development.
- Also refers to the mental health difficulties and disorders experienced by very young children.
- Response to needs exists along a continuum of promotion, prevention, and treatment services.

Zero to Three—National Center for Infants, Toddlers, and Families: <http://www.zerotothree.org/child-development/early-childhood-mental-health/promotion-prevention-treatment.html>

DEFINITION: Infant Mental Health

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- Infant mental health is the developing capacity of the child from birth to 3 to:
 - experience, regulate, and express emotions;
 - form close and secure interpersonal relationships;
 - explore the environment and learn;
all in the context of family, community, and cultural expectations for young children.

DEFINITION: Pre-School Mental Health (1)

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- Preschool mental health is the continuing developing capacity for:
 - Emotional and behavioral self-regulation
 - Empathy and perspective taking
 - Cooperation and ability to resolve peer conflicts

Early Childhood Resource Center: National Research Council

DEFINITION: Pre-School Mental Health (2)

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- **Communicating needs, desires and interests in a pro-social way**
- **Motivation to succeed linked to feeling competent and loved**
- **Persistence and self-direction in learning situations**

Early Childhood Resource Center: National Research Council

Cornerstones of Healthy Infant/Early Childhood Mental Health

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- **Physical health of child and parents**
- **Attachment to primary caregivers**
- **Environment**
- **Positive relationships**
- **Temperament**
- **Genetics**

EARLY IDENTIFICATION: Infant Birth Through 1 Year

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- **Excessive fussiness-very difficult to soothe/console**
- **Limited or no interest in things or people**
- **Failure to gain weight**
- **Consistent strong reactions to touch, sounds or movement**
- **Sleep problems**
- **Feeding problems**

What is Early Childhood Mental Health? Oklahoma Department of Mental Health (2011),
http://www.okdhs.org/NR/rdonlyres/E1C71983-237E-46D6-A2FD-E2D723EAFE3B/0/0656_WhatIsInfantandEarlyChildhoodMentalHealth_occs_12012011.pdf

EARLY IDENTIFICATION: Toddler 1 – 3 Years (1)

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- **Displays very little emotion**
- **Unable to calm self**
- **Does not turn to adults for comfort or help**
- **Excessive fearfulness or excessive sadness**
- **Withdrawal or excessive clinging**

Each age range includes issues from previous stages

EARLY IDENTIFICATION: Toddler 1 – 3 Years (2)

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- **Aggression toward self or others**
- **Impulsiveness and hyperactivity**
- **Excessive tantrums or defiance**
- **Language delays**
- **Interference with typical developmental tasks**

EARLY IDENTIFICATION: **Preschool**

3 – 5 Years

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- **Consistently prefers not to play with others or with toys**
- **Goes to strangers easily**
- **Destructive**
- **Hurts animals**
- **Limited use of words to express feelings**

Risk Factors Impacting Optimal Mental Health

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- **Parental Mental Illness and/or Substance Use**
- **Global Developmental Delay**
- **Postpartum Depression**
- **Poverty**
- **Trauma**
- **Domestic Violence**
- **Physical Illness**
- **Genetics**
- **Environment**
- **Neglect**

Data to Support Early Identification & Intervention

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- **It is estimated that between 9.5% and 14% of children age birth to 5 experience emotional or behavioral disturbance.**
Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorders: Challenges and Recommendations, C. Brauner and C. Stephens, 2006
- **Half of all lifetime mental illnesses begin by age 14; three quarters by age 24.**
NIMH, Mental Illness Exact Heavy Toll, Beginning in Youth, June 2005
- **Maternal depression, anxiety disorders and other forms of chronic depression affect approximately 10% of mothers with young children.**
Laying the Foundation for Early Development: IECMH, ZTT, 2009
- **1 in 5 children has a diagnosable mental disorder but factors that predict mental health problems can be identified in the early years.**
Michael W. O'Hara, PPD: Causes and Consequences, 1994
- **Babies can show signs of depression (inconsolable crying, slow growth, sleep problems, etc.)**
Joan Luby, "Depression," Handbook of Infant Mental Health, 2000

Data to Support Early Identification and Intervention

- Preschool children face expulsion rates 3x higher than children in kindergarten through 12th grade—a factor partly attributed to lack of attention to social-emotional needs.

Gilliam, W. S. (2005). *Prekindergartens left behind: Expulsion rates in state prekindergarten programs* (FCD Policy Brief Series 3). New York, NY: Foundation for Child Development

- Research demonstrates that more than 85% of children in Head Start and children 3-5 with identified behavioral health needs did not receive help.

Unclaimed Children Revisited, National Center for Children in Poverty (NCCP), November 2008

Infant/Early Childhood System of Care Model

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Early Childhood
Mental Health
in a System
of Care

Fosters the social and
emotional well-being
of all infants, toddlers,
preschool-age children,
and their families



Current Components of System in Massachusetts

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- Behavioral Health Agencies
- Early Education and Care Providers
- Early Head Start/Head Start
- Early Intervention
- Public Schools
- Children's Behavior Health Initiative (CBHI)
- Child Welfare
- Maternal-Child Health
- Home Visiting/Healthy Families
- Massachusetts Child Psychiatry Access Project (MCPAP)
- Medical Home
- Primary Care
- Parent Support Services

Examples of Evidence Based and Promising Practices in IECMH

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- **Early Childhood Mental Health Consultation (ECMHC)**
- **Child Parent Psychotherapy (CPP)**
- **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)**
- **Parent Child Interaction Therapy (PCIT)**
- **Triple P**
- **Nurturing Parenting Program**
- **Incredible Years**
- **Circle of Security**
- **Reflective supervision/consultation**
- **ZERO TO THREE court teams**
- **EHS/Head Start**
- **Home visitation/MIECHV**
 - **CSEFEL—Center for Social & Emotional Foundations for Early Learning**

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

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GOALS

- work collaboratively with early care and education staff, programs and families to improve their ability to prevent, identify, and respond to mental health issues among children in their care
- provide an approach to prevent and reduce problem behaviors in young children
- promote positive social and emotional development.

Types of requests for consultation services

- **At risk for suspension/termination from program**
 - aggression related to unsafe behaviors/hurting self or others
 - tantruming uncontrollably
 - unregulated in terms of inattention, hyperactivity, withdrawn
- **Typical situations for one or more children include problems with:**
 - social skill development
 - limit-setting
 - taking turns with toys
 - being touched or bumped by other children
- **Some typical behaviors**
 - hitting, kicking, biting, throwing things, hitting with objects
 - tantruming leading to uncontrollable crying/screaming/fleeing

RANGE OF CONSULTATION SERVICES

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- **CHILD AND FAMILY**
- **CLASSROOM**
- **PROGRAM**

CHILD AND FAMILY CONSULTATION SERVICES

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- **observation**
- **assessment**
- **consultation to staff and parents**
- **behavioral plan**
- **play therapy**
- **modeling/mentoring/coaching**
- **case management**
- **referrals to behavioral health and community agencies**

CLASSROOM CONSULTATION SERVICES

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- **Classroom observation and assessment**
- **Support classroom staff in modeling appropriate positive interactions and behavior management techniques;**
- **Support classroom staff with classroom management**
- **Consulting with an individual educator**
- **Consultation with educators around children's strengths and needs**

PROGRAM CONSULTATION SERVICES

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- Consult with center director or family child care provider around program strengths and needs
- Develop scope of services/follow-up planning identifying strategies for program enhancement and/or modifications.
- Provide support, resources, and referrals when program impacted by a traumatic event that affects program staff, children, and their families
- Recommend strategies for supportive social and/or emotional environment
- Train educator and families on child development, social emotional development, etc.

CONSULTATION PROGRAMS

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Behavioral Health Network (West)
110 Maple St, Springfield, MA 01105
413-732-7419

Community Healthlink, Inc. (Central)
275 Belmont Street
Worcester, MA 01604
508-791-3261

**Massachusetts Society for the Prevention
of Cruelty to Children (Northeast)**
439 S Union Street
Lawrence, MA 01843
978-682-9222

Enable, Inc. (Metrowest)
605 Neponset Street
Canton, MA 02021
781-821-4422

**Justice Resource Institute, Inc. (Southeast,
Cape Cod, and Islands) Community Care
Services, a division of JRI**
70 Main St.
Taunton, MA 02780
508-821-7777

**The Home for Little Wanderers (Greater
Boston)**
780 American Legion Highway
Roslindale, MA 02131

- 617-264-5305