Mental Health in Early Education and Child Care

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Overview

• What is early childhood mental health?
• Why is it important?
• What is Early Childhood Mental Health Consultation?
Early Childhood Mental Health =

Quality of emotional, behavioral, and social development of children in the first few years of life.

www.infantinstitute.com/tenth.html
Why Focus on Early Childhood Mental Health?

Experiences in early childhood are important for building:

- Healthy brains
- Healthy family connections
- Friendships
- Language development
- Ability to hold toys, walk, and play
- School readiness
- Overall health into adulthood

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Ingredients for Healthy Development

- Children need someone to take care of them who:
  - ALWAYS is bigger, stronger, wiser, and kind
  - WHEN POSSIBLE follows the child’s needs
  - WHEN NECESSARY takes charge

Cooper et al 1998
Circleofsecurity.org
Other Ingredients

- Safe housing
- Access to food
- Access to doctors
- Safe child care
- Trusted adult(s)

- Healthy parent who talks with, plays with and protects the child
Adverse Life Events

• What are adverse life events?
• By age 3:
  • More than half of US children have had at least one adverse life event
  • 1/3 have had more than one
Toxic Stress

- Changes brain architecture and how a child learns, remembers, plans, and reacts
- Changes genetic messages and codes that affect lifelong stress responses
- Can change the way the nervous system, immune system, and hormone system work later on in life

(Suglia et al 2012; Shonkoff et al 2013; Johnson et al 2013)
Early Childhood Mental Health Problems

Are common…

- 12% of 2-5 year olds’ emotional and behavioral problems get in the way of normal development
- Anxiety disorders and disruptive behavior disorders are most common

Are ongoing…

- Most young children with emotional and behavioral problems will have a disorder as much as 4 years later
- Teacher reports of behaviors at 2 years old predict 75% of children who will have a diagnosis at age 5

(Egger et al 2006; Lavigne et al 2012; Bufferd 2006)
“Real Disorders”

Children with disorders show different:

• Biological responses to stress
• Genetics (family genes)
• Symptoms seen by a doctor
• Levels of function
“Real Disorders”

- Performance
- Suspended
- Expelled

Without ADHD | With ADHD
---|---
0% | 45%
5% | 40%
10% | 35%
15% | 30%
20% | 25%
25% | 20%
30% | 15%
35% | 10%
40% | 5%
45% | 0%
Parent-Child Relationships

• Are the important first relationships in early childhood
• Are influenced by past relationships in the family
• Can decrease and protect against genetic and social risks
• Can increase genetic and social risks
• Can get worse under stress (including child mental health problems)
• Are important to figure out if early childhood mental health help is needed

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Impact of Early Childhood Mental Health Problems

- Removal from child care
- Family stress
  - Parents blaming themselves, and/or fighting
  - Family sleep problems
  - Limited help from extended family/friends
  - Increased chance of child abuse
Early Identification

• Child care providers can identify unusual behaviors or emotional patterns

• Universal screening program (e.g. LA, RI)
  o *Brief Infant Toddler Social Emotional Assessment* (Briggs Gowan 2006)
  o *Ages and Stages Questionnaire: Social Emotional* (Squires and Briggs)
  o *Early Childhood Screening Assessment* (Gleason 2009)
Early Identification - II

- Have a plan in place!
- Discuss strengths of and concerns about the child with parents
  - “Negative” screens provide the chance to praise and support parents
  - Avoid interpreting
  - Avoid judging
  - Develop a plan for support
  - Emphasize that observations/screens do not mean there is a problem… refer for a doctor’s assessment
- Use your local supports!

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Building a Foundation

[Diagram showing the relationship between Protective Factors, Early Childhood Mental Health Problem, Favorable outcome, and Unfavorable outcome.]
Goal of Treatment

Mental Health

Psychopathology

Early Intervention
EFFECTIVE EARLY INTERVENTIONS
Neurodevelopment: Environmental Enhancement (Nelson et al., 2006)

Quality foster care for institutionalized Romanian children

Low IQ

Normal IQ
Neurodevelopment: Environmental Enhancement (Dozier et al., 2011)

Normal Cortisol

Extreme cortisol

Foster parent intervention
Effective Intervention: PMT

(AHRQ 2012; Eyberg; Webster Stratton; Chaffin)

Disruptive Behavior Disorder

Improved behavior
Decreased physical abuse
Decreased parent stress
Generalizes to school

Parent Management Training

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Principles of Parent Management Training

- Modify stressful cycle of unwanted behaviors and harsh parent response
- Positive reinforcement for positive behaviors
- Withdraw attention ("ignore") for mild misbehaving
- Safe, consistent consequences for unsafe or unacceptable behaviors
Effective Intervention: Trauma

(Cohen 2006; 2007; Scheeringa)

- Trauma symptoms
- Disruptive behaviors
  - Effects INCREASED after 6 months

Traumatic Stress disorder

Child Parent Psychotherapy

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Effective Intervention: Trauma

(Lieberman 2005; Lieberman 2006)

- Trauma symptoms
- Behavior problems
- Secure attachment
- Cognitive functioning
- Post traumatic stress disorder
- Sustained effects x 6 months

Cognitive Behavioral Therapy

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Effective Interventions: Medications?

- Very little data
- Less effective than in older children
- More side effects

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Effective Intervention: Mental Health Consultation
Early Childhood Mental Health Consultation
Early Childhood Mental Health Consultation (ECMHC)

Collaboration with early care & education staff, programs, and families to improve their ability to prevent, identify, treat, and reduce the impact of mental health problems among children from birth to age 6. (Cohen & Kaufman, 2005)
Teacher Comment About ECMHC

“[The consultant] was very professional and at the same time her friendly ways made her a part of our school family. The children and parents trusted her not only as a consultant but also as a person who really cares.”
ECMHC

- Indirect approach
- Mental health consultation (MHC) partners with early childhood education (ECE) programs to assist caregivers in learning how to:
  - Create developmentally appropriate environments
  - Foster social-emotional growth of children
  - Learn how to appropriately manage challenging behaviors
Two Types of ECMHC

- **Program-Centered Consultation**
  - Designed to support ALL children, teachers, and families involved in child care

- **Child-Centered or Family-Centered Consultation**
  - Focus on specific children/family

The two can be combined into a Program-Centered model which provides child-specific consults when needed.
Promotion, Prevention, & Intervention

- ECMHC often begins when a center requests an intervention with a particular child (child-centered consultation/intervention)
- Focus can then generalize to mental health promotion and prevention of challenging behaviors (child-centered & program-centered consultation)
Why ECMHC?

Emerging Evidence Base:

• Teachers were rated more sensitive & less harsh after ECMHC (Bleeker, et al., 2005; Langkamp, 2003)

• Teacher-child interactions showed significant improvement in emotional support and classroom organization as measured by CLASS Pre-K (Heller et al., 2012)

• Rate of expulsion decreases after ECMHC (Gilliam, 2005)
Sometimes the best intervention strategy for young children is to focus on the primary needs of their caregivers. (National Scientific Counsel on the Developing Child, 2008).

- This allows caregivers to be consistent and able to form supportive relationships with the children in their care.
ECMHC Supports Caregivers:

- Turnover & job stress/burnout decrease after ECMHC (Alkon, Ramler, & MacLennan, 2003).
- Job satisfaction increases after ECMHC (Alkon, Ramler, & Maclennan, 2003)
ECMHC Supports Caregiver-Child Relationships

After 6 months of ECMHC the following increased:

- **Personal Teaching Self-Efficacy**: ability to make a difference in children’s lives

- **Teacher Influence**: sense of ability to influence children’s development as opposed to others in child’s life

- **Teacher Competence**: sense of ability to support social-emotional development of children.

(Heller et al., 2011)
Teacher Comment About ECMHC

“It is always nice to have a fresh pair of eyes to see things that I may have missed… just to see the same situation in a different perspective ... the idea that all situations have a solution. You just have to figure it out!”
ECMHC Supports Children

• Externalizing behaviors decrease after consultation (Gilliam, 2007; Raver et al., 2008).

• Social skill development may increase (Bleecker & Sherwood, 2003, 2004).
Who are Mental Health Consultants (MHCs)?

- Typically masters level clinicians (e.g., Licensed Clinical Social Worker)
- In some areas, statewide provision of services (e.g., LA, AZ)
- Other areas primarily served by clinicians in private practice
How Do MHCs Make Changes?

Relationships, relationships, relationships!

The quality of the MHC-Teacher relationship may be the primary vehicle for change

(Green et al., 2006)

MHCs work to avoid being “the expert” and instead strive to partner with teachers and directors as a supportive member of the team.
How Best to Work with a MHC

- Hire/contract with a consultant who has experience as an ECMHC if possible
- Help MHC understand your program & introduce him/her to staff members
- Be clear with MHC and staff about the where, when, & how of services
- Discuss confidentiality and how to best share information
How Best to Work with a MHC

- Allow staff direct access to MHC (phone or email)
- Allow MHC to be in classrooms & meet with director regularly
- Allow MHC to train staff and families; set aside special time for this
- Establish on-going relationship with MHC

(adapted from Duran et al. & Green et al, 2004)
Is Your Site Ready for ECMHC?
(adapted from Kids Connects, Ash 2010)

- Is director available, committed, and willing to work with MHC?
- Do you have areas within your current practice in which you would like to expand?
- What are your goals in working with an MHC?
- Is center staff open to working with a new person and making changes?
ECMHC Resources

• Center for Early Childhood Mental Health Consultation
  • [www.ecmhc.org](http://www.ecmhc.org)
• Center on the Social Emotional Foundations for Early Learning
  • [http://csefel.vanderbilt.edu/](http://csefel.vanderbilt.edu/)
• Louisiana Quality Start ECMHC
  • [www.qrs louisiana.org](http://www.qrs louisiana.org)
Take Home Messages

- Early experiences shape the brain and health throughout a person’s life
- Very young children can have serious mental health problems
- Children with more adverse life events are at higher risk
- Early intervention with evidence-based treatments can reduce suffering and impairment
Take Home Messages

• ECMHC works to promote healthy social-emotional development and to design interventions for challenging behavior
• ECMHC can focus on individual children, the entire program, or both
• MHCs will partner with staff to support change
• Staff cooperation is key to successful consultation
QUESTIONS???
Do you know about the AAP Section on Early Education and Child Care?

It provides an AAP home for health professionals involved in early education and child care.

Join the Section at:

http://www.healthychildcare.org/SOEECC.html
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