What is Early Childhood Mental Health?

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Can young children have mental health problems?

- Yes, 16% of preschoolers have emotional or behavioral problems that get in the way of normal development
  - Anxiety disorders, disruptive behavior disorders, depression, ADHD

Egger & Angold, 2006
Can young children have mental health problems?

- Early childhood mental health problems can disrupt the child’s developing foundation of emotional and behavioral regulation skills, and are associated with long term emotional, academic, and relationship problems.

Briggs-Gowan & Carter, 2008; Briggs–Gowan et al., 2006

Rates of Preschool Mental Health Problems

Egger & Angold, 2006
Impact of Early Childhood Mental Health Problems

- Child distress and suffering
- Trouble with
  - Play
  - Peer interactions
  - Relationships
  - Learning

The Brain Changes its Structure and Function in Response to Experience

- Plasticity
  - The brain is adaptable and can be influenced by positive experiences
  - The brain in vulnerable and can be harmed by negative experiences
Toxic Stress

- Excessive stresses stimulate the release of chemicals into the central nervous system that can disrupt the evolving architecture of the brain.

Toxic Stress

- Disrupts brain architecture and leads to stress management systems that respond at relatively lower thresholds.
Toxic Stress

- Strong and prolonged activation of the body’s stress management systems in the absence of the buffering protection of adult support.

Toxic Stress

- Some causes
  - Extreme poverty
  - Physical or emotional abuse
  - Chronic neglect
  - Severe maternal depression
  - Substance abuse
  - Family violence
The Body’s Response to Stress

- Increase in heart rate
- Increase in blood pressure
- Increase in breathing rate

Cortisol

- Suppresses the immune system
- Reduces number of cell connections
- Impairs memory - shrinks hippocampus
- Impairs selective attention
- Impairs thinking
- Creates anxious behavior
Cortisol

- If exposed to chronic stress, then level of production of hormones becomes “normal”

- Over arousal and tendency toward impulsive
  - Over active
  - Over reactive
  - More aggressive
  - Less attentive

Importance of Social-Emotional Development

- James Heckman, Nobel Prize winning economist at the University of Chicago.
  - The benefits of investing in human capital.

- While important, cognitive abilities alone are not as powerful as a package of cognitive skills and social skills – defined as attentiveness, perseverance, impulse control, and sociability.
Importance of Social-Emotional Development

- Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)
  - Across Cognitive, Social, Behavioral, Health
  - Gaps apparent at just nine months old
  - Grow larger by 24 months

For Council of Chief State School Officers, by Child Trends, 2009

Importance of Social-Emotional Development

- 6 longitudinal studies show that attention problems at ages 5-6 predict school performance at the end of primary school (ages 11-12)
  - Duncan et al.

- Pediatrics, June 2009
  - Attention problems at age 6 significantly predict academic achievement at age 17
    - Breslau et al.
National Institute of Child Health and Human Development

- Study of Early Child Care
  - Measured children’s experiences with nonmaternal care and their developmental outcomes from birth.
  - Diverse sample in 10 locations across the U.S.
    - 1,364 children

Risk Factors

- Lower socioeconomic group
- Less maternal education
- Reduced parental sensitivity
- Harsh and punitive parenting
- Depressive symptoms
- Fewer child centered attitudes
Trajectories of Aggression from 2-9 years

- Very Low
- Low
- Moderate/Declining
- Moderate
- High


Relationships are the “Active Ingredients" of Early Experience

- An infant experiences the world through their caregiving relationships.
- Nurturing and responsive relationships build healthy brain architecture that provides a strong foundation for learning, behavior, and health.
Importance of Relationships

- Quality of social and emotional development of children in the first few years of life
  - Capacity to experience, regulate and express emotions
  - To form close and secure relationships
  - To explore the environment and learn

Benefits of Recognizing Early Childhood Mental Health Problems

- Parents have concerns but access to professional service is delayed by years

- Without early identification, we miss an opportunity to intervene early!
  - Only 8% of children in need of receive treatment
Focus on Early Childhood Settings

- As much as half of school failure may be due to gaps in learning and development before school entry.
- High quality child care benefits child development while poor quality care can actually do harm.

Early Childhood Settings

- Pre-k
- Child care
- Head Start
- Family Child Care Homes
High Quality Early Care is Critical

- Cognitive development
- Classroom behavior
- Attention
- Social skills
- Peer relations

Importance of Social-Emotional Development

- Harvard’s Center on the Developing Child
  - Persistent Fear and Anxiety Can Affect Young Children’s Learning and Development: Working Paper No. 9.

www.developingchild.harvard.edu
Quality Start:
Louisiana’s Child Care
Rating & Improvement
System

Intentional Focus on Early Childhood
Mental Health

Points to Earn Stars

<table>
<thead>
<tr>
<th>Total Number of Points</th>
<th>Star Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5</td>
<td>★★★</td>
</tr>
<tr>
<td>6-9</td>
<td>★★★★</td>
</tr>
<tr>
<td>10-11</td>
<td>★★★★★★</td>
</tr>
</tbody>
</table>
Integrating Social-Emotional Development in the Rating System

- Environment Rating Scales
  - Social-Emotional Subscale
- Mental Health Consultation
- Social-Emotional Screening

Environment Rating Scales

Social-Emotional Subscale
Each ERS Scale Assesses

- Space and Furnishings
- Personal Care Routines
- Activities
- Listening & Talking/Language-Reasoning Skills
- Interaction
- Program Structure

Social-Emotional Subscale

- ITERS-R
  - Listening and Talking
  - Interaction
  - Program Structure

- ECERS-R
  - Language-Reasoning
  - Interaction
  - Program Structure
**Program Standards - Scores on the ERS (ITERS/ECERS)**

<table>
<thead>
<tr>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>An average of 3.75 on the social-emotional subscale, with no one classroom lower than 3 on the subscale</td>
</tr>
<tr>
<td>2</td>
<td>An average of 4 on the social-emotional subscale, with no one classroom lower than 3 on the subscale</td>
</tr>
<tr>
<td>3</td>
<td>An average of 4.25 on the social-emotional subscale, with no one classroom lower than 3.25 on the subscale</td>
</tr>
<tr>
<td>4</td>
<td>An average of 4.5 on the social-emotional subscale, with no one classroom lower than 3.5 on the overall ERS</td>
</tr>
<tr>
<td>5</td>
<td>An average of 5 on the overall ERS, with no one classroom lower than 4 on the overall ERS</td>
</tr>
</tbody>
</table>

**Mental Health Consultation**
Mental Health Consultants

- 12 full time equivalent consultants across state
- All have master’s degree in a mental health field and hold a license
- Primarily LCSW or LPC

Mental Health Consultation

- 12 total visits
  - One day every other week (day = 5-6 hours)
  - Centers with 8 or more classrooms receive weekly visits with up to 24 total visits
- All centers participating in the QRIS program are eligible
- Centers serving children enrolled in CCAP, or in foster care, receive priority
Mental Health Consultation

- Designed to support ALL children, teachers, and families involved in child care.

- A combination model
  - Program
  - Child focused

Program Centered Components

- Focus on relationships
- Observes in classrooms
- Meets with director
- Meets individually with staff members
- Provides 6 clock hours of training
- Parent meetings/workshops are available
Child Centered Components

- MHC available to complete a child-centered consultation when requested
  - Parent permission necessary
  - MHC can:
    - Observe child in classroom
    - Interview parents/teachers/director
    - Make referrals when needed
    - Assist in designing behavior management program for class and assist teacher in implementing

Consultant Supervision

- Consultants participate in
  - Individual reflective supervision two times per month
  - Group reflective supervision one time per month

- Focus of supervision
  - Relationships with center staff
  - Avoiding the “expert stance”
Evaluation - Teacher Self Report

- Teacher Self-Efficacy
  - Ability to make a difference in children’s lives
  - Increase at end of intervention
    - Increase maintained after 6 months
- Teacher Competence
  - Knowledge of, and ability to, support child development
  - Increase at end of intervention
    - Continued to increase after 6 months
  - Greater impact on younger and less experienced teachers

Evaluation - CLASS Observations

- After 6 months
- Significant improvement in all 7 dimensions

<table>
<thead>
<tr>
<th>Emotional Support</th>
<th>Classroom Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Climate</td>
<td>Behavior Management</td>
</tr>
<tr>
<td>Negative Climate</td>
<td>Productivity</td>
</tr>
<tr>
<td>Teacher Sensitivity</td>
<td>Instructional Learning</td>
</tr>
<tr>
<td>Regard for Student Perspective</td>
<td></td>
</tr>
<tr>
<td>Perception</td>
<td></td>
</tr>
</tbody>
</table>
Social-Emotional Screening

Preparing to Screen

- Who orders
- Who completes? (e.g., teacher; parent; etc)
- Who scores
- Who discusses results with parents
- How to give feedback to parents
- How to follow up? (e.g., referrals, re-screening, etc.)
- Social-Emotional Warm line information
### Program Standards: Social-Emotional Development Screening

<table>
<thead>
<tr>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Complete screening for social-emotional development with instrument from recommended list for all children (0-5 yrs.) within 45 calendar days of enrollment and annually thereafter.</td>
</tr>
<tr>
<td>5</td>
<td>Same</td>
</tr>
</tbody>
</table>

### Staff Qualifications: Social Emotional Screening Training

<table>
<thead>
<tr>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Directors and lead teachers complete training in social-emotional screening of children.</td>
</tr>
<tr>
<td>4</td>
<td>Same</td>
</tr>
<tr>
<td>5</td>
<td>Same</td>
</tr>
</tbody>
</table>
Introduction to Social Emotional Screening Community Training

- Rationale for universal screening
  - Importance of early detection
  - Identifying risk and protective factors
  - Outcomes for early treatment vs. later treatment
- Screening results are not a diagnostic indicator

Select Screens

- Ages and Stages: Social Emotional (ASQ:SE)
- Brief Infant Toddler Social Emotional Assessment (BITSEA)
- Early Childhood Screening Assessment (ECSA)
- Preschool Kindergarten Behavior Scale (PKBS)
- Temperament and Atypical Behavior Scale (TABS)
<table>
<thead>
<tr>
<th>Select Screens</th>
<th>6 – 11 months</th>
<th>12 – 17 months</th>
<th>18 – 35 months</th>
<th>36 – 60 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASQ: SE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BITSEA</td>
<td></td>
<td>♦</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECSA</td>
<td></td>
<td></td>
<td>♦</td>
<td></td>
</tr>
<tr>
<td>PKBS</td>
<td></td>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td>TABS</td>
<td></td>
<td></td>
<td>♦</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Select Screens</th>
<th>Time to Administer</th>
<th>Format</th>
<th>Time to Score</th>
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</thead>
<tbody>
<tr>
<td>ASQ: SE</td>
<td>10-15 minutes</td>
<td>3 point rating scale</td>
<td>1-3 minutes</td>
</tr>
<tr>
<td>BITSEA</td>
<td>7-10 minutes</td>
<td>3 point rating scale</td>
<td>Some reverse scoring</td>
</tr>
<tr>
<td>ECSA</td>
<td>5-10 minutes</td>
<td>3 point rating scale</td>
<td>1-2 minutes</td>
</tr>
<tr>
<td>PKBS</td>
<td>8-12 minutes</td>
<td>4 point rating scale</td>
<td></td>
</tr>
<tr>
<td>TABS</td>
<td>10 minutes</td>
<td>Yes/No</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Select Screens</td>
<td>Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>---------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASQ: SE</td>
<td>Approximately $200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BITSEA</td>
<td>Approximately $100 +</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECSA</td>
<td>Free</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PKBS</td>
<td>Approximately $100 +</td>
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<td></td>
</tr>
<tr>
<td>TABS</td>
<td>Approximately $85</td>
<td></td>
<td></td>
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**Warm Line**

- **Statewide 800 number**
- **Leave a message**
  - Child care providers
  - Parents
- **Will receive call back by the end of the next day**
Evaluation Findings

- Significant increase in positive attitudes towards mental health screening
- Significant increase in perceived knowledge

Citations


