



EICC/ECAC JOINT TASK FORCE ON SOCIAL EMOTIONAL DEVELOPMENT UPDATE

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TODAY'S AGENDA

- Brief overview of what has been shared
- Information on what has been added
- EICC Feedback
- ECAC Discussion and Recommendations



One Goal

*To develop **guidance** for the field to ensure that practitioners have the necessary tools available to identify and treat young children in need of social emotional supports and interventions*



EIGHT STRATEGIES

- Promotion
- Screening
- Evaluation
- Interventions
- Transitions
- Community supports and services
- Workforce capacity and professional development
- Family priorities and well-being of caregivers



OVERVIEW OF WHAT'S BEEN SHARED

- Made the case for the importance of SED based on advances in neuroscience, developmental psychology and prevention science.
- Included factors that influence SED;
 - Brain development
 - Responsive and consistent care
 - Parent well-being
 - Family culture
- Included resources for parents to learn more about infant/toddler SED.



OVERVIEW OF WHAT'S BEEN SHARED

Identified six best practices to promote infant and toddler SED:

- **Listen to parents.** A parent's relationship with his or her child is the cornerstone for that child's development.
- **Observe** infant-toddler interactions in multiple settings.
- **Identify strengths** in the infants' and toddlers' relationships with their parents.
- **Keep in mind** the multiple, potentially interacting origins of an infant's or toddler's behavior.
- **Listen and seek out other providers observations** and experiences with the infant/toddler.
- When the social-emotional well-being of the parent or the young child appears compromised, **seek guidance from your supervisor** or other trusted individual.



OVERVIEW OF WHAT'S BEEN SHARED

- Included signs of positive SED and recommended action to support young child by developmental age.
- Identified six core capacities of SED
 - Attention and regulation
 - Forming relationships
 - Intentional two-way communication
 - Complex gestures and problem solving
 - Use of symbols to express thoughts and feelings
 - Connecting symbols logically



OVERVIEW OF WHAT'S BEEN SHARED

- Identified key questions **all professionals** can use to better understand SED of young children.
- Addressed strategies for partnering with parents.
- Recommended routine screening for all young children which includes an appendix that aligns approved NYS EIP screening and assessment instruments with recommended screening instruments from Birth to Five, Watch me Thrive.
- Included specific steps for below professionals to take to promote SED:
 - Early Childhood Educators
 - Home Visiting Professionals
 - Primary Care Providers



OVERVIEW OF WHAT'S BEEN SHARED

- Developed clinical clues to help recognize and addressing concerning behavior grouped into several areas of concern:
 - Sleep
 - Feeding
 - Comfort
 - Relating to people
 - Mood, emotions and feelings
 - Self-harm
 - Behavior
 - Exposure to toxic stress
 - Regression



OVERVIEW OF WHAT'S BEEN SHARED

- Making Referrals for Supports and Services
 - Provided strategies that early childhood professionals can take to help families navigate the referral process
 - Created a resource list by the following categories:
 - National Parenting/Family supports and Resources
 - NYS Parenting/Family Supports and Resources
 - Family Health and Economic Resources and Services
 - Mental Health Resources and Services
 - Other State Agency Resources
- Identified key strategies to support successful transitions



OVERVIEW OF WHAT'S BEEN SHARED

- Highlighted two important efforts that advance professional competencies and training:
 - The New York State Pyramid Model Partnership
 - The New York State Association for Infant Mental Health (NYS-AIMH)



NEW ADDITIONS TO THE GUIDANCE

- Developed a section on specific steps EI providers can take to **address** SED delays and disabilities broken down by professional role:
 - Early Intervention Officials
 - Educate primary referral sources and broader community about SED
 - Ensure Child Find materials and outreach activities address SED including clinical clues
 - Ensure early childhood professionals know about screening and tracking services and how to refer families to EIP including young children at high risk for developmental problems due to medical/biological neonatal, post neonatal and early childhood risk factors



NEW ADDITIONS TO THE GUIDANCE

○ Initial Service Coordinators

- Ways to facilitate identification of parent concerns related to SED
- Included the outcomes of exemplary service coordination described by the Research and Training Center on Service Coordination
- Included questions to consider in assisting families in choosing an evaluator
- Strategies to help parents to think about the information and outcomes they might want from the evaluation.



NEW ADDITIONS TO THE GUIDANCE

○ Evaluators

- Provided guidance to consider at specific stages in the evaluation process:
 - For example, if the reason for referral is a social-emotional concern, there must be a specialist on the team who completes an in-depth assessment of this area of development.
- Components of the multidisciplinary evaluation that include suggestions for gathering sources of information, conducting parent interview and the voluntary family assessment.
- Developed guidance and case example on strategies to elicit and understand parents concerns
- Provided specific guidance on eliciting and gathering information for children in foster care



NEW ADDITIONS TO THE GUIDANCE

- Guidance provided on observational skills/strategies with the child and the parent/caregiver-child relationship
- Selecting appropriate screening and assessment instruments
- Factors to consider during the assessment process and environmental conditions impacting assessment
- Guidance on the use of informed clinical opinion with assessing for SED.



NEW ADDITIONS TO THE GUIDANCE

- Guidance on synthesizing results and determining eligibility
 - Link to NYS EIP eligibility criteria
 - Resource for understanding SED disorders using the Diagnostic Classification of Mental Health and Developmental Disorder of Infancy and Early Childhood: Revised Edition (DC 0-3R)
 - Appendix 5 provides two case examples:
 - Prolonged Bereavement/Grief Reaction
 - Post Traumatic Stress Disorder



EICC FEEDBACK ON GUIDANCE

- Develop a communication roll out plan
DOH, OMH, ECAC:
 - Targeted audiences—for example parents—what part of the document needs to be shared and what message do we want to give the various groups?
 - Implementation supports—what are the recommendations to DOH regarding qualified personnel, service authorizations or assessment tools?
- Action items—what needs to be added to the current EI training?
- Develop short and long term implementation strategies.





ECAC

- Does this document adequately describe the goals, objectives, strategies?
- Are the needs of the intended audience appropriately addressed?
- Are there additional resources that could be included?
- What do you find helpful in this document?
- What is missing?

