

ECAC/EICC Joint Task Force on Social Emotional Development Update

CHAIRPERSON, MARY MCHUGH
DIRECTOR, STRATEGIC CLINICAL SOLUTIONS,
OMH, DIVISION ON INTEGRATED COMMUNITY SERVICES
MARCH, 2016

The Joint Task Force will establish a common definition of social-emotional development and will address effective strategies for:

- (1) promoting healthy social-emotional development in all young children;
- (2) conducting developmental surveillance and screening for early identification of potential social-emotional development delays;
- (3) identifying the appropriate system of care for evaluation and intervention appropriate to meet social-emotional delays;
- (4) using evidenced-based and evidence-informed practices in EIP assessment of social-emotional development and interventions for eligible children and their families;
- (5) ensuring effective referrals and transitions amongst the various system of care providers;
- (6) identifying community resources, programs, and services that support healthy social-emotional development in young children and their families;
- (7) examining workforce capacity and professional development on identifying and addressing social-emotional delays and emotional/behavioral disorders of infancy and early childhood.
- (8) strategies to identify family priorities, resources, and concerns related to promoting healthy relationships between parents and children including resources available to support the well-being of caregivers and other family members.

Aim



This guidance was created to inform the wide range of adults who work with young children, including family child care providers, early childhood educators, pediatricians and early intervention professionals, of strategies they can build upon to strengthen positive relationships with children and their families, share empowering information, join with parents to promote and strengthen their child's social emotional development and provide linkages to needed supports and services when indicated.

Definition

“Healthy social and emotional development refers to an infant’s capacity to experience, manage, and express a full range of positive and negative emotions; develop close, satisfying relationships with others; and actively explore environments and learn. All this takes place in the context of family, community, and culture. The area of practice that focuses on social and emotional development in the early years is often referred to as ‘infant mental health’ or ‘early childhood mental health.’ The practice of infant mental health includes promoting healthy social and emotional development, preventing disorders, and intervening where infant mental health disorders exist” (ZERO TO THREE, 2013).

<http://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health-video/>

Section I

The Importance of Social Emotional Development

- Advances in neuroscience and the understanding of the centrality of relationship in the formation infant/toddler social emotional development.
- From birth to 36 months, development proceeds at a pace exceeding that of any other stage of life. Infants and toddlers rapidly develop capabilities for self-regulations, relationships, learning, motor development, and language.
- Healthy social emotional development begins at birth with attachment to a primary caregiver, typically a parent or other adult family members.

Important Factors Influencing Social Emotional Development in Young Children

- **Neural Connections**—research shows that the critical neural connections that are not yet formed in the infant are organized through attentive care and nurturing stimulation from the outside world—parents can deeply affect the ‘wiring’ of the brain through interactions with their infants.
- **Responsive and Consistent Care**-secure attachments arise from the warmth and sensitivity of the primary caregiver which generally results in an attachment that is stable, enduring and secure.
- **Parental Well-being**- Several general issues have an impact on families with children at all ages. These include the physical and emotional health of the parents, siblings and other family members; the physical safety and emotional tone of the home environment and neighborhood; the family’s cultural beliefs, parenting beliefs and education and ability to remain responsive while dealing with life’s stresses
- **Family Culture**- the unique way that a family forms itself in terms of rules, roles, habits, activities, and beliefs. The racial and ethnic culture in which a family lives may strongly influence family culture.

All professionals:

Six best practices to promote infant and toddler social emotional development

- 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.

Actions Adult Caregivers and Others Can Take Support Social Emotional Development

- Highlights typical behaviors of infants/toddlers from birth to 36 months with corresponding actions parents and caregivers can take to strengthen and celebrate developmental milestones
- Key questions to consider to better understand what may be motivating a child's behavior in a particular setting and how to respond most constructively.

For Early Childhood Educators

- Through the daily routines of dropping children off and picking children up, early childhood educators have an opportunity to build trusting relationships with the child's parents through conversations such as sharing enjoyment of a child's achieving certain milestones or developing consistent strategies to address certain behaviors.
- Routinely assess and screen children in your program. Using tools that take into consideration the wide variety of backgrounds, languages, and customs of participating families will ensure that the information is accurate and will build the vital connection between the program staff and the families.
- Use curricula materials that support healthy social-emotional development such as, Devereux Early Childhood Assessment (DECA) program.

For Early Childhood Educators

- Use a "plan - do - review" instruction model when working with young children. This can support evidence of a need especially if a referral is indicated.
- Use the New York Early Learning Standards Framework to improve the quality of your services.
- Consider a Continuity of Care approach to support optimal social-emotional development for infants and toddlers in center-based early childhood education programs.

For Home Visiting Providers such as Nurse Family Partnership and Healthy Families

Have the unique opportunity to see parents and children in their natural environment and interact in the family's own home to reinforce and encourage positive parenting strategies in response to real life situations:

- *Providing resources and information to parents on strategies to engage infants and toddlers with developmentally appropriate activities that promote early language and literacy.*
- Support and monitor healthy development, beginning with the mother's prenatal care and attention to her health (addressing weight gain, smoking, alcohol use and other health risks) thus improving birth outcomes.
- Help parents enroll in educational and training programs and pursue employment which can help counteract the negative consequences of economic insecurity.

For Child Health Care Providers in Primary Care Practices

- Routinely screen for developmental delays and disabilities
- Talk with parents about their observations and concerns about the social emotional development of their child
- Unique opportunity to screen for maternal depression and help prevent untoward developmental and mental health outcomes for the infant and family.
- Carefully follow any child 'at risk'. A family history of reported suspected abuse/neglect, foster care placement, substance abuse (including fetal alcohol syndrome), domestic violence, family mental health issues, and other forms of traumatic exposure increase the risk of developmental delay and problems with social-emotional development.

For Child Health Care Providers in Primary Care Practices

- Conduct a full clinical assessment to rule out medical/neurological abnormalities, general development and screen for lead, anemia, hearing and vision.
- Consider co-locating mental/behavioral health professionals in the pediatric/primary care practices.
- Develop a collaborative relationship with your local Early Intervention Program.

Birth to Five: Watch Me Thrive: A coordinated federal effort* to encourage healthy child development, universal developmental and behavioral screening for children, and support for the families and providers who care for them

Four Key Goals to Encourage Developmental and Behavioral Screening

- Celebrate milestones
- Promote universal screening
- Identify possible delays and concerns early
- Enhance developmental supports

*Administration for Children and Families, Administration for Community Living, Centers for Disease Control and Prevention, Centers for Medicaid and Medicare, Health Resources and Services Administration, Eunice Kennedy Shriver National Institute of Child Health and Human Development, and Substance Abuse and Mental Health Services Administration at the Department of Health and Human Services as well as the Office of Special Education Programs at the Department of Education have partnered to launch *Birth to Five: Watch Me Thrive!*, a coordinated effort to encourage developmental and behavioral screening and support for children, families, and the providers who care for them.

Screening for early identification of potential social-emotional development delays

Birth to Five compendium of 11 screening tools that meet the following quality criteria:

- Tool accuracy (sensitivity and specificity of 0.7 and above),
- Inclusion of family input, and
- Inclusion of the social and emotional domain of development.

https://www.acf.hhs.gov/sites/default/files/ecd/screening_compendium_march2014.pdf

Identifying and Addressing Concerns

- Potential signs that an infant/toddler may need further
- Vulnerable children at very high risk of developing social emotional problems and CAPTA requirements.
- The Adverse Childhood Experiences study and the unified relationship between many types of adversity in early childhood and a range of poor health outcomes in adulthood.
- Impact of trauma and toxic stress

Talking with Parents About a Concern: Good Communication Strategies

- Plan ahead and think of desired outcome
- Make yourself available
- Start with the positive
- Ask for help from the parent
- Explore with parents how they may have handled similar issues at home
- Be ready with information and useful resources
- Listen and be respectful

Referring for Services

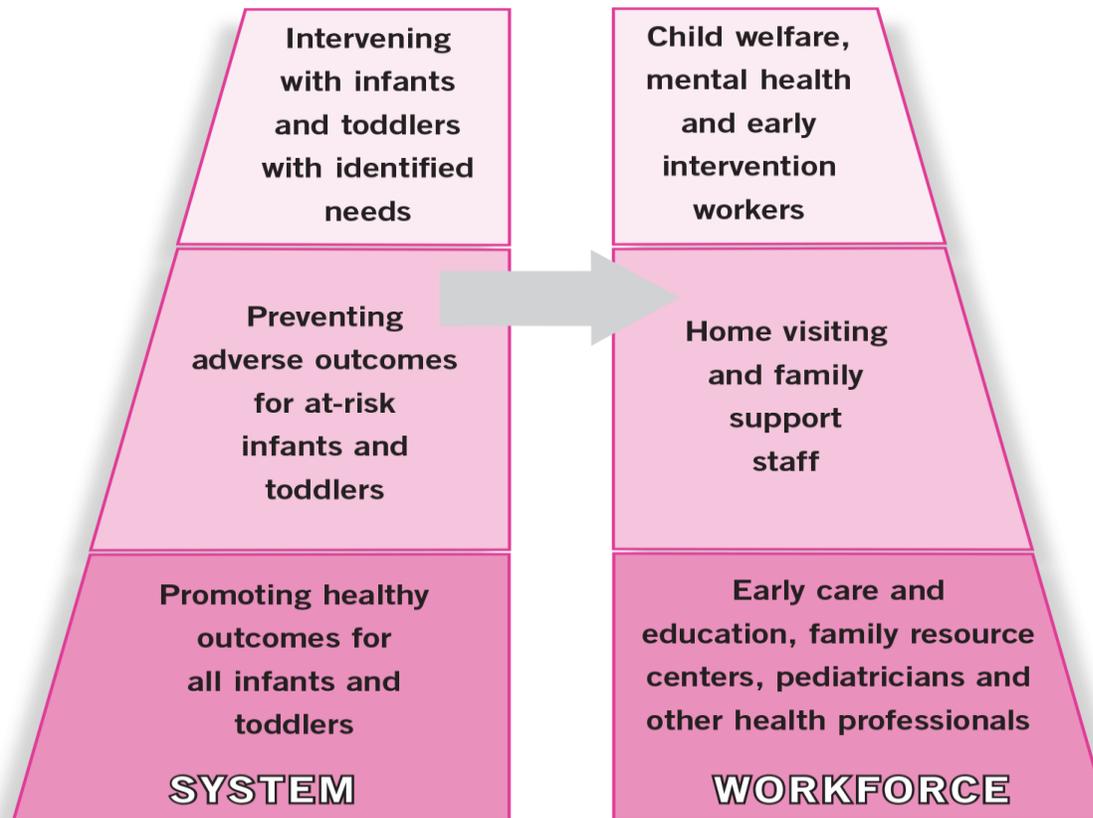
- NYS Parent Education Partnership
- CCR&Rs
- Family Resource Centers
- Early Intervention
- Mental health clinical and community services
- Supportive services
- Child Protective services
 - CAPTA

Section II: Progress to Date

- Developed clinical clues for social emotional development delays and disabilities
- Referral & Evaluation, including informed clinical opinion
- Started IFSP & Transition
 - Sample IFSP functional outcomes to address social emotional development
 - Examples of functional IFSP outcome statements that address the social emotional domain
 - Guidance on recommended practices for transition planning specific to the social emotional domain

Examining workforce capacity and professional development

Comprehensive Early Childhood Mental Health System



The New York State Pyramid Model Partnership supports social-emotional competence and works collaboratively to:

- Increase the number of early childhood trainers and coaches providing professional development to the infant-early childhood workforce;
- Support partnerships between practitioners and parents;
- Support the implementation and sustainability of the Pyramid Model in infant-early childhood settings; and
- Evaluate the effectiveness of implementing the Pyramid Model in New York State.

Update of Pyramid Model

- 47 Master Cadre Trainers, met for the first of four training events, on February 9-11, 2016. This first training focused on the Infant-Toddler modules. The next training will be on Preschool Modules for March 15-17, 2016.
- New York's Master Cadre Trainers come from all corners of the State and have years of experience in early care and education, early intervention, family support, and therapeutic specialties.
- Also participating in the trainings are 12 Positive Behavioral Intervention Specialists working regionally under contract with the State Education Department and a number of the State Leadership Team.

For more information on the NYS State Pyramid Leadership Team, upcoming events, the Master Cadre Trainers and their assignments please go to: <http://bit.ly/NYpyramid>

NYS Association of Infant Mental Health (NYS AIMH) incorporated, 2015

Identification of core competencies that professionals across disciplines must meet to promote social and emotional well-being or to treat mental health concerns in infancy and early parenthood (Infant Mental Health Journal, Vol. 30, 648-663, 2009).

The NYS AIMH offers individuals in the infant and family field a professional development plan that focuses on principles, best practice skills and reflective work experiences that lead to increased confidence and credibility with the infant and family field. To learn more about this endorsement system for culturally sensitive, relationship-focused practice promoting infant mental health go to <http://www.nysaimh.org/>

Joint Task Force Review on 2/24

- Positive feedback on progress made, especially content on SED in Section 1
- Screening instruments to be included in the Appendix (compendium instead of specific screens)
- Concern that the document was too long – discussion about the need for a “quick reference guide”
- Distinction made between this guidance and NYSDOH Clinical Practice Guidelines
- Concern about the different approaches for Section 1 and 2 and how to balance best practice strategies in Section 1 versus regulatory requirements in Section 2?

EICC Update & Feedback

- Recognition of the importance of family culture and to ensure that this includes the practitioners understanding of their own family culture (reflective practice).
- Maternal depression is an important issue to address.
- Importance of transitions and a 'what to expect' guidance for parents, etc.
- Recognition that this guidance de-stigmatizes mental health and makes the case that SED is another developmental domain that all practitioners need to know.
- Although there was little discussion/recommendation on the issue of the different style of guidance for each section and the length of the document, one idea noted was to add a 'pull out section' specific for EI providers that addresses regulatory requirements in that section.
- With regards to length, have a 'flow chart' or decision tree to highlight how EI processes and determinations are reached.

Next Steps

- Consider the document as one full document that includes EI providers--representing EI as part of the larger early childhood system of care.
- Provide guidance to EI providers by functions, i.e., evaluators, service coordinators, etc.
- Donna will work with our current guidance on EI and provide Bob with a draft sample of how EI could be integrated within Section 1.
- Once revisions are incorporated into one document, I will disseminate to the Joint Task Force and set a follow up conference call.

Goal have completed full draft to the EICC on June 2nd for approval and advancement