

children's
institute

STRENGTHENING SOCIAL AND
EMOTIONAL HEALTH

Children's Institute

Social-Emotional Development Support

**Consultant to the ECAC Promoting Healthy
Development Work Group**

Children's Institute

Mission: *To strengthen children's social and emotional health*

- ❖ Through sound research and evaluation, promotes effective prevention and early intervention programs, materials, and best practices for children, families, schools, and communities
- ❖ Non-profit 501c3 organization - affiliated with University of Rochester

The Need for Additional Efforts

In the U.S., 20% of children/youth have significant social, emotional, behavioral and mental health issues such as behavior disorders.

- ❖ Less than half of these children receive treatment
- ❖ Greater prevalence in children with risk factors such as maternal depression; greater unmet needs

Developmental disparities between at-risk and general population emerge as early as 9 months and widen by 24 months of age.

By age 2, those in lowest socioeconomic groups are behind all other children in measures of cognitive skills and emotional attachment.

Expanding literature base indicates the incidence and prevalence of emotional/behavioral problems in young children is increasing.

Work Plan

Professional development/supports for multi-disciplinary professionals who work with young children (prenatal to 5 years)

Evidence-based curricula and program supports (e.g., social-emotional development consultation)

Screening systems

- ❖ social-emotional development screening
- ❖ maternal depression screening

Investigate sustainability and funding in support of proposed activities

Promotion, Prevention, Treatment

Draw similar parallel to physical health

- ❖ All of us
- ❖ Some of us
- ❖ Few of us

Areas of Work to Date...

- ❖ Interdisciplinary child/family serving professionals
- ❖ Professional development models
- ❖ Social emotional development consultation and resources
- ❖ Child screening -- developmental and social/emotional
- ❖ Maternal depression screening
- ❖ Early childhood development evidence-based curricula -- selection and implementation
- ❖ Engagement of key stakeholders and service leaders

Professional Development



Professionals Serving Children Prenatal to Age 5

- ❖ Early learning and development programs
- ❖ Primary medical care and public health
- ❖ Mental health services
- ❖ Other

Professional Development – Key Messages

- ❖ Broad definition
 - Pre-professional
 - Ongoing in-service experiences
 - Mentoring, coaching, supervision
 - Self-guided and collaborative group learning

- ❖ Extended experiences supplemented with consultation or supervisory support

Professional Development – Key Messages

- ❖ Ongoing support, consultation, or coaching provides most effective growth for child serving professionals.
- ❖ Isolated training alone, despite whatever type of delivery method, may not impact change over the long term
- ❖ Best practices involve reflective supervision

21st Century Learning: A Balance

Technology

- ❖ Minimizes geographical boundaries
- ❖ Websites with interactive capabilities
- ❖ E-learning: pod-casts, webinars, tutorials, handouts, tip-sheets, training kits
- ❖ Video clips to download

Face-to-face

- ❖ Relational (like in the field)
- ❖ Networking
- ❖ Supervision/consultation is best accomplished in person
- ❖ Respite (self-care)

Model Existing State Efforts

- ❖ No need to “reinvent the wheel”
- ❖ Credentialing of infant mental health professionals in other states

Co-location of SED professionals in medical home

The Primary Care setting is extremely critical:

- ❖ It is the natural setting with an already established “wellness” orientation
- ❖ Less stigma and not through a “pathology” lens

Screening



Screening – Intervention – Supports - Impact

If needs are left unidentified and unaddressed, later remediation may become unlikely.

Identification and follow-up with effective interventions and supports can dramatically improve child outcomes.

Intervention prior to kindergarten has dramatic academic, social, and economic benefits, including savings to society of \$30,000 to \$100,000 per child.

Screening in Primary Care Settings

Primary care settings are a natural fit for implementing screening protocols

- ❖ Unparalleled access to young children and families
- ❖ See families on a frequent basis
- ❖ Ability to intervene early
- ❖ A wellness orientation
- ❖ Less stigma

Routine social emotional screening of young children in primary care settings

- ❖ improves the identification of children with needs
- ❖ promotes acquisition of services

Reality

- ❖ Early screening of young children is not routinely performed
- ❖ Services are often not covered by insurance carriers or viewed as “billable,” limiting the number of providers who routinely screen
- ❖ Pediatricians have limited information in:
 - Child social emotional needs/mental health
 - Community resources for social-emotional services
 - Referral and follow up
 - Reimbursement for screening

Models and Prototypes in U.S.

For example --

Assuring Better Child Health and Development (ABCD)
in 21 states and territories

- ❖ Improving linkages among primary care providers, early childhood, and family service providers promotes:
 - Increased potential and frequency of screening
 - Promotion of healthy child development

New York State – Strengths

For example –

- ❖ Help Me Grow WNY
- ❖ NYC Project Launch

Improve coordination among agencies and programs involved in early identification and response activities

Revisiting the Need for Early Learning and Development Programs

In the U.S., children are expelled from prekindergarten programs due to behavioral concerns *3 times more often* than students in grades K – 12.

- ❖ Children with challenging behavior
 - most in need of school readiness experience
 - present difficulties in the classroom
 - likely to be at risk for school failure

- ❖ Prekindergarten expulsion rates
 - lowest in publicly funded schools
 - highest in faith-affiliated programs and for-profit child care programs

Early Childhood Development Mental Health Consultation

- ❖ Rate of expulsion decreases significantly with access to classroom-based consultation from mental health professionals.

- ❖ Publicly funded programs
 - less expulsion rates
 - resources for consultation, and/or mandated

Early Childhood Development Curricula, Selection, Implementation

Standards and guidelines require program provisions to support social-emotional development.

- ❖ Programming criteria
- ❖ Qualifications and preparation of program staff
- ❖ Curricula
 - No single program or curriculum meets the social-emotional needs of all children.
 - Selection based on program setting, children's developmental level and needs, and staff and/or consultants working within the program.

Early Childhood Development Curricula, Selection, and Implementation

Research-based resources with guidelines for making informed curriculum choices

Program staff must carefully review resources and components of curricula before selection.

Consistent implementation (program + family connection)

Early Childhood Development Curricula, Selection, Implementation

CASEL

Collaborative for Academic Social and Emotional Learning

School Theory of Action for Systemic SEL (2013)

- ❖ Shared vision with all stakeholders
- ❖ Implementation plan, program readiness to implement
- ❖ Staff involvement at all levels
- ❖ Ongoing professional development
- ❖ Use data to improve practice
- ❖ Program-wide policies and practices
- ❖ Monitor fidelity
- ❖ Assess processes and outcomes

The Work Ahead...Challenges

Wide range of professionals in a multitude of settings

Fragmentation and inconsistency of screening and service

Beyond the screening – resources for children who are positively screened

Funding challenges

The Work Ahead -- Opportunities

Wide range of professionals in a multitude of settings

Look beyond the complexity and approach elements of the system incrementally.

Anticipate lessons learned within NYS and other states.

Partnerships among schools, primary care settings, mental health agencies, community resources, and local government will promote the health and well-being of New York's children.

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