

Improving Social Emotional Assessment and Intervention in Early Intervention

A photograph of a woman with dark curly hair kissing a young child on the cheek. The child is smiling broadly and wearing a black vest over an orange shirt. The woman is wearing a white turtleneck and a green shawl. The background is a soft-focus outdoor setting with green foliage.

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Presentation to the Early Childhood Advisory Council
Council

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Presentation Objectives

- To provide background information to frame our discussion on the EICC/ECAC Joint Task Force on Social Emotional Development
- Provide a brief review of the research on early childhood mental health
- To frame challenges and recommendations to address social emotional challenges in Early Intervention

What is Early Childhood Mental Health?

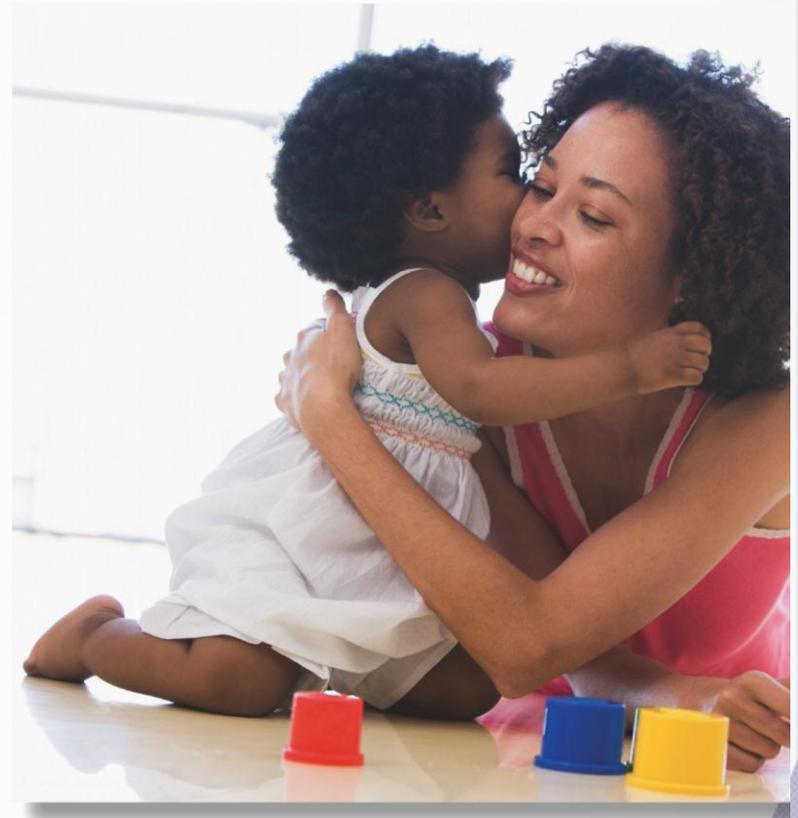
- The capacity of the child from birth to age five to:
 - Experience, regulate, and express emotions
 - Form close and secure interpersonal relationships
 - Explore the environment and learn

(Zero to Three Policy Center Fact Sheet, May 18, 2004)

(Zero to Three)

What is the Prevalence of Early Childhood Mental Health Problems?

- Up to 14.2 % percent of US children ages 0-5 experience social-emotional problems that negatively affect their functioning, development, and school readiness (Brauner & Stephens, 2006)



Prevalence of Early Childhood Mental Health Challenges

- National data suggests that only four percent of young children receiving early intervention (EI) services through IDEA Part C are identified as having social-emotional problems by EI providers.
 - However, parents of up to 25 percent of children receiving EI services reported that their children were over anxious, hyperactive, exhibited signs of depression and/or problems with social interactions
 - More than 30 percent of parents of children receiving EI services report problems managing their children's behaviors (Hebbeler, Spiker, Bailery, Scarborough, Mallik, Simeonsson, 2007).

Why Early Childhood Mental Health is Important

Brain Research

- Neuroscientists have discovered that the quality of early childhood relationships affect brain architecture. Brain scans of very young children with strong nurturing primary relationships were very different from the brain scans of children with disorganized attachments to primary caregivers or of children with trauma or toxic stress.
- The quality and consistency of early relationships impact on the ability of young children to learn, on their sensory processing, on their ability to regulate themselves and on their ability to form relationships.

Toxic Stress

- Chronic stressful conditions such as extreme poverty, abuse, or severe maternal depression can disrupt the architecture of the brain and lead to lifelong difficulties without the presence of a strong mediating adult to buffer the impact
- Children exposed to serious early stress develop an exaggerated stress response with long-term physical consequences ranging from heart disease to depression

Development in One Domain Affects Development in Others

- Children from birth to age 5 rapidly develop foundational capabilities in areas such as cognition, social emotional, communication and regulation all of which are intertwined and upon which later subsequent development builds. (*Shonkoff and Phillips, 2000*)
- Particularly for young children, we can no longer think of mental health and development as separate but rather intertwined. The co-morbidity between mental health and child development is well established.

Developmental Risk is Highest For

- Children in lowest income households
- Very low & moderately low birthweight infants
 - Hillemeier, Farkas, Morgan et al. *Paediatric & Perinatal Epidemiology*. 2009;23:186-198.
- Children in foster care: 33% are delayed
 - Zimmer & Panko. *Archives of Pediatrics & Adolescent Medicine*. 2006; 160: 183-188
 - 24% screen positive for social-emotional problems
 - Jee, Conn, Szilagyi, et al. *Journal of Child Psychology & Psychiatry*. 2010; 51: 1351-1358

Impact of Cumulative Risk Factors

- Numerous studies of children show that the accumulation of exposure to multiple adversities over time intensifies their harm and can overwhelm existing protective factors
- Brain development, from evolving circuitry to capacity for empathy, is affected by cumulative experiences beginning in the prenatal period



Relationships are Key

- Infants and young children develop in the context of relationships:

“We know that what happens in the early years either sets the stage for sturdy or fragile existence.

Children’s development depends on the quality and reliability of their relationships”

(Shonkoff, National Scientific Council on the Developing Child)

- In order to treat young children, you must treat the relationship



Why EI is Ideally Suited to Address Mental Health Needs

- It is unique in that it was developed specifically for infants and toddlers and not simply as a downward extension of service delivery models designed for adults or older children.
- Has a family focus that reflects an understanding that relationships are key to how infants and toddlers develop.
- The expectation that specialists across all domains of development will be involved in multidisciplinary EI services acknowledges;
 - the complexity of infants and toddlers
 - the interrelationship of developmental domains
 - the need to take holistic approaches to understanding young children's problems and promoting their well-being.

EI is Relationship Based

- Families are central to EI and each child receives an Individual Family Service Plan and supports the critical role of parents in the overall assessment and intervention EI offers the opportunity to work in a relationship based model.
 - Interactions with caregivers contribute to the developing architecture of the brain (De Bellis et al. 1999).
 - Interactive relationships are intimately interlaced with and impact on all other domains of development (Provence & Lipton, 1962; Shonkoff & Phillips, 2000).

Challenges in Existing System

- EI often fails to fully recognize and give priority to the foundational importance of the social-emotional domain, the co-occurrence of mental health and developmental disorders and in general, the need for a greater integration of early intervention and mental health systems (Foley & Hochman, 2006).



Social-Emotional Domain in EI

- In 2008 (most recent data), 15,194 children in NYS EIP (22.6%) had a “single service” authorization
 - 63.9% speech-language therapy
 - 24.6% physical therapy
 - 7.2% special instruction
 - 3% occupational therapy
 - **0.0% psychology**
 - **0.5 % of children with multiple services are authorized for psychology services**
- SOURCE: NYS Dept. of Health. NYS Early Intervention Program Report to the Legislature, 1/1/08-12/31/08

Assessment

- Unlike evaluations for preschool special education programs for 3-5 year-old children, EI evaluations do not require a psychological evaluation.
- Although it is at the discretion of the evaluation coordinator, the referral source, and/or when indicated by a member of the multi-disciplinary team, to include mental health professionals on the evaluation team, there is no requirement that any of the professionals be skilled in assessing social emotional issues. Other professionals in the system often do not have the tools or the expertise needed to properly assess mental health problems.

Evaluators

- The Infant and Toddler Coordination Association recommended that mental health /infant mental health professionals should be included on EI evaluation teams, especially when the teams are evaluating children who;
 - may exhibit social-emotional delays,
 - who have been exposed to abuse or neglect, children
 - who are in foster care or who have experienced traumatic separations from their primary caregivers,
 - who have witnessed family violence or have been exposed to other trauma
- (Infant and Toddler Coordinator Association, 2004).

Training Needs

- Service coordinators EI evaluators, providers, and officials should be trained to recognize and give appropriate weight to social-emotional distress among infants and toddlers
- Regardless of their disciplines, all professionals in the EI system should be trained in relationship-based and family-focused intervention strategies.
- EI professionals need to be trained to recognize and address the impact of trauma, disruptions in attachment, and other risk factors for social-emotional delays that are prevalent in the child welfare and general population.

The Opportunity

- As much as NYS has an outstanding EI program, the data suggests that the area that is the weakest link is in the assessment and intervention with children with social emotional challenges
- Particularly given the high numbers of children in foster care, we need to ensure that we are addressing the social emotional challenges of these children