Special Population: Children 0-5 Years Old

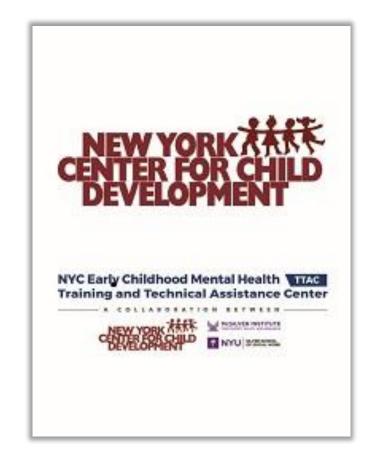




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Presentation Objectives

- Define early childhood mental health
- What the science tells us
- The importance of early relationships
- Treatment strategies and interventions for treating infant and early childhood mental health

What is Early Childhood Mental Health and What Does the Science Tell Us



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)

Prevalence of Early Childhood Mental Health Problems

• 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.

(Cree RA, Bitsko RH, Robinson LR, Holbrook JR, Danielson ML, Smith DS, Kaminski JW, Kenney MK, Peacock G. 2016)

The Importance of Early Intervention

- 85% of brain development occurs before age 3.
- Offers a critical window to intervene at a time of maximum impact.

Economic Incentives for Early Intervention

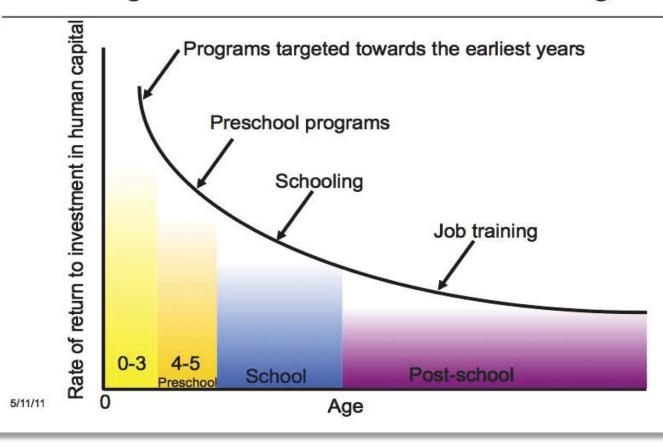
- James Heckman, a Nobel prize winning economist, has analyzed the return on governmental and other social investment in human capital at various stages in individuals' lives.
- Interventions early in the life cycle of disadvantaged children have much higher economic returns than later interventions. The highest returns are in birth to three years.

Benefits of Early Intervention

• Early interventions reduce crime, promote high school graduation and college attendance, reduce grade repetition and special education costs, and help prevent teenage births.

James J. Heckman and Dimitriy V. Masterov, (2007)

Figure 9: Rates of Return to Human Capital Investment at Different Ages: Return to an Extra Dollar at Various Ages



Adverse Childhood Experiences

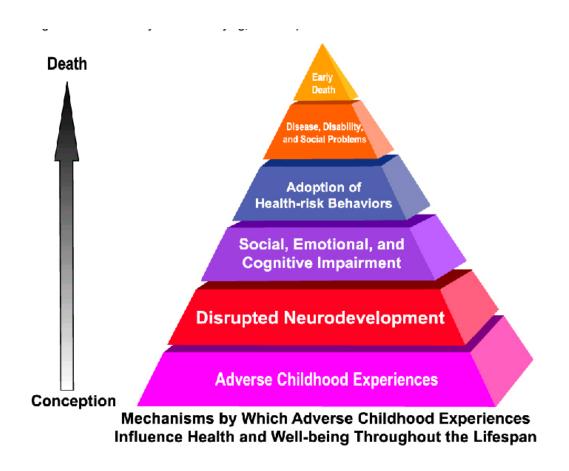
- Study of 17,000 Kaiser patients were asked about the number of Adverse Childhood Experiences (ACEs) they had experienced.
- Children exposed to serious early stress develop a magnified stress response with long-term physical consequences and behavioral health problems ranging from heart disease to depression.

Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, Marks (1998)

Examples of Adverse Childhood Experiences

- Did a parent or other adult in the household often push, grab, slap, or throw something at the individual?
- Was a household member depressed or mentally ill or did a household member attempt suicide?
- Did the individual feel they didn't have enough to eat, had to wear dirty clothes, and had no one to protect them?
- Areas addressed include: Domestic Violence, Drug and Alcohol Issues, Incarceration, Mental Health Issues and Chronic Health Issues

ACEs



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 Importance of Relationships

- The quality and consistency of early relationships has an impact on young children's
 - Ability to learn
 - Sensory processing
 - Ability to regulate themselves (the ability to manage emotions and maintain focus and attention)
 - Ability to form relationships

Toxic Stress

- Chronic stressful conditions such as extreme poverty, abuse, severe maternal depression or other trauma can disrupt the architecture of the brain and lead to lifelong difficulties.
 - A nurturing adult can provide buffering protection against this.
- In complex trauma, these exposures occur within the child's early caregiving system (the system that is supposed to be the source of safety and stability in the child's life) and therefore interferes with the child's ability to form a secure attachment bond.

(National Child Traumatic Stress Network, 2003)

Toxic Stress Video

Video 3:

https://developingchild.harvard.edu/resources/three-core-concepts-in-early-development/

Direct Youtube link:

https://www.youtube.com/watch?time_continue=1&v=rVwFkcOZHJw

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 is affected by cumulative experiences beginning in the prenatal period.



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 serve as a basis for which subsequent development builds (Shonkoff and Phillips, 2000).
- We can no longer think of mental health and development as separate but rather intertwined, particularly for young children.
 - The co-morbidity between mental health and child development is well established.

Interventions with Children Exposed to Trauma

- The greatest source of danger and unpredictability for an infant or young child is the absence of a caregiver who reliably and responsively protects and nurtures the child (Cicchetti and Lynch, 1995).
- A primary goal in working with traumatized children is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for:
 - Restoring the child's sense of safety, attachment, and appropriate affect
 - Improving the child's cognitive, behavioral, and social functioning (Lieberman, 2005)

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, Harvard Center on the Developing Child

Serve and Return Video

Video 2:

https://developingchild.harvard.edu/resources/three-core-concepts-in-early-development/

Direct youtube link to video:

https://www.youtube.com/watch?v=m_5u8-QSh6A

Relationship Based Focused

- "There is no such thing as a baby, only a baby and someone."
 (Winnecott, 1971)
- In order to treat young children, you must treat the relationship.
- Treatment for young children must aim to strengthen key adult-child relationships, ensure the well-being of parents and other caregivers, and strengthen their ability to provide critical supports for young children's social-emotional well-being and growth.

Clinician Skills and Practices Assessment of the Parent-Child Relationship

In assessing the parent child dyad, there is a need to recognize that stresses can stem from characteristics of the child, characteristics of the parent, or the interaction between both.

- Children can exhibit different temperaments and development.
 - A parent may experience a child as difficult to soothe; different sensory profiles; developmental challenges or delays
- A parent may be depressed or have their own history of inadequate or abusive parenting, or their own history of trauma which interferes with their ability to respond to their child's need.

The ability to adapt and respond to each other is the basis of a mutually satisfactory relationship.

Assessment of the Parent-Child Relationship Maternal Mental Health

- The caregiver's ability to be responsive to the needs and cues of the child may be impacted by maternal depression, mental illness, substance abuse or cognitive delays.
- For example, some ways maternal depression can influence parenting practices:
 - Compromise mother's judgment on supervising health and safety issues
 - Less likely to be affectionate or talk, play, or interact with their children which impacts the development of a positive motherinfant attachment
- 10 to 20% of mothers experience postpartum depression. Depression is treatable.

Still Face Video

https://www.youtube.com/watch?time_continue=9&v=apzXGEbZht0

Assessment of the Parent-Child Relationship The Importance of Attachment

Critical to any assessment of the parent-child relationship is the quality of attachment. The capacity of the caregiver to be sensitive to the child's cues and respond empathically to emotional signals provides the foundation for the child's secure and healthy development.

(Ainsworth, 1969)

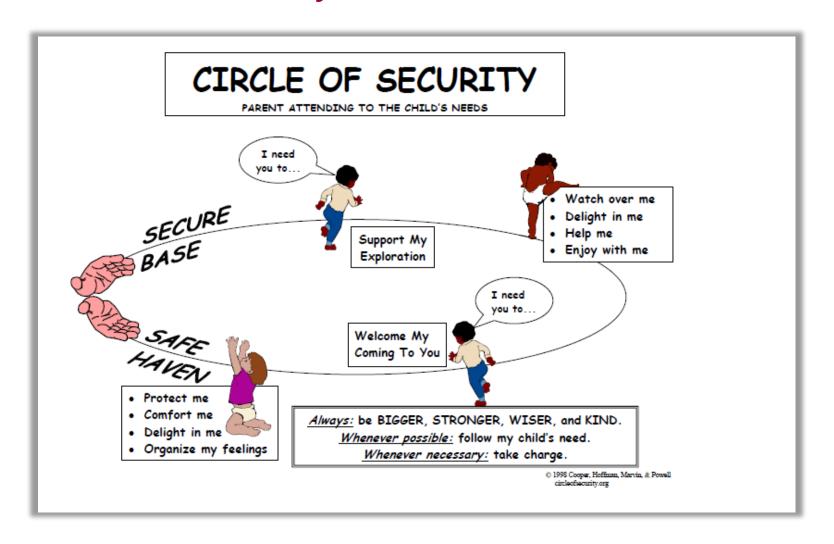
Supporting the Growth of the Parent-Child Relationship Secure Attachment

Some key strategies in working with the parent and child are helping the parent:

- To understand the child's cues and increase the caregiver's sensitivity and responsiveness to the child's signals, specifically regarding their moving away to explore the environment and returning to the parent for comfort and support.
- To increase their ability to reflect on their child's (as well as their own) behavior, thoughts and feelings regarding their attachment–caregiving interaction, and help them to establish more effective caregiving patterns.
- To establish a secure base for the parent in the therapeutic alliance, parallel process.
- Effective interventions focus on the caregiver and are based on the strengths and challenges of each parent-child dyad.

(Circle of Security, 2013)

Circle of Security



Ghosts in the Nursery

 Fraiberg and her colleagues (1975) introduced the metaphor "ghosts in the nursery" to describe the ways in which parents transmit child maltreatment from one generation to the next by reenacting scenes from their own unremembered early relational experiences of helplessness and fear.

(Fraiberg, Adelson and Shapiro, 1975)

• Parents unconsciously repeat their own early relationships that may affect their current caregiving patterns. Trauma can be transmitted from generation to generation.

Angels in the Nursery

- Conversely, the metaphor of angels in the nursery refers to the positive caregiving relationships in the parent's past where they felt safe, accepted and loved, which can be drawn upon when the child becomes a parent to help interrupt the cycle of maltreatment.
- Uncovering angels as well as exorcising ghosts in the lives of traumatized parents can be growth producing forces in the work of psychotherapy.

(Lieberman, Van Horn, Harris, 2005)

Assessment of the Parent Child Relationship Goodness of Fit

- Consideration should be given to the match/mismatch between a child's individual characteristics (such as temperament and developmental functioning) and the characteristics of the caregiving environment.
- Problem behaviors may reflect a mismatch between the child and caregiving environment; developmentally inappropriate caregiver expectations; or limitations of the caregiver to meet the child's needs.

(Seifer, 2000)

Effective Treatment Strategies

- Support dyadic treatment with evidence-based or research informed models.
- Support evidence-based parenting programs that promote parenting skills needed to strengthen the parent-child relationship and the child's social-emotional functioning.

Evidence Based Practices

- **Child Parent Psychotherapy (CPP)** is a dyadic model for children age 0-5 who have experienced:
 - Traumatic events and/or
 - Mental health, attachment and/or behavioral problems

CPP is based on attachment theory.

- **Parent-child interaction therapy (PCIT)** is a behavior-based, family-oriented therapy designed to help improve the parent-child relationship through interaction.
 - In this modality, child-directed interaction helps facilitate the development of effective parenting techniques and reductions in behavior issues
 - This approach is often effective for children who are at risk, who have experienced abuse, and/or who have conduct issues or other behavioral concerns.

Evidence Based Practices

- **Circle of Security** is a parent education and psychotherapy intervention designed to shift problematic or 'at risk' patterns of attachment–caregiving interactions to a more appropriate developmental pathway. This is based on attachment theory and building a secure base for children.
- The Triple P-Positive Parenting Program® (Triple P) is a multi-tiered system of evidence-based education and support for parents and caregivers of children ages 0-12. Triple P interventions increase parents' ability to deal with a full range of behavior problems.
- Attachment and Biobehavioral Catch-up (ABC) is a 10-session home visiting program developed to enhance parental sensitivity. ABC has shown to be effective in enhancing parental sensitivity as well as enhancing children's attachment security and regulatory capabilities.

Summary

- Early relationships and experiences set the stage for building a sturdy foundation for a child's mental health.
- The quality and consistency of early relationships impact the ability of young children to learn; their sensory processing; their ability to regulate themselves; and their ability to form relationships.
- To support young children, services must be tailored to the unique needs of children from birth to 5 years of age and be relationship based.
- Treatment and Care Management must aim to strengthen key adultchild relationships; ensure the well-being of parents and other caregivers and their ability to provide critical supports for young children's social-emotional well-being and growth.

New York State Infant Mental Health Endorsement

• The NYS-AIMH Infant Mental Health Endorsement® is a credentialing system that supports and recognizes the knowledge and ability of professionals who work with or on behalf of infants and young children up to age five and their families. This system is meant to ensure the provision of relationship-based, family-centered, developmentally appropriate, culturally competent services that are consistent and meet a standard of care that is evidence based.

New York State Infant Mental Health Endorsement (Continued)

- Fosters the creation of an integrated cross-disciplinary system focusing on prevention, building resilience, early identification of social-emotional problems and trauma related behaviors, and treatment.
- Verifies that a professional has attained a level of education, participated in specialized in-service training, worked with guidance from mentors or supervisors, and acquired knowledge to promote delivery of high-quality relationship focused services.

Resources

TTAC: NYC Early Childhood Mental Health Training and Technical Assistance Center



http://www.ttacny.org/page/training-technical-assistance/

Resources

- Center on the Developing Child at Harvard University: https://developingchild.harvard.edu
- ZERO TO THREE: https://www.zerotothree.org
- New York State Association for Infant Mental Health: www.nysaimh.org
- New York Zero-to-Three Network: http://nyztt.org/

EBP Resources

- Child-Parent Psychotherapy:
 http://childparentpsychotherapy.com/
- Triple P: https://www.triplep.net
- PCIT: www.pcit.org
- Circle of Security International:
 https://www.circleofsecurityinternational.com
- Attachment and Biobehavioral Catch-up: www.abcintervention.org

Contact Information

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Thank you!

