

Meeting the Need: Early Child Mental Health

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Disclosures

- **Current Grant Support**

- SAMHSA (Substance Abuse and Mental Health Services Administration)
 - NCTSCN (National Child Traumatic Stress Network)
- HRSA (Health Resources and Services Administration)
- Boone County Children's Services Board—Children's Mental Health Tax
- Contracts with Missouri State Departments
 - DSS (Department of Social Services)
 - DESE (Department of Elementary and Secondary Education)
 - DHSS (Department of Health and Senior Services)
 - CTF (Children's Trust Fund of Missouri)

- **Past Grant Support**

- Missouri Foundation for Health
- SAMHSA
 - LAUNCH (Linking Actions for Unmet Needs in Children's Health)



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Topics

- Defining Social Emotional Health
- Brain development
- Social Emotional Development
- Importance of Social Emotional Health
- Still Face Experiment
- Social Emotional Learning
- Early Child Trauma
- Programs targeting early childhood
 - Early Childhood Positive Behavior Supports (EC-PBS)
 - Boone County Early Child Coalition (BC-ECC)
 - Child Trauma Initiative (CTI)



Social Emotional Health

Social Emotional Health refers to a child's growing ability to...

- Express feelings (mad, sad, happy...) in healthy ways that don't hurt themselves or others
- Develop close relationships with others they know well (family members, teachers, etc.)
- Explore their surroundings and show curiosity in the world
- Especially for young children, social emotional health is a huge part of mental health



Social Emotional Health

- Key Aspects
 - Emotional Regulation
 - Social Skills
 - Attachment
 - Social Interactions
 - Self-esteem and self-concept
 - Resilience
 - Supportive environments

Social Emotional Development

- Why focus on the social emotional development of young children?
- Social and emotional development not only impacts all other areas of growth and development, but it's also the foundation upon which all future development is built.



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WHY TEACH SOCIAL EMOTIONAL SKILLS IN EARLY CHILDHOOD?



Importance of Brain Development

A child's brain development is influenced by:



Environment:

- Physical/Emotional
- Natural Disasters



Relationships:

- With caregivers
- Within Families



Experiences:

- In-Utero
- Identity-related
(gender,race,religion,etc)

Social Emotional Development: 0-12 months

- Able to calm or self-quiet for short periods
- Express needs by crying
- Smiles spontaneously to main caregiver's voice, face, and smile
- Shows emotions of frustration, surprise, and interest
- Responds happily to play interactions with peers
- Enjoys being cuddled
- Responds to their name



Social Emotional Development: 12-36 months

- Begins to follow simple rules
- Commonly engages in temper tantrums
- Enjoys playing by themselves or beside other children
- Begin to become independent will test their limits
- Express new emotions such as jealousy, affection, pride, and shame
- Defend their own possessions



Social Emotional Development: 3-5 years

- Enjoys pretend play with other children
- Begins to learn to share
- Demonstrates improved turn taking
- Needs clear and consistent rules
- Needs to be encouraged to express their feelings with words
- Friends are more interesting than adults
- Has some ability to recognize and understand the feelings of others
- Avoids danger/hesitates in dangerous situations
- Adjusts behavior depending on environment – School, Home, public etc.

Why is Social Emotional Health Important?

Social Skills are the foundation for all learning!

Children need to be taught Social-Emotional skills so that they have all the tools needed for success and can fully participate in the classroom.

Children should enter Kindergarten ready to learn alongside other students, follow directions and pay attention.

Children should leave Kindergarten ready to read.

Being able to read on grade level by the end 3rd grade is a predictor for high school graduation

Having a high school diploma makes you more likely to live a healthier, longer life.



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Mentally Healthy
Kids are more likely
to:

- Be happier
- Have greater motivation to learn
- Have a positive attitude toward school
- More eagerly participate in class activities
- Demonstrate higher academic performance
- Be accepted by classmates
- Have high self-esteem
- Avoid suspension from school



Still Face Experiment

- A lab experiment
- First conducted in 1972 by Edward Tronick
- Demonstrates how an infant reacts to non-responsive, expressionless face
- Shows that infant becomes distressed and disengaged when parents don't respond to their cues



What the Still Face Experiment teaches us

- Babies/children need connection, presence and affection
- Parent's reaction can impact emotional development of a baby
- It is important to create opportunities to engage
- When a child is in distress your connection can help/reduce this distress

Social Emotional Learning



Social Emotional Development

Social Emotional
Development

Impacts all other areas of growth and development & is the foundation upon which all future learning is built



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Ways to promote SE Health and SEL



Explicit SEL instruction



SEL integrated with academic instruction



Youth voice and engagement



Supportive school and classroom climates



Focus on adult SEL



Supportive discipline



A continuum of integrated supports



Authentic family partnerships



Aligned community partnerships



Systems for continuous improvement



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Recap

- SE Health is a child's growing ability to express their feelings, develop relationships, and discover the world around them.
- **SE Development and Health is vital because it prepares the way for SEL**
- SEL has 5 core components:
 - self-awareness
 - responsible decision-making
 - relationship skills
 - self-management
 - social awareness.
- SEL **MUST** be put in broader social and life contexts to be equitable and effective for all students
 - Currently, SEL is conceptualized as an individualized responsibility that silos people into narrow social and cultural contexts



Early Child Trauma

- Many assume young children (0-6) are not affected by trauma
 - “He’s too young to remember”
 - “She never talks about it so it doesn’t bother her”
 - “She was in the other room when it happened”
 - “He was too young to understand.”
- But very young children, even infants, can be affected by trauma
- However, their reactions may differ from older children and they may not be able to verbalize their reactions.

What Do We Mean by Trauma?

- Experiences that are **more than everyday stress**, that threaten or cause serious harm, that happen to the child, is witnessed by the child, or happen to someone very close to the child.
- **Examples for young children**—Physical or sexual abuse, neglect, separation from a primary caregiver, child's serious illness or injury, learning of a serious illness or injury in someone close to the child, natural disaster, frightening medical procedure, death of a primary caregiver.
- What is traumatic for one child may not be traumatic for another child.

How Early Trauma is Unique: Impact on Brain Development

3 types of stress:

- **Positive Stress**: Moderate, short-lived stress that is an everyday part of life. It helps children learn to adapt and grow. (Exp. Meeting new people, and dealing with frustration)
- **Tolerable Stress**: Has potential to negatively affect brain, but occurs for a short time and presence of supportive adults buffers the stress.
- **Toxic stress**: Strong, frequent or prolonged stress without adequate support from caring adults.



How Early Trauma is Unique: Impact on Brain Development

- **Rapidly developing brains** of infants and young children are very **vulnerable** to the affects of traumatic stress.
- Traumatic stress **can affect the architecture of the brain and brain hormones**, such as size of cortex and cortisol level.
- Traumatic experiences can **wire the brain to expect and be over prepared** for threatening experiences.
- Traumatic stress **can have long lasting effects**. It can negatively impact attention, memory, language development, impulsivity, regulation of emotions and increase risk for physical health problems.
- **Environments rich in opportunities** for exploration, social play and supportive relationships with caregivers **can undo some of these effects**.

How Early Trauma is Unique: Developmental Context-Babies

- Traumatic events have a profound sensory impact on young children, especially babies, even if they don't fully understand what happened
- Babies can be affected by ongoing stress in their environment as early as 6 months
 - Sleeping babies' stress levels go up when there is shouting in their environments
- Babies already have big feelings—they can feel sadness and fear as early as 3-5 months
- Babies can be affected by caregiver's moods and sense how caregivers are feeling as early as 3 months
 - If caregivers are angry, stressed or depressed, babies can absorb it



How Early Trauma is Unique: Social-Emotional Development

- Young children's thought process may lead to misconceptions about cause and effect.
 - They may think their wishes or thoughts make things happen, egocentric view of the world
 - Think caregivers are all knowing and can do anything
 - As a result, they may blame themselves or caregivers for what happened
- They rely on caregivers for survival, protection, to make meaning out of their experiences, to help them regulate their emotions, behavior and physical needs.
 - As a result, separation from caregiver, caregiver injury or illness, loss of caregiver may have a bigger impact on a young child than on an older child
 - Trauma can rupture a child's trust that a caregiver can keep them safe
- They often express themselves through actions and play, not words.



Child-Caregiver Relationship Plays a Critical Role

- Presence of a sensitive and responsive caregiver is critical in regulating stress hormones in the early years.
- The primary caregivers' response is one of the best predictors in how well the child will cope with traumatic events.
- This has important implications for intervention.

Symptoms and Behaviors

- Individual responses can vary
 - Some children are more resilient - especially if they have a strong relationship with a supportive caregiver
 - There is no one symptom that definitely indicates trauma
- Children who internalize stress (withdraw, sad, anxious, overly compliant) may be overlooked

Symptoms and Behaviors: Babies

- Difficulty regulating physiological rhythms, establishing sleep, feeding and other routines
- Poor appetite, digestive problems
- Sleep difficulties
- Over-reacts to environmental stimuli
- Startles easily
- Screams or cries excessively
- Fearful or falls apart when exposed to reminders





Early Childhood Positive Behavior Support
ECPBS

Early Childhood Positive Behavior Supports Origins

When:

- **Created in 2012** through federal funding with LAUNCH grant. Funded continuously through Boone County Children's Service Board since 2015.

Why:

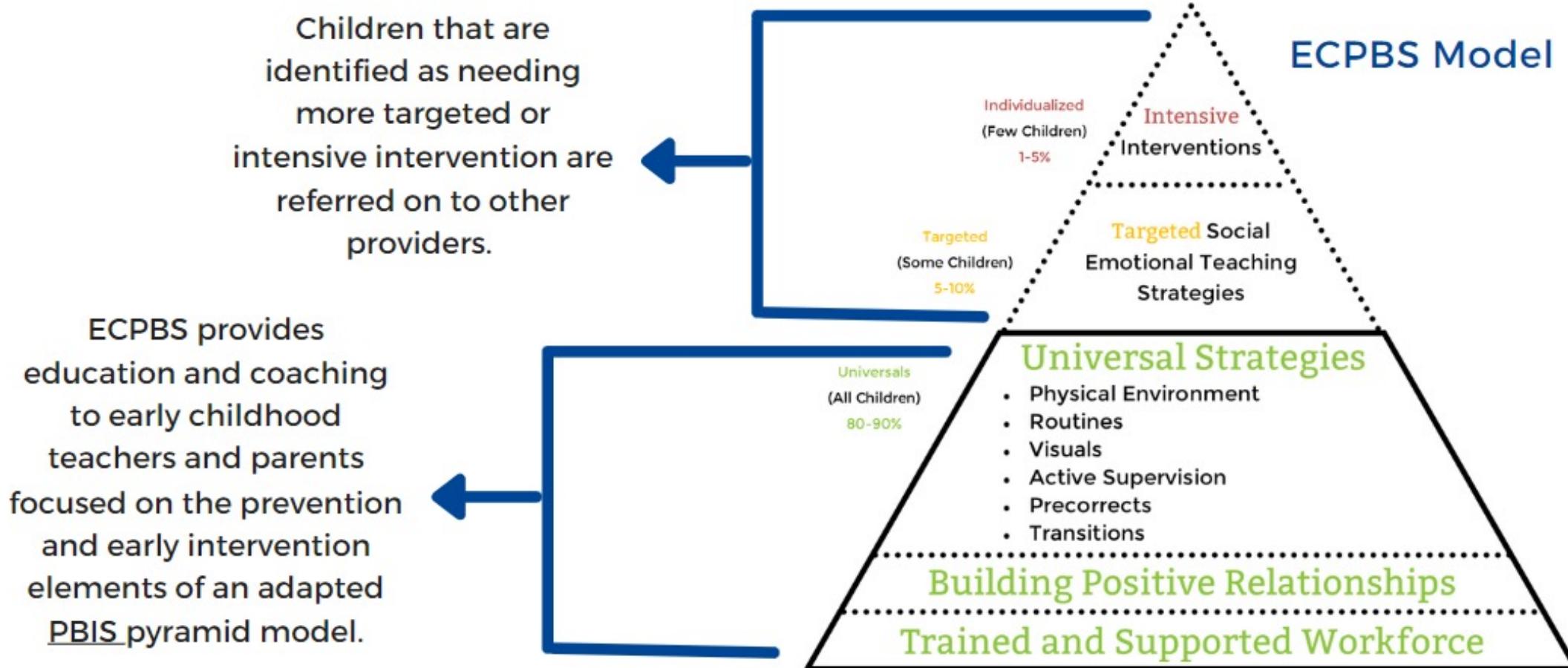
- Through surveying Kindergarten teachers, they identified expectations for children arriving in their classrooms; and often, the children weren't prepared to meet the expectations. Those expectations included:
 - Capacity to develop relationships with others
 - Ability to communicate emotions in a healthy way
 - Self-help skills (bathroom routines, putting on clothing items, cleaning up spaces, etc.)
 - Ability to follow directions & be attentive

Program Overview

- Early Childhood Positive Behavior Support (ECPBS) is a **prevention program** providing **training and coaching** to early childhood educators. ECPBS is rooted in the evidenced-based practices of Positive Behavior Intervention Support, National Center for Pyramid Model Innovations, and Conscious Discipline
- **ECPBS Goals:**
 - Increase childcare provider's knowledge, ability & capacity to build relationships with children and families
 - Promote social-emotional development of children, aged 0-6
 - Reduce challenging behaviors of children
 - Promote Kindergarten readiness



ECPBS Pyramid Model



EC-PBS Evolutions

- Originally, ECPBS served far more childcare sites, with less consistency. Over time, the number of ECPBS sites was reduced by about $\frac{1}{2}$ to allow for more consistency, with a greater focus on developing and maintaining relationships with the sites and teachers.
- COVID irreparably altered the early childhood landscape by exacerbating the poor wages and working conditions, resulting in sustained turnover like the field's never experienced.
- Due to the additional strain placed on already overwhelmed teachers, ECPBS shifted some of its supporting efforts to more explicitly target the teachers, mainly through the use of direct teacher incentives.
 - One yield we saw for implementing direct incentives to teachers was a **35% increase** of unique teachers who attended trainings in a year's time

Who we served in 2023

- 987 Children
- 350 Teachers
- 17 Different Childcare Sites



Challenges & Opportunities

Challenges:

- ***Lack of coordinated federal and state level investment in early childhood*** leaves families and early childcare providers shouldering the cost of care. In turn, that leads to an undercompensated, underinformed workforce with a great deal of turnover
- ***Lack of knowledge*** that investing in quality early childcare programs brings a **ROI of \$4 to \$9 for every dollar invested***

The Opportunity:

- Potential to support providers in their care of children developing at the most rapid pace they will ever grow, and setting those children on a life-long path of physical and mental health success





BOONE COUNTY
EARLY CHILDHOOD COALITION

Boone County Early Childhood Coalition

BC-ECC

Boone County Early Childhood Coalition

- **Origins:** Interdisciplinary effort across School of Medicine and College of Education to build better systems to support prevention-based practices across two main areas:
 - Universal Screening for all young children 2 months to 60 months for general development and social emotional development
 - Development of fully online screening hub with easy access, quick results, and links to supports and referrals
 - Launched in 2019
 - Have screened over 1300 young children
 - Positive Parenting Practices
 - Positive parenting campaign to broadly impact community and normalize parenting challenges
- Began with 1.7 million grant from the Boone County Children's Services Fund (from county tax bond)

Boone County Early Childhood Coalition

- **Mission:** We are a coalition of professionals in Boone County who value and recognize the importance of supporting the well-being of children in early childhood, with the emphasis on social emotional development. Through our efforts we will ***support, empower, and educate parents and other caregivers to raise and nurture healthy children who are ready for kindergarten.***
- **Vision and Objectives:**

Parents and caregivers will increase their confidence and competence regarding their children's social emotional health by the BCECC's work. The BCECC will support parents and caregivers to increase their confidence and competence for supporting children's overall and social emotional development by:

 - Developing a network of support to foster and build awareness around positive parenting strategies
 - Increase knowledge, awareness, and implementation of early childhood screening best practices and referral services,
 - Equip community partners with the tools to help families nurture and support the children of Boone County, and
 - Support Kindergarten readiness.



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SWYC Screening Hub:

- This program uses a first level screener, the Survey of Wellbeing of Young Children (SWYC), in an easily accessible online hub to increase social emotional screening efforts throughout Boone County.

Triple P:

- A positive parenting program that gives parents the practical skills they need to build strong family relationships, manage misbehavior and prevent problems from happening in the first place.



SWYC Screening Hub:

(SWYC) online screening hub

- This brief tool is easy to fill out by parents and caregivers for children 0-5.
- Assesses potential risk in multiple domains, including social emotional health.
- During 2023, 563 children were screened using the screening hub.

The screening hub:

- Fast, easy and includes for **ALL families in Boone County** to determine if their child is on track for social emotional and general development.
- Is a fully online screening hub that includes screening from 2 months through 5½ years.
 - offers a second screener for those who need a more detailed screen.
- Can **easily access and provide results, tip sheets for all ages, and referrals**, when necessary.
- Has capacity for teachers in early childhood programs to complete the screening

Triple P

- In Boone County we have been able to **train over 850 individuals that represent 45 community organizations.**
 - A few examples of organizations are our local PAT, physician's offices and mental health organizations to name a few.
- **The pandemic created the need for additional parenting support and now continued support.**
 - Provide not only one-on-ones for parents but provide community support.
 - Presentations to the MO APP, grand rounds for physicians and medical students as well as supporting youth camp counselors.
 - In 2023 we began offering community training and have trained over 700 community members.
- Physicians reported back to BCECC that they valued the National Triple P training, but the time commitment and requirements were tough. In response, **BCECC created a Provider training focused on positive parenting.**



Challenges & Opportunities

Challenges We Face:

- The instability of childcare makes developing partnerships with preschools challenging.
- Funding for additional Triple P providers.
- Funding to grow in-house training.

The Opportunity:

- Support of childcare in meeting screening and developmental needs has a positive impact on children, their families and the community
- New funding support from the Children's Trust Fund of Missouri to build a more flexible screener hub.
- Providing individualized training to the community and the medical field.





Central Missouri - Child Trauma Initiative

CTI

Early Child Trauma: Effective Mental Health Treatment

- Helps children and caregivers establish a safe environment and sense of safety
- Helps children and caregivers establish normal routines
- Creates an age-appropriate explanation of the trauma
- Helps develop ways to deal with emotional reactions
- Helps child verbalize feelings rather than act them out in inappropriate behaviors
- Involves the primary caregiver in the healing process
- Connects caregiver to resources to meet their needs



Evidence Based Trauma Therapies for Young Children

- Trauma Focused Cognitive Behavior Therapy (TF-CBT)
 - Appropriate for children 3 y/o and up, depending on their developmental level
- Child Parent Psychotherapy (CPP)
 - Appropriate for children birth – 6 y/o
- Parent Child Interaction Therapy (PCIT)
 - Appropriate for children 2 y/o – 7 y/o
 - Does not directly address the trauma but works on the caregiver-child relationship and has been found to have good outcomes for children who have experienced trauma

Child Trauma Initiative (CTI)

Identified Needs:

- National rates of childhood trauma exposures are staggering with **70% of children experiencing at least one traumatic event before the age of 16 reported by SAMHSA.**
- According to the National Survey of Children's Health, approximately **33% of Missouri parents with children under the age of 12 felt they did not cope well with the demands of raising children**, and over 60% indicated that getting mental health treatment for their child was a problem due to limited access.



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Child Trauma Initiative (CTI)

Central Missouri – Child Trauma Initiative (CTI) was created on May 31st 2020 with funding for 5 years from SAMHSA to address these issues and more.



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Child Trauma Initiative (CTI)

CTI's Mission:

- To improve the wellbeing of children and families who have experienced trauma by providing hope, promoting resiliency and empowering communities.

CTI's Objectives:

- Provide free, evidence-based, trauma focused psychotherapies for children 0 -18 y/o and their families in mid Missouri.
- Provide outreach and education to agencies and community members regarding child trauma locally and throughout the state of Missouri.
- Expand access throughout Missouri by providing training for Missouri therapists in evidence- based trauma therapies.



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CTI's Trauma Therapies

Child-Parent Psychotherapy (CPP) is treatment for children ages 0-5 and their primary caregiver(s) who have experienced trauma. The goal of CPP is to support and strengthen the relationship and attachment between child and caregiver in order to repair the child's sense of safety and well-being.

Parent Child Interaction Therapy (PCIT) is treatment for caregivers and their young children (2 to 7) experiencing social, behavioral, and/or emotional difficulties. The goal of PCIT is to help caregivers learn strategies that will enhance the parent-child relationship and promote positive behaviors in children. Caregivers interact with their child while receiving coaching from the therapist.



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CTI's Trauma Therapies

Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is a brief treatment for children ages 3-18 who have experienced trauma. The goals of TF-CBT are to help clients learn skills to cope with trauma and process trauma and related concerns, and effectively integrate their traumatic experiences to progress through life in a safe and positive manner.

Trauma and Grief Component Therapy for Adolescents (TGCT-A) is individual or group treatment for adolescents ages 12-18 who have experienced a traumatic experience or the loss of a loved one. The goals of TGCT are to learn copings skills, recognize trauma responses, support healthy bereavement and plan for the future.



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Outreach and Training

Professional training

- CTI hosts learning collaboratives to train Missouri therapists in CPP, TF-CBT and TGCT-A in order to increase the availability of high quality, evidence-based trauma therapy to Missouri children.
- CTI provides outreach and education to agencies and community members throughout Missouri to increase awareness of the impact of trauma on children and the benefit of evidence-based interventions.

To Date:

- We have provided outreach and education to local/state organizations.
- We have provided evidence-based trauma focused therapy to ***375 children and caregivers*** in our CTI clinic.
- We have trained ***130 therapist*** throughout Missouri who have provided evidence-based trauma focused therapy to ***children and families***.

Total of 712 children and caregivers have been served by CTI throughout Missouri.

AND WE STILL HAVE 1 MORE YEAR!!!



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Challenges and Opportunities

Challenges:

- Although CTI has hosted learning collaborative to train **Missouri** therapists in evidence-based trauma therapies, there is still a big unmet need and ability to train all those interested due to limited funding.
 - *In one-week we received over 90 applications for 30 available seats for TF-CBT training.*
- Insurance does not cover all the components of evidence-based trauma therapies (ex. extensive assessment, reflective supervision, case management) which can make these therapies difficult to implement.
- Having other community resources available for our clients when they are actively SI/HI and for our clients with intellectual and developmental delays.

Opportunities:

- Create a culture where more providers are interested in serving children/adolescents who have experienced trauma
- Promote the effectiveness of evidence-based therapies in treating trauma
- Provide additional support for parenting skills development





Sources

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