Infant and Early Childhood Social Emotional Health and Developmental Delays Through a Trauma Informed Lens

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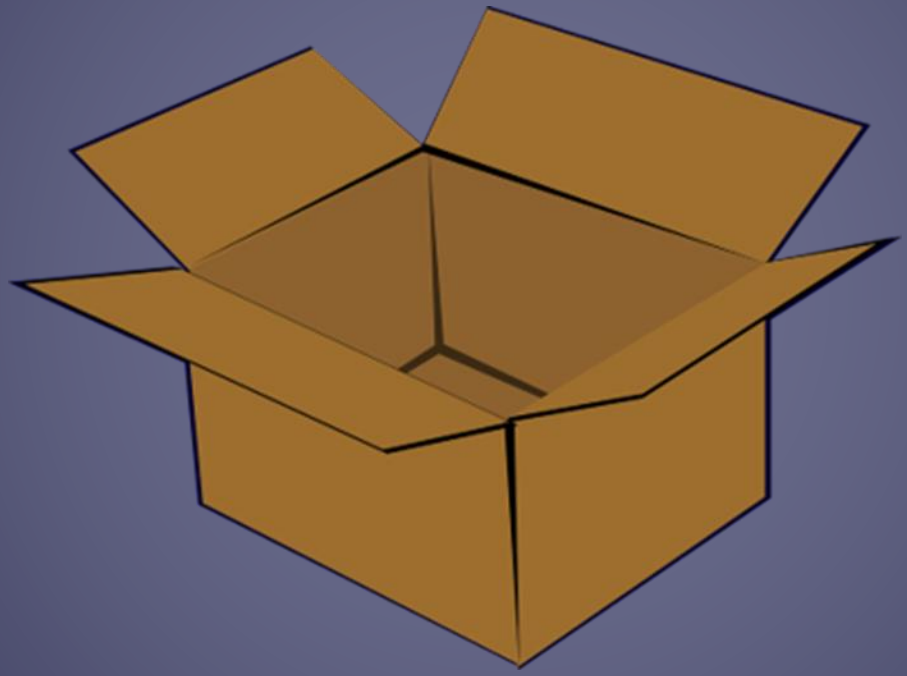
YCS
Embracing All the Possibilities

PPC Funders & Partners

There Are No Disclosures



Learning Objectives

As a result of attending this webinar presentation, participants will be able to:

1. Understand and learn to identify how trauma manifests in infancy and early childhood
2. Discuss various causes of delays as well as stresses in early childhood
3. Identify the difference between developmental delays and social-emotional delays through standardized screening tools
4. Identify various next steps and referral options once developmental and/or relational derailments are identified, including Infant and Early Childhood therapy referral options

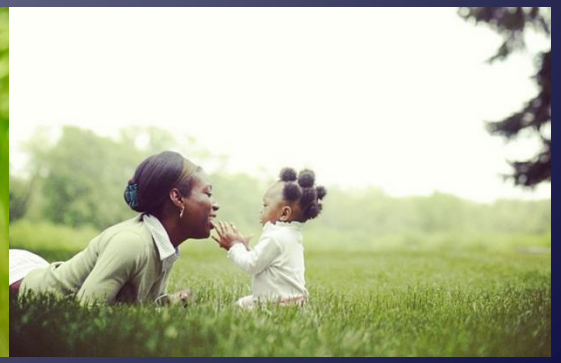
What is Infant Mental Health?

"I wish I'd started therapy at your age."

Defining Infant and Early Childhood Mental Health

Early childhood mental health has been defined as a young child's ability to:

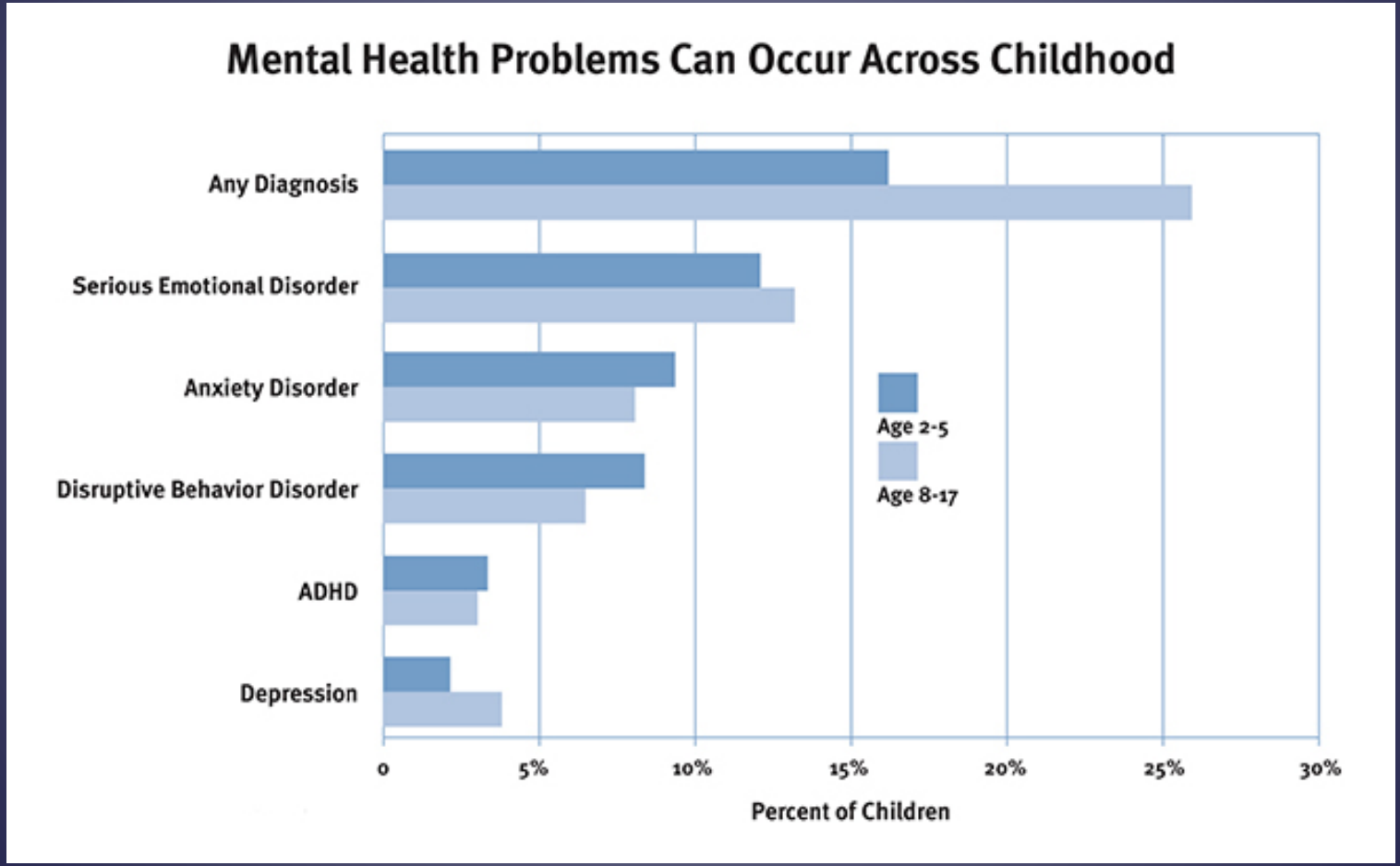
- Experience, regulate and express emotions
- Form close and secure interpersonal relationships
- Explore the environment
- Learn all in the context of family, community and cultural expectations for young children.



Mental Health Needs in Young Children

- Significant mental health problems can and do occur in young children
- Typically thought of as "behavior problems" as opposed to "mental health problems"
  - Behavior is an early warning sign of potential mental health issues
- Can be a combination of genes and environment that lead to mental health or behavior symptoms in young children
- Catching symptoms early can prevent mental illness from ever occurring

Do Young Children Have Mental Health Needs?



Mental Health Problems Can Occur Across Childhood. Source: Egger & Angold (2006). Credit: Center on the Developing Child.

Causes of Mental Health Needs in Young Children

- Developmental
  - Autism
  - Delays across any of the domains of development
    - Cognitive
    - Language-receptive and expressive
    - Motor-fine and gross motor
    - Social Emotional
- Relational
  - Attachments/caregiving relationships
- Trauma
  - Experienced
  - Intergenerational transmission of trauma
- Sensory differences

Autism

- Significant focus right now—especially in NJ
- Different treatment options, depending on presentation
  - DIR Model
  - ABA Model
  - Other therapies—OT, PT, Speech
- Symptoms can look like other disorders
  - Have to look and listen with a keen eye
  - Sensory differences do not automatically mean Autism!
  - Trauma vs autism
    - Rigid play vs repetitive behaviors
    - Relational challenges

Stavropoulis, K., 2018

What Does Stress Look Like in Young Children?

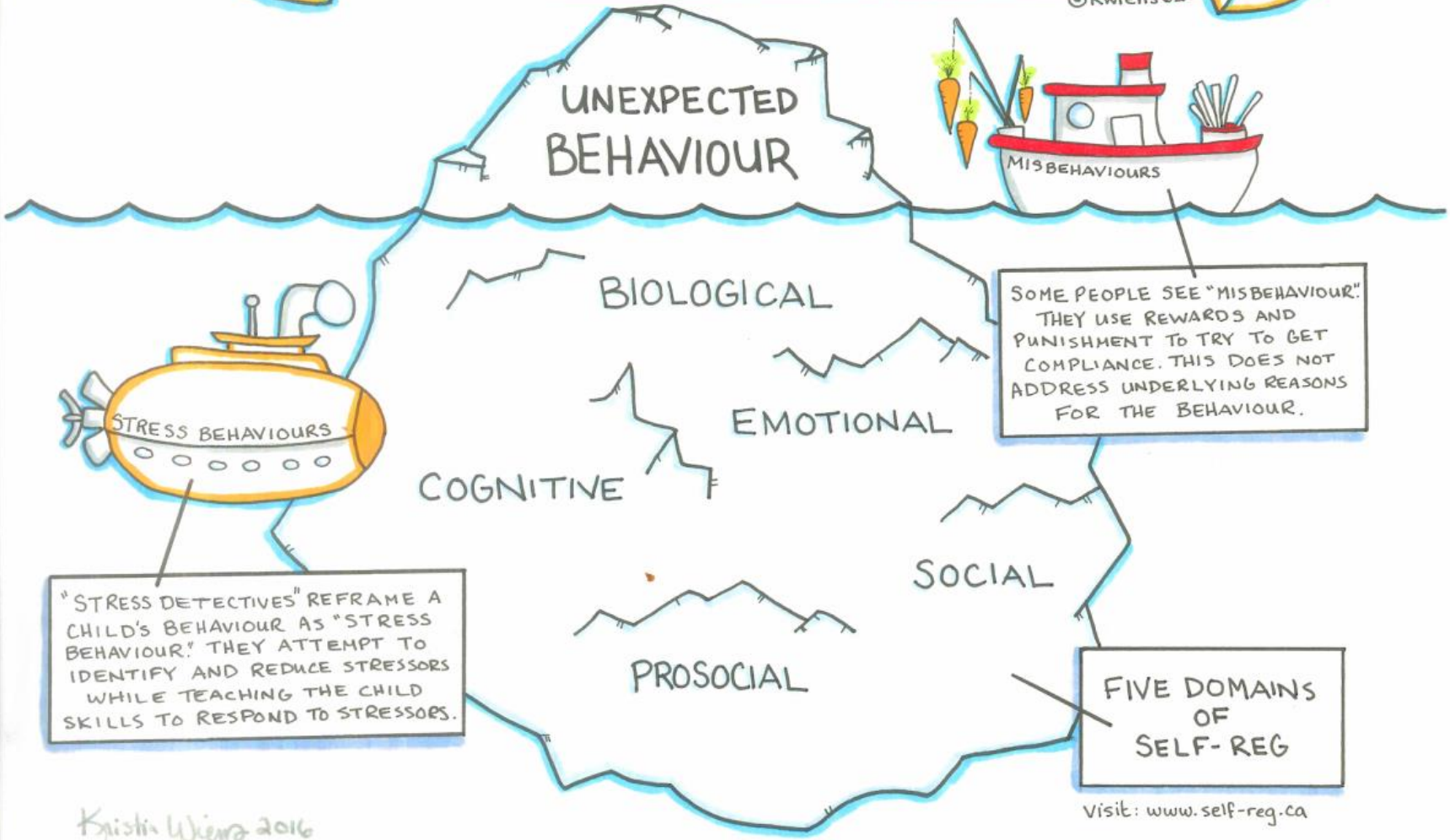
- Young children can't always tell us when they are stressed
  - So they often show us instead
- Common stress behaviors include:
  - Heightened impulsivity
  - Difficulty ignoring distractions
  - Sees everything negatively
  - Mood swings
  - Trouble listening
  - What child is saying doesn't make sense
  - Quiet and withdrawn

- But often we mislabel these stress behavior reactions as misbehaviors
  - This then leads us adults to respond to kiddos with more stress instead of helping them regulate

-Self Regulation Infographic—Understanding Stress Behavior

BEHAVIOUR IS COMMUNICATION

@Kwiens62



SOME PEOPLE SEE "MISBEHAVIOUR." THEY USE REWARDS AND PUNISHMENT TO TRY TO GET COMPLIANCE. THIS DOES NOT ADDRESS UNDERLYING REASONS FOR THE BEHAVIOUR.

"STRESS DETECTIVES" REFRAME A CHILD'S BEHAVIOUR AS "STRESS BEHAVIOUR." THEY ATTEMPT TO IDENTIFY AND REDUCE STRESSORS WHILE TEACHING THE CHILD SKILLS TO RESPOND TO STRESSORS.

FIVE DOMAINS OF SELF-REG

Visit: www.self-reg.ca

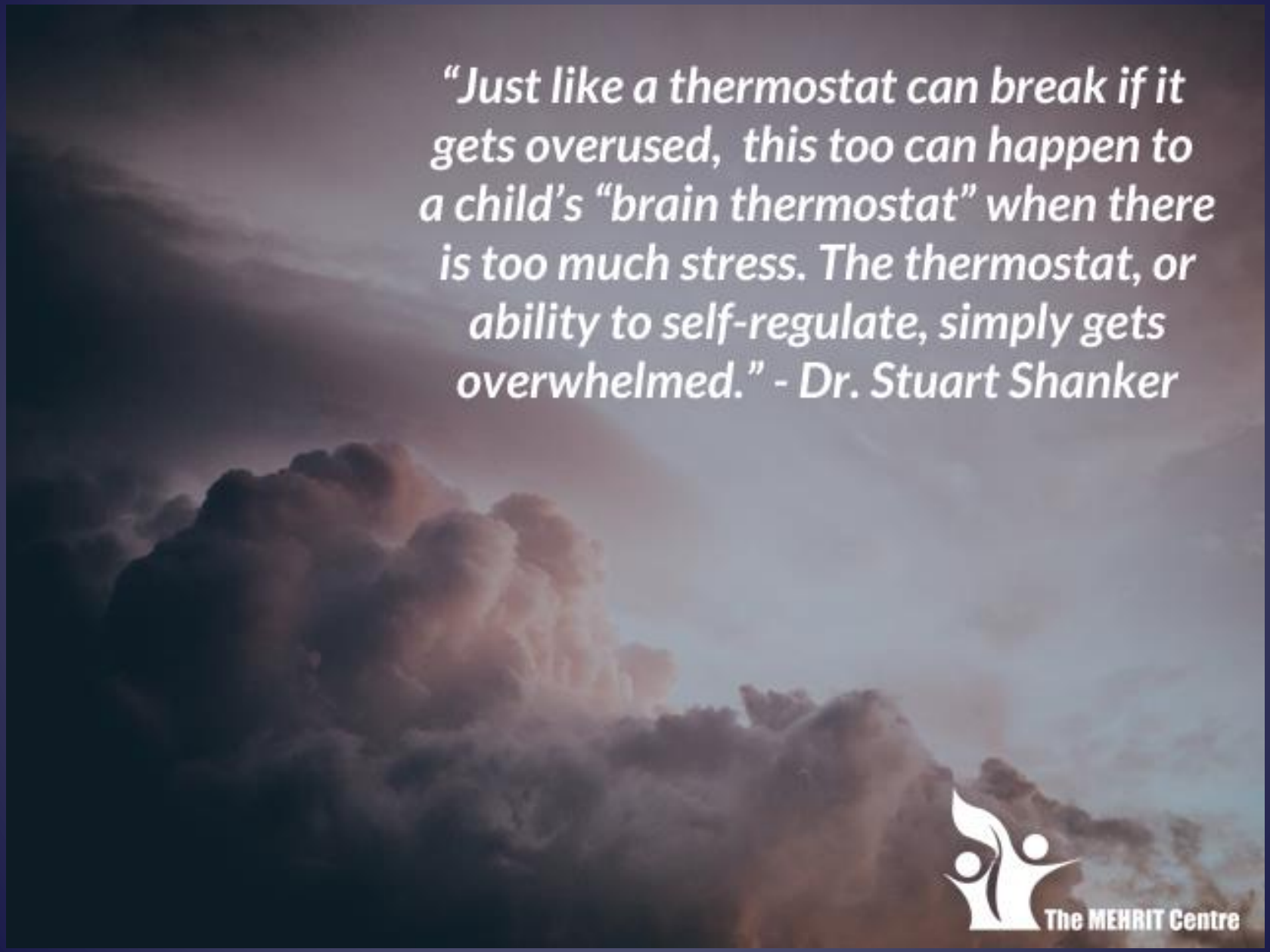
Kristin Wiens 2016

What to look for:

- Infants & Toddlers (Birth-3)
  - Chronic eating or sleeping difficulties
  - Inconsolable "fussiness" or irritability
  - Incessant crying with little ability to be consoled
  - Extreme upset when left with another adult
  - Inability to adapt to new situations
  - Easily startled or alarmed by routine events
  - Inability to establish relationships with other children or adults
  - Excessive hitting, biting, and pushing of other children or very withdrawn behavior
  - Flat affect (shows little to no emotion at all)

- Preschoolers (3-5 years old)
  - Engages in compulsive activities (e.g., play enacted in a specific order, hand washing, repeating words silently)
  - Throws wild, despairing tantrums
  - Withdrawn; shows little interest in social interaction
  - Displays repeated aggressive or impulsive behavior
  - Difficulty playing with others
  - Little or no communication; lack of language
  - Loss of earlier developmental achievements
  - Anxious and fearful in most situations

ZERO TO THREE, 2017


"Just like a thermostat can break if it gets overused, this too can happen to a child's "brain thermostat" when there is too much stress. The thermostat, or ability to self-regulate, simply gets overwhelmed." - Dr. Stuart Shanker
The MEHRIT Centre

What is Trauma?

- The emotional response someone has to an extremely negative event

-American Psychological Association

- Occurs when external events overwhelm a person's coping responses
- Often has lasting adverse effects on physical, psychological, social and spiritual well-being
- Affects the brain by overloading the stress response system

- Can result from adverse childhood events, interpersonal violence, war, disaster, accidents, and other events or circumstances

What happens
in childhood
Doesn't always stay
in childhood

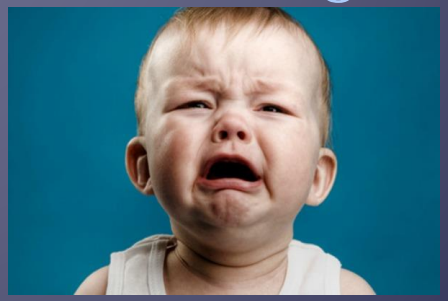
Trauma in Early Childhood

- Trauma in early childhood is particularly impactful:

  What happens during the first months and years of life matters a lot; not because this period of life provides an indelible blueprint for adult well-being, but because it sets either a sturdy or fragile foundation for what follows

  -National Research Council and Institute of Medicine (2000)

- Trauma early in life can set the stage for lifelong relationship problems:
  - Attachment can be derailed
  - People become scary and unsafe



- Intergenerational trauma also a factor in many families

Adverse Childhood Experiences (ACEs)

- The experiences included in the landmark CDC–Kaiser Permanente Adverse Childhood Experience (ACE) Study on childhood trauma:
  - Emotional, physical, or sexual abuse
  - Emotional or physical neglect
  - Witnessing violence against one's mother
  - A parent's addiction to alcohol or other substance, or a family member's mental illness
  - Separation or divorce
  - Incarceration of a parent
  - Involvement with the foster care system
  - Witnessing community violence
  - Living in an unsafe neighborhood
  - Bullying
  - Experiencing racism
- 1 in 4 children experience more than 1 ACE
- ACEs have been proven to negatively impact brain development, learning and memory, social skills, and mental and physical health

-Sesame Street in Communities

Trauma vs. Stress

- Healthy Stress versus toxic stress:
  - Stress effects everyone
    - Stress is how the brain/body responds to any demand
  - Not all stress is bad
    - Can be motivating
    - Can be lifesaving
  - Long-term stress becomes toxic
    - Stressor continues for too long
    - Stress response continues, even once stressor has been removed (PTSD)
  - Positive coping skills reduce the negative impact
  - If the stress is overwhelming one's capacities, help is needed

- The impact of trauma varies and can be mitigated by these factors and by other factors of resiliency

-National Institute of Mental Health

Resiliency in the Face of Trauma

- Protective factors can mitigate the impact of a traumatic event
  - Responsive caregivers (consistent and nurturing relationships (with 1 or a small # of caregivers)
    - Help learn to co-regulate and then regulate feelings
    - Learn to depend on others in times of need
    - Feel loved and valued
    - Feel seen and heard
  - Other supportive networks and resources
  - An established sense of self-efficacy and outside interests and skills
  - Safe surroundings—basic needs met

- Healthy relationships with caregivers support healthy brain development
  - Builds well-being into the developing brain

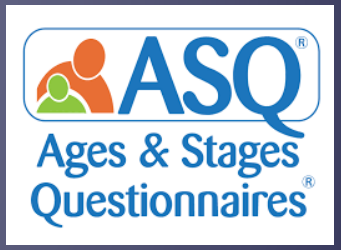
Trauma: Key Facts

- Trauma can affect every aspect of a person's life, including health, behavioral health, ability to learn, and relationships
- The majority of people in human service and justice systems have trauma histories
  - Many have experienced multiple sources of trauma
- Trauma can affect groups, organizations and communities as well as individuals
- Many service providers and first responders have also been impacted by trauma
- Although there are many common signs of trauma, every person reacts differently
- The earlier in life trauma occurs, the more damaging the consequences are likely to be
- People are resilient and often recover from even severe trauma!
  - With proper treatment/support/safety

Using Screenings to Identify These Needs

- SWYC
  - Developmental milestones
  - Baby Pediatric Symptom checklist (BPSC)
  - Pre-School Pediatric Symptom Checklist (PPSC)
  - Parent's Concerns
    - Listen deeply to their story
  - Family Questions
  - Emotional changes with a new baby (Edinburgh)
  - Parent's Observations of Social Interactions (POSI)

- ASQ & ASQ-SE also
  - Developmental
  - Social Emotional



- For all screeners-They are most useful as a start to a conversation
- Parent report measures
  - Answers reflect the parents story as much as the child's
  - Be genuine and authentic in your approach—questionnaires can feel cold

How to Approach the Screeners

- Any areas of concern?
  - An opportunity to start a dialogue with the parents about the indicated concern areas
    - Want to learn more about what that question(s) meant to parents
  - Screeners do not diagnose!
  - Only represent areas of risk or vulnerability
  - The screeners are only as good as the way parent understands to complete it
    - Results may reflect actual concerning behaviors

      OR
    - Parents fears or concerns, which are impacting how they complete the question

Some examples…

- A mother had a traumatic birth experience and came close to losing her child during pregnancy/delivery
  - May be very anxious about child's safety and over endorse things as concerns
- A father has a brother with Autism and is very scared his children will have it to
  - Might be hyper sensitive to any Autism symptoms (which he may be very familiar with) and might perseverate on child's capacities in that area
- Mother had a lot delays and services as a child and does not want her child to need that level of support
  - May not want to see any delays in her child…may not be open to report these for fear of repeating her own experience

You have concerns…now what?

- Offer parents developmental guidance
  - May be enough to start
  - Using handouts
    - Zero To Three *Healthy Minds*
    - ASQ Info sheets
- Early Intervention (Birth-3)
- District Child Study Team (3-5)
- Therapy
  - Dyadic therapy
  - Family therapy
  - Play therapy
  - Groups
- Developmental pediatricians
- Developmental/psychological evaluations
  - More comprehensive screeners
  - Full developmental testing
  - ADOS-Autism

Healthy Minds: 0-3 Years

Healthy Minds: Nurturing Your Child's Development from 0 to 2 Months

Healthy Minds: Nurturing Your Child's Development from 12 to 18 Months

Healthy Minds: Nurturing Your Child's Development from 24 to 36 Months

What do we really know about how a young child develops? What can parents do to best support their child's healthy development and growing brain? Some of the answers are in this series of *Healthy Minds* handouts. Each handout is based on findings from a report* from the National Academy of Sciences that examined the research on child and brain development to establish what is known about the early years. The information we offer is age-specific, summarizes key findings from the report and suggests how you might be able to use these key findings to nurture your own child's healthy development.

These handouts are brought to you by ZERO TO THREE, the nation's leading resource on the first 3 years of life, and the American Academy of Pediatrics, dedicated to the health of all children.

Key findings from the report include:

- Your relationship with your child is the foundation of his or her healthy development.
- Your child's development depends on both the traits he or she was born with (nature), and what he or she experiences (nurture).
- All areas of development (social/emotional/intellectual/language/motor) are linked. Each depends on, and influences, the others.
- What children experience, including how their parents respond to them, shapes their development as they adapt to the world.

How it looks in everyday family life:

Thirty-month-old Anthony wants to build a castle with his mom, Lena. They are almost done when Anthony begins to take it apart, block by block, and arrange the blocks in a straight line. Annoyed, Lena starts to pick up the blocks and put them back on the castle. Anthony starts to cry and tell his mom that she is not doing it right. Lena stops and asks Anthony what he is doing. Surprised that his mom isn't "getting it," he **emotional development**. His **intellectual ability** now enables him to pretend as he uses his imagination to play "castle." Using blocks in new ways, such as building a path for his dragons, shows creativity and good problem-solving skills. He uses his **language skills** to clearly let Mom know what he's thinking and planning. He uses his **fine motor skills** (his fingers and hands) to build the structure that he's picturing in his mind. When Lena happily joins in Anthony's pretend play, she makes him feel important and loved. She is flexible as she is able to put aside her annoyance and try to

Charting Your Child's Healthy Development: 0 to 2 months

The following chart describes many of the things your baby is learning between 0 and 2 months and what you can do to support your child in all areas of his development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what his strengths are

Charting Your Child's Healthy Development: 12 to 18 months

The following chart describes many of the things your toddler is learning between 12 and 18 months and what you can do to support your child in all areas of his development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what his strengths are and where he needs more support, is essential for promoting his healthy development. If you have questions regarding your child's development, ask your pediatrician.

Charting Your Child's Healthy Development: 24 to 36 months

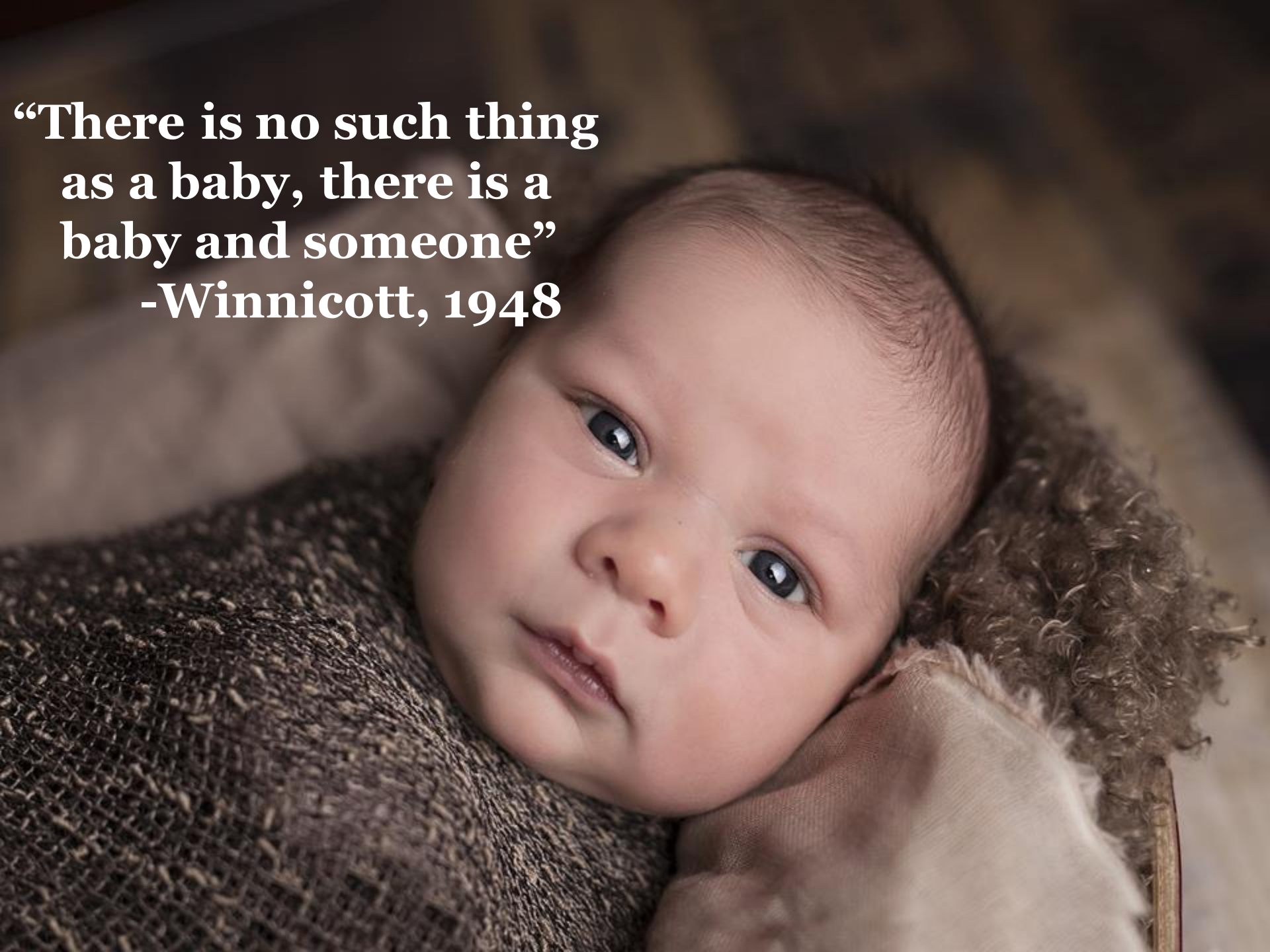
The following chart describes many of the things your baby is learning between 24 and 36 months and what you can do to support your child in all areas of his development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what his strengths are and where he needs more support, is essential for promoting his healthy development. If you have questions regarding your child's development, ask your pediatrician.

What's going on:	What you can do:	Questions to ask yourself:
Two-year-olds typically can speak between 200 and 250 words. By the age of 3 years, their vocabulary is much larger still and they are able to put together 3- and 4-word sentences. Despite all this word power, 2-year-olds often lack the verbal skill to describe their emotions. This can leave them feeling powerless and frustrated.	• Have lots of conversations with your child. This will boost his language skills, introduce him to the pleasure of conversation and make him feel important. Also, read with your child as often as you can. • Let your 2-year-old know that you understand what he's experiencing by saying, for example, "I know you are upset that you can't find your magic cape." Acknowledging his feelings will help calm him and make it easier for him to tackle the challenge.	• What does your child like to talk about? How do you and your toddler enjoy conversations together? • How does your child manage difficult feelings and situations? What helps him cope?
Play is essential for the 2-year-old. It builds all areas of his development. Through play, he interacts more with friends, uses pretend play to understand things in more complex ways and learns important concepts such as big and small and up and down.	• Encourage pretend play and get involved. This will build a strong connection between you and your child, and can help encourage creativity. You can do this in many ways. For example, ask what will happen next in the story he is acting out. If he is "cooking," you might say, "What are you cooking? It smells good. Can I have some?" • Make plans for your child to spend time with other children. He will learn about the pleasure of making friends. And the more opportunity he has to interact with peers, the more he will learn about how to get along well with others.	• What kind of play does your child most enjoy? How do you know? What does this tell you about him? • How does your child use his imagination? What do you think he is learning through his pretend play?
Two-year olds are very active. Their motor development allows them the freedom to explore in new ways as they run, jump and climb.	• Spend time outside, where there is plenty of room to safely run, jump and climb. Visit a neighborhood park where there are other children to play with. Include your child in family sports, like swimming together or kickball. • Create a safe place in your home where your child can actively explore. Take walks with your child and use	• How active is your child? Does he seem to be in constant motion or is he happy to sit and play quietly for long periods, or somewhere in between? • What do you think your child is learning when he is playing actively? How do you know?

Source: Zero to Three & AAP

DYADIC THERAPY

- Therapy where both the parent and child are involved
- The parent-child relationship is the identified patient
- Offers a new understanding for caring, connection, and understanding between parent and child


“There is no such thing as a baby, there is a baby and someone”
-Winnicott, 1948

*For all parents, the arrival of their baby is a catalyst for reawakening past experiences. Both **good** and **bad** experiences cannot help but color the way in which parents are able to approach their new parenting role…*

REFLECTIVE FUNCTIONING (Arietta Slade)

- Supporting caregivers in being aware of their own experiences while also keeping in mind that of their child's internal experience
- "Being-with" caregivers through all of the feelings that come up when parenting a child
- Helping parents notice and respond to child's needs

IMH Referral Options

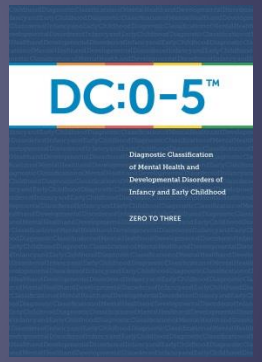
- YCS Institute for Infant and Preschool Mental Health
  - Medicaid or private pay
  - Essex & Hudson county

- Montclair State University-Center for Autism and Early Childhood Mental Health
  - Private pay
  - Essex county

- Family Intervention Services
  - Medicaid and private pay
  - Essex, Morris, Sussex, & Passaic

DC: 0-5

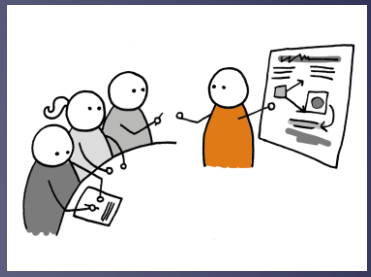
- DC: 0-5 is a system for classification of mental health and developmental disorders for infants and toddlers
- Published in December 2016
  - A revision/update from the DC: 0-3R
- Extends criteria to include all disorders relevant for young children, Birth-5
  - An area which is not adequately represented in the DSM 5, outside of Z codes
- Includes a crosswalk to work alongside DSM 5



-Zero To Three, 2018

Professional Development Opportunities

- DC: 0-5
  - Both YCS Institute for Infant Mental Health and MSU Center for Autism and Early Childhood Mental Health provides training
  - Next 2 day training: October 29-30, 2019 @ MSU



- NJ-Association of Infant Mental Health
  - **Reflective Supervision Symposium-July 2020**
  - Training opportunities throughout the year
  - **IMH Endorsement**
    - A "map" to guide professional development (for both individuals and programs)
    - A method for demonstrating a specialization in infant mental health
- Brazelton Touchpoints training
  - MSU Center for Autism and Early Childhood Mental Health
  - Next one: January 24th-26th 2020
- Three day seminar in Infant and Early Childhood Mental Health Clinical Practice
  - MSU Center for Autism and Early Childhood Mental Health
  - Next one: March 2020

Things to keep in mind….

- Always assess the relationship and offer support there
- Screeners are a conversation starter
- Small children show symptoms and distress differently than older children

- There is no such thing as a bad child—just a stressed one
- Trauma can have an impact, no matter how young the child
- Ultimately, all parents want the best for their child
- Never be afraid to seek out consultation/support
  - Always listen to your "spidey-sense"

Pediatric Psychiatry Collaborative
Regional Hubs

- **Atlantic Health Hub @ Newton Medical Center**
- **Atlantic Health Hub @ Goryeb Children's Hospital**
- **Hackensack Meridian Hub @ Hackensack University Medical Center**
- **Hackensack Meridian Hub @ Palisades Medical Center**
- **Hackensack Meridian Hub @ Saint Peter's Family Health Center**
- **Hackensack Meridian Hub @ Jersey Shore University Medical Center**
- **Cooper Hub @ Cooper University Medical Center**
- **Cooper Hub @ Pennsville**
- ***Essex County served by Rutgers University Behavioral Health Care.***
  More information on the Essex Hub can be found here:
  http://ubhc.rutgers.edu/services/children_family/EssexHUB.html

Hackensack Meridian *Health*

Cooper University Health Care

The Children's Hospital AT SAINT PETER'S UNIVERSITY HOSPITAL
A MEMBER OF SAINT PETER'S HEALTHCARE SYSTEM
Treating you better...for life.

Atlantic Health System
Goryeb Children's Hospital

St. Joseph's Health
ST. JOSEPH'S CHILDREN'S HOSPITAL

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
New Jersey Chapter

PPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line
- A psychologist/social worker available to:
  - Assist the pediatrician with diagnostic clarification and medication consultation,
  - Speak with a referred child's family regarding the child's mental health concerns and to assist in providing diagnostic clarification.
- One-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient when appropriate.
  - Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan.
- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.

TIME IS RUNNING OUT

Mental Health Collaborative, MOC Part 4 (25 Points)

First Session Begins October 23 or 29

Aimed at helping pediatricians increase use of mental / behavioral health screening tools, anticipatory guidance, referrals and care coordination to support the early detection of mental / behavioral health issues.

Speak to a member of NJAAP Mental Health Team

Sign Up Today!

Questions

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THANK YOU!

YCS
Embracing All the Possibilities

Questions for NJAAP

Please contact:

The Mental Health Collaborative

609-842-0014

mhc@njaap.org

To Register to Participate:

http://njaap.org/programs/mental-health/ppc