

**Screening and Assessment of Young
Children's Mental Health:
*Tips for Early Childhood Educators***

Dr. Vanessa Lapointe, R. Psych.

Plan

- Key child development concepts
- Levels of assessment
- Approaches and Strategies
 - **Relationship, relationship, relationship**
 - **Age and stage**
 - **“Discipline”**

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**KEY CONCEPTS IN
ASSESSMENT**

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**Approaches to
Assessment**

- Formal versus informal
- Screening versus assessment
- Approaches:
 - **Observation**
 - **Interview**
 - **Peer comparisons**
 - **Screening**
 - **Standardized**
 - **Multi- or trans-disciplinary**

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KEY CONCEPTS IN DEVELOPMENT

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Developmental Perspectives

- The maturational view
 - **Development is inevitable**
 - **The child has very different capacities for action and understanding depending on their age and stage**
- The transactional view
 - **“the development of a child is...a product of the continuous dynamic interactions between the child and the experience provided by his or her family and social context” (Sameroff & Fiese, 2000)**

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Developmental Perspectives

- Our view of child development overall must therefore combine both the maturational and the transactional perspective
- In this way, the world around the child takes on a high level of importance
 - **Quality of parenting / childcare / education**
 - **Stressors in the child’s life**
 - **Stressor’s in the parent’s and caregiver’s lives**
 - **Opportunities**
 - **Social institutions**
 - **Culture**
 - **Historical Events**

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Brain Development and Caregiving Relationships

- Human infants are designed to “orient” to caring adults
- As babies are lovingly cared for, there is created “a set of specific sensory stimuli which are translated into specific neural activations in areas of the developing brain destined to become responsible for socio-emotional communication and bonding” (Perry 2002, p. 95)

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Brain Development and Caregiving Relationships

- Skin-to-skin care results in:
 - **Better regulation**
 - **more organized sleep-wake cycles**
 - **Longer periods of restful sleep**
 - **Overall calmness in infant**
- “Kangaroo care” of premature infants results in greater
 - **Self-regulation**
 - **Attentiveness**
 - **Calm sleep**
- Similar results with infant massage

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Brain Development and Caregiving Relationships

- E.g. face-to-face engagement
 - **We are wired to respond to faces and facial expressions**
 - **It creates a dance between the infant and the caregiver**

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BRAINS, STRESS AND THE POWER OF RELATIONSHIPS

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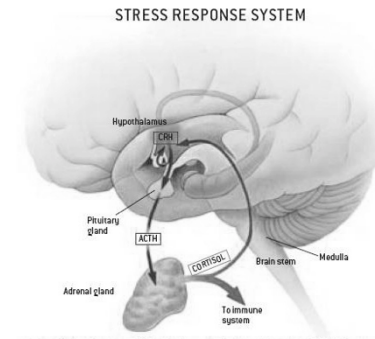
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The brain and stress

- Children whose mothers were depressed during their first two years of life had persistently higher cortisol levels at age 7 and 8 years (Ashman et al., 2002)
- These children also had higher incidences of anxiety and depression
- Romanian orphans exposed to deprived conditions had higher daily cortisol levels than earlier adopted orphans and Canadian children
- ... **more reactive stress response system...i.e. psychological dysregulation**
- Stressed even when no obvious stressor is present

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The Hypothalamic-Pituitary-Adrenal Axis



Attachment

- The most significant “environment” of a young child’s life
- “Coherent interpersonal relationships produce coherent neural integration within the child that is at the root of adaptive self-regulation.” (Siegel, 2001, p. 86)
- In early childhood, positive relationships offer the best environment for optimal brain development (Davies, 2004)

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Linking Attachment to Child Mental Health

- If you know only one thing about how to set the world right for a child, it must be ensuring **the child’s right to attachment**
- If there have been hiccups or disruptions in a child’s attachment history, these must be considered and reconciled as much as possible in order to adequately intervene in the face of childhood mental health issues

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Attachment Types

<u>Quality of Caregiving</u>	<u>Type of Attachment</u>
• Loving	• Secure (55%)
• Rejecting	• Avoidant (23%)
• Inconsistent	• Resistant (8%)
• "Atypical"	• Disorganized (15%)

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Attachment & regulation

- A secure base leads to:
 - **Higher levels of positive mood**
 - **Better coping strategies**
 - **Increased regulation of emotion**
- i.e. less depression, less anxiety, less behavioral difficulties
- (Kerns et al., 2007)

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Attachment and mental health

- "A child exposed to consistent, predictable, nurturing, and enriched experiences will develop neurobiological capabilities that will increase the child's chance for health, happiness, productivity and creativity." (Perry, 2006)
- What then should our focus be on working to support children so they grow, develop and learn to the fullest of their potential?

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Attachment and mental health

• **CONNECTION.**

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SUMMARY...SO FAR!!

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So far summary...

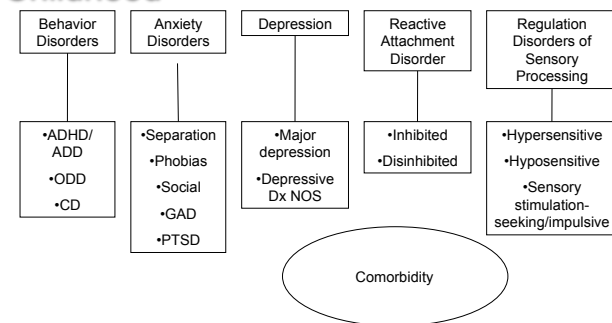
- Key concepts in child development
- Environment and its influence
- Brain development
- Important of relationships in young children
- Stress and the brain; later ability to regulate and control emotion

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COMMON MENTAL HEALTH PRESENTATIONS IN YOUNG CHILDREN

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Psychiatric Disorders in Early Childhood



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Attention Deficit and Hyperactivity Disorder (ADHD)

- Key Features
 - **Attentional difficulties** – attention to details; sustaining attention; listening; organizing; avoiding tasks requiring sustained effort; losing things; forgetful
 - **Hyperactivity** – fidgety; ++activity; difficulty playing quietly; excessive talking; impulsivity (talking out of turn, interrupting; can't wait for turn)

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Oppositional Defiant Disorder

- Key Features
 - **Loses temper; argues; refuses to comply; deliberately annoys; blames others; irritable; angry; spiteful**
- Overall
 - **Vocabulary consists of the word “NO”**
 - **Everything is an argument**
 - **Can lead to Conduct Disorder as child ages**

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Separation Anxiety Disorder (SAD)

- Key Features:
 - **Developmentally inappropriate and excessive anxiety when separated**
 - **Recurrent**
 - **Worry about an untoward event happening to a loved one**
 - **Persistent reluctance/refusal to separate**
 - **Sleep issues**
 - **Somatic complaints when separated**
 - **Disturbance lasts for at least one month**

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Obsessive Compulsive Disorder (OCD)

- Key Features:
 - **The child has either obsessions or compulsions.**
 - **Obsessions** = “recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress”
 - **Compulsions** = “repetitive behaviours (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly”
 - **DSM-IV-TR**

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Specific Phobia

- Key Features:
 - Excessive, unreasonable fear of Animals or insects; Natural environment; Specific situations; Other types
 - Immediate response (fear; clinging; crying)
 - Avoids or endures with intense distress
 - Symptoms must be present for at least 4 months

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Generalized Anxiety Disorder

- Key Features:
 - Excessive anxiety and worry more days than not for 6 months
 - Uncontrollable
 - Occurs in two or more activities or settings or within 2 or more relationships
 - Anxiety/worry is expressed in one or more of the following symptoms:
 - Restlessness/keyed up/on edge
 - Fatigability
 - Difficulty concentrating
 - Irritability or tantrums
 - Muscle tension
 - Sleep disturbance

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Post-Traumatic Stress Disorder (PTSD)

- Key Features:
 - Exposure to traumatic event or situation: single traumatic event, a series of connected traumatic events, or chronic, enduring stress situations (perception is key)
 - At least one of the following:
 - Post-traumatic play; Recurrent and intrusive recollections of the traumatic event outside of play; Repeated nightmares; Psychological distress at exposure to reminders of the trauma; Recurrent episodes of flashbacks or dissociations

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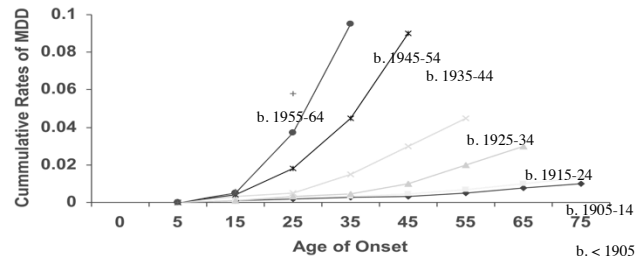
Depression/ Depressive Disorder NOS

Key Features

- Five or more of the following, most of the day, more days than not, for at least 2 weeks – must include (1) and (2)
- Depressed or irritable mood
- Decreased pleasure/interest in all/almost all activities
- Significant weight loss or gain (5% of body weight in month) or significant increase or decrease in appetite, or failure to make expected weight gains
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or inappropriate guilt (self-punitive actions)
- Diminished ability to think/concentrate or indecisiveness for several days (in young children this may manifest more as difficulty solving problems, responding to caregivers, or sustaining attention)
- Recurrent allusions to or themes of death or suicide or attempts at self-harm (less common in younger children)

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Lifetime Depression Rates by Birth Cohorts



Cross-National Collaborative Group
(1992)

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Regulation Disorders of Sensory Processing

Key Features

- Specific criteria have not been identified although there are patterns that seem to characterize these disorders
- Three Types:
 - **Hypersensitive**
 - Type A: Fearful/cautious
 - Type B: Negative/defiant
 - **Hyposensitive**
 - **Sensory Stimulation-Seeking/Impulsive**

• Sensory
• Motor
• Behavior

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PUTTING KNOWLEDGE INTO ACTION

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Nurturing Discipline

- Are children blank slates awaiting our influence or thinking, breathing, feeling beings responding to their world?

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Nurturing Discipline

The Myth of the Observable

- What are we actually responding to when we have a child who is “misbehaving”
 - The behavior? or
 - Something else?
- How does our answer to this question impact how we respond to the child in any given moment?

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Nurturing Discipline

The Myth of the Observable

- Our answer is our foundation for how we are driven in our relationships with children
 - If we respond to the behavior, we will likely rely on traditional practices of time outs, consequences, removal of privileges
 - If, however, we respond to the “something else” we will find ourselves following a very different path

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Other Well-known Approaches to Behavior

- 1-2-3 Magic
- School detentions
- Isolation of the aggressive child
- Parent Child Interaction Therapy
- Nanny Joe: aka “naughty mat”
- Ferber
- Babywise
- How do these measure up from an attachment perspective?

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Nurturing Discipline

- Gordon Neufeld – Hold on to your Kids
- The very most succinct description of how to respond to challenging behaviours through the simplicity of connection
- www.gordonneufeld.com



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Nurturing Discipline

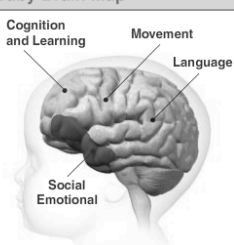
- Connection Tools
- Being in right relationship
- Collecting a child
- Tone of voice

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RESOURCES

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Baby Brain Map © 2007 ZERO TO THREE



Social Emotional

Why do 2-3 years-olds have difficulty controlling their aggressive responses, such as hitting, kicking and biting? What can I do to help?

I try to provide a variety of toys for my toddlers, but it seems like the girls prefer to play with dolls while the boys are only interested in trucks. Are there differences in the brains of boys and girls this

Answer

There is a lot going on in toddlers' development between 2-3 years that contributes to their difficulty in controlling aggressive responses. Two-year-olds are still highly involved with their emerging sense of self – figuring out, "Who am I?" and using the word "mine!" to define themselves. While older toddlers have more interest in their peers than they did at 18 months, they are still most

What you can do

- Watch carefully. This allows providers to anticipate when a particular child needs support and intervene before an aggressive act occurs.
- Help toddlers identify their feelings and label them with words such as angry, upset, happy and sad.

Select age: 24 to 36 months

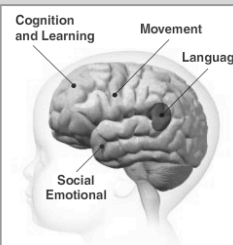
Welcome to our Baby Brain Map.

Please select the age group you would like to explore from the menu above.

Then click on the section of the image you are interested in.

Baby Brain Map
www.zerotothree.org

Baby Brain Map © 2007 ZERO TO THREE



Language

Is learning to speak two languages at once okay for his brain and language development?

Will playing loud rap music affect a toddler's brain?

Answer

Young children's brains are very open to the sounds and language patterns. Toddlers are indeed capable of learning two languages simultaneously as long as they are in a consistent relationship with a nurturing care provider who speaks each language. This does not mean that a provider needs to be bilingual. It means, for example, that the care provider may speak Spanish to the toddler

What you can do

- Communicate with the family about their goals for language learning.
- Remember that language is strongly tied to culture and greatly influences how the toddler experiences and understands his world.

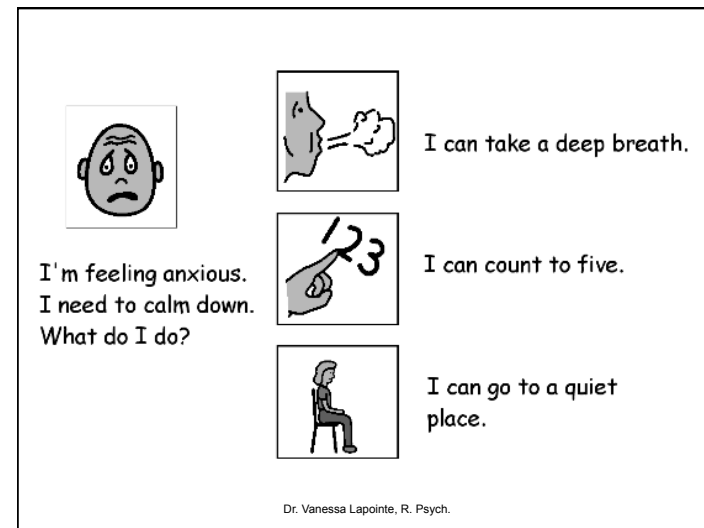
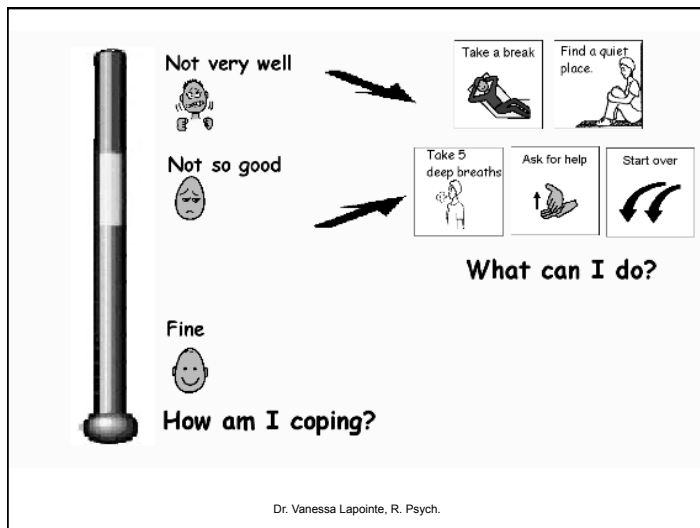
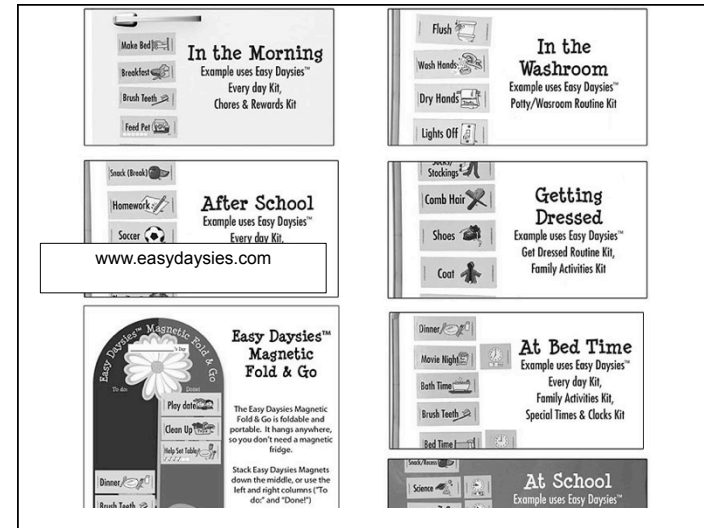
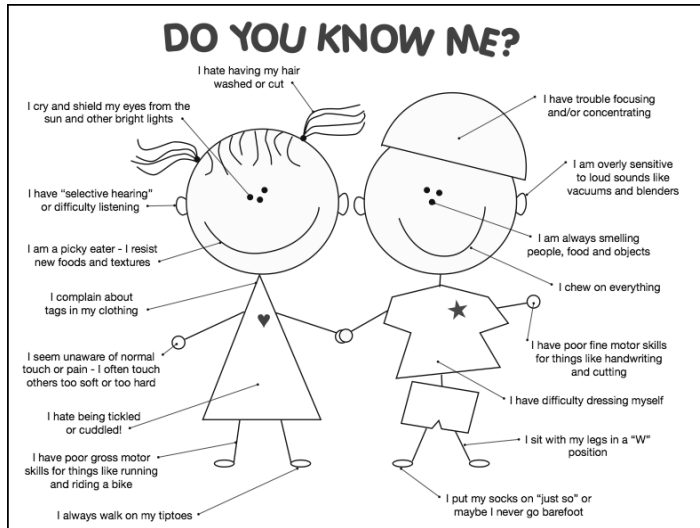
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Baby Brain Map
www.zerotothree.org



Learn to Relax!

- Things to try:
 - **Progressive muscle relaxation**
 - Tense and release activities e.g. spaghetti arms
 - **Deep breathing**
 - In through nose; out through mouth; belly movement
 - Belly breathing; pretend balloon; birthday candles
 - **Check out great article on relaxation strategies for preschoolers:**
www.sickkids.ca/pdfs/IMP/21461-52IMPReprint-Corniere.pdf

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Marinate in Feelings

- Body drawings
- Head drawings
- Books
 - **Llama Llama Mad at Mama** by Anna Dewdney
ISBN 978-0-670-06240-9
 - **Llama Llama Misses Mama** by Anna Dewdney
ISBN-10: 0670061980
 - **The Chocolate Covered Cookie Tantrum** by Deborah Blumenthal
ISBN-13: 978-0-395-70028-0
 - **The Way I Feel** by Janan Cain
ISBN: 978-1-884734-71-7
 - **Angry Dragon** by Thierry Robberecht
ISBN 0-618-47430-7

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Marinate in Feelings

- Feelings bears: Melissa & Doug



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Marinate in Feelings

Feelings poster
on fridge with
magnet frame

Try:
www.odinbooks.ca



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Bridging



www.sayplease.com



Bridging

Bridge the separation as much as possible.

- Find ways to have children “be” with their significant big people even if they can’t physically be with them
 - **At daycare:**
 - Talk about mommy and daddy to the child
 - Have picture of child with parent(s) on wall

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WARNING SIGNS

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MH Warning Signs

- Frequent crying
- Excessive irritability
- Frequent requests or hints for help
- Constant anxiety, worry or preoccupation
- Fears or phobias that are unreasonable or interfere with normal activities
- Inability to concentrate on age appropriate activities
- Regression
- Loss of interest in playing
- Isolation from other children
- Low self-esteem or lack of self-confidence
- Hurting younger children or animals
- Setting fires
- Sexual acting out
- Decline in school performance that does not improve

(American Psych. Association, 2002)

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Mental Health Warning Signs for Young Children

- Difficulties focusing
- Too much activity
- Very fast changes in mood that are not developmentally appropriate
- Affective responses that don't fit the moment
- Explosive outbursts
- Difficult to soothe
- Extended meltdowns
- Comforts to stranger after about 4 months of age

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Mental Health Warning Signs for Young Children

- **Body dysregulation:**
 - in young child hiccupping, arm twisting, drooling, vomiting
 - in older child, toileting issues, "behavioral" acting out
- Slowing in developmental momentum or regression
- Kids who are too withdrawn or seem to "space out" a lot
- Sleep difficulties
- Anything related to attachment difficulties
- Mental health issues for parent

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Mental Health Warning Signs for Young Children

- History of trauma, neglect, loss, abuse in either the parent or the child
- Any behavioral or mental health type challenge that is impacting the child's ability to function
- Social isolation

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TAKE HOME POINTS OF THE DAY

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Take home points...

- A young child's brain is very open to influence
- *What* you do and say, and *how* you do and say it matters....immensely!
- The premise of healthy brain development, healthy emotional development, and the ability to regulate our feelings and behaviors is RELATIONSHIP

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**Remember, you are not
managing an inconvenience;
You are raising a human being**

~ Kittie Franz

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