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

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This afternoon we hope we can:

Explore foundations of early childhood mental health (Infant & Child Mental Health)

Highlight some things we know about mental health in early childhood and its impact on early learning

Explore some assessment approaches

Examine application of what we have learned

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## Mental Health Status of Young Children

- 1 in 4 live with only one parent
- 1 in 8 is born to a teenage mother
- 1 in 13 is born with low birth weight
- 1 in 5 to 6 lives in poverty
- 1 in 16 lives in extreme poverty
- 1 in 8 has no health insurance
- 1 in 141 will die before their first birthday

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## Mental Health Status of Young Children

- The mental well being of children exposed to multiple risk is especially vulnerable
- The more numerous the risk factors and the longer they operate, the more likely their developmental outcomes are compromised
- By 2020, childhood neuropsychiatric disorders will be among the five most common causes of morbidity, mortality, and disability in the world

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## Mental Health Status Lifespan

- About 15-20% of children have a mental health issue at any given point in time
- Across the life span anxiety and depression are the most common mental health conditions
- Women are more likely to be treated for MH conditions---this does not always mean they are more likely to *have* a condition

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## A Picture of B.C. Children

- 1 in 4 lives with a single parent
- 1 in 30 is on income assistance
- 1 in 38 is born to a teenage mother
- 1 in 109 is in the care of the Ministry
- 1 in 149 has reported child abuse
- 1 in 263 will not live to see their first birthday

## What is mental health?

- Emotional
- Social
- Behavioural

## Developmental/Clinical Definitions of Infant/Child Mental Health (ICMH)

- The social-emotional and behavioural well-being of infants, toddlers, and young children and their families
- The developing capacity to experience regulate, and express emotion
- The ability to form close, secure relationships
- The capacity to explore the environment and learn

## ICMH & Well-Being

- The social-emotional and behavioral well-being of young children and their families
- The developing capacity to experience regulate, and express emotion
- The ability to form close, secure relationships
- The capacity to explore the environment and learn

## Young children with MH difficulties experience negative consequences such as.......

- Poor task performance
- Less participation in activities
- Greater negativity about learning
- Low peer acceptance and interaction
- Less acceptance, instruction and interaction from classroom teachers
- Increased grade retention in the school years

## ICMH & EC Students with Special Needs

- Increasing awareness of social-emotional readiness
- Most, but not all children in ECE are identified under "Developmental Delay" but increasingly "ED " –emotionally delayed
- If left untreated, many children in EC may develop full-blown disorders that may be preventable

## Common ECMH Disorders

## Common MH Disorders by Age

| Age Group | Common disorders |
|---|---|
| Infancy | Severe MR, Feeding/FTF, RAD, PCRP, |
| Toddlerhood | Mild MR, Autism, Rhett's, RAD, PCRP, Sensory |
| Preschool | Language Disorders, Lead/Pica, Specific Phobia, Sleep Terrors, Abuse, PCRP, CDD |
| Early School | ADHD/ODD, LD, AD, Tics, Toileting, Separation Anxiety, Selective Mutism, general anxiety |
| Early Adoles. | Tics, GAD, Eating Disorders, Sleep Disorders |
| Late Adoles. | Depression, Substance Use, PD |

## Prevalence of MH Disorders

| Disorder | Estimated Prevalence (%) | Approximate Number in BC: |
|---|---|---|
| Any anxiety disorder | 6.4 | 29 400 |
| Attention-deficit/ hyperactivity disorder | 4.8 | 22 000 |
| Conduct disorder | 4.2 | 19 300 |
| Any depressive disorder | 3.5 | 16 100 |
| Autism Spectrum disorder | 0.3 | 1 400 |
| Obsessive-compulsive disorder | 0.2 | 900 |
| Any eating disorder | 0.1 | 460 |
| Any disorder | 15 | 69 000 |

*Based on a population estimate of 459,433 children aged 5-14 years old – (BCStats 2011)
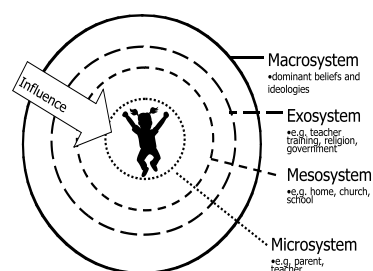
# Systems Perspectives

## A systems or service delivery perspective (Knitzer, 2000)

- Promote the emotional and behavioural well being of all young children
- Strengthen the emotional and behavioural well being of children whose development is compromised by environmental or biological risk in order to maximize the likelihood that they will enter schools with appropriate skills
- Help families of young children address whatever barriers they face to ensure that their children's emotional development is not compromised

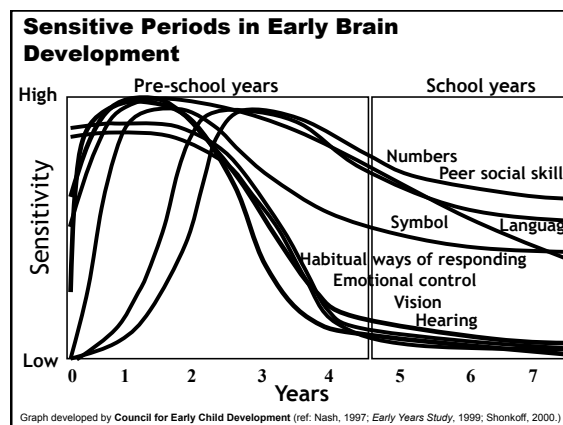## A systems or service delivery perspective (Knitzer, 2000)

- Expand the competencies of non familial caregivers and others to promote well-being of young children and families, particularly those at risk by virtue of environmental or biological factors
- Ensure that young children experiencing clearly atypical emotional and behavioural development and their families have access to the supports they need

## Ecological Framework



Bronfenbrenner, 1979, 1986, 1998

Early Child Development and Mental Health?

**Sensitive Periods in Early Brain Development**



Graph developed by **Council for Early Child Development** (ref: Nash, 1997; *Early Years Study*, 1999; Shonkoff, 2000.)

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## What about Social and Emotional Readiness

- Has gained a great deal of recent attention
- Programs on social responsibility in schools
- Relationship of early social-emotional development and later school success

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## Social and Emotional Factors that Promote Readiness

- **Socially and emotionally responsive early relationships**
  - Foundation for other early learning
  - Attachment key to later relationships and experiences
  - Supportive relationships with adults including teachers can buffer or intensify problem relationships

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## Social and Emotional Factors that Promote Readiness

- **Individual Differences**
  - Children with more resilient characteristics demonstrate less vulnerability
  - "Temperament" can influence relationships with others, including teachers and other adults

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## External Impacts on Infant/ Child Development & Mental Health

- **Family Income**
  - Effects of poverty on children's development
- **Other Family Resources**
  - Parental time and stress
- **Community Resources**
  - Family support programs, child care programs
- **Societal Decisions**
  - Paid family leave in case of illness, reimbursement of child care costs

## Social and Emotional Factors that Promote Readiness

- **Emotional Foundations for School Readiness**
  - Confidence
  - Curiosity
  - Intentionality
  - Self-Control
  - Relatedness
  - Communication
  - Cooperativeness

## Referral Considerations

## Factors Influencing Referral

- Goodness of fit between parent personality (tolerance!) and child temperament
- Parent beliefs (or misinformation) about typical child development
- Only child, first child, parental experience of other siblings
- Inter-generational transmission of parenting skills

## Parental Concerns Vary as a Function of Development

- 1st year: sleeping, feeding, crying
- 2nd year: sleeping, feeding, toileting
- 3rd year: behavior management
- Common 2-3 year concerns
  - Non-compliance
  - Poor self-control (hyperactivity, frustration tolerance)
  - Tantrums
  - Fears and worries
  - Fighting with siblings or peers
  - Discipline
- Available studies indicate EC "problems" typically peak around 3 years and decline thereafter
- Males > Females

Campbell 2002

## Disorder versus Developmentally Annoying (but Appropriate) Behavior

- How unusual is it? (e.g., uncommon)
- Is it age-inappropriate?
- Is it more frequent than other children?
- Is it at a greater intensity than other children?
- How much impairment does it create for the child?
- How atypical/how much impairment does the family or cultural perceive?

## Factors Influencing Referral – Culturally and Linguistically Diverse Families

- Cultures vary in beliefs regarding 'normal' characteristics and abilities of young children (Health & Levin, 1991)
- Cultural beliefs about disability tend to be a function of whether a culture has a narrow or wider range of diversity in child development (Zhang et al., 2001)
- Cultural differences regarding etiology of and stigma related to developmental delay or MH disorder

## Assessment Considerations

## Effective Assessment & Intervention in EC

√ Multi-Domain
√ Multi-Source
√ Family-Centred
√ Interdisciplinary
√ Ecologically Valid
√ Non-discriminatory
√ Formative and Summative

## Considerations in Social and Emotional Assessment

- **Factors/Domains/Areas**
  - ☐ E.g. temperament, prosocial, aggression
- **Way the information is gathered**
  - ☐ Directly observe, teacher or parent informant
- **Setting from which information is gathered**
  - ☐ Classrooms, playground, etc.

## Considerations in Social and Emotional Assessment

- **Medical conditions and health**
- **Psychosocial stressors, environment and opportunities**
- **Degree of difficulty in functioning or distress**
- **Behavior of the child can vary across settings and change rapidly across time**

## Mental Health Diagnostic Systems for Infants, Toddlers, & Preschoolers

## Diagnostic Systems for ICMH

- Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000)

- Diagnostic Criteria for 0 to 3-Revised (DC 0:3R; Zero to Three, 2005)

- Research Diagnostic Criteria-Preschool (RDC-PA; American Academy of Child and Adolescent Psychiatry Task Force on Research Diagnostic Criteria: Infancy and Preschool, 2003)

- International Classification of Diseases, 10th Edition (ICD-10; World Health Organization)

## DSM-IV-TR

- Bio-medical, disease, pathology model

- Content related to social or family context is coded secondarily:

  □ *Axis IV: psychosocial and environmental factors contributing to the disorder*
  □ *"Additional Codes"*

- V61.20    Parent-Child Relational Problem
- V61.21    Sexual or Physical Abuse or Neglect of Child
- V61.8    Sibling Relational Problem

## RDC-PA

- Developmentally appropriate criteria for DSM diagnoses

- Focus is on preschool ages (3+)

- Emphasis was on revising criteria based upon empirical research, with limited consideration clinical formulation, etc.

## DC 0:3R

- National Centre for Clinical Infant Programs

- Used for 0 through 3, but in practice to 4

- Designed to complement DSM syndrome coverage, and incorporate RDC-PA criteria

## DC:0-3R

- Multi-disciplinary
- Preventative
- Developmentally oriented
- Relationship-based
- Focus on social emotional functioning

## DC:0-3R

- Axis I: Primary Diagnosis
- Axis II: Relationship Disorder Classification
- Axis III: Medical and Developmental Disorders/ Conditions
- Axis IV: Psychosocial Stressors
- Axis V: Functional Emotional Developmental Level

## DC:0-3R

Studies to date with DC:0-3R criteria suggest that approximately 50% of referred families meet criteria for Parent-Child Relationship Problems (Axis II; Liberman, Barnard (& Wieder, 2004)

## Theoretical Approaches to ECMH

- Strengths-Based approaches

- Contextual/Ecological approaches
  - □ **authentic assessment practices (Bagnato, 2007)**

- Developmental approaches
  - □ **the Developmental-Individual-Differences, Relationship-Based approach (DIR: Greenspan & Wieder, 2006)**

- Relational approaches
  - □ **attachment approaches (e.g., Bretherton, 1985; Goldberg, Benoit, et al., 2003)**

## Strengths-Based Approaches to EC

- Strengths and weaknesses, versus deficits
- Emphasize on risk & resiliency
- Focus on social-emotional competence
  - □ **Emotional expressiveness**
  - □ **Understanding of emotion**
  - □ **Regulation of emotion and behavior**
  - □ **Social problem solving**
  - □ **Social and relationship skills**

## Relationship-Based Approaches

- DIR (Developmental, Individual-Differences, Relationship-Based Approach; Greenspan & Meisels, 1996)
  - □ **Child's relationship & interactions with caregivers is cornerstone of assessment**
  - □ **D = 6 S/E Developmental, _functional_ levels**
  - □ **I = Individual differences in sensory/motor**
  - □ **R = Relationships**
  - □ **Associated with Floortime intervention**

## ECMH – Assessment: Issues, Approaches, & Tools

## Considerations in ECMH Assessment

"The science of the strange behavior of children in strange siutations with strange adults for the briefest possible period of time"

(Bronfenbrenner, 1977, p. 513)

## Considerations in ECMH Evaluation

- Young children are "not standardized, formal-friendly"'
  - □ **Ego-centric, low attention span, separation/rapport**
  - □ **Assessment is limited by communication skills**
  - □ **Importance of compliance tasks before starting eval**
- Behavior is a moving target due to maturation
- Child is not always primary client
  - □ **Consider base rates of parenting issues within child's community**

## Division for Early Childhood (DEC) Guidelines for Assessment (2002)

1. Identify behavioral objectives for changes that are important and acceptable.
2. Guide treatment activities.
3. Incorporate several instruments and scales including observations & interviews.
4. Incorporate info from parents
5. Used on multiple occasions

Neisworth & Bagnato, 2000)

## Key ICMH Assessment Tools

1. Clinical Interviewing
2. Parent/Caregiver Questionnaires
3. Standardized Assessment
   - **Infant-Toddler Development Assessment**
4. Direct Observation
   - **Child-Parent Relationship**
   - **Child**
   - **Play-Based Evaluation**

## Assessment Options in EC Mental Health

- Structured parent interviews (e.g., the Preschool Age Psychiatric Assessment for Diagnosing Psychiatric Disorders in Preschool Children)

- Likelihood of socially desirable response patterns & need to adjust interviewing techniques

## ECMH Screening: The PEDS

- http://www.forepath.org/

- http://pedstest.com/files/Rogercaseexample.pdf

## Issues in ECMH Parent Interviews: "*History-Making, Not History-Taking*"

- **Underlying Approach:** Client-centered, parent as collaborative partner
- Likelihood of socially desirable response patterns & need to adjust interviewing techniques
- Useful interviewing techniques:
  - **Validation/normalization**
  - **Assumption**
  - **Symptom Amplification**
  - **Denial of the Specific (List of Behavior)**
  - **Shame Attenuation**

## ICMH Clinical Interviews

Structured parent interviews
- **PAPA**: Preschool Age Psychiatric Assessment for Diagnosing Psychiatric Disorders in Preschool Children*
- **FEAS:** Functional Emotional Assessment Scale (Greenspan)
- **Vineland SEEC**: Social-Emotional Early Childhood Scales*
- **CHIPS**: Children's Interview for Psychiatric Syndromes
- **K-SADS**: Schedule for Affective Disorders & Schizophrenia

## ICMH – Child Interviews

- Significant Limitations:
  - Rapport
  - Cognitive limitations – black & white reporting
  - Poor reliability – confirmatory responding

- Strategies:
  - Short probes
  - Integrate into game-like, rapport activities

## Assessment Options in EC Mental Health

- Direct Observation
  - Informal
  - standardized observation tools (e.g., PICCOLO),
  - Videotaped observation (e.g., attachment assessment with Atypical Maternal Behavior Instrument for Assessment and Classification; Goldberg, Benoit, Blokland & Madigan, 2003),
  - Play-based observation (e.g. Fewell, Linder)

## Assessment Options in EC Mental Health

- Screening questionnaires
  - the Early Screening Project
  - the Ages and Stages Questionnaires-SE
- Standardized questionnaires
  - Child-Behavior Checklist- 1 1/2 to 5;
  - Behavior Assessment System for Children-2nd Edition
  - Preschool and Kindergarten Behavior Scales-2nd Edition
  - Devereux Early Childhood Assessment

## Norm-Referenced Measures
### (individual rating scales)

- Devereux Early Childhood Assessment (DECA; Labuffe & Naglieri 1999)
  - Designed for ages 2-5
  - Measures 3 protective factors (initiative, self-control, and attachment)
  - Also behavioral concerns scale

## Norm-Referenced Measures
### (individual rating scales)

- Social Skills Information System- Preschool Level (SSIS-P; Gresham & Elliot 2007)
  - 3 point likert scale
  - Teacher and parent forms available
  - Measures social skills and problem behavior
  - Subdomains: Cooperation, Assertion, Responsibility and Self Control

## Norm-Referenced Measures
### (individual rating scales)

- Behavior Assessment for Children, 2nd Edition (BASC-2; Reynolds & Kamphaus, 2004)
  - Preschool version designed for ages 2-5
  - Parent and teacher rating scales
  - Takes 10-20 minutes to fill out

## Norm-Referenced Measures
**(individual rating scales)**

- **Vineland Social-Emotional Early Childhood Scales (Vineland SEEC; 1995)**
  - ☐ Information collected through interview with parents, or from teachers/caregivers

## Applications to Practice: Anxiety

## Fear & Anxiety

- What are some common fears of children?

## COMMON FEARS
BC Fun FRIENDS Parent
Information Session - MCFD

| Age | Fears |
|---|---|
| 0 - 5 Months | Loss of support, loud noises |
| 7 - 12 Months | Fear of strangers, fear of sudden, unexpected and looming objects |
| 1 Years | Separation from parent, toilet, injury, strangers |
| 2 Years | Many fears, including loud noises, animals, dark rooms, separation, large objects, change in environment |
| 3 - 4 Years | Masks, the dark, animals, separation, noises |
| 5 Years | "Bad" people, bodily harm, animals, dark, separation |
| 6 Years | Supernatural beings, bodily injuries, thunder and lightening, dark, sleeping or staying alone |
| 7 – 8 Years | Supernatural beings, dark, fears based on media events, staying alone, injury |
| 9 - 12 Years | Test and exams, school performance, bodily injury, physical appearance, thunder and lightning, death, the dark (low percentage) |
| Adolescents | School, home, safety, political issues, personal relationships, personal appearance, natural phenomena, future, animals. |

## What is Anxiety?

- Anxiety is a normal response to real or perceived danger.  It is our alarm system and is connected to our survival systems.

- It creates the *fight or flight* response (the adrenaline response)

- When the fear is out of proportion to the "threat" then it is of concern.

## When is Anxiety a Problem?

- When it interferes with daily living (going to school, having friends, doing something he/she wants to do).
- When it is of significant duration.
- When the child's reactions seem outside the norm.
- When the behaviour is not explained by something else.

- Kids suffering from anxiety experience it
  - More intensely
  - More easily
  - More often
  - More interfering

## Anxiety – normal to problem

Normal Worries → Heightened Worries → Anxiety Disorder
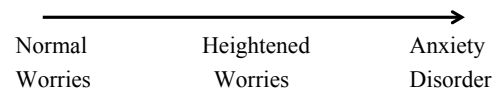
## Types of Anxiety

- Generalized Anxiety (most common)
- Obsessive-Compulsive Disorder
- Social Anxiety Disorder
- Separation Anxiety Disorder
- Post-Traumatic Stress Disorder
- Panic Disorder
- Phobia

## Why Anxiety Occurs

- Genetics
- Temperament (rigidity, resisting change, clingy)
- Personality Traits (need for perfectionism)
- Life experiences
- Family Life (responses of parents, family members, teachers, peers)
- Bullying & Trauma

## Symptoms of Anxiety
### (what is experienced)

- Three components: physiological, cognitive & behavioural
  - **Heart beats faster**
  - **Blood flows to muscles**
  - **Breathing quickens**
  - **Focus on danger**
  - **Feel fear and anger**
- Anxiety is UNCOMFORTABLE, but not HARMFUL!

## Symptoms of Anxiety
### (What may be observed)

- Frequent absences from preschool/school
- Frequent bouts of tears
- Fear of new situations
- Refusal to join in social activities
- Headaches, stomachaches, fidgeting, muscle tension
- Easily frustrated

## Observed Symptoms continued….

- Tantrums
- Irritability
- Oppositional
- Noncompliant
- Fatigue
- Overly loud

## Need to remember….

- Kids suffering from anxiety experience it
  - More intensely
  - More easily
  - More often
  - More interfering

## What Can Help?

- Diet — Eating properly, avoiding caffeine (chocolate) and processed foods.

- Sleep — Need more, but may have difficulty getting and staying asleep.

- Exercise — Can help ease anxious feelings (endorphins); in some may be counter-productive.

## What Can WE Do?

- Connect with the family.
- Connect with the child.
  - □ **Daily thermometer**
  - □ **Feelings check-in**
- Discuss feelings/emotions vs. thoughts
- Discuss "red" thoughts and "green" thoughts
- Use evidence-based SEL programs

## Strategies we can teach

- Red thoughts/Green thoughts

- Step plans

- Relaxation techniques

## Relaxation Exercises

- Breathing

- Muscle Relaxation

- Yoga / Stretching

## Resources

- F.O.R.C.E. Society for Kids Mental Health
  - □ **http://www.bckidsmentalhealth.org**
- Anxiety BC
  - □ **http://www.anxietybc.com**
- Caring for Kids – (Canadian Pediatric Society)
  - □ **http://www.caringforkids.cps.ca/handouts/ taming_the_monsters**
- The Anxious Child (American Academy of Pediatricians)
  - □ **www.aacap.org/publications/factsfam/anxious.htm**