



# KIT

## "Keeping In Touch"

### January 2009



*A Publication of the Army Educational & Developmental Intervention Services CSPD*

### Resource Article



This month's featured article comes from the National Scientific Council on the Developing Child and is entitled, *Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life* (2008). The article can be found at

<http://www.developingchild.net/pubs/wp/MentalHealth%20ProblemsEarly%20Childhood.pdf>

Research indicates that significant mental health problems can and do occur in young children and can have serious consequences for early learning, social competence, and lifelong health. The powerful influences of early relationships on young children's emotional well-being are directly tied to the emotional functioning of their caregivers and the families in which they live. The foundations of many mental health problems that endure through adulthood are established early in life.

Significant adversity early in life can damage the architecture of the developing brain and increase the likelihood of significant mental health problems. Impairment in mental health can be the result of genetic predispositions and sustained, stress-inducing experiences. If young children are not provided appropriate help, emotional difficulties that emerge early in life can become more serious disorders over time. Significant developmental disabilities can be associated with significant mental health impairments that

are affected by experience and amenable to intervention. In most communities, mental health services for young children and their families are often limited, of uneven quality, and there are few well-trained professionals with expertise in early childhood mental health.

National Scientific Council on the Developing Child (2008). *Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life: Working Paper #6*.  
<http://www.developingchild.net>.

### On the WWW

The National Scientific Council on the Developing Child, the website for this month's article, also has other resources to explore. The council chair, Jack Shonkoff (author of the well-known book, *From Neurons to Neighborhoods*) guides the council's primary goal of bringing credible and accurate knowledge to bear on public decision-making that affects the lives of young children. The site is:

<http://www.developingchild.net/news/presentations.html>

He writes, "There is an unacceptable disconnect between what we know about the many ways that children's early experiences affect the emerging architecture of their brains and what we are doing to promote early learning, to help preschoolers deal with stress, and to support families and communities in their efforts to raise healthy and competent children."

In a series of working papers, the Council is marrying the science of early childhood and brain development with state-of-the-art

research and translating that knowledge for non-scientific audiences. The first working paper (2004) in this series is entitled, *Young Children Develop in an Environment of Relationships* and can be found at:

[http://www.developingchild.net/pubs/wp/Young\\_Children\\_Environment\\_Relationships.pdf](http://www.developingchild.net/pubs/wp/Young_Children_Environment_Relationships.pdf)

## What Do the Data Say?



*How many children receive early intervention services on an IFSP from the Army EDIS programs?*

To answer this month's question, we look to the MEDCOM EDIS Annual Report of Compliance for School Year 2007/2008. The Army provides EDIS early intervention at nine domestic installations (in the United States, including Puerto Rico). Overseas locations include 12 communities in Europe and one in Korea.

On 31 March 2008, the 22 Army EDIS programs served 422 infants and toddlers and their families on active IFSPs. The number of active open IFSPs at this annual reporting date equates to enrollment in EDIS for reporting purposes. Looking back a few years, EDIS has experienced a decline in enrollment from 590, to 471, and then 448 in March 2005, 2006, and 2007 respectively.

While a good part of this decline may be attributed to realignment, the ongoing need for effective child find is reinforced.

## Consultation Corner

From October 2008 through January 2009 **Early Childhood Mental Health (ECMH)** this section of the KIT features the training project that took place over the last three years at EDIS Stuttgart (Germany).



## Practice Changes

The last two KIT Consultation Corner segments highlighted the practice changes that resulted from the Mental Health training initiative in EDIS Stuttgart. These changes included:

- Increasing recognition of risk factors.
- Incorporating effective communication/active listening (e.g., empathic listening, attending to *choice points* & letting parents tell their story).
- Exploring topics not typically explored in past (e.g., parental grief, adult mental health).
- Recognizing parent need for access to mental health service & referring.
- Integrating new knowledge & communication skills into interventions (e.g., narrating parent-child interactions to underscore positive parenting skills to support a parent's self-reflection).

## Changes in Assessment

If the reader were to consider only the two previous vignettes presented as a reflection of all practice change, the result would be inaccurate. It might suggest a simplified picture of ease of informal assessment and intervention.

In the second and third year of this training initiative, our monthly readings included exploration of instruments that address social-emotional development (*Ages and Stages Questionnaires: Social Emotional [ASQ:SE]*; *Achenbach Child Behavior Checklist* and *Caregiver Report Form for ages 1.5 to 5*; and the *Infant-Toddler Social and Emotional Assessment [ITSEA]*). The staff trialed these tools as resources to provide characterization of observed behaviors and emotional symptoms. These tools helped staff quantify the intensity of behaviors observed. In turn, this helped them consider if a specialized mental health assessment was needed. Sometimes what looked like *concerns* were in fact emotional disorders (e.g., anxiety or depression, parent-child relationship problems that had its roots in family history, etc.).

Not surprising though alarming, some children were evaluated in all five areas of development and not found eligible using a norm-reference instrument. Behaviors (e.g., dysregulation, sleep hygiene or behavioral problems) reported by parents were not yet interfering with the child's development. However, in some cases closer inquiry through follow-up screening suggested that the problems were continuing and now impacting the child's development. These were families for whom multi-generational and current risk factors joined forces to derail the child's development and placed him or her at risk for on-going psychological disturbance without appropriate intervention.

### **Vignette**

*A family requested a second screening for their 22-month old child who was still not sleeping through the night and reacting aggressively when his needs were not immediately met. This time it was suspected that his language development was also delayed. At the first meeting, parents were both present and clearly exhausted from a lack of adequate sleep. Though this was their only child, a history of multiple miscarriages was reported and a still birth that was associated with distressing circumstances was still visually present for both parents - a trauma. In addition, father's deployment involved witnessing deaths; he had post traumatic stress disorder (PTSD) though he had not yet accepted the need to participate in treatment. The child's waking behavior was influenced by his own lack of consistent and adequate sleep. He could not self-regulate his emotions. His unpredictable reactions and aggression overwhelmed his mother. For this family, the specialized services of an early childhood mental health practitioner were initially needed before parents were ready for further involvement with the early intervention team.*

### **Reflecting Back**

Initially, it was easy not asking about potential risk factors within a family when our focus was on the child's development. It

was also not easy to ask because we thought that initiation and exploration of relevant topics (e.g., parent mental health, grief, history of trauma, parent-child relationship, etc.) would be an intrusion rather than a standard inquiry in the assessment process. Social and emotional development deserves the same attention in an early intervention assessment as other areas of development receive. This is especially true when we know that the prevalence rate for a serious emotional disorder in very young children (age 2-5) is 12% (see this month's featured article).

### **Program Initiative**

Recognizing and addressing social and emotional problems present special challenges. Let us know what challenges you experience within the context of early childhood mental health. These may be challenges for others as well. Recognizing these barriers may lead to changes or solutions that can be jointly explored to bridge any existing gaps in our current practices.

## **Continuing Education for KIT Readers**

In line with the topical focus on Early Childhood Mental Health, KIT readers are invited to receive continuing education contact hours for reading the four monthly KIT publications (October 2008 – January 2009) and then completing a multiple choice exam about the content covered in these KITs.



If you are interested, complete the exam online at [www.edis.army.mil](http://www.edis.army.mil) and upon successful completion, you will receive a certificate of non-discipline specific continuing education contact hours.

*Please send your KIT ideas via email to:  
EDISCSPD@amedd.army.mil*