Welcome!

THE WEBINAR WILL BEGIN SHORTLY

While you're waiting...

Icebreaker Question:

What would a magical button in your kitchen do?

Please enter your answer in the Chat.

Recording & Resources:

Sent to your registration email within the next 2 days.

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Housekeeping

This presentation is being recorded.

Locate the controls on the toolbar at the bottom of your screen.

Access the presentation slides now! The link can be found in the chat.

When using the chat, please reply to all panelists and attendees

A brief survey will be available after the training.

A follow-up email will be sent to all participants within (when appropriate 2 days. and within comfort level).

CALTRIN
California Training Institute

Hi. We're CalTrin!

Who we are:

- The California Training Institute
- We support child abuse prevention in California through professional development and extended learning.
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to provide training to Family Resource Centers and Child Abuse Prevention Councils

What we offer:

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources

This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC /CalTrin and do not necessarily reflect the views of the California Department of Social Services.

UPCOMING TRAININGS

mark your calendars!

Visit caltrin.org to view the full training calendar and the self-paced online training options

- 03/01 | Strengthening Families' Protective Factors': Focus on Knowledge of Parenting & Child Development
- 03/02 | HOPE Community of Practice
- 03/09 | Culturally Responsive Family Engagement
- 03/15 | Strengthening Families' Protective Factors: Focus on Social & Emotional Competence
- 03/16 | Concealed but Common: Perinatal Mood and Anxiety Disorders
- 03/29 | Creating Accountability

CALTRIN
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Mental Health Matters in Early Childhood

Presenter: Meghan Lukasik, PhD

CDSS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

OFFICE OF CHILD ABUSE PREVENTION
California Department of Social Services
grow strong families

Rady Children's San Diego | Chadwick Center for Children & Families

CALTRIN
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Speaker SPOTLIGHT

MEGHAN LUKASIK, PHD
Manager & Licensed Psychologist
Rady Children's Hospital-San Diego

- Specializes in assessment of infants & young children with developmental, behavioral, and early mental health concerns
- Manager of RCHSD's Developmental Evaluation Clinic and Training Director for the clinic's post-doctoral fellowship program
- Former Clinical Director of Rady Children's KidSTART, a program for children 0-5 with complex needs

Agenda:
Tools For Your Clinical Toolbox

- Why Mental Health Matters in Early Childhood
- Signs and Symptoms
- History of Mental Health Assessment
- PTSD
- ADHD
- ASD
- FASD
- Depression and suicidal behavior
- Resiliency and protective factors

The Time Is NOW!

***"Jim" age 26**

- **Incarcerated**
- **No family or friends**
- **History of violence**
- **Long history of drug and alcohol abuse**

***"Jimmy" age 10 months**

- **Removed from parents' care at birth**
- **Currently in 3rd resource/foster home**
- **Family history of domestic violence**
- **Born prenatally exposed to drugs an alcohol**

*fictitious person

What Can We Do For Little “Jimmy” **NOW**? ….Over Time?

Adult & Adolescent Mental Health By The Numbers

1 in 5 U.S. adults experience mental illness each year

1 in 20 U.S. adults experience serious mental illness each year

1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year

50% of all lifetime mental illness begins by age 14, and 75% by age 24

Suicide is the **2nd leading** cause of death among people aged 10-34

Source: NAMI

Early Childhood Mental Health Numbers

ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children

9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis.

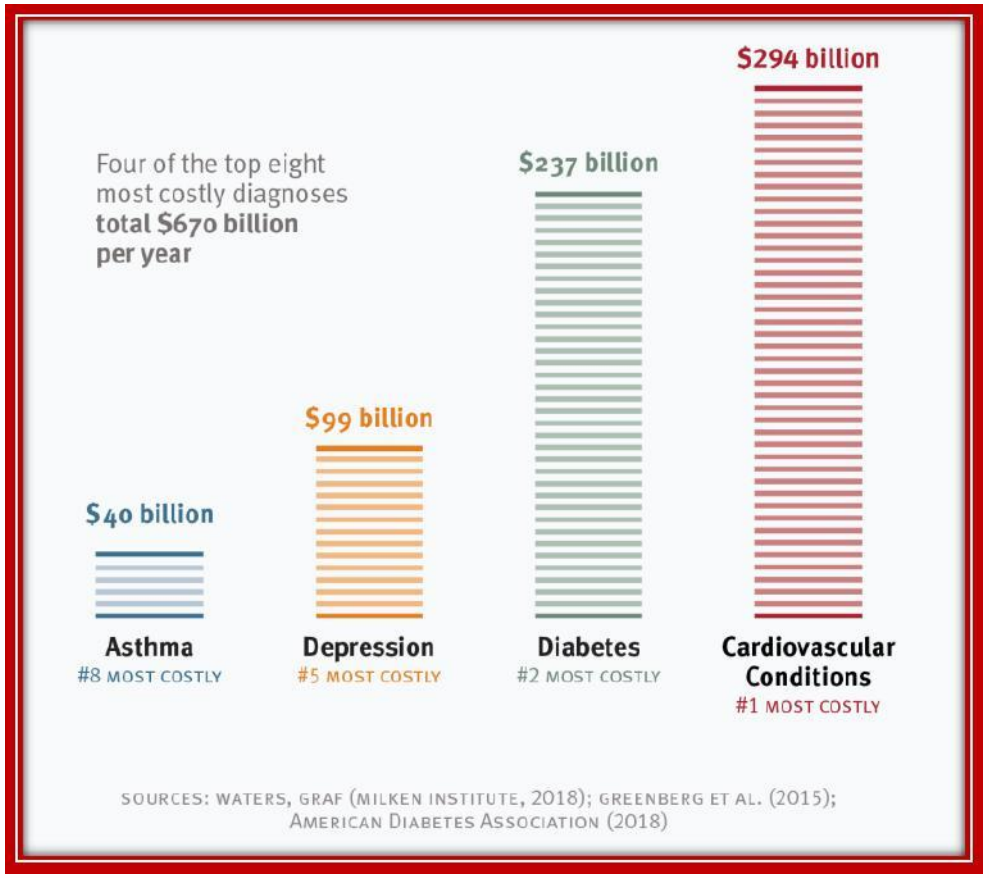
7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem

7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety

3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression

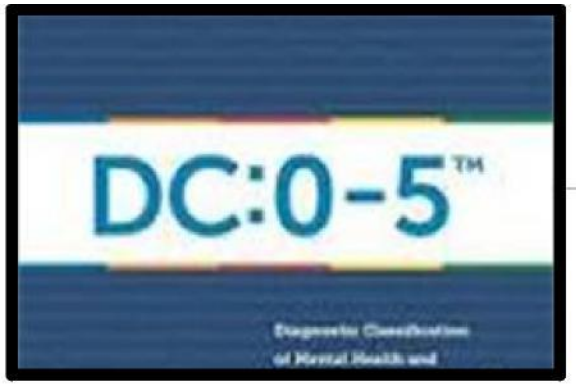
Source: CDC

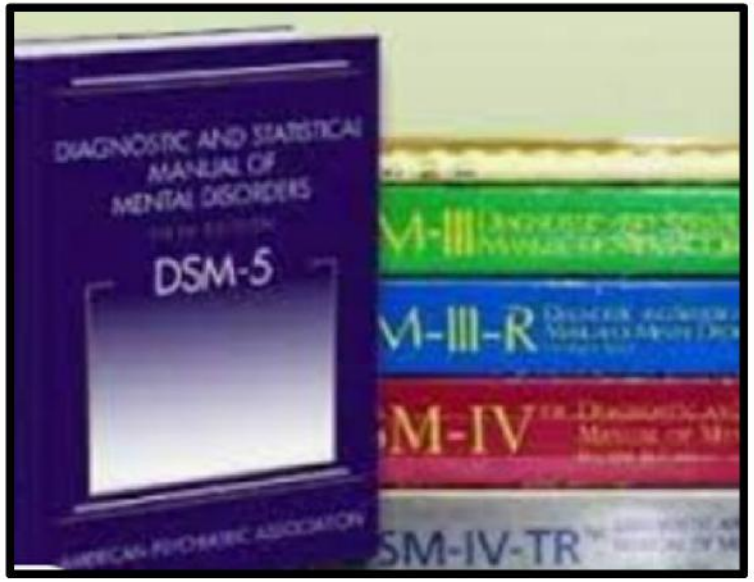
Adult Diseases Associated with Childhood Adversity & Impact on U.S. Health Care Costs



Signs of Wellness

Historical Perspective





1893: ICD-1

1949:ICD-6

1952: DSM-1

1968: DSM-II

1980: DSM-III

1987: DSM-R

1994: DSMIV

1994: DC 0-3

1997: DC 0-3 casebook

2000: DSM-IV-TR

2005: DC 0-3R

2013: DSM 5

2017: DC:0-5

Crosswalk : DSM5 - DC: 0-5 - ICD 10

ZERO TO THREE
Early connections last a lifetime

Neurodevelopmental Disorders
Sensory Processing
Anxiety Disorders
Mood Disorders
Obsessive-Compulsive and Related Disorders
Sleep, Eating, and Crying Disorders
Trauma, Stress, and Deprivation Disorders
Relationship Disorder

Sleep, Eating, and Crying Disorders

Sleep Disorders

Example

DC:0-5™	DSM-5	ICD-10	ICD-10 Code
Sleep Onset Disorder	Insomnia Disorder	Nonorganic Insomnia	F51.0

Trauma

- A thorough assessment starts with asking questions about stress and trauma exposure
- Types
- Acute trauma
- Chronic trauma
- Complex trauma

Using a Trauma-Informed Approach

Understands the impact of trauma on behavior, development, and relationships
Takes the child's developmental level into consideration

Integrates this understanding into treatment planning

Understands the provider's role in responding to child traumatic stress

Reflects sensitively to the family

How is Early Childhood Trauma Unique?

- Profound sensory impact
  - Less able to anticipate danger or to know how to keep safe
  - Cannot express in words whether they feel afraid, overwhelmed or helpless
  - Early childhood trauma has been associated with reduced size of the brain cortex
  - Exclusive dependence on parents/caregivers for survival and protection—both physical and emotional

National Childhood Traumatic Stress Network (NCTSN),www.nctsn.org

Symptoms and Behaviors Associated with Exposure to Trauma

- Returning to behaviors shown at earlier ages
- Problems with toileting (bedwetting, soiling)
- Thumb sucking
- Fear of the dark
- Loss of language skills and acquired language
- Memory problems
- More immature behaviors
- Aimless motion, disorganized behaviors, and or/freezing

- Behavior changes
- Fear of being separated from parent/caregiver
- More clinging and dependent behaviors
- More aggressive behaviors
- More withdrawn behaviors showing little emotion
- More crying, whimpering, screaming, tantrums
- Unable to comfort self
- Difficulty falling asleep, night waking
- Less ability to tolerate frustration

National Childhood Traumatic Stress Network (NCTSN),www.nctsn.org

Effects of Trauma Exposure:

Neurological / Biological:

- Disruptions in biological / regulatory rhythms
- Fundamental changes to structure and function of developing brain
- Problems with movement and sensation
- Somatic symptoms, increased medical problems.

Self-Regulation:

- Challenges regulating affect, attention, action, and arousal
- Difficulty knowing and describing their feelings and internal states.

Attachment

- Challenges to basic trust and safety
- Socially indiscriminate, lack of selectivity or preference
- Attachment disturbances, insecure patterns of attachment

Developmental:

- Regression - loss of previously acquired skills or disruption in developmental progress
- Exacerbation of normative developmental fears

Effects of Trauma Exposure (Cont.)

Social relatedness:

- Lack of consistent or discernable engagement vs. disengagement cues
- Avoidance or indiscriminate patterns of social interaction
- Difficulties with pro-social skills; sibling relational aggression

Behavioral control

- Poor impulse control
- Self-destructive or injurious behavior
- Aggression

Cognition:

- Difficulty focusing on and completing tasks, or planning for and anticipating future events.
- Some exhibit learning difficulties and problems with language development.

The Impact of Trauma: Still Face Experiment

- https://youtu.be/apzXGEbZht0

Autism Spectrum Disorder

A behaviorally described disorder affecting 1:44 children

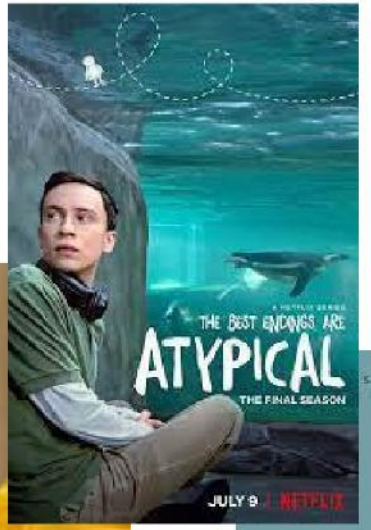
Core features include Difficulties With:

- Social Skills
- Verbal and Nonverbal Communication
- Repetitive behaviors /Restricted interests

Autism Spectrum Disorder

- Changes in our diagnostic system: As of 2013 the terms Autistic Disorder, Asperger's Syndrome, Pervasive Developmental Disorder were replaced by the single term Autism Spectrum Disorder or ASD
- Use of levels to define need for support
- ASD is different from cognitive delay
- Growing support for an increase in girls with ASD
- More individuals with ASD identify as gender non-conforming, fluid, trans, etc
- Neurodiversity movement

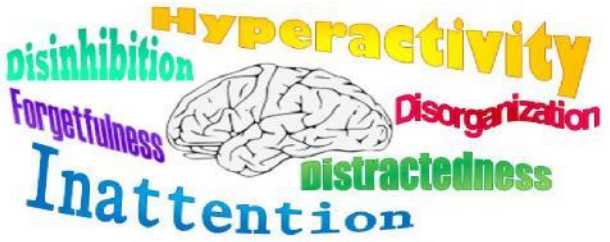
ASD in the Media Over Time..



Attention Deficit Hyperactivity Disorder (ADHD)

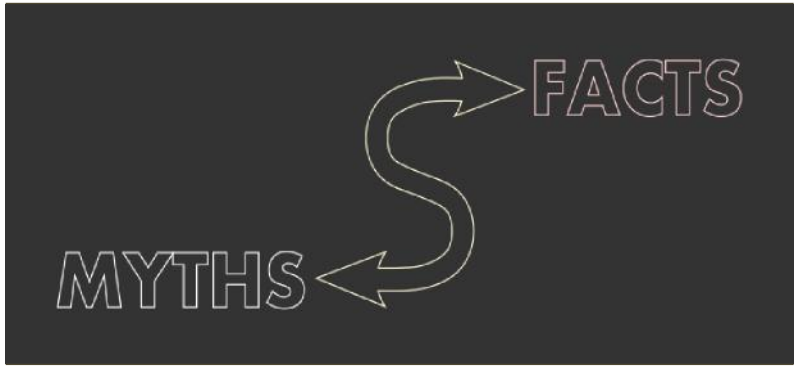
- A persistent pattern of **inattention** and/or **hyperactivity-impulsivity** that interferes with functioning or development:

- Several inattentive or hyperactive-impulsive symptoms present prior to age 12 years
- Several inattentive or hyperactive-impulsive symptoms present in two or more settings (e.g. at home, school or work; with friends or relatives; in other activities)
- Clear evidence that the symptoms interfere with life
- Symptoms are not better explained by another mental disorder or an event
- Different levels of severity

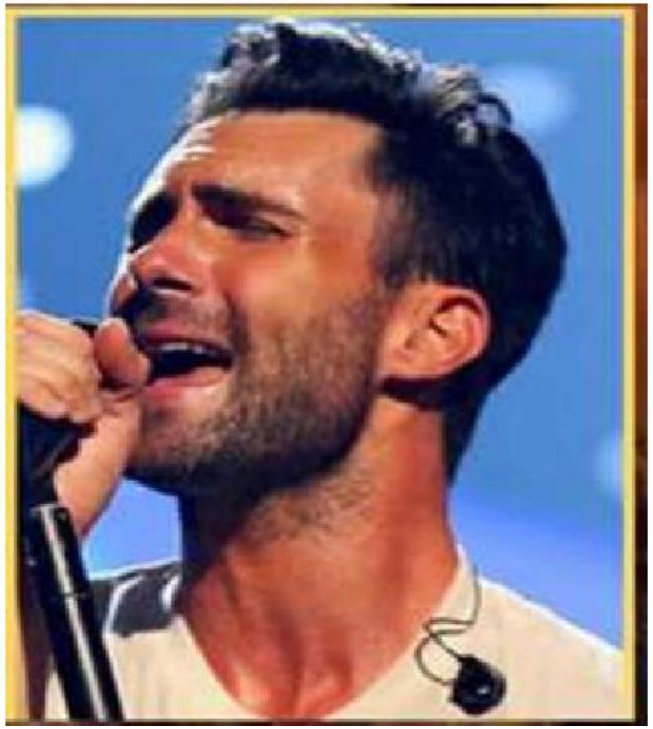


Myths About ADHD

- ADHD isn't a "real" diagnosis
- All individuals with ADHD are hyperactive
- Individuals with ADHD cannot pay attention
- Individuals with ADHD are not smart
- Medication is the only treatment for ADHD



Famous People With ADHD



Fetal Alcohol Spectrum Disorders (FASD)

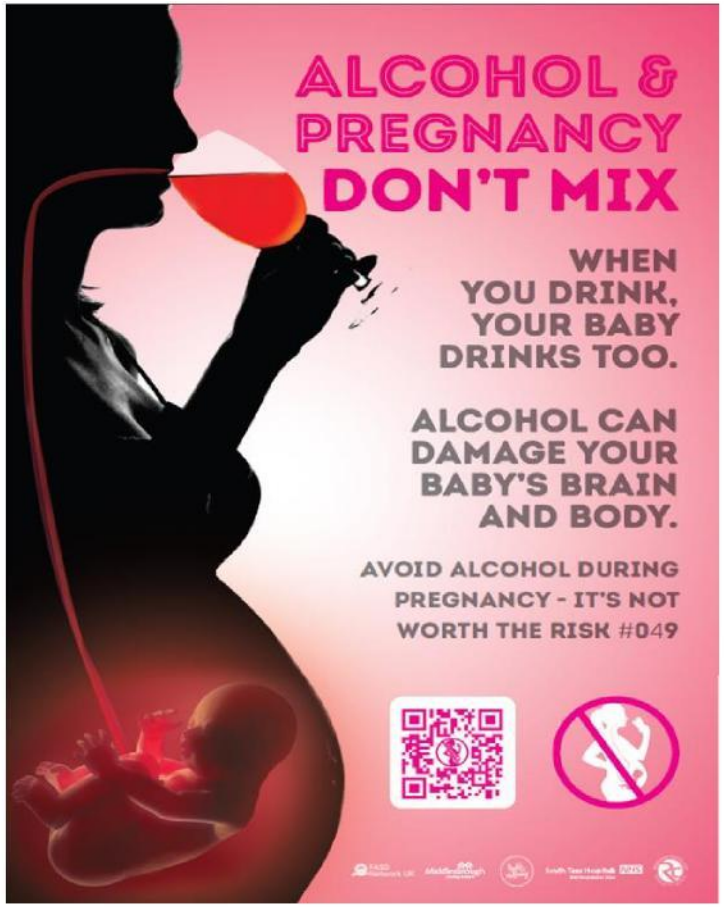
- Of all the substances people abuse ---including cocaine, heroin and marijuana--- alcohol produces the most serious neurobehavioral effects in the fetus

- No predictable correlation exists between the amount of alcohol exposure and the likelihood of development of an FASD

- During pregnancy, there is no safe time no safe amount, no safe type of alcohol

Criteria for FASD

- Growth deficits
- Specific facial abnormalities
- Central Nervous System Abnormalities
  - Structural
  - Neurological
  - Functional



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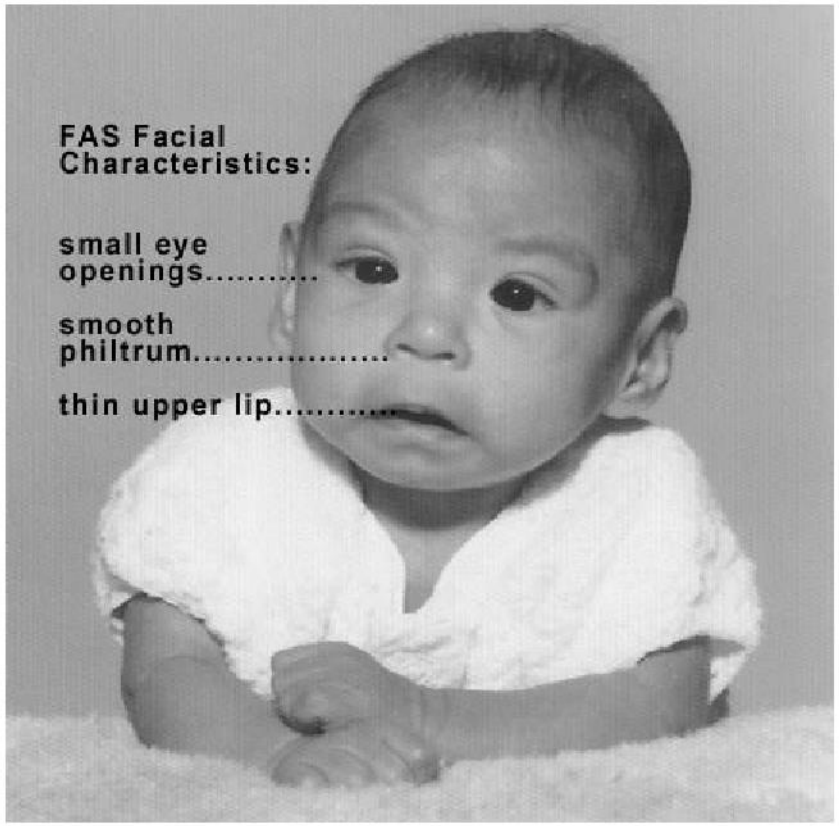


Contributing Factors to FASD

- 45% of pregnancies are unplanned
- Unaware of pregnancy until 8 or more weeks
- Lack of knowledge and misconceptions about alcohol use while pregnant
- May not think of beer or wine as ‘alcohol’
- May not be aware of or are in denial of the amount they drink
- Mixed messages

Behaviors seen with FASD

Babies

- Irritable, nervous, or sensitive to sound and light
- Cry often
- Very quiet and not very responsive

Children

- Aggression or defiant behaviors
- Depression or psychosis
- Anger control problems
- Poor impulse control
- Attention problems
- Difficulties with problem-solving
- Poor social skills
- Sensory processing issues

Childhood Depression

- Does the baby appear withdrawn, perhaps frequently staring into space?
- Does the baby's facial expression appear sad (infrequent smiling)?
- Is the baby expressing a vibrant range of emotions?
- Is it difficult to get your baby to engage with you socially?
- Is the baby quiet and subdued?
- Is there interest in toy play as expected for age?
- Is this behavior a change from the baby’s usual **presentation and temperament?**

Risks for Self Injury and Suicide

Prior suicide attempts

Family history of suicide

History of mental health conditions such as severe depression, anxiety disorders and psychotic disorders Substance misuse

Impulsivity or aggressiveness

Serious family problems

Breakups or other major relationship losses

Access to means for self-harm (unsecured firearms, prescription medications, poisons)

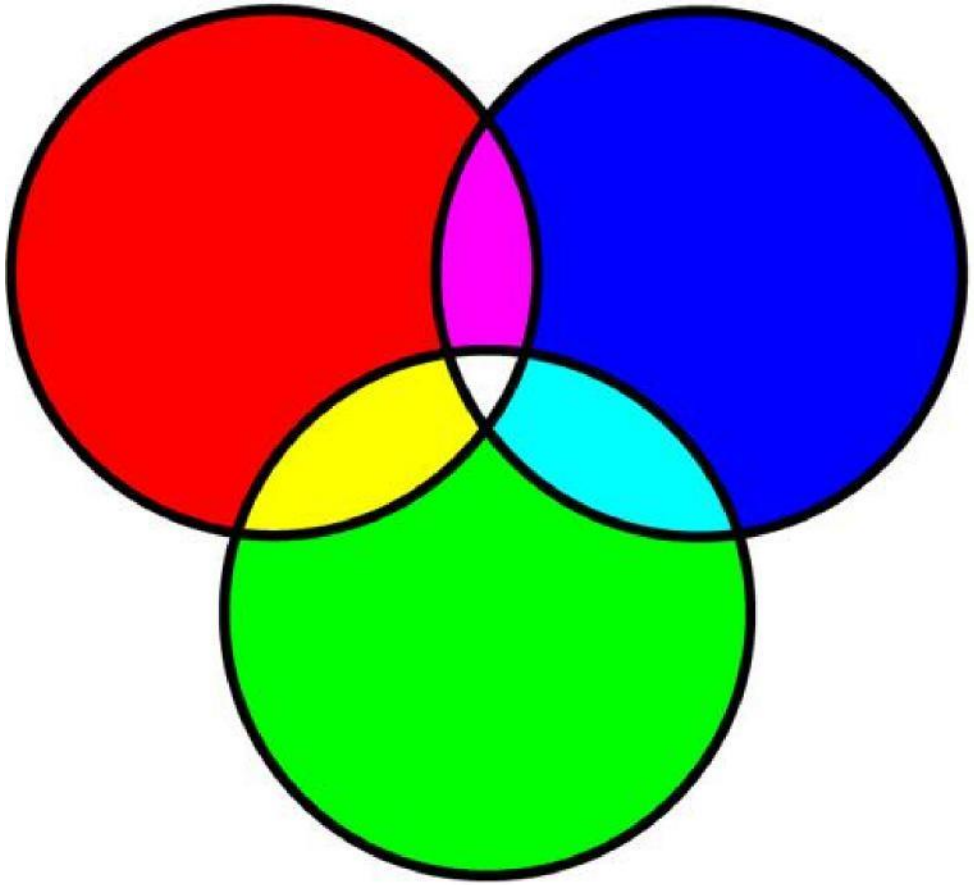
Social isolation

History of traumatic experiences such as sexual violence or severe episodes of racial prejudice/violence, bullying

Lack of access to mental health care

Multiple exposures to suicide in one's community or through unsafe coverage of suicide in the media

Source: https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults/What-You-Need-to-Know-About-Youth-



Overlapping Symptoms of Childhood Disorders

Trauma Reactions

ASD

ADHD

FASD

Depression

ODD

Anxiety

Auditory Processing Disorder

Sensory Processing Challenges

OCD

Gifted

Motor Coordination Disorder

“Nathan’s” Story

Changes in Cognition Over Time

Differential Ability Scales 2nd Edition

	Age 3	Age 5
Verbal	92 (Average)	114 (Above Average
Nonverbal Reasoning	100 (Average)	115 (Above Average)
Spatial	108 (Average	123 (High)
General Cognitive Ability	100 (Average)	122 (High)

ADOS-2 and Diagnostic Impression

Age 2 Module 1	Age 3 Module 2	Age 5 Module 3
	Met classification for autism spectrum	
Just Met classification for autism spectrum		Non-spectrum
Adjustment Disorder primary	Adjustment Disorder primary	No diagnoses
Expressive Language Disorder	PDDNOS Provisional	
Rule out PDDNOS vs. Early signs of ADHD		

Strengthening Families Protective Factors Framework

Source: https://familynurturingcenter.org/5-protective-factors/

Protective Factors:
In our systems & in our homes

Health Steps

PEDIATRIC CARE • SUPPORTING • PARENTING

A Program of ZERO TO THREE

FIRST 5 RIVERSIDE

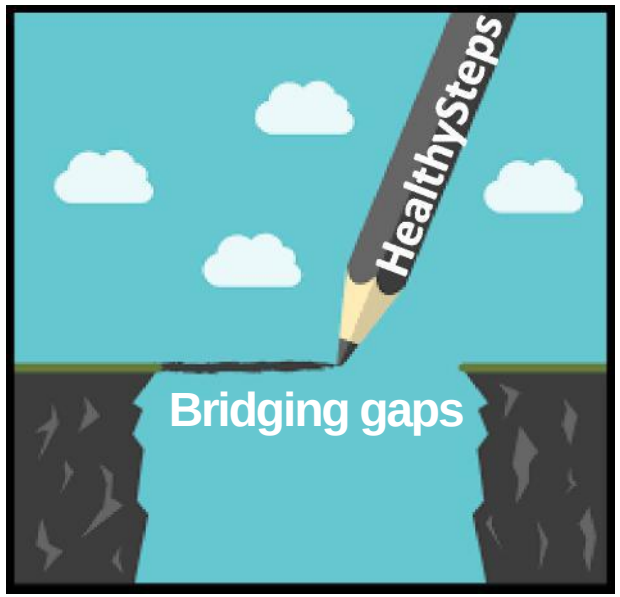
Riverside County Children & Families Commission

Rady Childrenp

Developmental Specialists

Partners in Primary Care

- Team-based well-child visits for children birth-5
- Developmental and mental health screening
- Care coordination around recommendations/referrals
- More frequent consultation for behavior and development
- Support for parents, including depression screening and linkage to services



What Have We Learned? Rate of Need

Development *(ASQ-3)*

31%

4%

Social-Emotional *(ASQ: SE-2)*

Parental Depression *(PHQ-9)*

12%

13%

Autism *(M-CHAT-R)*

**FY20-21 data*

https://youtu.be/Yn8j4XRxSck

Questions?