Welcome to

MENTAL HEALTH MATTERS IN EARLY CHILDHOOD

THE TRAINING WILL BEGIN SHORTLY

While you're waiting...

Icebreaker Question (answer in the chat)

What is your favorite self-care activity or practice?

Survey & Certificate of Completion

Available following the training.

CEUs available for LCSWs, LMFTs, LPCCs, and LEPs

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SPANISH INTERPRETATION AVAILABLE!

INTERPRETACIÓN AL ESPAÑOL DISPONIBLE!

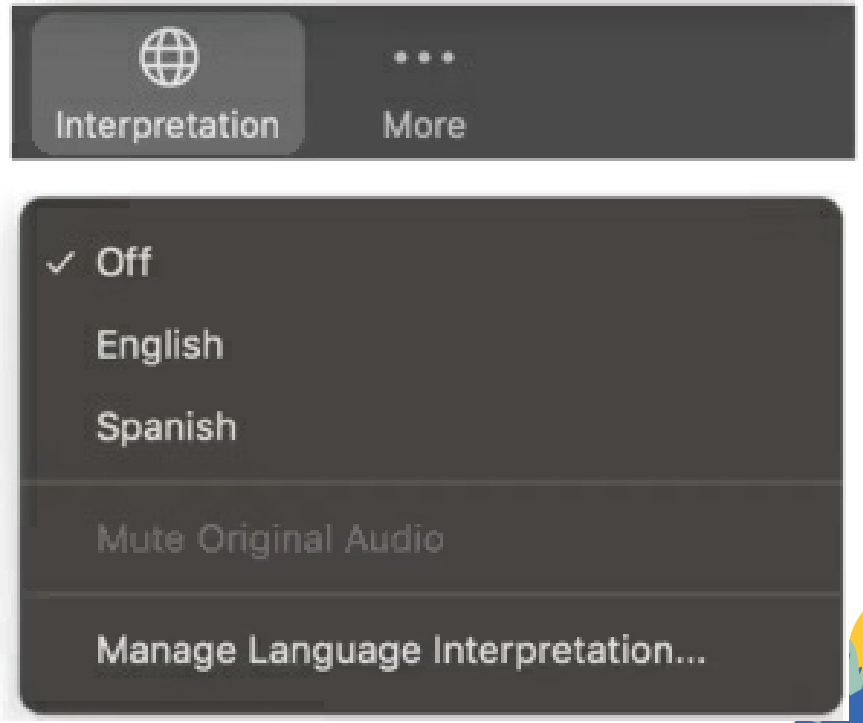
Today's training will be in both English and Spanish.

La capacitación de hoy será en español y ingles

Click the "Interpretation" icon in your toolbar,

select "Spanish"

Seleccione el ícono "Interpretation" de las opciones al debajo de su pantalla. Elige la opción "Spanish"



Hi, We're CalTrin!

Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.

What we offer

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

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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

- 09/29 | Paternal Perinatal Mental Health: The Changing Face of New Fatherhood
- 10/03 | Addressing Implicit Bias
- 10/10 | Protective Factor: Concrete Support in Times of Need
- 10/17 l Parenting Traumatized Infants & Toddlers
- 10/20 l The Art & Science of Father Engagement Programming
- 10/26 | Rapid Response Team Collaboration

Housekeeping

DURING

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

This presentation is being recorded.

DURING

Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.

- Questions in the Q&A
- Discussion in the Chat

AFTER

Complete the survey to receive your Certificate of Attendance and CEUs.

A follow-up email will be sent to all participants within 2 days.

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Mental Health Matters in Early Childhood

Presenter: Meghan Lukasik, PhD
Yanan Guo, PsyD, BCBA

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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

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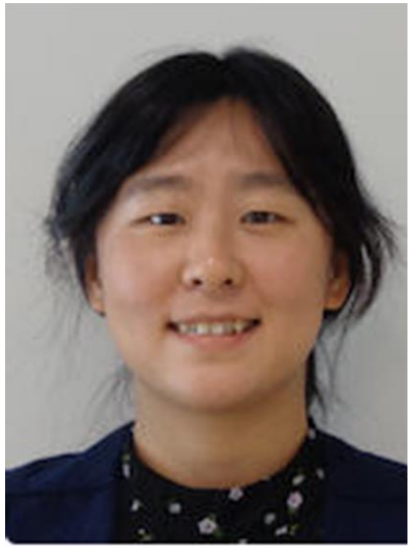
Speakers SPOTLIGHT



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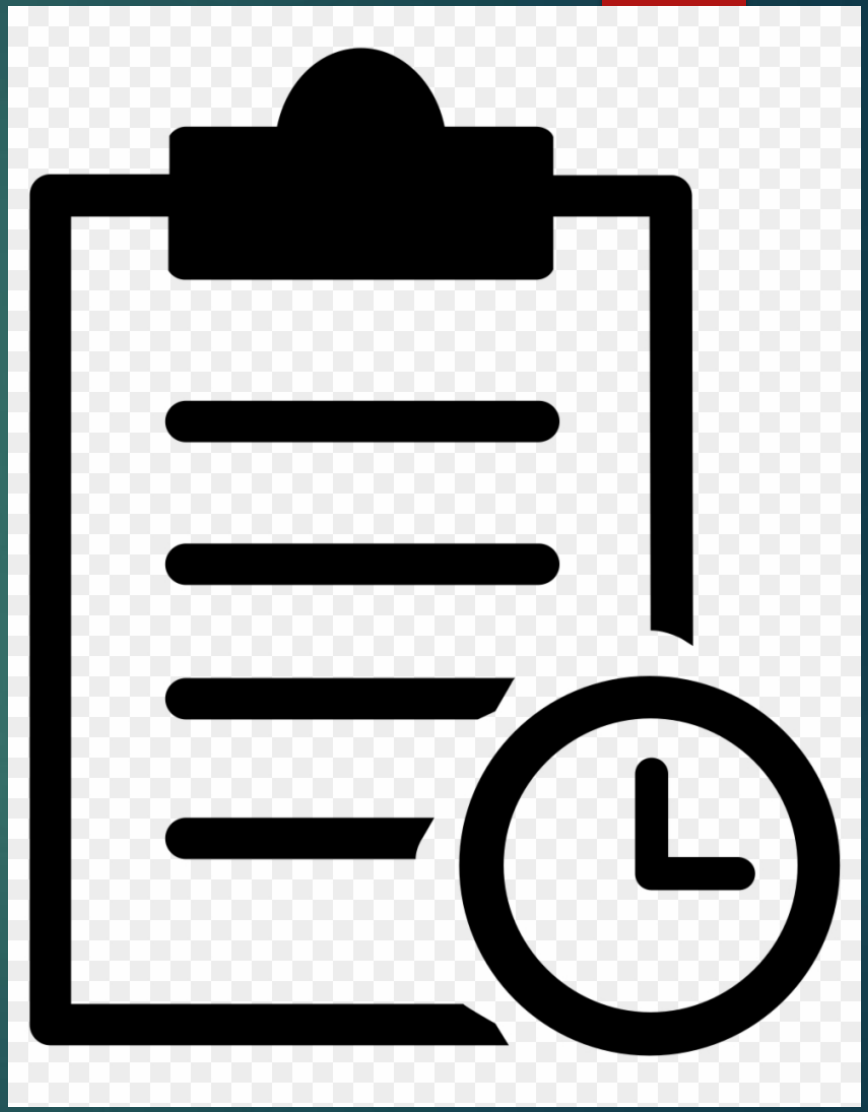
AGENDA

- Why mental health matter in early childhood
- Signs and symptoms
- History of mental health assessment
- Trauma
- Autism Spectrum Disorder (ASD)
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Fetal Alcohol Spectrum Disorder (FASD)
- Depression and anxiety
- 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 and alcohol

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

NAMI: current

Early Childhood Mental Health Numbers

ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children ages 3-17

9.8% of children (approximately 6.0 million) have received an ADHD diagnosis.

9.4% of children (approximately 5.8 million) have diagnosed anxiety*

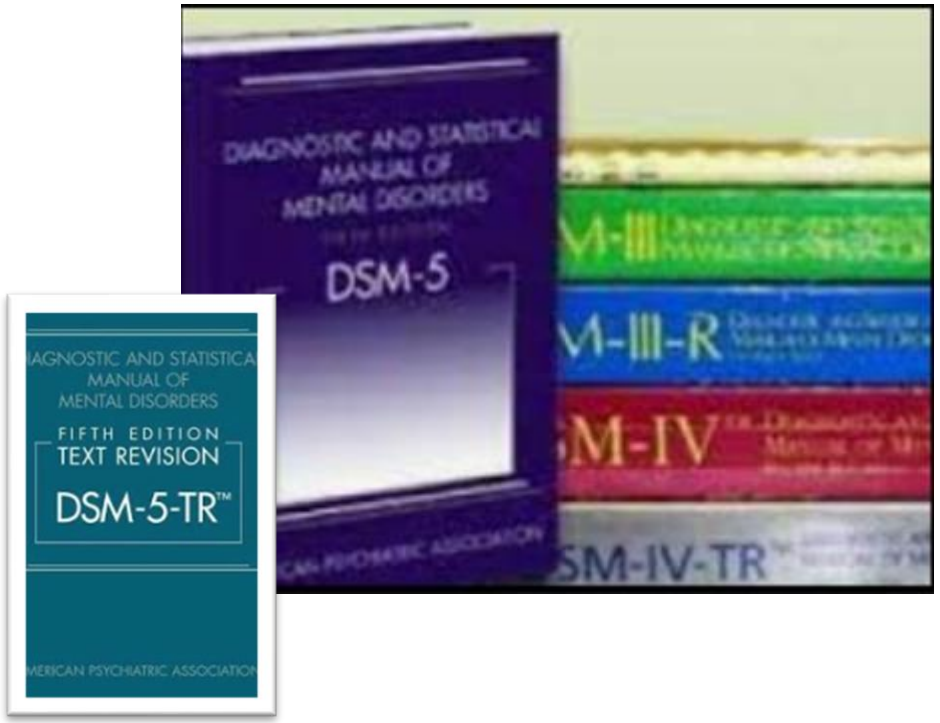
8.9% of children (approximately 5.5 million) have a diagnosed behavior problem

4.4% of children (approximately 2.7 million) have diagnosed depression*

1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder

*Depression and anxiety rates have increased over time

Signs of Wellness



Historical Perspective

1893: ICD-1	**1949: ICD-6**	**1952: DSM-1**	**1968 DSM-II**
1980: DSM-III	1987: DSM-IIIR	1994: DSM-IV	1994: DC 0-3
2000: DSM-IV-TR	2005: DC 0-3R	2013: DSM 5	2017: DC 0-5
2022: DSM 5 TR			

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 of Trauma
- Acute trauma
- Chronic trauma
- Complex trauma

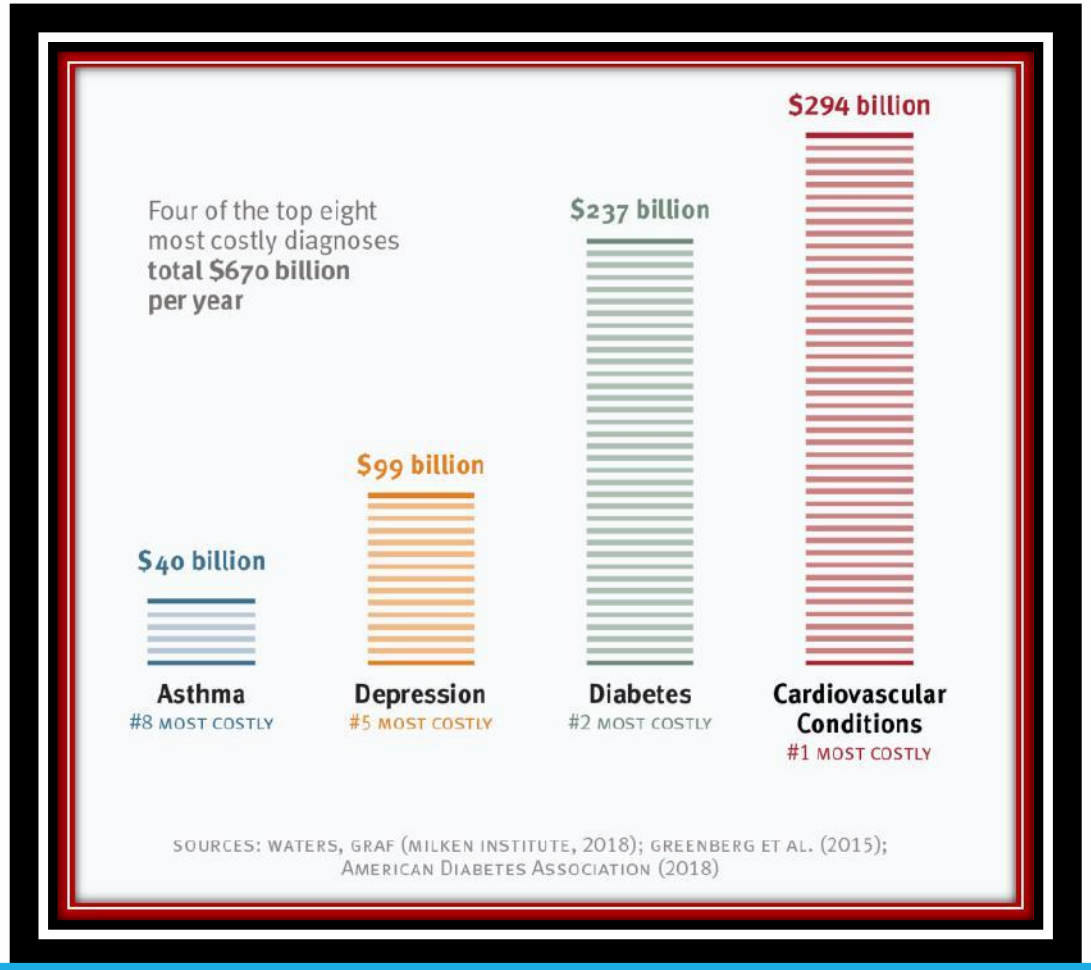
Multiple Dimensions of Trauma

- The trauma
- Child's temperament or personality characteristics
- Caregiver's ability to help child cope and provide a sense of protection and safety

aces aware
SCREEN. TREAT. HEAL.

- Training
- Screening
- Protocols
- Payment
- Treatment

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



www.acesaware.org

Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:

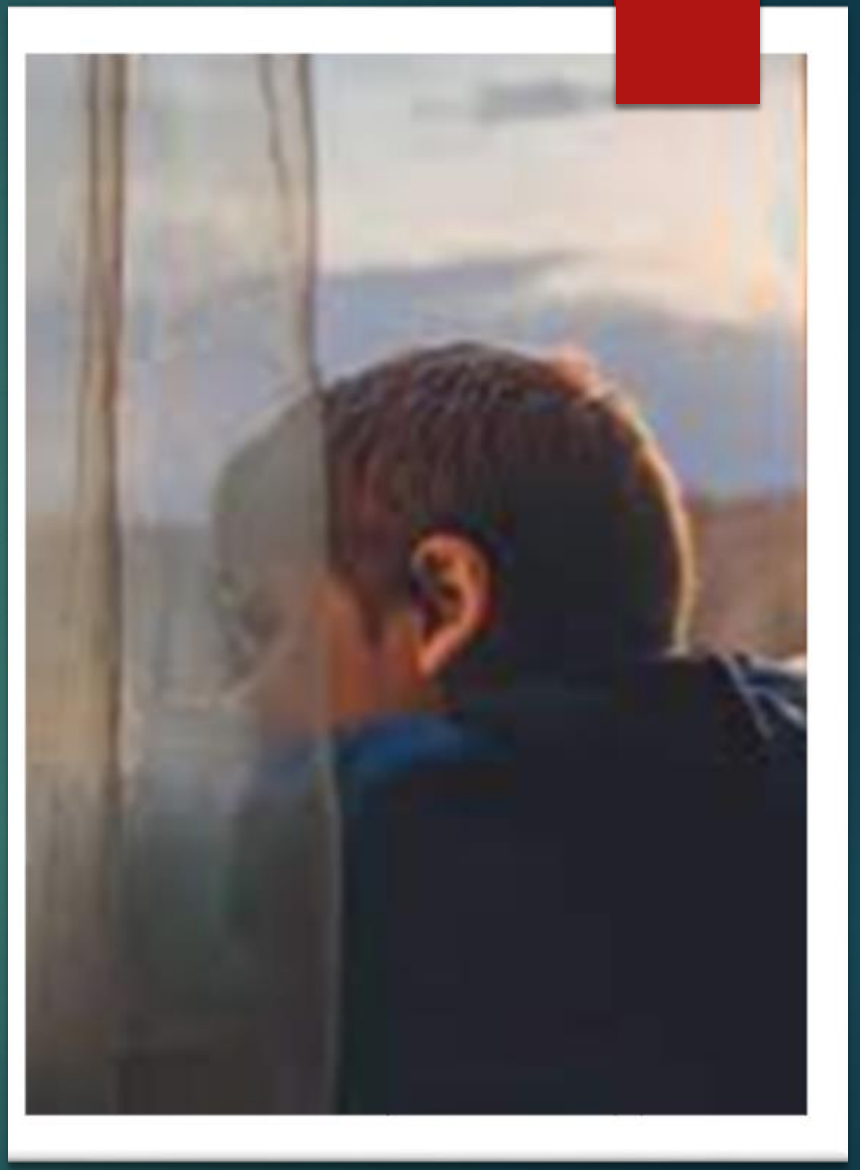
1. Has your child ever lived with a parent/caregiver who went to jail/prison? ☐
2. Do you think your child ever felt unsupported, unloved and/or unprotected? ☐
3. Has your child ever lived with a parent/caregiver who had mental health issues? *(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)* ☐
4. Has a parent/caregiver ever insulted, humiliated, or put down your child? ☐
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use? ☐

CHILD MEASURES

Name of measure	Area of assessment	Age range	Proprietary
Traumatic Events Screening Inventory - Child Self Report Revised (TESI-C SRR)	Traumatic events	8-17 years	no
Traumatic Events Screening Inventory - Parent Report Revised (TESI-PRR)	Traumatic events	4-7 years	no
Trauma History Questionnaire (THQ)	Traumatic events	7-17 years	no
Trauma Symptom Checklist for Children (TSCC)	Trauma related symptoms	8-16 years	yes
Trauma Symptom Checklist for Young Children (TSCYC)	Trauma related symptoms	3-12	yes

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

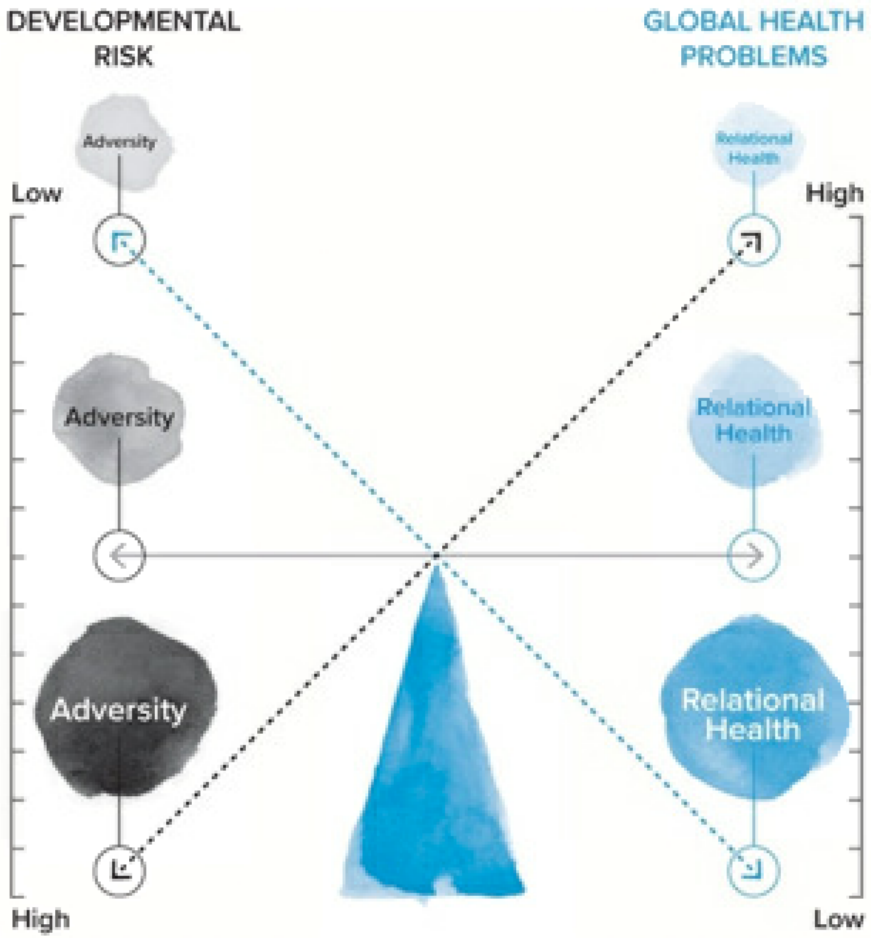
National Childhood Traumatic Stress Network (NCTSN),www.nctsn.org

First 2 months of life

Figure 8

THE IMPACT OF DEVELOPMENTAL EXPERIENCE

THE BALANCE BETWEEN ADVERSITY AND CONNECTEDNESS



With high connectedness and low adversity during development (blue dashed line), the balance of developmental risk is tipped in the direction of lower risk for mental, social, and physical health problems. In contrast, high adversity and minimal connectedness (black dashed line) increases developmental risk and the probability of significant problems in overall health.

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/IeHcsFqK7So

Autism Spectrum Disorder

A behaviorally described disorder affecting 1:36 children

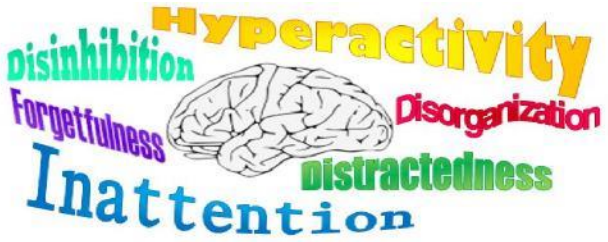
Core features include difficulties With:

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

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



Fetal Alcohol Spectrum Disorders (FASD)

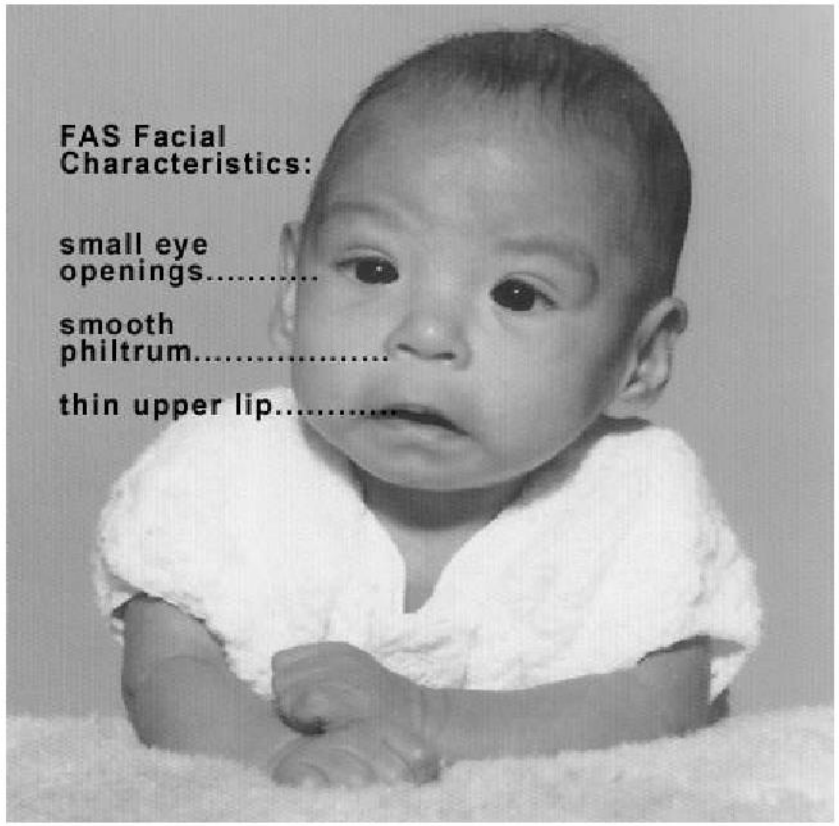
- Of all the substances people abuse ---including cocaine, heroin and marijuana--- alcohol produces the most serious neurobehavioral effects in the fetus

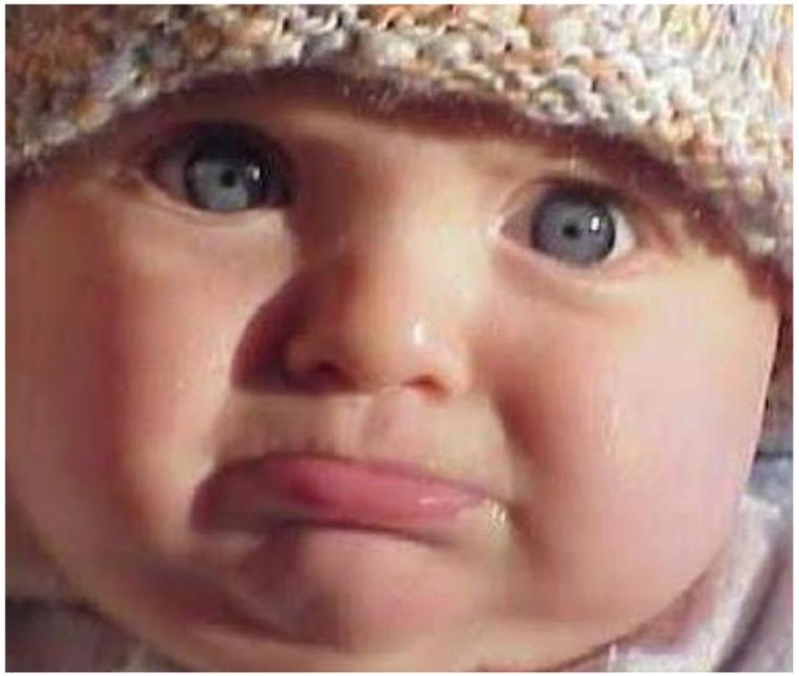
- No predictable correlation exists between the amount of alcohol exposure and the likelihood of development of an FASD

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

Criteria for FASD

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



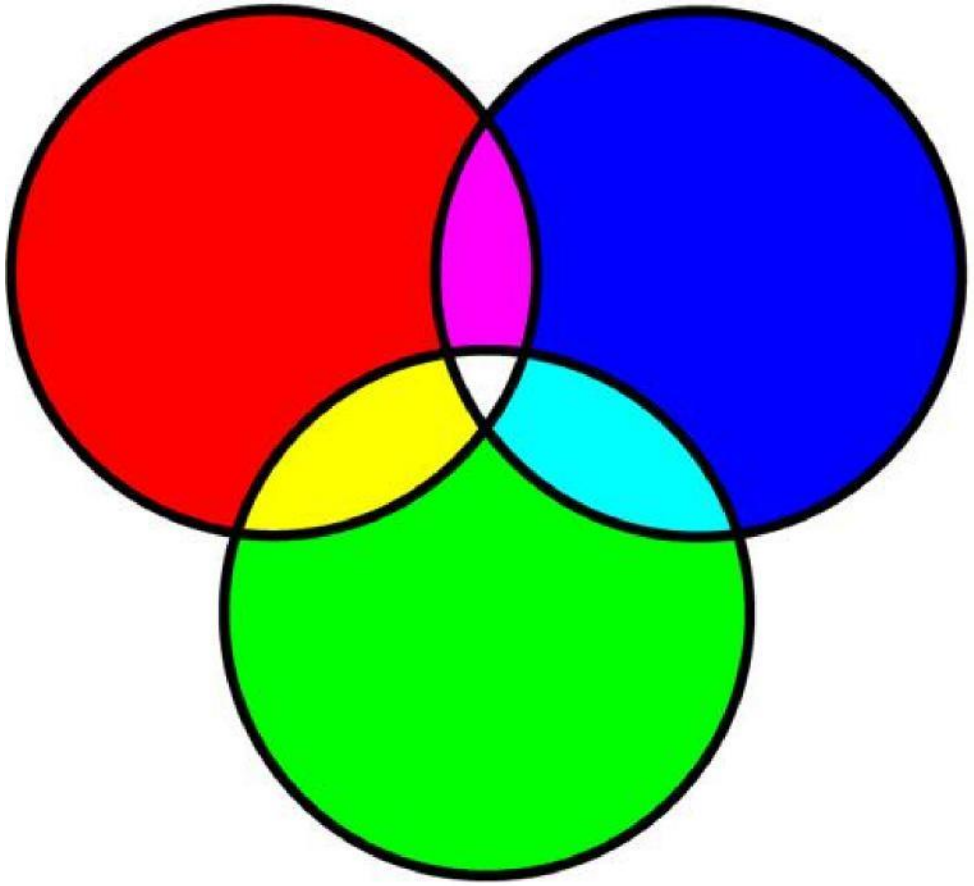


Depression

- 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?

Anxiety

- Does your child have difficulty stopping themselves from worrying?
- Does your child have any fears?
- Does your child have to do things in the “right” order or position?
- Does your child ask for reassurance when it doesn’t seem necessary?
- How does your child do when it is time to separate from you (preschool, daycare, babysitter, leaving the room)?
- **Need to consider frequency and intensity of behaviors to differentiate from developmentally appropriate reactions.**



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 Over Time

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	ASD Provisional	
Rule out Autism vs. Early signs of ADHD		

Strengthening Families Protective Factors Framework

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

https://youtu.be/Yn8j4XRxSck

Questions?

Thanks for joining us!

WHAT'S NEXT?

- Survey and certificate in the chat now
- LCSWs, LPCCs, LMFTs, and LEPs – complete additional survey section to receive CEUs
- Follow-up email with resources within two days
- Watch your inbox for the next issue of *CalTrin Connect*

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