

Promoting Social-Emotional Screening: Partnerships for Policy Change

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Children's Hospital Los Angeles

Early Childhood Mental Health Social, Emotional & Behavioral Well-Being



California

- 500,000 babies born each year!
- 2,500,000 children, birth to five!

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Early Childhood Mental Health Social, Emotional & Behavioral Well-Being

- Capacity for enduring meaningful *relationships*
- Emotional *regulation* to cope with behavioral expectations
- *Readiness* to initiate, explore, discover, learn and make friends

Social-Emotional Development Roots of Resilience as Protective Factor

- Self-regulation: Dealing with emotions so they do not overwhelm
- Feeling a sense of belonging
- Knowing how to reach out for support
- Goal setting and problem solving
- Coping with challenges, transitions and adversity

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Roots of Resilience Attachment as a Biological Imperative



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Roots of Resilience Attachment as an Experiential Prerogative



- Every child needs a close intimate lasting bond with at least one person who accepts, loves and guides without condition.

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Relationship as Centrality of Development Biological Basis + Maternal Caregiving



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Roots of Resilience *I know you want to play with me!*



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Roots of Resilience
Now I want to play with you!



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Roots of Resilience
You protect me when a stranger approaches



Poulsen/ USC UCEDD

Roots of Resilience
I respond once I feel safe!



Poulsen/ USC UCEDD

Roots of Resilience
I let you know what I need & you respond!



Poulsen/ USC UCEDD

Roots of Resilience
I engage you in play!



Poulsen/ USC UCEDD

Roots of Resilience
I have your hat! Should I or shouldn't I?



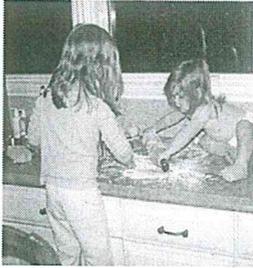
Poulsen/ USC UCEDD

Roots of Resilience
I come to you for solace when overwhelmed!



Poulsen/ USC UCEDD

Roots of Resilience
I can parallel play with others!



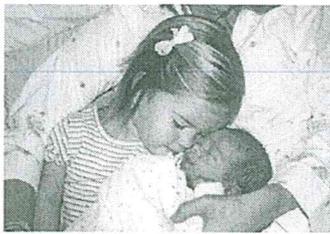
Poulsen/ USC UCEDD

Roots of Resilience
I am learning to share!

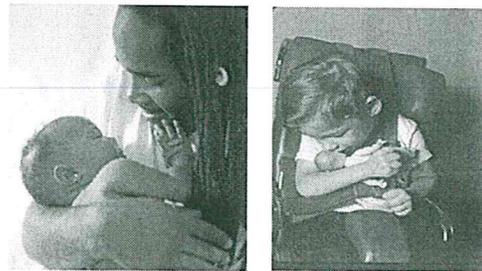


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Roots of Resilience
I got so I give!



Roots of Resilience
I got so I give!



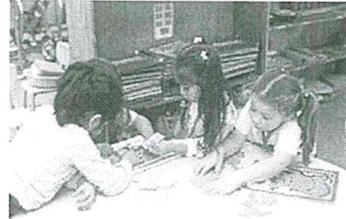
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Roots of Resilience
Your support helps me focus!



Poulsen/ USC UCEDD

Roots of Resilience
I am ready for school!



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Infant-Family/Early Childhood Mental Health
Preschool Expulsion



- Three times as high as K-12 grades (Gilliam, 2005)
- May exceed 300,000 annually (Laughlin, 2013)

Infant-Family/Early Childhood Mental Health
Infant Brain Research

- What does infant brain research tell us about early childhood stress, the regulation of behavior and a child's stress management system?

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Early Childhood Summit 2010

- Infants and young children absorb stresses within their families.
- Significant early childhood adversity can disrupt the development of the brain and social & emotional health of children.

--- Jack Shonkoff, Center on Developing Child

Adverse Childhood Experiences National Survey on Children's Health 2011-12

- Somewhat often economic hardship
- Divorce & separation
- Death of parent or guardian
- Incarcerated parent
- Mental illness or suicide
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- Household violence
- Victim or witness of community violence

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"New Morbidity" California's Children

- 210,000 low birth weight babies
- 40% births to single mothers (42% below level of poverty*)
- 420,000 young children: child welfare referral
- 268,000 young children: homeless
- 1,300,000* witness domestic violence
- 15% - 50% mothers of young children: experience maternal depression & anxiety

Cumulative Risk

The notion of CUMULATIVE RISK asserts that the greater the number of biological and social-environmental negative circumstances, the greater is the risk for negative stress management and developmental outcomes.

Behavior is Communication!

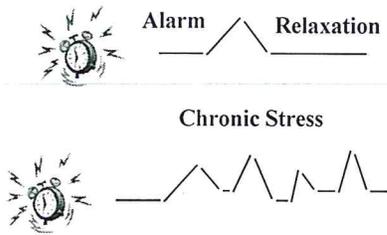
- Young children may respond to chronic stress with unabated crying, aggression, noncompliance and temper tantrums

- Kahana-Kalman, 2000

Distress Proneness

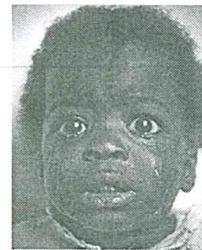
- Long periods in high or low arousal states.
- Repeated experiences encoded in implicit memory as expectations of what the world is all about.
- Cortisol leads to altered development of CNS
- Perceived threats overload the brain's 'stress management' system

Normal and Chronic Stress



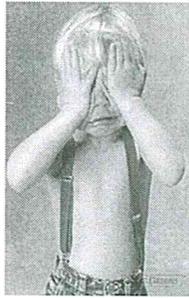
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Sensitive Nervous System Stress Dysregulates Nervous System



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Chronic Stress Becomes Toxic Can Effect Architecture of the Brain



Poulsen/ USC UCEDD

Toxic Stress & Self-Regulation

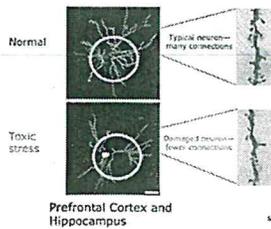
Young children who experience pain, trauma, family stress, disruptions, separations, loss

- High cortisol levels destroy brain cells & connections between brain cells
- Effects anxiety, emotional reactivity and behavioral self-control
- Effects capacity to respond to disappointments & disruptions

Impact of Toxic Stress on the Brain

Center on the Developing Child
HARVARD UNIVERSITY

Persistent Stress Changes Brain Architecture



Source: Knutson et al. (2004)
Blak et al. (2012)

Risk is Not Destiny!! Implications for Policy & Practice

- Universal screening for social, emotional, behavioral development
- Attention to “pink flags”/ developmental guidance
- Emotional care plan for infants & children in early care and education programs
- Early identification/referral for poor social, emotional & behavioral regulation
- Support for parents/caregivers

State Initiatives

- *Birth to Five: Watch Me Thrive*
- *Help Me Grow*
- *First 5 Early Childhood Mental Health Project*
First 5 Association of California
- California Statewide Screening Collaborative

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First 5 LA Project: Quality Improvement & Research

- Can social-emotional screening be integrated into universal developmental screening?
- Is broad developmental screening enough? Will it identify young children with social-emotional needs?
- Does social-emotional screening lead to linkage to infant mental health services?

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First Connections

- 4-year project, funded by First 5 LA
- Training and Technical Assistance:
 - USC University Center for Excellence in Developmental Disabilities at Children's Hospital Los Angeles
- Three Federally Qualified Health Centers:
 - AltaMed
 - Eisner Pediatric
 - Northeast Valley Medical Corp
- Two family service agencies:
 - Foothill Family Service
 - Westside Children's Center
- Family Resource Center:
 - South Central Los Angeles Regional Center FRC



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Project Objectives

1. Raise competencies of community-based providers to conduct developmental screenings, identify developmental delays, and link children and families to culturally and linguistically appropriate early intervention services and supports as early as possible
2. Improve young children and families' access to developmental screenings and early intervention services.
3. Increase parents' knowledge about healthy development and developmental delays
4. Strengthen support for parents with children who have special needs.

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Screening Approaches

Federally Qualified Health Centers:

- Screen children during well-child visits per AAP guidelines (9, 18, 24 or 30 months)
- Some also screening at 36, 48, 60 months
- Link to community resources if needed
- Follow-up monitoring over time at subsequent visits

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Screening Approaches

Family service agencies:

- Screen all children aged birth - 5 at intake and at regular intervals
- Link to community resources or within-agency resources

Family Resource Center:

- Screen children under age 3 when families walk-in to Regional Center; facilitate linkage with Early Start if indicated
- Conduct outreach screenings in community settings

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Screening Measures

- Ages and Stages Questionnaire - 3 (ASQ-3): all agencies
- Ages and Stages: Social-Emotional (ASQ:SE/ASQ:SE-2): some agencies
- Modified Checklist for Autism in Toddlers (M-CHAT): some agencies

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ASQ:SE Research Study

- Goal:
 - study children receiving both ASQ-3 and ASQ:SE to see if the ASQ:SE adds “value” that is worth the additional time
- Obtained IRB approval to collect scores and referral information from medical records
- Collected information about scores on the two measures and referrals made

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Programs in Study

- Northeast Valley Health Corporation
 - Well-child visits for ages 9, 18, and 30 months
 - Measures completed at additional ages if provider had concerns
- Westside Children's Center
 - Screened all children through age 5
 - Early Head Start
 - Family Preservation
 - Family Child Care
 - Foster Care Program
 - Preschool

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ASQ:SE Study Questions

1. Is the ASQ:SE helpful in identifying young children with social-emotional or mental health needs?
2. Does the ASQ:SE add information that is not gleaned from the ASQ-3?
3. Does the value of the ASQ:SE differ depending on the child's age?
4. Is use of the ASQ:SE leading to appropriate referrals?

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Study Sample

- N = 607 children
- Ages 2 months to 60 months
- 52% completed in Spanish; 48% in English

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Results

1. Is the ASQ:SE helpful in identifying young children with social-emotional or mental health needs?
2. Does the ASQ:SE add information that is not gleaned from the ASQ-3?

Yes

- 14% of children (n = 87) scored over the cutoff (indicating concern) on the ASQ:SE
- Of those children with problems on the ASQ:SE:
 - Only 51% responded "yes" to "Do you have concerns about your child's behavior" on the ASQ-3.
 - Only 49% had one or more ASQ-3 domains in the clinical range.

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Results, cont'd

- Is there one ASQ-3 domain that best predicts concerns on the ASQ:SE?

No

- Children with problems on the ASQ:SE who also had problems on the ASQ-3:

Communication:	28%
Gross Motor:	12%
Fine Motor:	24%
Problem-Solving:	26%
Personal-Social:	13%

Note: "Personal-Social" is *not* measuring Social-Emotional

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Results, cont'd

3. Does the value of the ASQ:SE differ depending on the child's age?

Not Clear

- Rates of social-emotional concerns by age:

2 - 12 months:	5%
13 - 24 months:	10%
25 - 36 months:	23%
37 - 48 months:	19%
49 - 60 months:	15%

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Results, cont'd

- For children with ASQ:SE in clinical range, how many also had any ASQ-3 domain in clinical range:

2 - 12 months:	67%
13 - 24 months:	43%
25 - 36 months:	47%
37 - 48 months:	58%
49 - 60 months:	36%

- At all ages, many children would be missed if only ASQ-3 was used

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Results, cont'd

4. Is use of the ASQ:SE leading to appropriate referrals?

Not consistently

- Out of 87 children with ASQ:SE in clinical range:
 - 67% referred for mental health services
- Some are being referred to Regional Center for Early Start—but unclear if social-emotional needs will be assessed or addressed

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Results, cont'd

- Is there a difference by age in linkage to mental health services?

Yes

- Of those with ASQ:SE in clinical range, how many referred to mental health services?
 - 2 - 12 months: 17%
 - 13 - 24 months: 53%
 - 25 - 36 months: 56%
 - 37 - 48 months: 91%
 - 49 - 60 months: 100%

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Summary

- Most social-emotional problems will be missed if only the ASQ-3 is used
- No domain or question on the ASQ-3 predicts which children with problems on the ASQ-3 will also have problems on the ASQ:SE
- Providers are more likely to refer preschool-aged children for mental health services, but may neglect making a referral for infants

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Infant-Family Mental Health Services

Are . . .

- Relationship-based
- Developmentally appropriate
- Trauma-informed
- Delivered by professionals with infant-family mental health training

Available at . . .

- Mental health programs funded by Dept of Mental Health

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Infant-Family Mental Health Services

Examples of evidence-based and promising mental health interventions for infants and their families:

- Child-Parent Psychotherapy
- Attachment and Biobehavioral Catch-up
- Circle of Security Home Visiting
- Theraplay
- Watch, Wait, and Wonder

(This is not an exhaustive list)

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Infant-Family Mental Health Promotion and Prevention

Other programs that may support infants' and families' mental health:

- Early Head Start
- Nurse Family Partnership
- Regional Center: Early Start program

What others have you found helpful?

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Opportunities and Barriers in Your Community

Talk with the folks at your table/next to you:

- What opportunities do you see for screening social-emotional needs in young children?
- What barriers have you encountered, or do you anticipate, in linking young children and families with mental health services?

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Implementation Solutions

- What resources could you draw on to implement screening and/or address linkage barriers?
- What policy or systems changes do you recommend?

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USC UNIVERSITY CENTER
FOR EXCELLENCE IN
DEVELOPMENTAL DISABILITIES



USC University of
Southern California

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Social-Emotional Development

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Alarm

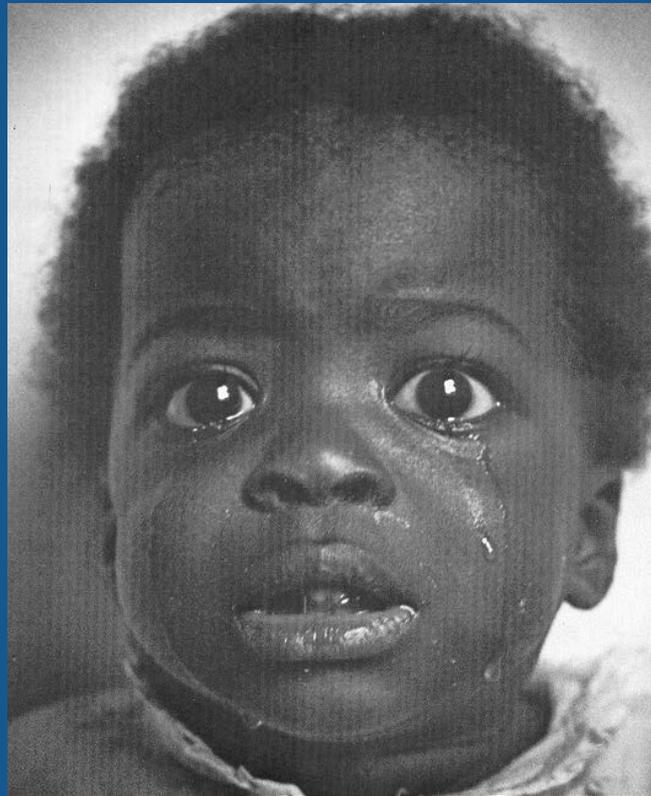
Relaxation



Chronic Stress



Sensitive Nervous System Stress Dysregulates Nervous System



Chronic Stress Becomes Toxic Can Effect Architecture of the Brain



Toxic Stress & Self-Regulation

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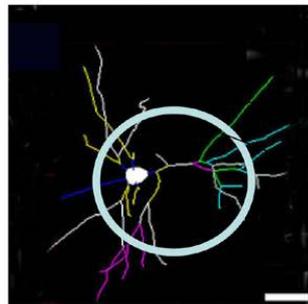
Normal



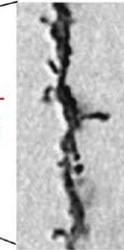
Typical neuron—
many connections



Toxic stress



Damaged neuron—
fewer connections



Prefrontal Cortex and
Hippocampus

Sources: Radley et al. (2004)
Bock et al. (2005)

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Implications for Policy & Practice

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- What policy or systems changes do you recommend?