# ADDRESSING SOCIAL AND EMOTIONAL NEEDS IN EARLY CHILDHOOD: PREVENTION IS KEY

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## Full Disclosure

- I receive no compensation for any portion of this presentation content.

## Learning Objectives

- Participants will learn about common mental health concerns in early childhood.
- Participants will learn prevention and intervention strategies to promote mentally healthy young children.
- Participants will learn how to help families help their children improve mental health factors.

- *"The greatest opportunity for lifelong impact on children's development is in the years from birth through age 8. Decades of research point to the early years as the most critical time for building intellect, strengthening social and emotional skills and setting a positive trajectory for school and life success."*

  *-Buffett Early Childhood Institute*

## Our focus has changed

- Understanding that learning starts in infancy
- Brain growth
- Relationships matter in the 0-5 years
- It is much more efficient to intervene early
- Environment matters to neurological development.

*We can impact all of these!

## The importance of emotions in young children

- "Babies are wired for feeling." – Ross Thompson
- Children are emotional beings and they get their needs met by showing emotions.
- Emotions give adults a clue that something might not be going well for the child.
- Parents/caregivers don't always know this.

## Concerns when a child…

- doesn't display full range of emotions
- is subdued and withdrawn
- has extreme difficulty with emotional control
- shows increased behavior problems

- Difference vs. Problem – a difficulty distinction
  - Does it cause a problem with their relationships?

## Parents' Misconceptions

- 44% of parents thought infants and young children could tell if a parents was angry or sad
- 43% of parents thought children could self regulate their emotions by age 3; 20% thought they could regulate by age 2
- Parents tend to look for signs similar to adult expression.

## Cause for Hope

- Mental health in young children is more influenced by environment than genetics.
- Supporting the parents/caregivers helps provide an environment where children's mental health and well being can flourish.
- Early intervention greatly reduces mental health problems.
- Children's behaviors have meaning and we can learn to better interpret their needs.

## Major Areas of Concern

- 9.5-14.2% of children age 0-5 have mental/behavioral health issues.
- Most common MBH issues in early childhood are:
  - Anxiety
  - Conduct disorders
  - ADHD
  - Depression
  - Autism – social aspect

## Preschool Expulsion

- Who is getting expelled?
  - 27 per 1000 children
    - Compare to 2 per 1000 in K-12
  - 4 year olds are more likely to be expelled than 3 year olds
  - Black children 2x more likely than white children
  - Boys 4x more likely than girls

  - Reference: Gilliam & Sharhar (2006) Preschool and Childcare Expulsion and Suspension, Infants and Young Children, 19 (3).228-245.

## Preschool Expulsion

- Is it because of children's mental and behavioral health?
- Adult behaviors are better predictors of preschool expulsion than child behaviors
  - High child: teacher ratios
  - Higher rates of job stress in teachers
  - Length of day – longer program, more likely to refer
  - No resources for behavior support

## Preschool Expulsions

Reference: Walter Gilliam, Yale University

*"Preschool expulsion is NOT a child behavior. It is an adult decision."*

Dr. Walter Gilliam, Professor, Yale University, Director of the Edward Zigler Center in Child Development and Social Policy, Yale University Child Study Center

## Assessment Tools

- Child Behavior Checklist
- Behavior Assessment System for Children – 3rd Ed.
- Social Skills Improvement System
- Conner's Rating Scales
- Observations
- Interviews

## Anxiety

- Most common disorder in US preschool children
  - 19.4-19.6% (2-5 year olds)
- Higher in US than other countries
  - Norway 1.5% (4 yr olds)
  - Romania 4.5% (1.5-5 yr olds)
  - Southwest Germany 22.2% (4-7 yr olds)
  - Brazil 8.8% (6 yr olds)
  - Spain 7.7 (3 yr olds) – 11.7 (5 yr olds)
- No sex difference in preschoolers
- 25-30% have more than one anxiety disorder

## Normal Anxiety

- Stranger Anxiety – 9 months
- During/after major life events
- Low level reactions
- Short bursts of behavior that don't persist

## 4 major types in Preschoolers

- Separation Anxiety Disorder
- Social Anxiety Disorder
- Generalized Anxiety Disorder
- Specific Phobia

- Obsessive Compulsive Disorder and PTSD are separate from Anxiety Disorders in DSM-5.

## What makes it anxiety?

- Key Features to differentiate from normal development:
  - Symptoms persist for multiple weeks (4-6 minimum)
  - Level of impairment results in the child not engaging in behaviors typical for age – use a peer comparison
    - E.g., refusal to separate from parent when given opportunity to play with peer

## Assessing Anxiety

- Preschool Anxiety Scale Revised (PASR)
  - Developed in Australia – Edwards et al. (2010). Journal of Clinical Child and Adolescent Psychology
  - Can be used in original form – rules on website
  - Center for Emotional Health – Macquarie University
  - 28 items
  - Subscales – Generalised Anxiety, Social Anxiety, Separation Anxiety, Specific Fears

## Symptoms

- May not state the actual feeling of fear or anxiety
- Express anxiety through behavior
  - defiance,
  - avoidance
  - crying,
  - clinging to adult
- Often mistaken for oppositional behavior or irritability

## ODD/CD

- Prevalence rates vary
  - ODD: 4.0-16.8%
  - CD: 0-6.6%
- Comorbid with ADHD, anxiety and depression
- ODD precedes CD

## Symptoms

- Irritability, restlessness, negativity, aggressive behaviors, hyperactivity
- Not as sensitive to rewards – harder to change behavior
  - Based in the brain – amygdala

## ADHD

- Prevalence 2-8%
- Boys 2x more likely to be diagnosed than girls
- Comorbid with ODD/CD, anxiety, depression
- Appropriate diagnoses are very difficult to make prior to age 4
- Average age that symptoms start to show is 3 years

## What makes it ADHD?

- Symptoms last 6 months – many researchers say we should wait to diagnose until we see the symptoms for 1 year.

## Symptoms

- Hyperactive and impulsive behaviors typically develop earlier than inattention.
- Often includes oppositional behaviors and aggression
- Resistant to control
- Negative temperament
- High emotional reactivity

## Impact

- Considered a chronic condition
- Ratings of parent stress are highest when these children are preschool age.
- Parents report that the children are:
  - More demanding of them
  - More stressful to manage
  - Less reinforcing to them as parents
  - Less able to adapt to change
  - Less compatible with parents and siblings
- 16% are expelled from preschool
- 40% are suspended from preschool (compared to 0.5% of children without ADHD)

## Depression

- Controversy over its existence in young children
- Is it an actual disorder or an at-risk condition?
- Symptoms in early childhood predict later diagnosis of major depression

- No gender differences in early childhood
- Co-morbid with anxiety, ODD, ADHD
- Prevalence rates aren't as reliable in early childhood

## Social Skills/Autism

- The focus today is on the social skills component of autism.

- Prevalence rates vary widely by state.

- Symptoms emerge by 12-24 months.

- Co-morbid with ADHD (new to DSM-5), anxiety, and ODD

## Overlapping Needs

- Parent Skills
  - PCIT – https://www.youtube.com/watch?v=zLvUuRYc2eg
  - Find a resource in your area

- Child Skills
  - Direct instruction
  - Emotion regulation

- Focus on:
  - Building general mental and behavioral health

- Many families of young children don't have the resources to seek help.

## Interventions

- Parent Child Interaction Training (PCIT)
- The Incredible Years
  - Targets aggression, behavior problems, social skills
  - Child, parent and teacher programs (e.g., Dinosaur Classroom Curriculum)
  - Ages birth – 12 years
  - Prices listed – may need a grant
- Interventions for preschoolers that focus on emotion regulation
  - I Can Problem Solve (Shure, 2001) – learn perspective taking
    - Requires training
- Applied Behavior Analysis

# ROLE OF SCHOOL PSYCHOLOGISTS

What can we do?

## Expanded Role

- Get at the table.
- Promote our services beyond eligibility
- Behavioral consultation
- Work with families and show success – spread the word

- We can do both prevention and intervention work. In early childhood, it is all PREVENTION.

## Prevention

- Build resilience in children – address their mental health and behavioral needs
- Work with parents/caregivers to do the same
- *"It's more efficient, both biologically and economically, to get things right the first time than to try to fix them later. We've learned that brains, skills, and health are built over time, but starting early is what counts. Neuroscientists tell us that the window of opportunity for development remains open for many years, but the costs of remediation grow with age."*
  - *National Scientific Council on the Developing Child (2007)*

## The Importance of Prevention

- $1 invested in Early Childhood gets a $7 return later in life
  - Reduction in
    - Special education
    - Social services
    - Criminal behavior
  - Increase in
    - Physical and mental health
    - Family self-sufficiency
      - Heckman (2006)

## Early Services

- 5 times more likely to graduate from High School
- Reduction in special education
- 2 ½ times more likely to graduate from college

## Interventions

- Provide information
- Social Skills Training
- Play Interventions

- All of these address the mental health needs by teaching parents/caregivers and children
  - Emotion regulation
  - Social skills
  - Alternate behaviors – e.g., positive play skills

## Goals of our Interventions

- Increase parent knowledge and skill base
- Increase children's knowledge and skills

- ***Research consistently demonstrates that improving parenting improves child outcomes.***

## Child Find

- We need to be more strategic in finding young children with mental health concerns.
- We have to prevent these problems from getting worse.

## Distribute fliers and promote MBH services

- Churches
- Apartment buildings
- Child care centers
- Pediatricians
- Groceries
- Mini Marts
- Drug stores
- Parks
- Schools
- SLPs

Home visitors
NextDoor app
FaceBook
Health Care
Clinical psychs
Public agencies

## Parent Focused

- Share information about anxiety, depression, conduct disorders, social skills
- Brain Building Moments
- Information about social/emotional development
- Mindfulness
- Play
- Behavioral approach

- ***This information also applies to teachers.***

## Brain Building Moments

- http://joinvroom.org/science-and-facts
- Took science, put it in a 5th grade reading level. The put it in small information bytes.
- Collected data on what parents in poverty wanted for their children – they wanted a better life for them and wanted to know the science for how to do it.

## Information for Parents

- https://www2.ed.gov/about/inits/ed/earlylearning/talk-read-sing/feelings-milestones.pdf
- Zero to Three
  - https://www.zerotothree.org
- Pinterest has lots of charts

## Supporting Teachers

- Mental health consultation in early childhood
- It works! – Study in Connecticut
  - 88 Preschool classrooms (has comparison group)
  - 176 3-4 year old were the focus of the consultation
  - Pre/post behavior and social skills measures
  - Significant reduction in symptoms of externalizing and problem behaviors
- We MUST advocate for our role in early childhood.

## Information for Teachers

- The relationships teachers form with children is critical. A positive, warm, encouraging, responsive, and supportive teacher can make a huge difference in the social-emotional and educational outcomes of young children.
- "Interactions between students and adults are the primary mechanism of student development and learning" (Pianta, La Paro, & Hamre, 2008)

# Addressing Anxiety

- Let's talk about the good things that happened today.
- Exposure therapy – use breathing techniques during exposure
  - Exposure is better than avoidance
- Calming Jars
  - Empty bottle, warm water, glitter paint

- Cross off the ones that don't work

| Calming Skills | Distraction Skills |
|---|---|
| o Deep breathing using a pinwheel | o Write a story |
| o Deep breathing with bubbles | o Crossword/Sudoku Puzzles |
| o Deep breathing with a stuffed animal | o Bake or Cook |
| o Deep breathing using a feather | o Volunteer/Community Service |
| o Take a mindful walk | o Random Acts of Kindness |
| o Yoga | o Read |
| o Imagine your favorite place | o Clean |
| o Think of your favorite things | o Play with a pet |
| o Picture the people you care about | o Play a board game |
| o Say the alphabet slowly | o Play video games |
| o Remember the words to a song you love | o Screen time |
| o Run water over your hands | o Play with a friend |
| o Carry a small object | o Start a garden |
| o Touch things around you | o Creative Thinking |
| o Move | o Make up your own game |
| o Make a fist then release it | o Plan a fun event |
| o Positive Self-Talk | o Start a new hobby |
| o Take a shower or bath | o Do a crafting project |
| o Take a drink of water | o Your favorite things |
| o Counting | o Be silly and laugh |
| o Block out noises | o |
| o Take a break | o |
| o Calming Jar | o |
| o | o |
| o | o |
| o | o |

Start at any "Breathe in" side, hold your breath at the point, then breathe out.
Keep going until you've gone around the whole star.

## Resources

- Anxietybc.com
- Mood 24/7
- Copingskillsforkids.com
  - Therapists favorite resources

## Play and Mental Health

- The decline in play has been correlated with the increase in **anxiety** and **depression**.
- Play is intrinsically rewarding to children.
- Play helps children feel a sense of control in their world.
- https://www.zerotothree.org/early-learning/play
- Through play, we can help children with their mental and behavioral health needs. Play allows children to practice skills.

## Play – Prevention and Intervention

| Increase | Decrease |
|---|---|
| Joy | Depression |
| Self regulation | Anxiety |
| Self control | Attention and Conduct problems |
| Social skills | Poor social skills |

## Play is Critical

- Children learn through their play.
- Play is healthy.
- Play reduced stress
  - Helps children grow emotionally.
  - Provides an outlet for anxiety and stress
  - **A child's greatest achievements are possible in play** -Vygotsky
- The key is to empower adults to understand play and intervene when needed.
- From 10 Things Every Parent Should Know about Play – Laurel Bongiorno (NAEYC publication)

## Play Assessment and Intervention System

- https://www.plaisuno.com
- Free
- Research-based

## Training Parents about Play

- Dempsey et al
- Parents and caregivers see play as a way for children to have fun, not as a learning opportunity.
- Spanish speaking examples
- Why it is important for parents to understand play – Play is serious business for children.
- www.Plaisuno.com

## Case Example - Parent

- 48 month old male
  - Autism, speech-language delay
- 6 week intervention
- 1 on 1 intervention with parent (with graduate student as a consultant throughout)
  - Mother was taught through a training program how to increase her son's play

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## Case Example - Parent

**Tips for Developing Children's Play**

**Prompting-** Provide the child with a cue about what play behavior to engage in next

**Example:** If a child is holding a baby doll, ask, "Do you think the baby needs something? Is she hungry?"

**Modeling-** Demonstrate play for the child. Encourage the child to imitate your behavior.

**Example:** Take the baby doll and cradle in your hands and feed the baby the bottle.

**Add-ons-** Demonstrate one step further with the play behavior; go beyond what the child did. Encourage your child to imitate your behavior.

**Example:** If the child feeds the doll a bottle and then sets the doll down, pick it up and pretend to burp the baby.

**Reinforcement-** Provide encouragement when the child engages in play, especially when he or she attempts a new play behavior.

**Example:** If a child imitates a behavior you modeled (like burping the baby), say, "Good job burping the baby!"

-Be specific with your encouragement and reinforce for what exactly the child did as opposed to simply saying, "Good job"

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## Case Example - Parent

**Daily Procedural Checklist**

Date _____

Length of parent-child play _____

What teaching strategies did you use?

- ❑ Prompting
- ❑ Modeling
- ❑ Add-ons
- ❑ Reinforcement

What questions do you have about your play session today with your child?

Any additional comments:

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## Case Example - Parent

- Increase in pretend play
  - 8 steps in sequence at post test (single step at pretest)
  - Multiple step sequences observed 3 times at post test (0 times at pretest)
- Qualitative changes:
  - Child's mother reported more social play between the child and his brother
  - Child was more easily encouraged to play with new toys
  - Mother observed many more pretend play behaviors

## Child Interventions

- Social skills instruction
- Books
  - E.g., Julia Cook
- Play training
- Behavioral interventions

## Play and Behavior

- Gillaspie implemented 4 weeks intervention with 3 children (24-48 months of age) with severe behavior needs. Had a comparison group. Increases found in percent of time spent in pretend play and highest level of play.

## Kindergarten

- Play has declined over the past several decades
- Anxiety and depression has increased

- The story of Finland
  - Minimal direct teaching of reading in Kindergarten
  - The curriculum is play
  - By 3rd grade, student reading skills are appropriate (not delayed)
  - We need to spread the word

## Case Example - Carlos

- 3 years old
- Head Start classroom
- Loves all toys motor related-cars, trains, spaceships, motorcycles
- Loves coloring and works with one-on-one adult attention

## Problem Identification

- Play
  - doesn't seem to know what to do with the toys
  - Watches others play
- Social
  - plays alone
  - If he entered a center and peers would leave or ignore him
  - Talks with adults but not peers
- Behavior
  - acts aggressively toward peers during center time
  - throws toys or knocks others toys down
  - Doesn't follow directions
  - Transitions frequently among centers

## Problem Identification

Assessment – 30 minutes

- Level of Play
  - 24 month level (1 year behind chronological age)
- Percent of Pretend Play v Exploratory Play
  - 0%, 4%, 0%  Median= 0%
- Interfering Behaviors
  - 2, 12, 7  Median =7

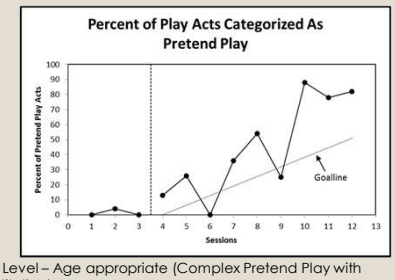
## Goal Setting and Data Collection

- Level of Play- increase to age appropriate level
- Percentage of Pretend Play- more than exploratory
  - 51%
- Interfering behaviors- 0 by end of intervention
- Progress Monitor
  - Once a week
  - 10 minutes
  - Nature environment

## Intervention Implementation

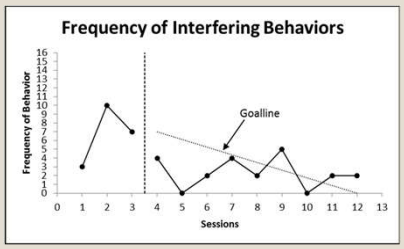
- Intervention (45 minutes, 2 times a week)
  - Coaching, Prompting, Modeling Pretend Play acts
    - Introducing substitution
    - Additional coaching for peer interactions
- Praise used as a Reinforcement
- *More information about play interventions available on the PLAIS website*

## Play Outcome



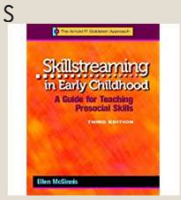

Play Level – Age appropriate (Complex Pretend Play with Substitution)
-see PLAIS website for more information about levels

## Behavior Outcome




## Social Skills Training – Preventing Problems

- Skillstreaming in Early Childhood



## Skillstreaming

- Uses well-researched procedures:
  - Modeling
  - Role-playing
  - Feedback
  - Transfer
- Skill Categories
  - Beginning Social Skills
  - School-Related Skills
  - Friendship Making Skills
  - Dealing With Feelings
  - Alternatives to Aggression
  - Dealing With Stress

## Skill - example

- Relaxing
  - 1. Think about how you feel.
  - 2. Take three deep breaths.
  - 3. Squeeze the oranges. (Imaginary)

### *Skill 32: Relaxing*

**SKILL STEPS**

1. **Think about how you feel.**
   Talk about how children feel when they are tense (jittery inside, getting a stomachache, tight or warm all over, etc.).
2. **Take three deep breaths.**
   Teach the children how to take relaxing breaths: Take a big breath in slowly, then let the air out through an open mouth. Have everyone practice this step.
3. **Squeeze the oranges.**
   Pretend to give each child an orange in each hand. Have children tighten their fists to squeeze all the juice out of each orange in turn, then both oranges together. Finally, have them drop the oranges and shake the rest of the juice off their hands.

**SUGGESTED MODELING SITUATIONS**

*School:* You are putting on an important puppet show for another class.

*Home:* You are going on vacation, and you're excited; a parent seems angry with you, and you don't know why.

*Peer group:* You are waiting to go to a friend's birthday party.

**COMMENTS**

Children may need a great deal of training in relaxation before they will be able to use this skill effectively. Having them practice this skill each day before rest time may help them to fall asleep more easily.

**RELATED SKILL-SUPPORTING ACTIVITY**

Practice this skill as a group before a change in routine (e.g., field trips, assemblies) and before classroom activities that are typically difficult for the children.

## Social Stories

- Effective in teaching social skills to young children
  - Speechpaths.blogspot.com
    - Link to how to purchase books $5 for 5 books
  - Pinterest is a good resource
    - Search: social, stories, preschool
  - Itunes has apps – have to pay for many
  - Thegraycenter.org
  - The Watson Institute
  - PBIS world
  - Speaking of speech

## Outcomes

- Service Learning projects
  - Over 80 young children participated
  - 6-8 week interventions developed and implemented by graduate students in School Psychology
  - 2 times per week
  - Social skills taught via Skillstreaming or Social stories
- Improvement seen in majority of children

## Resources

- Zero to Three
- Center for the Developing Child - Harvard University
- FSU Center for Prevention and Early Intervention Policy
  - Parent Tip Sheets

## Contact Information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