Challenges & Opportunities

- Address the mental health needs of young children and their caregivers in context of their network of services and supports
- Integrate the best available science on what works for preventing and treating mental health needs of young children and their families

Learning Objectives

Participants will be able to:

**PART 1:**
1. Define trauma
2. Describe the potential impact of adverse experiences on young children
3. Identify signs and symptoms of trauma in infants, toddlers and preschoolers
4. Identify steps to support children and families who have experienced trauma.

**PART 2:**
1. Define resilience
2. Identify strategies to build protective factors for young children and their families
Watch the Still Face Clip

What is Trauma?

Trauma occurs...

when frightening events or situations overwhelm a child's ability to cope or deal with what has happened

Group Discussion:

What kinds of traumatic experiences do children and families face?

The Impact of Adverse Experiences: Years Later

Lessons from the Adverse Childhood Experiences (ACES)

Adverse Childhood Experience (ACE) Outcomes

- Death
- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health risk Behaviors
- Social, Emotional, & Cognitive Impairment
- Adverse Childhood Experiences

Conception

Whole Life Perspective

Scientific Gaps
Impact of Early Stress

- **CHILDHOOD STRESS**
- Hyper-responsive stress response; calm/coping
- Chronic “fight or flight”; cortisol/norepinephrine
- Changes in Brain Architecture

ACE Scores

<table>
<thead>
<tr>
<th>ACE score</th>
<th>Prevalence</th>
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<tr>
<td>0</td>
<td>36%</td>
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<tr>
<td>1</td>
<td>26%</td>
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<tr>
<td>2</td>
<td>16%</td>
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<td>3</td>
<td>9.5%</td>
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<tr>
<td>4 or more</td>
<td>12.5%</td>
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</tbody>
</table>

- More than half (almost 2/3) have at least one ACE
- 1 in 8 have 4 or more ACEs
- Average teacher will see 2-3 children with an ACE score of 4 or more each day

ACEs and Obesity

AOR = 1.9 (1.6-2.2)

ACEs and Current Smoking

AOR = 1.8 (1.5-2.1)

ACEs and Alcoholicism

AOR = 7.2 (5.9-8.9)

ACEs and Illicit Drug Use

AOR = 4.5 (3.9-5.3)
ACEs and IV Drug Use

AOR = 11.1 (6.2-19.9)

ACEs and Promiscuity (> 30)

AOR = 3.6 (3.0-4.4)

Also earlier onset!!

ACEs Impact Multiple Outcomes

Risk Factors for Common Diseases

ACEs

Smoking
Alcoholism
Promiscuity
High Perceived Risk of HIV
Obesity
Illicit Drugs

ACEs Impact Multiple Outcomes

- Relationship Problems
- Marital Problems
- Mental Health
- General Health and Social Functioning
- Smoking
- Alcoholism
- Promiscuity
- High Perceived Risk of HIV
- Obesity
- Illicit Drugs

The BIG Questions are...

If TOXIC STRESS is the missing link between ACE exposure and poor adult outcomes, it raises the following BIG questions:

- Are there ways to: treat, mitigate, and/or immunize against the effects of toxic stress?
- If so, is there a mismatch between: what we KNOW ... and ... what we actually DO?

Addressing Toxic Stress

Treatment of the consequences

- TF-CBT and PCIT are evidence-based
- Reactive – some “damage” already done!
- Very COSTLY
- Efficacy linked to age and chronicity
- Declining brain plasticity?
- Insufficient number of / access to providers
- Limited reimbursements; carve-outs
- Mental Health Parity?
- Persistent STIGMA
- “Character Flaws” vs “Biological Mal-adaptations”
Addressing Toxic Stress

Secondary / Targeted Preventions
Focused, targeted interventions for those deemed to be “at high risk”
Visiting Nurse Programs (Nurse Family Partner.)
Parenting Programs (Triple-P, Nurturing Parent.)
More likely to be effective; minimize “damage”
Requires screening
Still issues with stigma, numbers of/access to providers

Addressing Toxic Stress

Primary / Universal Prevention
Proactive, universal interventions to make stress positive, instead of tolerable or toxic
Acknowledges that preventing all childhood adversity is impossible and even undesirable
Actively building resiliency (“immunizing” through positive parenting, 7C’s, promoting optimism, formalized social-emotional learning)
SE Buffers allow the physiologic stress response to return to baseline
Parenting skills for younger children
SEL skills for older children (www.casel.org)

What does this mean for Adults?

• Families
  — Resulting stress makes caregivers less able to care for themselves and for children
  — Need to learn strategies to address stress

• Staff
  — Need to understand how to take care of themselves in order to care for young children and their families

Knowing the Signs & Symptoms

• Eating & Sleeping disturbance
• Clingy/separation anxiety
• Irritable/difficult to soothe
• Repetitive/post-traumatic play
• Developmental regression
• Language delay
• General fearfulness/new fears,
• Easily startled

Signs and Symptoms of Trauma in Infants and Toddlers

• Reacting to reminders/trauma triggers
• Difficulty engaging in social interactions through gestures, smiling, cooing
• Persistent self-soothing behaviors, for example, head banging
• Aggression (toddlers)
Signs and Symptoms of Trauma in Preschoolers

- Avoidant, anxious, clinging
- General fearfulness/new fears
- Helplessness, passive
- Restless, impulsive, hyperactive
- Physical symptoms (headache, etc.)
- Inattention, difficulty problem solving
- Irritability
- Aggressive and/or sexualized behavior
- Sadness
- Repetitive/post-traumatic play
- Talking about the traumatic event and reacting to trauma triggers
- Developmental regression
- Poor peer relationships and social problems (controlling/over permissive)

Strategies to Help Children Feel Safe and Secure

- Stay calm
- Provide simple rules
- Offer multiple outlets to express feelings
- Talk about feelings
- Individualize
- Provide predictable routines
- Seek support

What Protects Young Children from Adversity?

Small group discussion with report out

Resilience Defined

- Recovering from or adjusting to misfortune or change
- The ability to bounce back
- Overcoming the odds

Resilience Model
One-third of Americans are living with extreme stress and nearly half of Americans (48%) believe that their stress has increased over the past five years.

Report from the American Psychological Association, 2012

Adults Under Chronic Stress

- Are often more irritable
- Are more likely to be inconsistent
- Have less energy
- Lose a feeling of joy of life

Take Care of Yourself: Tips

www.ecmhc.org

Overview

- Brief background on maternal depression and why prevention is so important
- Share the results of 3 randomized controlled trials of a preventive intervention for perinatal depression
- Describe the core elements of the Mothers and Babies curriculum
- Discuss implications for your work
### Postpartum Mood Spectrum

<table>
<thead>
<tr>
<th>Severity</th>
<th>Postpartum Blues</th>
<th>Postpartum Depression</th>
<th>Postpartum Psychosis</th>
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<tbody>
<tr>
<td></td>
<td>tearfulness, fatigue, insomnia, overwhelmed</td>
<td>Low mood, irritability, sleep/appetite disturbance, guilt, worthlessness ≥ 2 weeks</td>
<td>Hallucinations, paranoia, inability to care for self or baby, thoughts of suicide or infanticide</td>
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</tbody>
</table>

### Definition of Major Depression

- Five of more of the following, present during 2-week period:
  - Depressed mood
  - Diminished pleasure/interest
  - Insomnia/hypersomnia
  - Psychomotor agitation/retardation
  - Fatigue or loss of energy
  - Worthlessness or guilt
  - Diminished ability to think or concentrate
  - Weight loss (not associated with dieting)
  - Recurrent thoughts of death
- And impairment in one or more areas of functioning

### Recurrence of Major Depression

- Recurrence rates of major depression is high:
  - 50% after 1st episode
  - 70% after 2nd episode
  - 90% after 3rd episode

### Barriers to Seeking Therapy

- Sign of weakness
- Financial commitment/practical concerns
- Fear of being labeled
- Mismanaged priorities
- Denial
- Generalizing past negative experiences
- Lack of support

### CECMHC Resources

- 5 Action Steps:
  - Identify Families
  - Train Staff
  - Provide Reflective Supervision
  - Connect Families with Services
  - Reduce Stigma

- www.ecmhc.org/maternal-depression
Step 1: Identify Families:
List of Reliable/Valid Screening Tools
• No cost
• For purchase

http://www.ecmhc.org/maternal-depression/identify-families.html

http://www.ecmhc.org/maternal-depression/reduce-stigma.html

• 3 posters targeted to mothers
• 1 poster focused on other family members
• 2 posters targeted to staff*


Consequences of Maternal Depression

• Mothers’ well-being
  — Decreased Maternal Self-efficacy
• Fathers’ well-being
  — Increased depression & marital stress
  — Increased concern of infants
• Infant development
  — Emotion dysregulation
  — Cognitive and language delays
  — Increased risk for psychopathology
• Mother-infant interaction
  — Mothers: understimulating or overstimulating
  — Infants: Less responsive, more gaze avoidant, more distress

Field, 1997; Milgrom & McCloud, 1996; O’Hara, 1994

Prevention Model

• Goal: Reduce the onset of major depressive episodes by teaching women mood regulation skills and education regarding parenting and child development
  — Focus on mothers-to-be, with the long-term aim of reducing depression risk in infants

The Mothers and Babies Course

MY PERSONAL REALITY

Promote parent-infant bonding using cognitive-behavioral strategies
**Structure of the Mothers and Babies Course**

- Based on Cognitive-behavioral therapy (CBT) principles
- Incorporates some Interpersonal psychotherapy (IPT) concepts and attachment theory
- Psychoeducational in nature
- Women at risk for developing clinical depression eligible for groups

**Structure of “Baltimore Version” of Mothers and Babies Course**

- Six weekly group sessions lasting 2 hours
  - Three modules each with two sessions:
    - Thoughts
    - Support from Others
- Home visits and individual reinforcement between weekly sessions

**Quick Mood Scale**

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Quick Mood Scale

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Number of Pleasant Activities

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Major point: What we DO affects how you think and feel about yourself, others, and the world around you

- When people do pleasant activities they often feel happier, are more likely to have positive thoughts about their own life, and are more likely to have positive contacts with others.
- It may be difficult to get the energy to do pleasant activities when we feel down or tired, but if we do these activities they may help us feel better and less tired.

Exercises and Skills

What pleasant activities do you like to do?

- Understanding common harmful thought patterns:
  - (e.g., all or nothing thinking, overgeneralization, blaming oneself, negative fortune telling)
- Strategies exist to change harmful thought patterns:
  - Thought interruption
  - Worry time
  - Time projection
  - Self-instruction

Major point: How we THINK affects the way we feel, our body/physiology (e.g., tension), and what we do

- Although it may seem difficult, it is possible to change the way we think.
  - Key aspect of changing thought patterns is to be able to identify and understand our own thoughts and thought patterns.

Exercises and Skills

- Support from Others
  - Relationship between depression and contact with others is reciprocal:
    - When we feel depressed, we have fewer positive contacts.
    - When we have fewer positive contacts or more negative contacts, we may become depressed.

Major point: The stronger your support system is the better prepared you are to face difficult situations.
### Exercises and Skills

**Support from Others**

- Identifying different people who provide support
- Identifying different ways that people can provide support (e.g., tangible, emotional)
- Focus on expanding conceptualization of who can be helpful
- Developing effective communication approaches to ask for support
- Understanding how communication style can affect mood
- Promoting an assertive communication style (instead of passive or aggressive)

### Future Directions for MB Course

- How to involve fathers
- Focus on the couple as parents
- Adaptation for teen parents
- Changing modalities (1 on 1 administration)

### Thank You!

For more information:

- Mothers and Babies project:
  - [http://mbp.columbian.gwu.edu/](http://mbp.columbian.gwu.edu/)
  - [http://medschool2.ucsf.edu/latino/manuals.aspx#motherandbabies](http://medschool2.ucsf.edu/latino/manuals.aspx#motherandbabies)

Deborah Perry: [dfp2@georgetown.edu](mailto:dfp2@georgetown.edu)
Mimi Le: [hnle@gwu.edu](mailto:hnle@gwu.edu)
Darius Tandon: [dtandon@northwestern.edu](mailto:dtandon@northwestern.edu)

### Learning Objectives:

Participants will:

- Become familiar with training materials to provide training and technical assistance to enhance conversations that facilitate change
- Describe how they can use the resources and materials in their work
- Reflect on the skills of reflective listening, asking open ended questions and

### Facilitating Change: Conversations that Help

### Toughest Conversation

- Reflect on the toughest conversation you had where you felt successful.
- What did you do to contribute to the success of the conversation?
- What did the other person in the conversation do after the conversation that let you know it was successful?
When We Actively Engage Families...
...All Benefit.

- **Children** will be healthier and more ready for kindergarten
- **Families** will be more engaged in your program & in the public school
- **Programs** will achieve higher levels of quality
- **Communities** will provide stronger supports to the next generation

Engagement is a Relational Process

- Engagement is relational.
- The experience of engagement includes specific qualities of the relationship – safety, trust, encouragement, mutual respect and caring and hope.
- The experience of engagement leads to changes in attitude, motivation, and sense of positive possibility.
- The experience of engagement leads to changes that promote family and child outcomes.

Digging Deeper into Relationships as Central to Partnering with Parents for Change

- It’s natural for people to feel ambivalent about a relationship, even one they have chosen, but especially if they have not chosen it
- Our past experiences with helpers will effect our current experience of a helper
- This current experience of helping will impact the future experiences of helping

Discussion

- Think of a time when you changed a behavior, an attitude, or a perspective
- What helped you change?
- What supports you?
- What doesn’t?

Principles for Partnering

- **Collaboration**
- **Learning from the Parent-**
  - Parent as the expert
  - What does the parent want to know/do?
- **Autonomy**
  - Parent will make the decision

Strengths-Based Attitudes

- Families are the first and most important teachers of their children
- Families are our partners with a critical role in supporting child’s development
- Families have expertise about their child
- Families have something valuable to contribute
Digging Deeper into Change

• Abandon your impulse to:
  – Give advice
  – Solve the problem
  – Be the expert

Stages of Change

• Precontemplation
• Cotemplation
• Preparation
• Action
• Maintenance

Most People are Not Sure about Change

Roll with Resistance

Listening Exercise

Listening:
• 90 seconds to talk about something important
• 90 seconds to listen

Empathic Listening:
- other-directed
- non-defensive
- imagine others’ perspectives
- desire to receive and understand the other
Reflective Listening

- So you feel...
- It sounds like you...
- You’re wondering if...

“Reflective listening is the key to this work. The best motivational advice we can give you is to listen carefully to your clients. They will tell you what has worked and what hasn’t. What moved them forward and shifted them backward. Whenever you are in doubt about what to do, listen.”
(Miller & Rollnick, 1991)

Digging Deeper into Change: Strategies the Help

Soliciting Permission/Developing a Collaborative Agenda:

- Would it be ok if we talked about tooth brushing? (follow-up dental visits; your child’s nutrition; attendance)
- What have you heard about tooth brushing for 2 year olds?
- Would you like to hear more about tooth brushing and its benefits?

What happens if the parents say “no”

- This happens very infrequently
- Then they are not ready for the advice (think pre-contemplation)
- Ask permission to check back

Examples of Open Ended Questions

- What is most important to you right now?
- How would you like your life to be in the future?
- What might happen if you made this change?
- What might happen if you don’t make this change?

Examples of Open Ended Questions

- Tell me about what has been happening since we last talked.
- Given all that you have been going through how have you been able to __________ (find strength)?
- What are the good things about __________ and the not so good things about ____________?
Examples of Open Ended Questions

• How would you like things to be different?
• What if anything have you tried before related to ________________?
• Tell us about your experience in the program?

Insert Video-

Insert Debrief of one of the videos

Using the Resources

• How might you use these materials (i.e. training, videos)?
• What questions do you have?

Summary Wrapping Up

• What stood out for you from what you heard or experienced today?
• What excites you or concerns you about what you learned?
• Any insights from the session?
• How might you use what you heard today?

Contact Information

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202-687-5443
### Selected GUCCHD RESOURCES

- Center for Early Childhood Mental Health Consultation
  - [www.ecmhc.org](http://www.ecmhc.org)
- Systems of Care
- [http://gucchdtacent er.georgetown.edu/early_childhood_SO C.html](http://gucchdtacent er.georgetown.edu/early_childhood_SOC.html)
- Head Start Resources