Early Childhood and Family Mental Health Services at Vermont's Designated and Specialized Services Agencies

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Early Childhood & Family Mental Health [ECFMH] Services in Vermont

What is it?

Early childhood mental health refers to the social, emotional and behavioral well-being of children birth to six years and their families, including the capacity to:

- Experience, regulate and express emotion
- Form close, secure relationships
- Explore the environment and learn

Early childhood mental health is influenced by:

- Biological and physiological characteristics of the young child
- Quality of the adult relationships in the child's life
- Caregiving environments the child is in
- Community context in which the child and family lives

The Early Childhood and Family Mental Health system of care in Vermont provides a comprehensive cross-system, cross-agency infrastructure that sustains services and supports that:

- Promote positive mental health
- Prevent mental health problems in children and families
- Intervene for children and families impacted by mental health disorders

Why is it important?

Science tells us that the foundations of sound mental health are built early in life. Early experiences—including children's relationships with parents, caregivers, relatives, teachers, and peers—interact with genes to shape the architecture of the developing brain. Disruptions in this developmental process can impair a child's capacities for learning and relating to others, with lifelong implications. For society, many costly problems, ranging from the failure to complete high school to incarceration to homelessness, could be dramatically reduced if attention were paid to improving children's environments of relationships and experiences ***early in life.*** In the work of Bruce Perry (1996) it has been demonstrated that society saves $9.00 for every $1.00 invested in early childhood care and intervention.[1]

Significant mental health problems can and do occur in young children. In some cases, these problems can have serious consequences for early learning, social competence, and lifelong physical health. Children can show clear characteristics of anxiety disorders, attention-

[1] (https://www.impact.upenn.edu/our-analysis/opportunities-to-achieve-impact/early-childhood-toolkit/why-invest/what-is-the-return-on-investment/)

deficit/hyperactivity disorder, oppositional defiant disorder, depression, post-traumatic stress disorder, and neurodevelopmental disabilities, such as autism spectrum disorder, at a very early age. Young children respond to and process emotional experiences and traumatic events in ways that are very different from older children and adults. Consequently, diagnosis in early childhood can be even more difficult than it is with adults.[2] There is even some early research about detecting young children who may be at risk for developing serious psychopathic traits.[3] Early childhood mental health practitioners are trained to detect these issues and provide early and timely treatment. For many years, Vermont ECFMH practitioners have been paying attention to ACES research (Adverse Childhood Events) and child and family resilience, and are already trained to identify and treat the psychosocial factors that contribute to adverse childhood events and complex trauma.

The need for early childhood mental health consultation is on the rise. There are several factors that contribute to this growing need. In a recent study conducted by the Vermont Department of Health (which produced the Vermont ACE data), it was demonstrated that overall, 58% of Vermont adults had one or more types of adverse events in their childhood.[4] This reflects a national trend first uncovered by Drs. Felitti and Anda in 1997. The increased number of ACES experienced by children and adults leads to the increase of risk for social and emotional challenges.

What does the service of ECFMH in Vermont look like? What do practitioners do?

ECFMH as a specialty service focuses on young children's social/emotional domain and the behavioral and relational aspects of a child and his/her family. ECFMH practitioners are most often master's-level clinicians in the fields of social work, psychology, or mental health counseling. Many are licensed practitioners. They have training in mental health, family systems, individual and family therapy, and care coordination. Most have additional specialized training and expertise in problem areas such as trauma, attachment, post permanency, ADHD, and autism spectrum disorders. Practitioners are able to provide two primary types of intervention--treatment and program consultation.

Treatment

Practitioners work with children and families in their homes, in child care settings, or in the office (if the family prefers). They provide clinical assessment, diagnosis and evaluation, and play-based child and family therapy. ECFMH clinicians are trained to intervene to resolve complex interpersonal and relational issues within a family unit. Some regions have both master's clinicians and bachelor level case managers on the ECFMH team. At the case management level, providers might support children in learning coping or self-regulation skills,

[2] Center on the Developing Child Harvard University *https://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health-video/]*)
[3] https://www.psychologytoday.com/blog/fulfillment-any-age/201611/can-we-identify-psychopathy-in-young-child.
[4] http://www.healthvermont.gov/sites/default/files/documents/2016/12/summary_brfss_2011.pdf

and work with parents on parenting skills. A new provider in the field has emerging competencies and can assist with prevention and uncomplicated treatment.

Practitioners with more years of experience, and master's-level or licensed practitioners treat complex family situations and children with emotional disturbance, trauma and attachment problems. Many ECFMH clinicians have received additional evidence based training in Child Parent Psychotherapy (CPP), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), Helping the Noncompliant Child, and the ARC Model (Attachment, Regulation, and Competency). There is a growing body of research informing practice in ECFMH. Internationally recognized researchers and practitioners such as Eliana Gil, Connie Lillas, Kristie Brandt, Bruce Perry, and Alicia Lieberman provide clinicians with continuous professional development material and opportunities.

ECFMH Program Consultation

ECFMH providers also serve as consultants to child care programs of various sizes, and to other types of programs as requested (e.g. DCF, other child focused agencies). Early Childhood Mental Health Consultation is a specialized field that has been developed and researched at various universities, most notably Georgetown University.

> *ECMH Consultation is a problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more caregivers, typically an early care and education provider and/or family member. Early childhood mental health consultation aims to build the capacity (improve the ability) of staff, families, programs, and systems to prevent, identify, treat and reduce the impact of mental health problems among children from birth to age 6 and their families.*[5]

The primary goal of ECFMH consultation is to address the issues that contribute to an individual child's difficulties in functioning well in his or her early care setting. Consultation may be provided to the child's teacher and parents and is focused on helping these adults support the child more effectively and sensitively.

Consultants use a variety of frameworks to guide their consultation.[6] An emerging body of literature produced by the Technical Assistance Center on Social and Emotional Intervention for Young Children and the National Center for Effective Mental Health Consultation at Georgetown University Center for Child and Human Development suggests that early childhood mental health consultation services have been linked to decreased expulsion rates, reductions in child challenging behavior, improvements in child social behavior, increases in teachers' sense

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[5] *(Adapted from Cohen & Kaufmann, 2000)* https://www.ecmhc.org/tutorials/defining/mod1_1.html

[6] Some frameworks include: Center for Social Emotional Foundations for Early Learning (CSEFEL/pyramid model/positive behavior supports) from Vanderbilt University, Attachment/Regulation/Competence from Justice Resource Institute, National Center for Effective Mental Health Consultation at Georgetown University.

of efficacy, decreases in teaching stress, reductions in staff turn-over, and increases in the overall quality of the program. [7] The capacity to provide these vital consultation services varies from region to region in Vermont. Funding and staff availability are ongoing challenges.

How is it different from other similar services offered to families with young children?

ECFMH has existed in Vermont since 1998, when the Children's Upstream Services (CUPS) grant was first obtained by the Child Adolescent and Family Unit of DMH (https://www.researchconnections.org/childcare/resources/12613). In some communities this work merged with the Children's Integrated Services (CIS) grants allocated by the Child Development Division of DCF. In other regions, two or more 'strands' of ECFMH services have been provided side by side: CIS prevention services and DMH fee for service funded treatment services. Some regions also have therapeutic child care services.

Within Children's Integrated Services, ECFMH is one of the services provided, along with Maternal Child Health Nursing, Early Intervention, Family Support and Specialized Child Care. CIS Family Support providers assist parents with general support issues: parenting typically developing children, budgeting, managing daily routines, housing, school transition issues, etc. Early Intervention providers (EI) are specialists in screening and obtaining services for all the major developmental domains, and providing developmental education for children with delays or medical conditions, birth to three. ECFMH professionals specialize primarily in the Social/Emotional domain and treat children and families to resolve child and family relational and behavioral concerns. By providing mental health treatment early in the family's lifespan, more significant and costly problems are prevented down the road.

ECFMH providers are trained to collaborate closely with all other providers using a systems framework. Whether these providers are situated within CIS, part of their designated agency, or connected to a therapeutic child care, ECFMH providers look holistically at the child and family and collaborate with the whole team. When ECFMH is part of a designated agency, it can improve access to adult system of care providers for mental health and substance abuse treatment—a critical link for many parents. In designated agency ECFMH programs, there can also be access to other services that support families, such as respite care, psychiatric consultation and activity funding. Most ECFMH clinicians have weekly clinical supervision using a reflective supervision model.

What is an appropriate referral?

Children birth to six who are experiencing challenges in their social and emotional development that are beyond the typical issues seen in children should be referred for an ECFMH assessment. For example, most two-year-olds exhibit defiance; this is a typical part of this developmental stage. A child who exhibits behaviors that ***go beyond*** what is typically expected for the

[7] (TACSEI- http://challengingbehavior.fmhi.usf.edu/) and (https://www.ecmhc.org/)

developmental level may benefit from an evaluation or consultation with an ECFMH professional. Families who have children impacted by trauma, challenges in attachment relationships, and severe issues of regulation, abuse, or neglect may also benefit from a referral.

Example/Vignette:

A child referred to the ECFMH program at a designated agency had been expelled from two child care centers. He behaved in a highly aggressive manner and teachers felt he could not be manage safely.. His mom was in recovery from addiction, was trying to hold down two jobs, and had received an eviction notice. The clinician met with the mom at the child care center. She listened to the struggles with keeping her son in child care and trying to keep her jobs. As the clinician listened to the layers of the story unfold, she heard about the trauma mom had experienced with the child's father. Together they unraveled a story about a particular traumatic event that had occurred, which had led to the child's escalating behaviors. Looking into family history, they discussed the history of anxiety disorders in the family.

During their work together, the clinician and the mom were able to weave together a different picture, of an anxious child trying to control his child care environment when he was triggered by past trauma. The clinician provided evidence based suggestions to mom to help her begin daily routines and provide calming activities for her child. The clinician provided family therapy sessions to help the Mom become more attuned and supportive to her son, rather than expressing her own anxiety.

After some brief individual therapy for Mom with a private practitioner (during which time a family friend watched the child), Mom and the clinician approached another child care center and had a collaborative meeting to describe how the child struggled with anxiety and what that looked like in the classroom. The clinician provided consultation to the program to help them understand the child and provide the level of support he needed, and helped to develop a plan to manage his anxiety and challenging behaviors at child care. The clinician referred Mom to a homelessness prevention program, which enabled her to receive financial assistance for stable housing. Kindergarten transition meetings began, to bridge between preschool and kindergarten. The child received appropriate screenings to rule out developmental delays. The clinician continued to support the Mom and the child as needed, to help the child transition successfully into public school.

ECFMH clinicians are experts in helping resolve child and family trauma as well as teach functional social/emotional skills that are vital to school readiness. In Vermont, we value social services that are high quality, evidence-based, cost effective, and preventative. We know we need to target resources early to reduce the risk of ACES. ECFMH clinicians play a unique and essential role in this work.

Resources

Action for Children *www.Actionforchildren.org*

Center on the Developing Child at Harvard University
https://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health-video/]

Center for Early Childhood Mental Health Consultation at Georgetown University:
https://www.ecmhc.org/;

Adverse Family Experiences: THE VERMONT STORY
http://mentalhealth.vermont.gov/sites/dmh/files/documents/CAFU/ChildTrauma/Adverse_Family_Experiences_VT_Chap-1_final_8_11_15.pdf

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
http://www.nctsn.org/sites/default/files/assets/pdfs/tfcbt_general.pdf

Parent Child Interaction Therapy (PCIT)
http://www.nctsn.org/sites/default/files/assets/pdfs/pcit_general.pdf

Child-Parent Psychotherapy (CPP)
http://childparentpsychotherapy.com

Attachment Regulation Competence (ARC)
http://www.nctsn.org/sites/default/files/assets/pdfs/arc_general.pdf

Zero to Three "Our mission is to ensure that all babies and toddlers have a strong start in life."
www.zerotothree.org

National Child Traumatic Stress Network www.nctsnet.org

Michigan Association for Infant Mental Health http://mi-aimh.org

California Center for Infant-Family and Early Childhood Mental Health http://cacenter-ecmh.org/wp/

Helping the Noncompliant Child, VT Center for Children Youth and Families
https://www.med.uvm.edu/vchip/projects/past-projects/vt-program-for-evidence-in-practice-vpep