WHY 0-5?

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OBJECTIVES

- Examine current practices and strategies used to promote children's mental health.
- Associate early childhood experiences and their connections to lifelong mental health.
- Construct a position on why efforts should be made to increase prevention and early intervention services to promote young children's mental health.
- Share about and discuss efforts and programs within your own communities that address young children's mental health.
- Collaborate with one another to create an action plan to improve mental health services for young children.
Promotes the social-emotional development of “at risk” children ages 0-5 throughout Merced County by providing services to children and to those who care for them including parents, child care providers and teachers in order to help prevent and lessen the severity of early childhood mental health problems.
CARING KIDS

- The Merced County Office of Education's Caring Kids Program has been in operation since 2003.

- The program has always been funded by First 5 Merced County (Prop 10).

- In July 2009 Caring Kids began receiving funding from Merced County Mental Health with the Mental Health Services Act, Prevention and Early Intervention (PEI) funds (Prop 63).
PROGRAM SERVICES & SUPPORTS PROVIDED

- We Promote Parent-Child Interaction
- We provide Parent/Teacher Education and Support (home visiting & other trainings)
- We conduct Social Skills and Behavioral Intervention
- We Help to Ensure Positive Early Experience to Promote Optimal Brain Development
- We Help Prevent Early Experiences which Negatively Impact Brain Development
PROTECTIVE FACTORS POSITIVE OUTCOMES

Parental Resilience

Social Connections

Knowledge of Parenting and Child Development

Concrete Support in Times of Need

Social and Emotional Competence of Children

The *Strengthening Families* approach is a research-based, cost-effective strategy that is aimed at increasing family stability, enhancing child development, and reducing child abuse and neglect.
CULTURAL AND LINGUISTIC COMPETENCY

- The Caring Kids Program staff is multicultural and multilingual.

- We are continually learning about the cultures of the children and families that live within our community.

- Bilingual staff provide services in a child or family’s native language when needed or preferred.

- All of our written materials and videos are provided in multiple languages (to date Caring Kids’ written materials have been made available in English, Spanish, and Hmong and we have staff fluent in each of those languages).
CARING KIDS

Home Visits:

- Family Empowerment Plan: determine goals to work on
- Social Skills Lesson Curriculum
- 10 Big Ideas to help kids grow to be the best they can be
- Make Parenting a Pleasure Curriculum
- How to Raise Emotionally Healthy Children

Depending on each child’s and family’s needs we will work together to make a determination about the scope and duration of our intervention services. These services are primarily conducted during home visits.
COMMUNITY COLLABORATION

- First 5 Merced County
- Medical Providers
- Education
- Social Workers
- Mental Health Providers
SUMMARY OF THE DEVELOPMENT AND IMPLEMENTATION OF A COLLABORATIVE EVALUATION OF THE CARING KIDS PROGRAM

Report Authors:
Stergios Roussos, PhD, MPH
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Results:

Correlation between parents who stay in the program for at least 12 sessions and survey responses:

Parents who completed measures at multiple time points had higher average responses to the item “I give in to bad behavior” than parents who completed only the initial measures. Parents who completed only the initial measures had higher average responses to the items “I provide structure and routines for my children,” “I show affection to my children,”, and “I am a good parent,” compared to parents who completed measures at multiple time points.

The two groups differed significantly only in their standard scores for Attentional Problems/Overactive (APO). Parents who only completed measures at the initial time point had reported significantly lower APO scores than parents who completed measures at multiple time points.
SUMMARY OF THE DEVELOPMENT AND IMPLEMENTATION OF A COLLABORATIVE EVALUATION OF THE CARING KIDS PROGRAM

Parent Satisfaction Survey: These findings suggest children decreased in their tendency to have temper tantrums and use bad language or behaviors.

Behavior Questionnaire: These findings suggest children decreased in their tendency to disobey rules or requests, have temper tantrums, get upset and cry, throw or break objects and become shy around others.
SUMMARY OF THE DEVELOPMENT AND IMPLEMENTATION OF A COLLABORATIVE EVALUATION OF THE CARING KIDS PROGRAM

Parent Skills Measure: These findings suggest that parents decreased in their tendency to give in to bad behavior and yell at their children. Parents also increased their tendency to provide structure and routines, catch their child being good, and play with their child.

PKBS-2: These findings suggest that children showed improvements in their social cooperation, social independence. They also indicate that children decreased in externalizing problems, self-centered/explosive behaviors, attention problems/overactive behaviors, and behaviors associated with social withdrawal.
 IMPORTANCE OF HOME VISITING

The benefits of home visiting

INCREASES
- parenting confidence & competence
- quality of parent-child interactions
- school readiness
- safety & stimulation in home environments
- maternal health
- child development & health

DECREASES
- low-weight births
- child language or cognitive delays
- maternal depression & stress
- maternal alcohol & tobacco use
- child maltreatment
- child mortality from preventable causes
- later juvenile crime

A scientific consensus is emerging that the origins of adult disease are often found among developmental and biological disruptions occurring during the early years of life. These early experiences can affect adult health in 2 ways—either by cumulative damage over time or by the biological embedding of adversities during sensitive developmental periods. In both cases, there can be a lag of many years, even decades, before early adverse experiences are expressed in the form of disease. From both basic research and policy perspectives, confronting the origins of disparities in physical and mental health early in life may produce greater effects than attempting to modify health-related behaviors or improve access to health care in adulthood.

JAMA. 2009;301(21):2252-2259 Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities Building a New Framework for Health Promotion and Disease Prevention

Jack P. Shonkoff, MD W. Thomas Boyce, MD Bruce S. McEwen, PhD
WHAT YOU NEED TO KNOW ABOUT EARLY BRAIN DEVELOPMENT

- Center for The Developing Child at Harvard

Early childhood is a time of both great promise and considerable risk. Assuring the availability of responsive relationships, growth promoting experiences, and healthy environments for all young children helps build sturdy brain architecture and the foundations of resilience. Significant disadvantages, meanwhile, can disrupt the developmental process and lead to limited economic and social mobility that threatens the vitality, productivity, and sustainability of society.

The mission of the Center on the Developing Child is to drive science-based innovation that achieves breakthrough outcomes for children facing adversity.
The first years of life are a very busy and crucial time for the development of brain circuits.

The brain has the most plasticity, or capacity for change, during this time, which means it is a period of both great opportunity and vulnerability.

The impact of experiences on brain development is greatest during these years—for better or for worse.

It is easier and less costly to form strong brain circuits during the early years than it is to intervene or "fix" them later.

Brains never stop developing—it is never too late to build new neural circuits—but in establishing a strong foundation for brain architecture, earlier is better.
KEY CONCEPTS: SERVE AND RETURN
THE FOUNDATIONS OF LIFELONG HEALTH
When we experience something stressful, our body’s stress response systems are activated. A healthy physiological stress response is characterized by a sharp increase followed by a rapid decrease in activation. When the system is resilient, it adapts over time (depicted above in blue), leading to less activation each time a similar stressor is experienced. But when the stress response does not activate the way it should, fails to turn off when the stressful experience is over, or fails to recognize and adapt to the same type of stressor over time, we know that it is not working properly. In the latter case (depicted above in red), the same physiological response is triggered over and over with no signs of adaptation. When this happens, it can upset the body’s chemical balance and change the architecture of specific regions of the developing brain. A resilient brain adapts to similar types of non-life-threatening stressors by adopting coping skills based on experience. As a result, the stress response system “learns” to activate more moderately.

INFANT-FAMILY AND EARLY CHILDHOOD MENTAL HEALTH

- The Center | California Center for Infant-Family and Early Childhood Mental Health http://cacenter-ecmh.org/
WHAT IS IT?

- Defined as “the state of emotional and social competence in young children who are developing appropriately within the interrelated contexts of biology, relationships and culture. The field of infant mental health may be defined as multidisciplinary approaches to enhancing the social and emotional competence of infants in their biological, relationship and cultural contexts” (Zeanah & Zeanah, 2001, 14).
CALIFORNIA TRAINING GUIDELINES

- All professionals working with young children and their families need to be grounded in the core knowledge and training necessary to provide family-centered, culturally competent, and developmentally appropriate services across the continuum of infant-family and early childhood mental health.
KEY CONCEPTS/KNOWLEDGE FOR ENDORSEMENT

- Parenting, Caregiving, Family Functioning, and Parent-Child Relationships
- Infant, Toddler, and Preschool Development
- Biological and Psychosocial Factors Impacting Outcomes
- Risk and Resiliency
- Observation, Screening, and Assessment
- Diagnosis and Intervention
- Interdisciplinary/Multidisciplinary Collaboration
- Ethics
DR. NADINE BURKE HARRIS: HOW CHILDHOOD TRAUMA AFFECTS HEALTH ACROSS A LIFETIME
WHAT ARE YOUR THOUGHTS?

- What are some services for young children and families in your communities?

- How can you help improve optimal brain development in the first five years of life

- Any other questions or comments?
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