Infant and Early Childhood Mental Health: Assessing and Treating Young Children

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Objectives

1. Discuss the unique challenges associated with infant/early childhood mental health work.

2. Explain the role of relationships in assessing and treating young children with mental health problems.

3. Identify three evidenced-based infant/early childhood mental health interventions used in Iowa to treat young children.

What is Infant & Early Childhood Mental Health?

Infant Mental Health is the developing capacity of the child from birth to 3 to:

- experience, regulate (manage), and express emotions;
- form close and secure interpersonal relationships;
- and explore and master the environment
- and learn all in the context of family, community, and cultural expectations for young children."

(*The Center on the Social and Emotional Foundations for Early Learning*, Vanderbilt University)

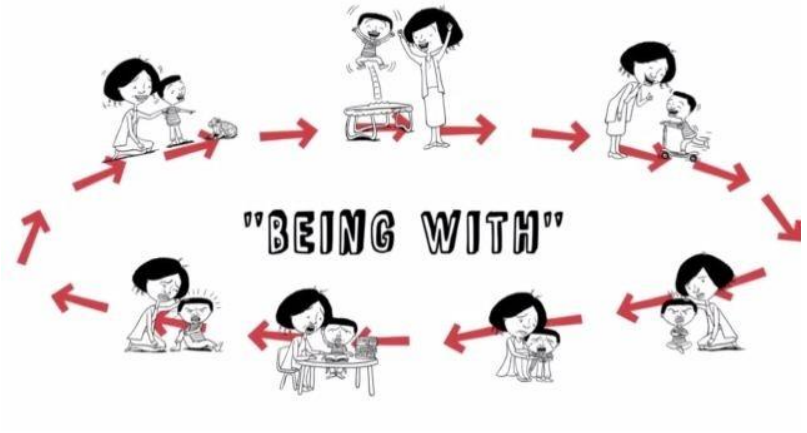
What is Infant & Early Childhood Mental Health?

Early Childhood Mental Health is the upward extension of healthy social and emotional development to approximately age six.

Why is Infant and Early Childhood Mental Health Important?

- Relational experiences in early life serve as a foundation for later development.
- Early attachment relationships impact later social and emotional development.

Securely attached children are able to balance secure base and safe haven needs.



- Child characteristics influence the parent-child relationship (e.g., temperament)

The Field of Infant & Early Childhood Mental Health

- Prevention of social and emotional challenges
- Promotion of social and emotional health
- Treatment to support a return to social and emotional health

(Zeanah, Stafford, Nagle, & Rice, 2005)

The Field of Infant & Early Childhood Mental Health

- System of care is different than for older children (e.g., Early ACCESS)

- Range of professionals and activities in the field (not everyone is diagnosing and providing psychotherapy)

  Example: Safe Babies Court Team

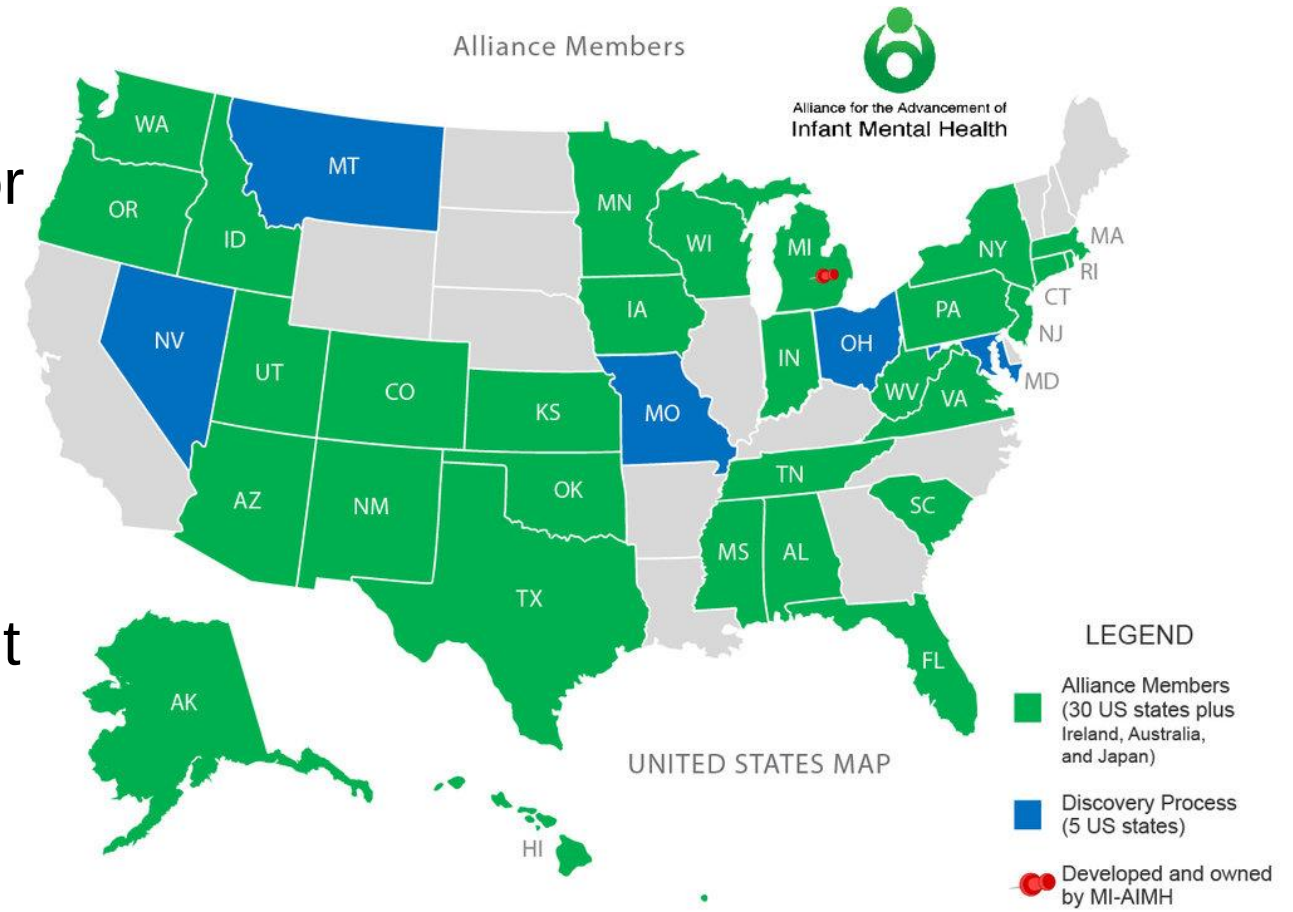
Infant & Early Childhood Mental Health Professionals Have Specialized Needs

University of Iowa Hospitals & Clinics
University of Iowa Health Care

Training Needs

Example:

Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant & Early Childhood Mental Health®



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University of Iowa Hospitals & Clinics
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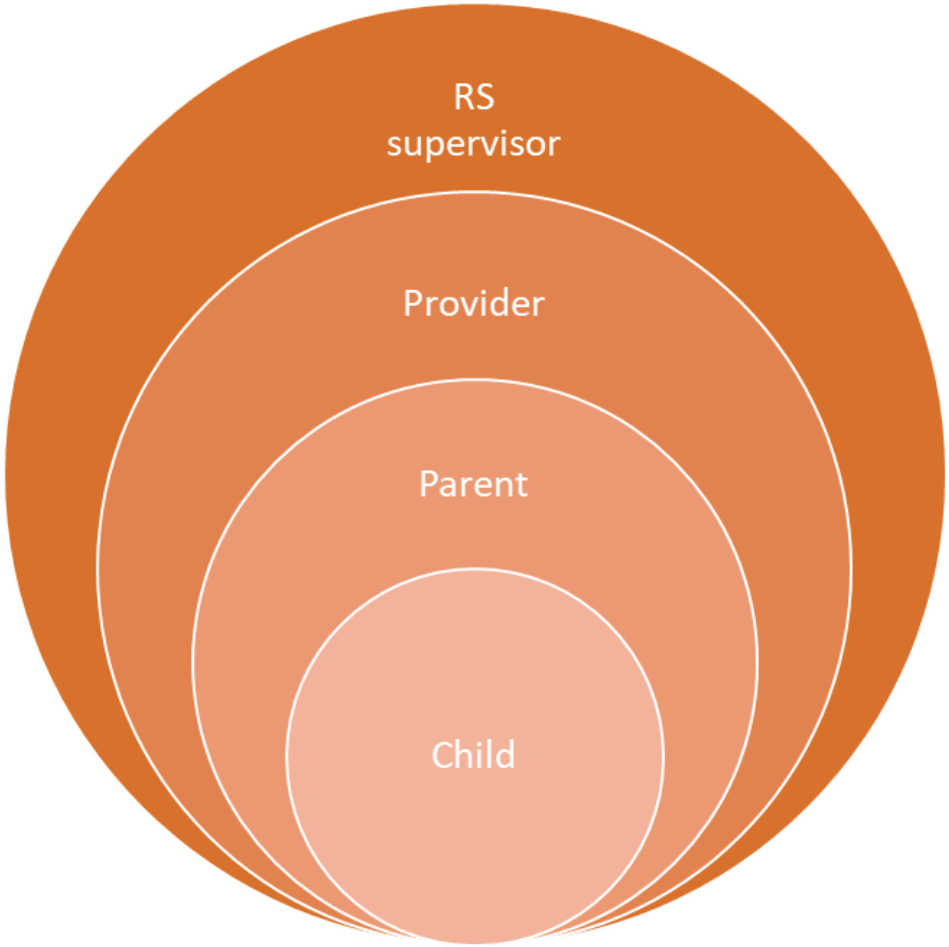
Consultation/ Supervision Needs

Example:

Reflective Consultation/ Supervision



Infant & Early Childhood Mental Health Professionals Have Specialized Needs

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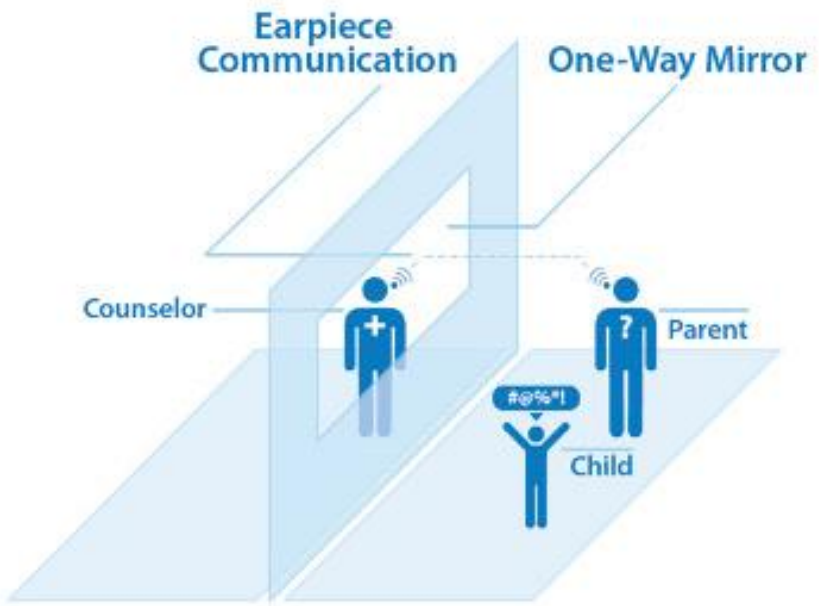
Material Needs

Example:

Diagnostic and Treatment Tools

DC:0-5™



Assessing Infant & Early Childhood Mental Health

- Infant/Early Childhood Mental Health Screening
  - Ages and Stages Questionnaire: Social-Emotional, Second Edition (ASQ:SE-2)
    - 6 to 60 months
    - Not a developmental screener (typically use with the ASQ-3)
    - Iowa EPSDT Care for Kids website for additional ideas

Assessing Infant & Early Childhood Mental Health

University of Iowa Hospitals & Clinics
University of Iowa Health Care

Learn the Signs. Act Early. campaign

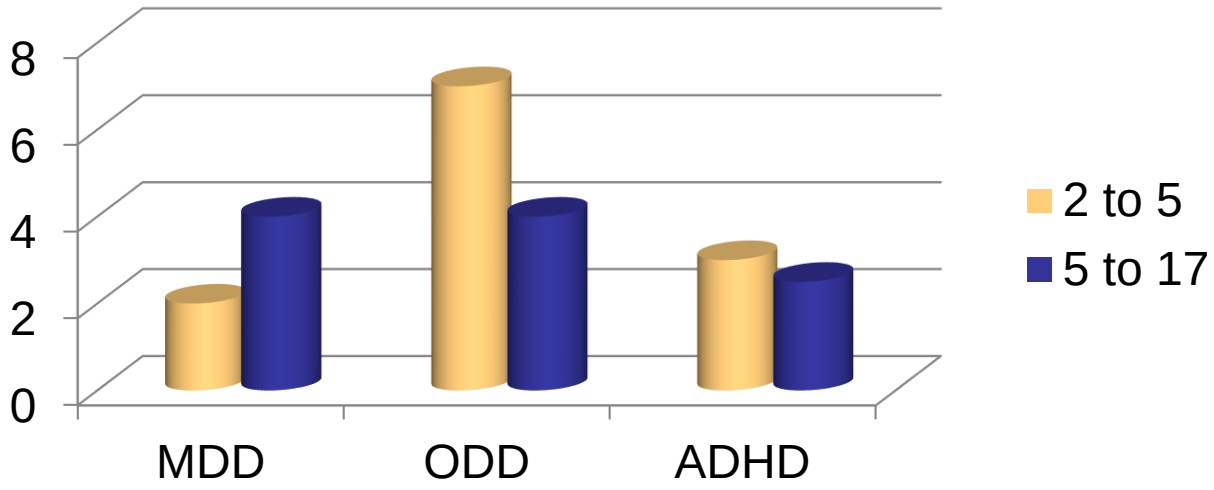
- Developmental surveillance

  (and not just focused on social emotional development)

- Cool materials (app for parents)

Assessing: Diagnosing?

Rates of Psychiatric Disorders in 2 to 5-year-olds are similar to rates in older children and adolescents



Egger & Angold, 2006

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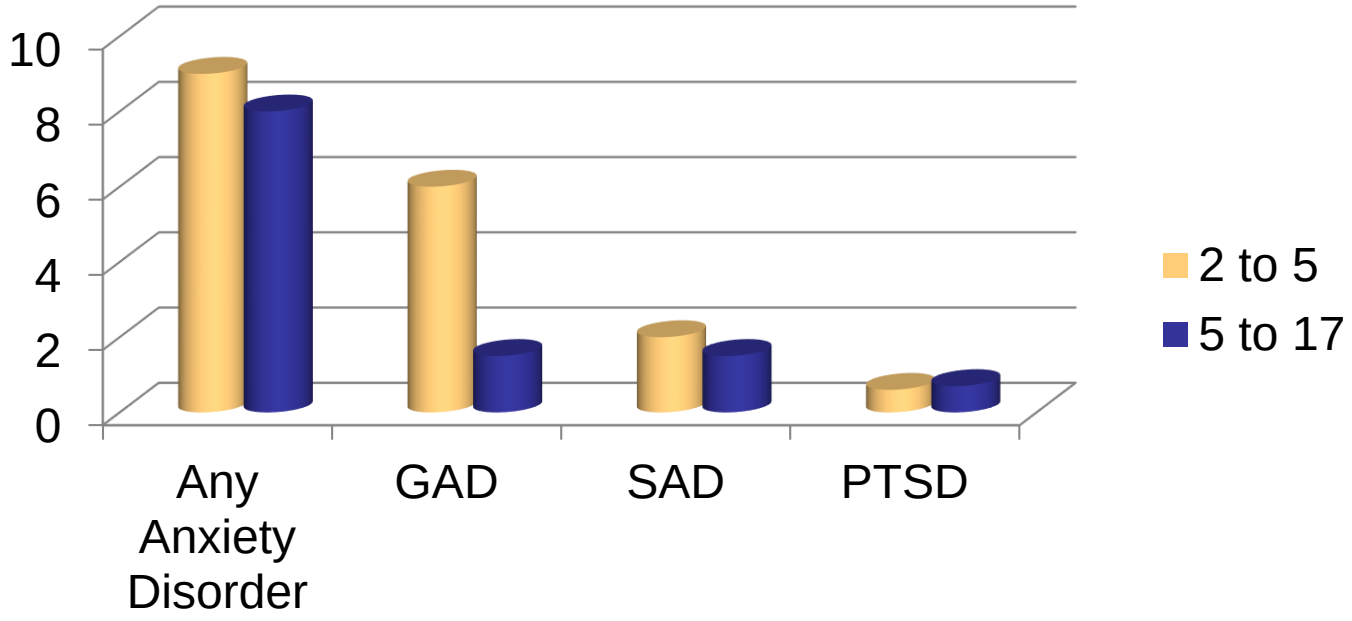


Egger & Angold, 2006

Early Childhood is a Period of Rapid Growth in Social and Emotional Development

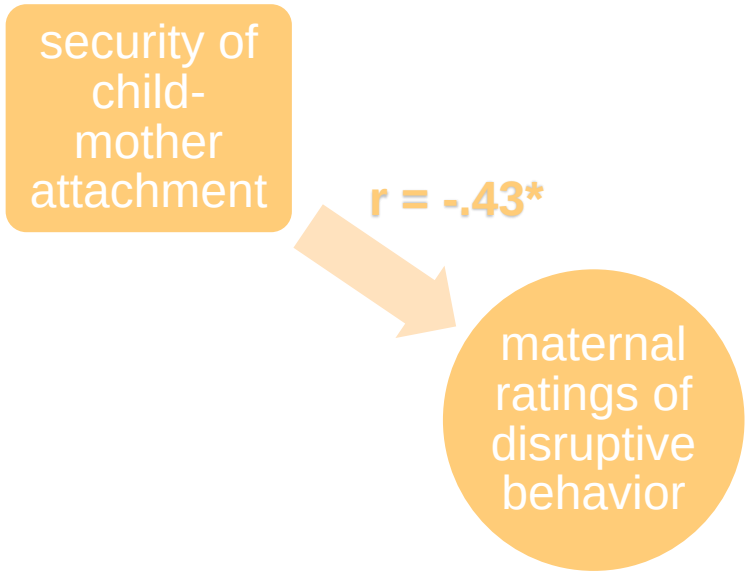
Lost opportunities and further delays without early intervention.

Some interventions require diagnostic label(s).

Evaluating young children is different than evaluating older children

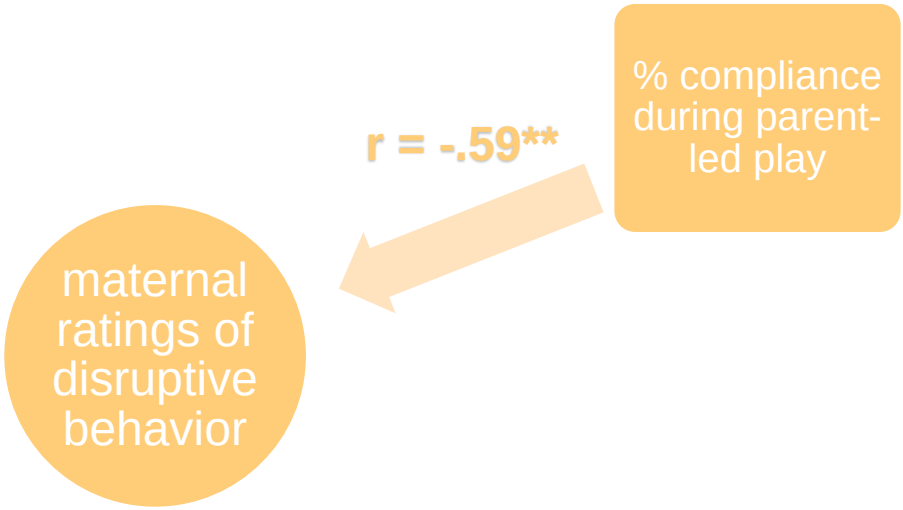
Greater emphasis on observations of parent-child interactions

Observations from Preschool Strange Situation Procedure - Iowa sample



(Troutman, 2017)

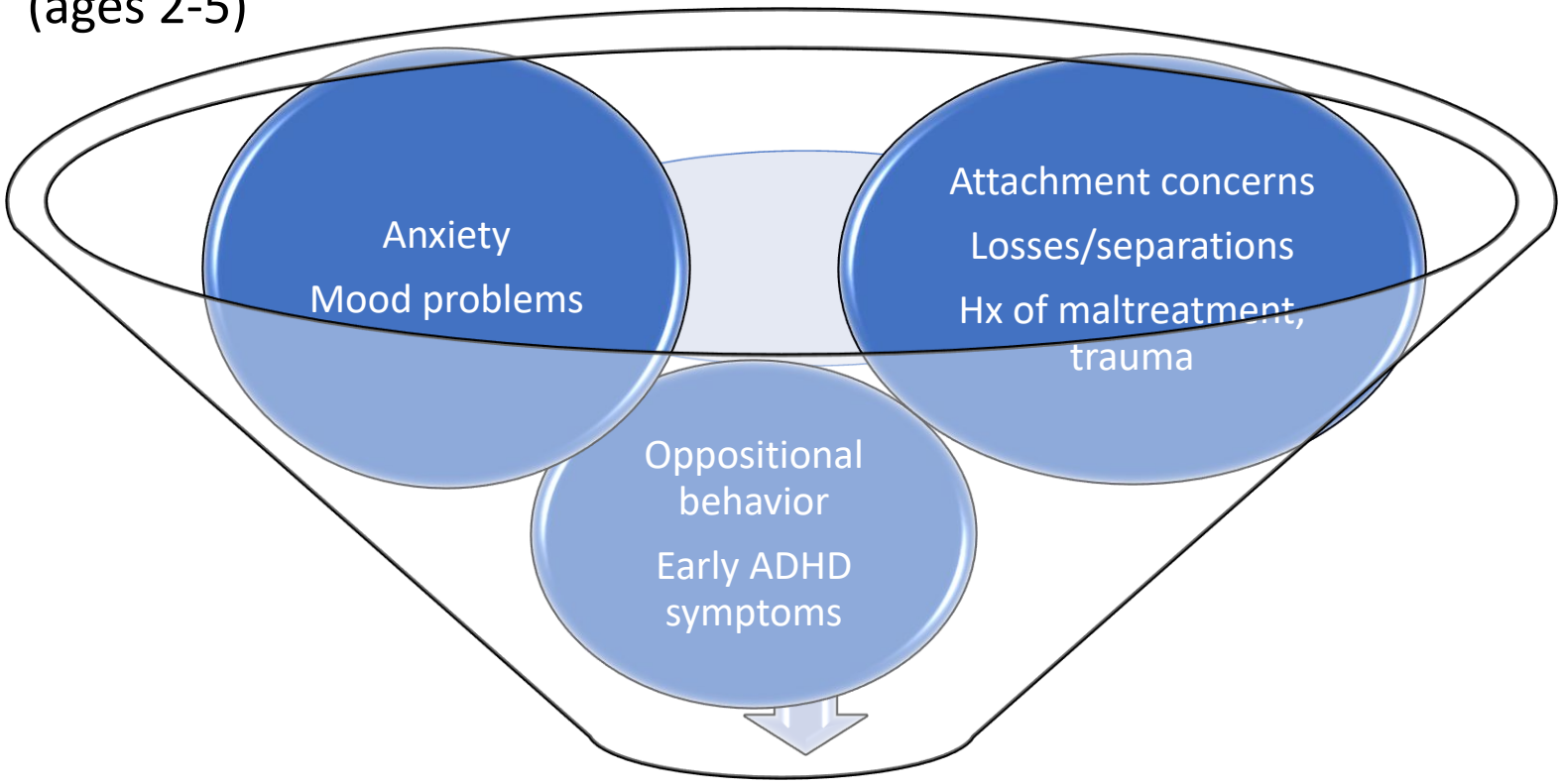
Observations from DPICS Coding of Child-Led Play, Parent-Led Play, and Clean Up



(Troutman, 2017)

Example: UIHC Child & Adolescent Psychiatry Young Child Clinic

Interdisciplinary diagnostic clinic with focus on infant & early childhood mental health problems
(ages 2-5)



Young Child Clinic

- 1st Appointment
  - Diagnostic interviewing with parent (including questions from the Circle of Security Interview; COSI)
  - Assessment of child (often including picture-based projective)

- 2nd Appointment:

  Assessment of child and child/parent dyad(s)

  - Preschool Separation Reunion Procedure (Cassidy & Marvin)
  - Child-Led, Parent-Led, & Clean-Up Conditions (DPICS coded)

Young Child Clinic

- 3rd appointment:
  - Feedback on assessment findings, including video feedback on dyadic interactions
  - Recommendations for intervention and referrals (warm handoffs)
  - Problem-solving with caregivers

- Twice monthly reflective supervision for providers.

Evidence-Based Interventions for Young Children are Different

- Less research on psychiatric medications in this age range
- “Talk therapy” can be challenging with young children due to verbal limitations
- There is more research on dyadic & parent-mediated interventions
- Not everything evidence-based is available in Iowa (but we do have some good ones!)
  - TF-CBT
  - CPP
  - IoWA-PCIT

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT; Cohen, Mannarino, & Deblinger)

- Designed as a cognitive behavioral approach for youth with significant trauma reactions to traumatic events
  - Parent work and parent-child sessions are important
  - Exposure work using the trauma narrative and desensitization to trauma reminders
- TF-CBT has the strongest evidence base of any of manualized intervention for youth with PTSD symptoms.
  - Multiple RCTs, with significant improvement over tx as usual, nondirective tx, child-centered tx, and wait list control conditions
  - Has been tested for ages 3-17

Components of TF-CBT (PRACTICE)

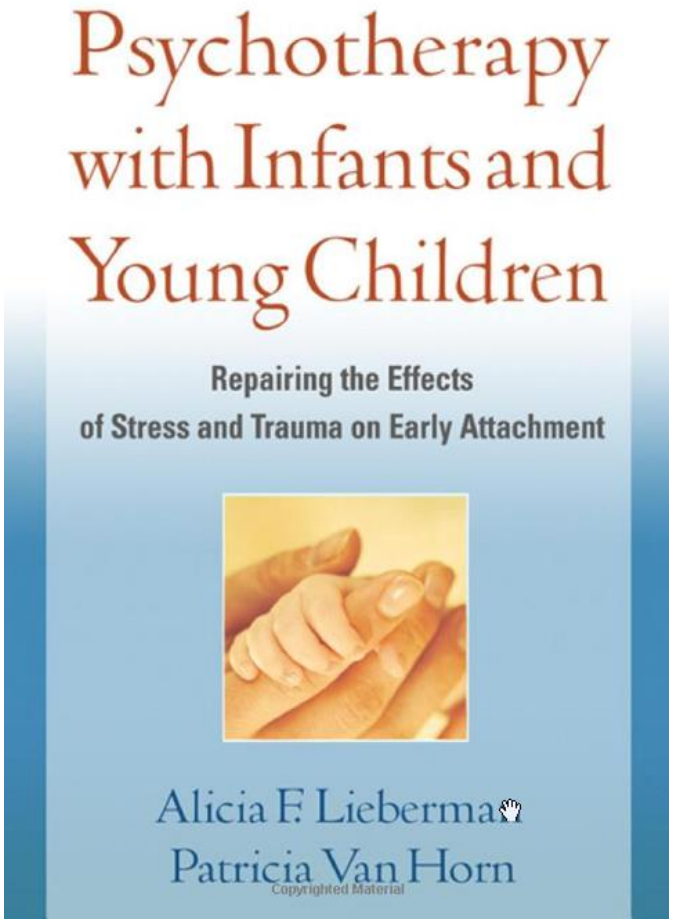
- Psycho-education
- Parent involvement, including parenting skills
- Relaxation
- Affect identification and regulation
- Cognitive coping
- Trauma narrative and cognitive processing of the narrative
- In-vivo desensitization to trauma reminders
- Conjoint child-parent sessions
- Enhancing safety and future development

TF-CBT Limitations

- Many youth who have experienced trauma do not have significant trauma symptoms (and thus, TF-CBT modules may not be appropriate)
- Cognitive-behavioral skill sets are challenging to teach to young children or children and caregivers with learning difficulties
- Substantial commitment to regular psychotherapy appointments (12-25 sessions), including parent and parent-child sessions

Child-Parent Psychotherapy (CPP)

- Emphasis on parents' history and emotions and how these relate to child-parent relationship
- Used with children under five, typically with trauma histories and their caregivers (who also often have trauma histories)
- Additionally, CPP model emphasizes support to the clinician working with the dyad (e.g., reflective supervision)



Some Pros and Cons of CPP

PROS

- Strong research support
  - Multiple randomized trials
- Support for the parent and for the clinician built into the model
- Helps maternal mental health, along with positive outcomes for children
- Encourages clinicians to integrate cultural considerations into treatment plan

CONS

- Longer intervention
- 32 sessions/1 year across RCTs
- Support for the "real world" clinician trained in this model varies (e.g., access to reflective supervision)

Parent Child Interaction Therapy (PCIT)

- Dyadic intervention for young children with disruptive behaviors and their caregiver(s).
  - 100% parent-mediated intervention
- Developed by Sheila Eyberg in 1970s.
- PCIT has strong marks for treating young children with externalizing behavior and their caregivers (e.g., Thomas et al, 2017)

Two Phases

- Child Directed Interaction (CDI; PRIDE + selective attention)
- Parent Directed Interaction (PDI; effective directions + consistent follow through)

IoWA-PCIT
Integration of Working Models of Attachment into Parent Child Interaction Therapy.

Praise
Say what you like

Reflect
Say what they say

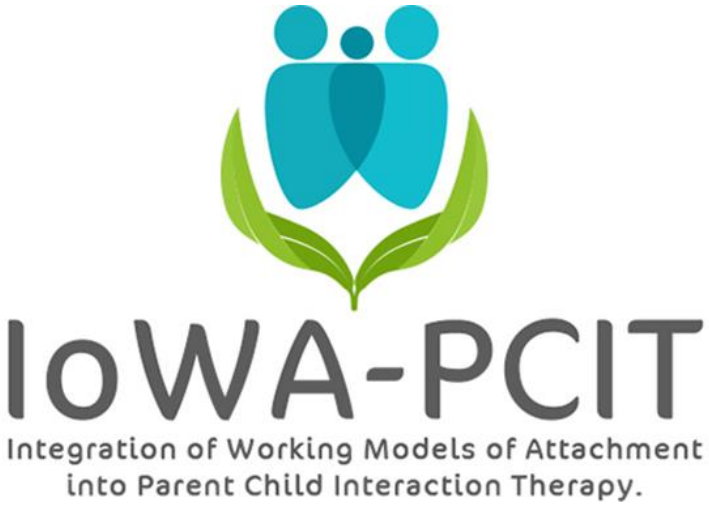
Imitate
Do what they do

Describe
Describe what they do

Enjoy
Relax and have fun

www.pcit.lab.uiowa.edu

What is IoWA-PCIT? (Troutman, 2016)



- An attempt to integrate behaviorism and Bowlby's attachment theory into parent coaching

- IoWA-PCIT is consistent with other PCIT traditions

  (e.g., PCIT International, UC Davis)

- Strategies and coaching are slightly modified with the clinical application of attachment theory in mind.

IoWA-PCIT aims to:

- Promote secure attachment while addressing behavior problems
- Address resistance to changing patterns of interaction
- Improve retention

How?

-use of parallel process to understand and promote positive change in parents' working models of attachment (providing parents with the type of experiences we want them to be able to provide for their children).

-greater emphasis on the use of relational observations in coaching

-an understanding of working models of attachment (pattern of child-parent attachment; parent state of mind) to tailor coaching to working models of attachment.

Resources

- Iowa Association for Infant and Early Childhood Mental Health

- Seasons Center - Child Counseling and Therapy Services
  - IoWA-PCIT
  - TF-CBT