


**PROGRESSIVE
INTERVENTIONS**
Creating pathways through education and psychology


**Understanding the
Relationship Between
Behaviors and
Social/Emotional Health of
Children**


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**What does early childhood
mental health mean to you?**



**What does early childhood
mental illness look like?**




 **Early Childhood Mental Health**

- ✘ Different than how we often think of it with adults
- ✘ Important to think of in terms of early developmental “foundations”
 - ◆ Social Health
 - ◆ Emotional Health
 - ◆ Cognitive Health
 - ◆ Systemic (Environmental) Health
 - ◆ Behavioral Health

 **Cracks in these foundations *can be* a precursor to adolescent/adult mental illness if unattended**

 VS 

 **“When children with significant problems are neither identified in a timely way nor given appropriate education and treatment, their problems tend to be long lasting, requiring more intensive services and resources over time. Moreover, when the **challenging [or atypical] behavior** of young children is not addressed in an appropriate and timely way, the future likelihood increases for poor academic outcomes, peer rejection, **adult mental health concerns** and adverse effects on their families, their service providers and their communities”**

Dunlap, G., Strain, P. S., Fox, L., Carta, J. J., et al. (2006). Prevention and early intervention with young children's challenging behavior: Perspectives regarding current knowledge. *Behavioral Disorders, 32* (1), 29-45.

Example: Oppositional Defiant Disorder and MH Outcomes


- ✱ Lifetime prevalence of ODD is estimated to be 10.2% (males = 11.2%; females = 9.2%)
- ✱ Of those with persistent ODD, 92.4% meet criteria for at least one other lifetime DSM-IV disorder
 - ◆ Mood Disorder = 45.8%
 - ◆ Anxiety Disorder = 62.3%
 - ◆ Impulse Control Disorder = 68.2%

Lifetime prevalence, correlates, and persistence of oppositional defiant disorder: results from the National Comorbidity Survey Replication; Nock MK, Kazdin AE, Hiripi E, Kessler RC. *J Child Psychol Psychiatry*, 2007 Jul;48(7):703-13.

Where It All Comes Together: The Nature/Nurture Grinder




- “Ingredient” list is very simplified and not all inclusive
- Each ingredient influenced by both Biology and Environment
- Proportions WILL vary

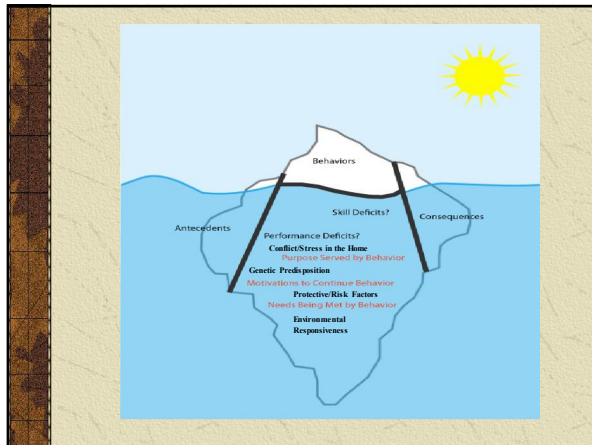


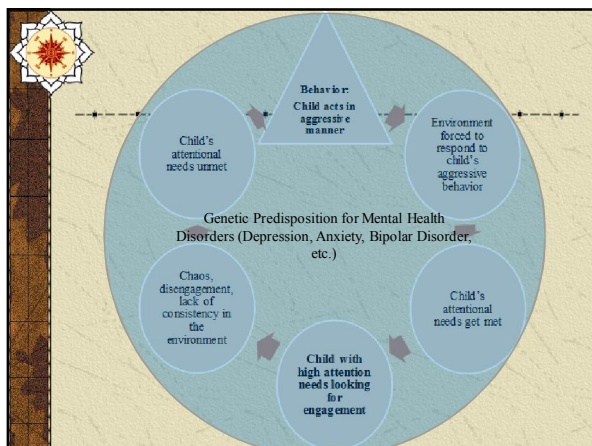
- Behaviors are the products of Biology and Environment
 - Biology = genetics, temperament, developmental factors, cognitive abilities, physical health, basic survival needs, etc.
 - Environment = social exposure, social cues, social response, learned/adaptive behaviors in a social context, nurturing, trust, safety, etc.
- Behaviors are not just how we interact with our environment, they are fundamental & adaptive means for communicating & getting our needs met
- Behavior patterns exist because we learn that **they work** to produce a consistent and desired outcome.


The Tip of the Iceberg



- Challenging behavior patterns are often socially inappropriate or undesirable, yet *effective* ways to achieve a desired outcome
- Challenging behaviors can be symptomatic of underlying, unattended or unrecognized factors (aka “cries for help”)
- Challenging or undesirable behaviors draw the greatest amount of attention
- Positive behaviors rarely command or receive any attention








Heredity and Mental Illness: Genes do NOT define outcomes

- ❖ Hereditary means a person is more likely to get the condition if a family member also has it
- ❖ Just because your mother or father may have or had a mental illness doesn't mean you will have one
- ❖ MANY genes typically involved
- ❖ Estimates of heritability vary
 - ◆ Obsessive Compulsive = 13.8% (diagnosed before age 17)
 - ◆ Schizophrenia = 13% if one parent, 50% if both
 - ◆ Bipolar = estimated at 30% among 1st degree relatives
 - ◆ Depression = 37-50% among twins



Resilience Research


- ❖ Longitudinal study dating back to 1955 (Werner and Smith, 1992)
- ❖ 1/3 of the “high risk” children showing social/emotional health as adults
- ❖ Common characteristics among these children?
 - ◆ They had been active and sociable infants.
 - ◆ They had at least one positive role model who supported their development of trust, autonomy, and initiative.
 - ◆ They had at least one skill that gave them a sense of pride and acceptance within their peer group.

<http://www.centerforresilientchildren.org/home/about-resilience/>




Family Protective Factors

- ❖ Nurturing parenting skills
- ❖ Stable family relationships
- ❖ Household rules/structure with child monitoring
- ❖ Parental employment
- ❖ Adequate housing
- ❖ Access to health care and social services
- ❖ Caring adults outside the family who can serve as role models or mentors




“An Ounce of Prevention Is Worth a Pound of Cure.”
Benjamin Franklin or Henry de Bracton?




Behavior Patterns as Early Warning Signs - General

- ❖ Persistent behavior problems in school/afterschool care
- ❖ Extreme disobedience or aggression
- ❖ Intentionally destructive to property, peers and/or animals
- ❖ Hyperactive beyond expected range
- ❖ Excessive fear, worrying, or crying
- ❖ Temper tantrums/exaggerated emotions
- ❖ Difficulties re-regulating emotions and being able to self-soothe
- ❖ Persistent difficulty separating from a parent for younger children
- ❖ Reported sleep difficulties
- ❖ Withdrawal or loss of interest




Recognizing Childhood Depression

- ❖ Can be much more variable and often presents differently than adult depressive symptoms
- ❖ Pay particular attention to changes in child’s behavior patterns
- ❖ Most common expression: “She/he just does not seem like her/himself.”
- ❖ Signs may differ between boys and girls
 - ◆ Boys tend to express more anger/acting out
 - ◆ Girls tend to express more sadness/withdrawal




Behavior Warning Signs of Childhood Depression

- * Irritability tends to be more prominent than depressed mood presentation
 - ◆ Angry outburst
 - ◆ Excessive/disproportionate/inappropriate reactions
- * Generalized sadness and/or negativity
- * Inability to experience pleasure from previously enjoyed activities
- * Obsessing over failures and expressions of worthlessness




Behavior Warning Signs of Childhood Depression

- * Extreme or uncharacteristic shyness
- * Notable changes in sleep, energy, appetite
- * Sluggishness OR agitation
- * Expressed thoughts of death, dying, suicide
- * Avoidance and withdrawal from peers and activities
- * Engage in some activities to excess (eating, video games, etc.)




Recognizing Childhood Anxiety

- * Presentation can be quite variable depending on child
- * Pay particular attention to changes in child's behavior patterns
- * Anxious behaviors in children can often be misinterpreted as defiance and child labeled as "oppositional"
- * Anxious children may also be intensely compliant and eager to please...the exact opposite of a "squeaky wheel" child




Behavior Warning Signs of Childhood Anxiety

- * Easily and excessively distressed
- * Disproportionate reactions to seemingly moderate stressful situations
- * Persistently seeking reassurance (i.e. “what if...?”)
- * Anticipatory anxiety...worrying about things days and weeks ahead of time
- * Loss of interest and/or excessive avoidance of particular people, activities, environments, etc.




Behavior Warning Signs of Childhood Anxiety

- * Perfectionistic, self-critical behaviors
- * Notable change in sleep, ability to fall asleep, fear of dark,
- * Frequent vague physical complaints (headaches, stomachaches, etc.)
- * Refusal to attend school or leave home...often coupled with physical complaints
- * Difficulties concentrating due to excessive worry




Role of Early Childhood Educators

- * You have the unique opportunity to be the eyes and ears that can recognize and initiate early intervention services!
- * Be observant with regard to family risk/protective factors
- * Make an effort to hear what the child’s behaviors may be communicating
- * Engage your instincts
- * **Do not be afraid to seek consultation and support in referring for services!**



Role of Early Childhood Educators

- * Provide a nurturing, supportive and “corrective” environment
 - ◆ Provide firm/fair structure
 - ◆ Maintain calm and neutral demeanor
 - ◆ BE CONSISTENT
 - ◆ Responsive to needs
 - ◆ Encourage and reinforce areas of strength
 - ◆ Teach/Model adaptive life skills
 - ◆ Encourage/facilitate referrals for services!



QUESTIONS?

