MCPAP Clinical Conversations:

Early Childhood Behavioral Health and Two-Generation Approaches

Presenters:

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Overview

- Context of our work as early childhood psychologists and de-identified case examples to enhance our conversation
- Main causes of concern among our primary care colleagues
- Considerations when making hypotheses and referrals
- Why quality assessment matters
- Brief introduction to two-generation, dyadic treatments
- How to access consultation and follow up
- What are your questions, comments, needs?

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Context

SPARK Center

(*Supporting Parents And Resilient Kids*)

BMC's Community Child Development Center

<u>Outpatient Pediatric Behavioral Health Care</u>

- **Consultations**
- **Neurodevelopmental Assessments**
- **Psychodiagnostic Evaluations**
- **School Placement Advocacy**
- **Therapeutic, Two-Generation Intervention**

Early Education and Care for Infants/Toddlers *with special healthcare and psychosocial needs*

SPARKles Early Intervention

Teaching and Training

International ECD Work

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Presenting issues in pediatric primary care settings

Bio-dysregulation that is persistent and hard to explain:

a) Disrupted sleep patterns
b) Abnormalities in feeding and/or elimination
c) Exaggerated or diminished energy level
d) Emotional dysregulation and/or lability with inability to self soothe
e) Absence of or poor relational capacity

Out-of-control behavior(s):

a) Aggression/Non-compliance
b) Self-injurious activity (head banging, skin picking, self-biting, hair pulling)
c) Repetitive actions (rocking, rumination, spinning, flapping)

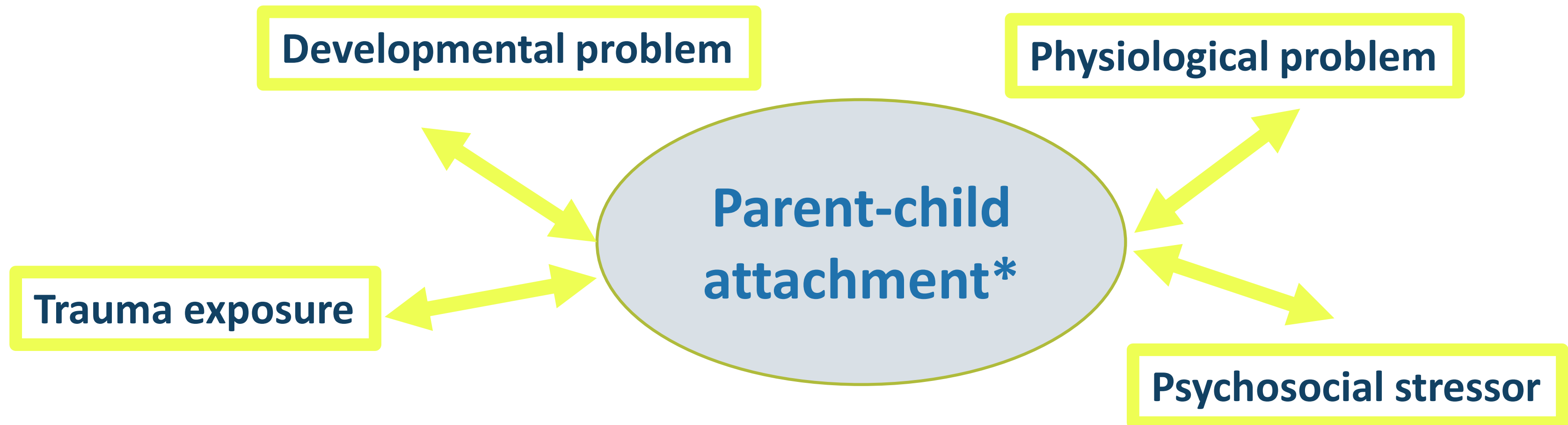
Anxiety issues:

a) Difficulties with separation, severe clinging
b) Excessive fears and distress, specific phobia(s)
c) Severe shyness and social avoidance

What is happening here and why?

Use curiosity and self-reflection. Think "dyadic".

Parent-child interaction often offers clues.



*'The primary attachment relationship(s) is the central organizer of young children's (experience) …..and the best context for addressing emotional and behavioral problems.'

Lieberman, Ghosh Ippen, Van Horn, (2015), *Don't Hit My Mommy: CPP Manual*, Zero to Three

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What can you observe/query about parent-child relationship that may enhance early hypotheses?

- Parent responsivity to child's vocalizations, joint attention, joint topics?
- Child directed speech: Proportion of directive versus eliciting?
- Child's eye contact, social bids and comfort seeking?
- Signs of affection, nurturance and shared enjoyment between parent and child?
- Signs of emotional co-regulation and attunement?
- Antecedents of and responses to troubling behaviors?
- Quality of parent affect and attitudes? Depression? Trauma? DV? SUD?
- Red flags: Parent self-blaming statements; parent's attribution of malevolent intent to the child; parental remoteness/disengagement

Contextualize your information

Solicit information about family's culture, child rearing traditions, belief systems, knowledge of child development, socioeconomic and environmental factors.

Deliver messages that are strength-based, neurodevelopmentally-informed, and focused on positive future outcomes.

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Cautions

- Trust, safety, listening, patience, and respect must be established before parents and children will reveal themselves to you.
- Normalize conversation about attachment and psychological phenomena by using ‘inclusive openers’ and inserting (and thereby desensitizing) words like ‘disappointment’, ‘anxiety’, ‘hardships’, ‘guilt’, ‘inner voices’, ‘trauma’, etc.
- Avoid premature categorization and unidimensional diagnoses
- Resist automatic referrals and ‘medication’ thinking
- Consider the benefits of psychological assessment and intervention first

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High-quality neurodevelopmental assessment and psychodiagnostic evaluation matters:

Comprehensive evaluation is necessary to determine appropriate diagnosis → informs appropriate interventions

Key Elements May Include:

- Detailed diagnostic interview
- Observation of parent-child interaction
- Functional behavior assessment
- Structured testing of developmental functioning
- Standardized rating scales for parents and teachers (if applicable)

First line treatments for developmental and physiological problems do not fully address co-occurring challenges children and parents face as a result of the developmental problem or challenges that may be unrelated to the developmental problem.

Two-generation therapies address the needs of three patients – 1) the child, 2) the parent, and 3) the parent-child relationship.

These therapies can be effective for many early childhood behavioral and emotional problems.

Examples of two-generation therapy approaches

Evidence-based therapies, quality assured via certification/rostering :

- Parent-Child Interaction Therapy (Eyberg)
- Child-Parent Psychotherapy (Lieberman, Ghosh Ippen, Van Horn)
- Trauma-Informed Cognitive Behavioral Therapy (Mannarino, Cohen, and Deblinger)
- Group Attachment-Based Intervention (Steele, Murphy, Bonuck, Meissner, Steele)

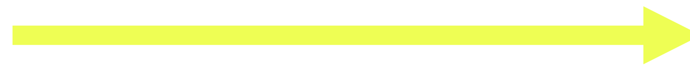
- Evidence-informed approaches to supporting parent and child:

- Circle of Security (Cooper, Hoffman, and Powell)
- Parenting Journey (Peretz)
- Filming Interaction to Nurture Development (Fisher, Frenkel, Noll, Berry, Yockelson)
- Universal Baby (Vibbert, Griest, Kabwe Grollnek)

Referral to behavioral health care

The power is in your hands:

Reduce stigma, shame, secrecy, and risk of intergenerational transmission



Access now and *in the future*, for parent *and* child

Create hope and expectation for change

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Questions and Comments

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Consultations, Assessment, Two-Generation Therapy, Training