

Collaborative Early Intervention With The Drug Endangered Child

Putting the Pieces Together for **Children and Families**
Conference

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Desert/Mountain Special Education Local Plan Area (SELPA) Children's Center

- Under the umbrella of San Bernardino County Superintendent of Schools
- Serve a consortium of 15 school districts (175 schools) and 11 independent charter schools
- Provided Mental Health services to over 2,500 children 0-21 years of age and their families during 2010-2011
 - School Based
 - Clinic Based
 - Home Based

SART

(Screening, Assessment, Referral and Treatment
0-5 years of age)

San Bernardino County

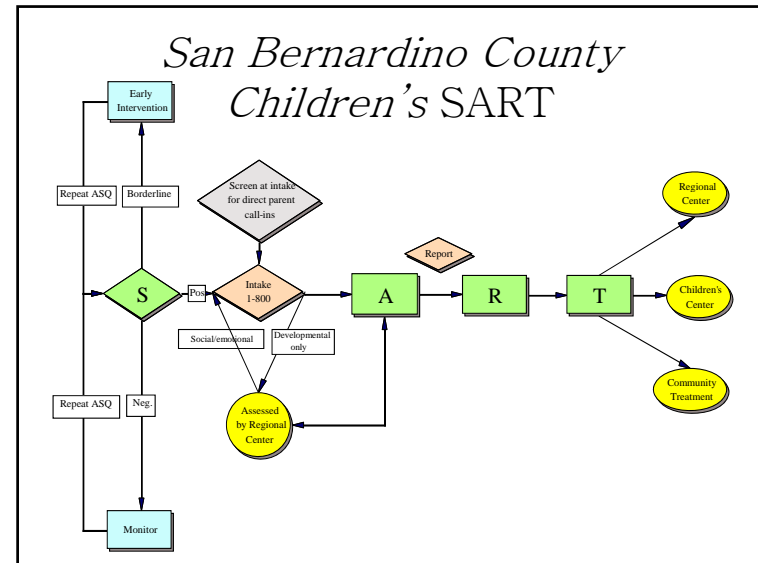
- Many San Bernardino County leaders involved in working with children developed a system to use **collaborative** work in the assessment and treatment of children ages 0-5 who are at risk and/or have been prenatally exposed to drugs and/or alcohol and have experienced early childhood trauma.

Key Elements of SART

- **Screening – Identifies who is at risk**
 - Accept referrals from preschool, family members, health practitioners, Children and Family Services
 - ASQ 3 ASQ/SE
- **Assessment – Determines what is needed**
 - Assess all children indicating a concern from the ASQ 3 ASQ-SE
 - Multidisciplinary Team
- **Referral – Connects child/family to resources**
 - Refer to Community Organizations (schools, private and public)
- **Treatment – Fosters development and growth for child/family**
 - Individual Counseling
 - Parent Training
 - Parent Child Interaction Therapy®
 - Theraplay®

SART Elements

- SART serves our youngest population (0-5 years of age) with:
 - Prenatal exposure to drugs and/or alcohol
 - Trauma – Abuse Issues
 - Severe Behavioral Issues
 - Emotional Issues
 - Cognitive Difficulties
 - Neuropsychological Concerns
 - Loss Issues
 - Drug-Endangered Child (Parent User)
- SART provides a multidisciplinary team approach with comprehensive assessment and treatment



Early Intervention

- Became law in 2004: Disabilities Education Improvement Act (IDEA) required *referral* for **all** children involved in cases of severe neglect, or affected by substance abuse or exposed to domestic violence or wards of the state.

Early Intervention

- New literature suggesting improvements in cognitive outcome AS WELL as leading to positive outcomes in family functioning (*Pediatrics 118:1805-1820, 2006*)
- *The greatest effect is with child-focused educational activity and explicit attention to parent-child interaction while strengthening the care-giver relationship (Pediatrics, Nov 2007)*

It takes a Community....

“The quality of a civilization may be measured by how it cares for its elderly. Just as surely, the future of a society may be forecast by how it cares for its young.”

Daniel Patrick Moynihan, 1986

The Impact of Prenatal Exposure to Drugs, Alcohol, and Early Trauma Is Not Always Apparent

Prenatal Exposure- Direct

- Cocaine/Tobacco- decrease placental flow, leads to smaller head circumference, low birth weight, threatening placental conditions at delivery
- Tobacco/Marijuana- increase CO, decrease O₂
- Cocaine/Methamphetamine- neurotransmitter changes, oral motor changes, cleft lip, oral dyspraxis
- Heroin/EtOH- direct impact on neuronal development in the brain, Fetal Alcohol Syndrome

Common Problems to Prenatal Exposure

- Developmental delay, speech, fine motor and cognitive delay, seizures, failure to thrive
- Emotional, sensory dysregulation
- Craniofacial anomalies, oral motor problems
- Behavior problems, aggression, violent behaviors, sexualized behaviors, parentified children
- Foster care complacency or multiple placements
- ID: Hepatitis C, HIV

Trauma Issues: Psychological Consequences

- Disruption of normal developmental experiences may result in negative impact on neurodevelopment

– A central point in trauma literature by Perry, Osofsky, Pynoos, Zeanah and others

Trauma Issues: Social Consequences

- Trauma changes the emotional landscape
 - Distorting view of the world
 - Without 'intervention' this may result in later, developmental, behavioral & emotional problems

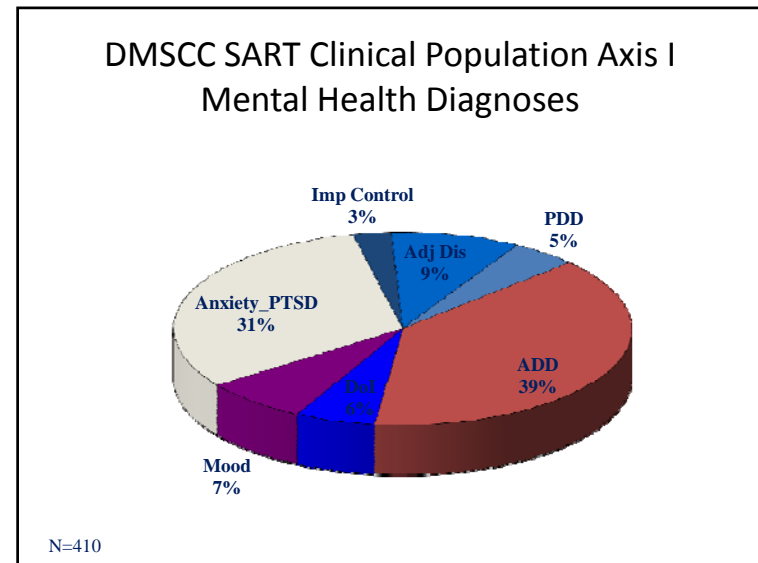
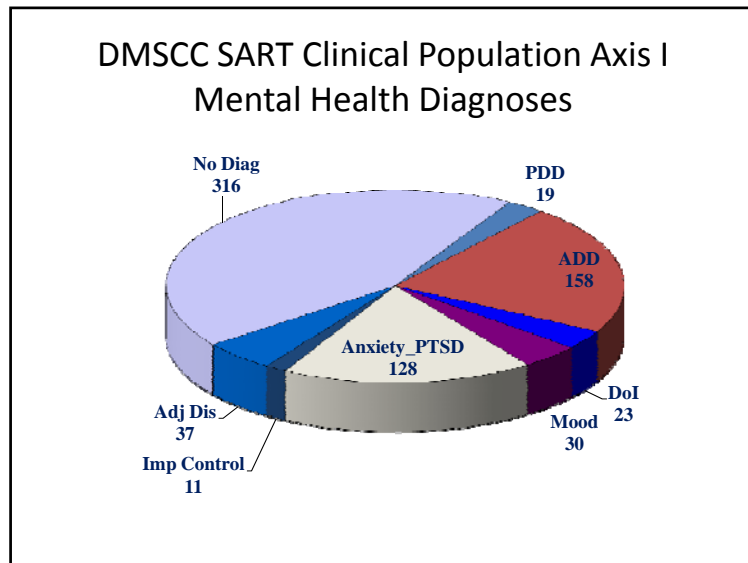
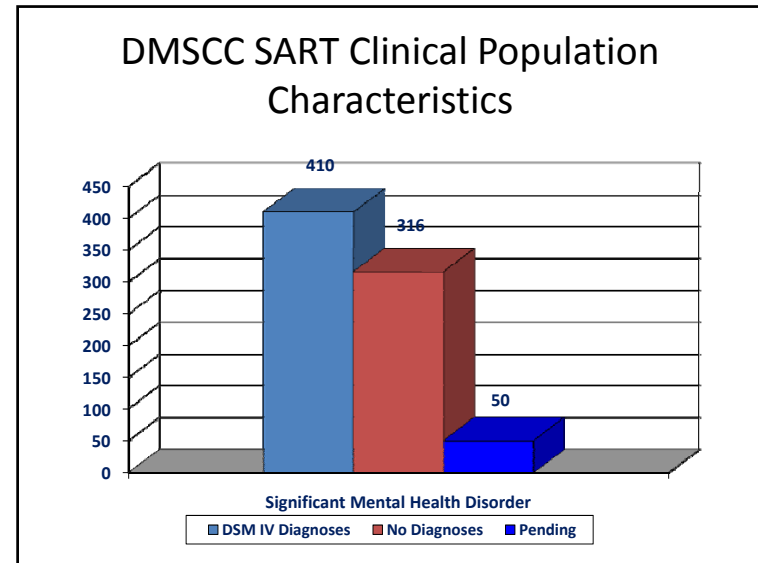
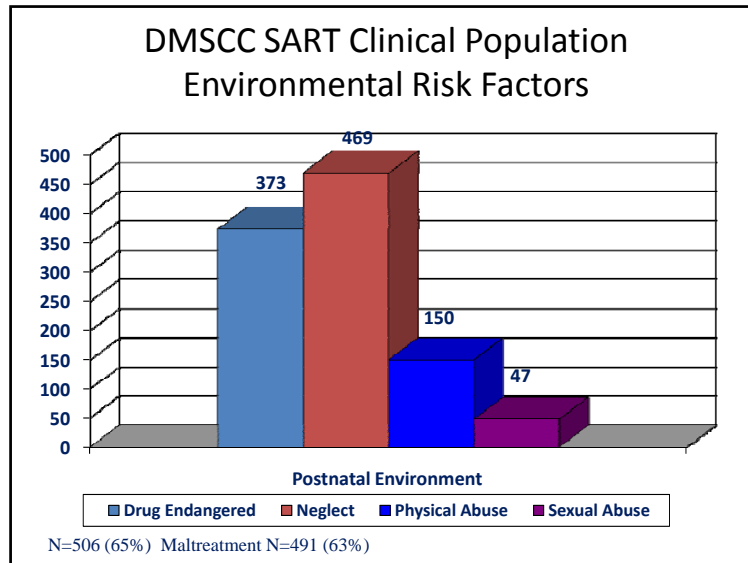
– A central point in trauma literature by Perry, Osofsky, Pynoos, Zeanah and others

Presentation of Concerns: Infant & Young Child Characteristics

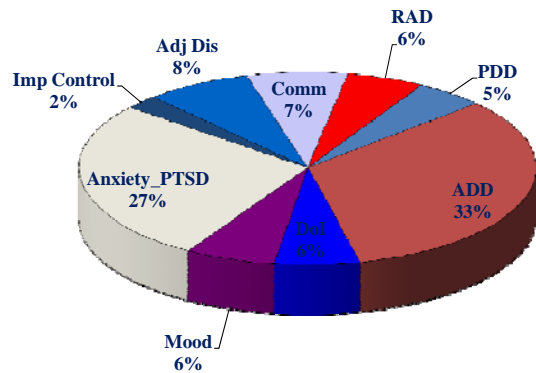
- Attachment Difficulties
- PTSD/Anxiety
- Feeding Difficulties
- Sleeping Disruptions
- Language Difficulties
- State Regulation
 - Arousal
- Orientation
 - Attention/Hyper vigilance
 - Under responsiveness
- Sensory Processing

Desert/Mountain SELPA Children's Center

What we have seen



DMSCC SART Clinical Population Axis I Mental Health Diagnoses

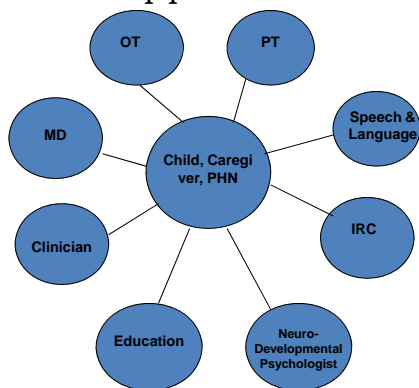


Combined Axis IP and Axis IS

Understanding Intervention

- Who is the Caregiver
 - Mental Health concerns of the caregiver
 - Including Drug Endangered home environment/user
 - Support for the Caregiver
 - When does the caregiver change?
- Who is the client
 - Who are we responsible to?

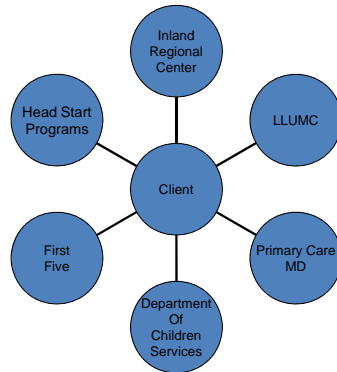
Multidisciplinary Team Approach



Multidisciplinary Team

- Public Health Nurse
 - Initial Follow-up with Referral
 - Schedule Home Visit for positive ASQ's
 - Schedule SART Clinical Assessments
 - Follow-up with client medical referrals
- Pediatrician
 - Medical/Birth history
 - Physical
 - Address medical issues

Community Resources



Multidisciplinary Team, cont.

- Speech/Language Therapist
 - Identify and assess speech and language, oral motor concerns, hearing evaluation coordinated w/ PHN and treatment assigned clinic based or at school
- Occupational Therapist w/Sensory Integration certification and/or training
 - sensory dysregulation
 - sensory vs. attention
- Neuro Developmental Psychologist
- Marriage and Family Therapist/Licensed Clinical Social Workers
 - assess
 - case management
 - treatment

Multidisciplinary approach includes:

- Clinical Psychologist
- Educational Psychologist
- Teachers/School districts
 - Coordination with mental health providers linked to educational setting to support child through preschool and kindergarten
- Department of Children's Services
- Department of Behavioral Health
- Inland Regional Center

SART Clinical Assessment

- Part of a Transdisciplinary Assessment
- Completion of the CANS
 - Child, Adolescent Needs and Strengths
- Assessment provides insights to all areas of child's development:
 - **Psycho-social**
 - **Cognitive**
 - **Developmental**
 - **Social emotional**
 - **Relational**
 - **Medical**
 - **Educational**
- Completed in the home

Clinic Day

- Pediatrician
 - FAS software photography
- Marschak Interaction Method (MIM)
 - Assessing Parent/Child Relationship
- NCAST
 - Parent/Child Interaction
 - Feeding and Teaching Skills
- Mullen/Bayley III
- OT evaluation
- Speech and Language eval
- Initial feedback
- Multidisciplinary Report

Marschak Interaction Method

MIM:

- Provides opportunity to assess problem areas in the relationship
- Provides unique opportunity to observe the strengths of the parent and child and of their relationship
- Valuable tool in planning treatment
- Assisting in helping families strengthen relationships
- Provides useful information about the ways in which the parent and child interact

Mullen Scales of Early Learning/ Bayley III Scales of Infant Toddler Development

- Psycho- Emotional
- Developmental
 - Gross Motor
 - Fine Motor
 - Visual Reception
 - Expressive Language

Diagnosis

- DC 0-3 in conjunction with DSM IV
 - Crosswalk
- Education
- Medical implications
- Mental Health
- Sensory
- Speech and Language

Feedback Session

- Review of results from Multidisciplinary team assessment
- Diagnostic information
- Process Referrals
- Provide treatment recommendations
 - Medical
 - Counseling
 - Education
- Includes: Parent/Guardian/Caregiver, DCS worker, FFA Worker, IRC, PHN, Dr., Clinician

Intervention

- All aspects of Infant Mental Health have at the core a focus on the importance of relationships between *infants* and toddlers and their caregivers - Zenah & Zenah 2001
- Child Mental Health integrates caregivers in order to be successful

Treatment

- Parent Child Interaction Therapy®
- NCAST
- Infant Baby Massage
- Theraplay® (sensory based)
- Play Therapy
- Sand Tray
- Family therapy
- Group therapy
- BEST (Behavioral Engagement between Student and Teacher)
- How Does Your Engine Run (sensory based)

Treatment, cont.

- Trauma intervention
- Occupational Therapy
- Speech and Language
- Sunshine Circles
 - Nurturance
 - Engagement
 - Structure
 - Challenge
- Referrals: Regional Centers, Speech and Language, Occupational Therapy, Neuro Developmental, Medical Evaluation, Medication Management, Educational Psychological Evaluation, Hearing, Vision, Dental.
- Reach Out and Read Program

Parent-Child Interaction Therapy

- PCIT is a behavioral family intervention for children with disruptive behaviors
- Integrates concepts from social learning theory, play therapy, attachment theory, social skill training and increases parent behavior management skills
- Clinicians are certified as PCIT therapists

NCAST

- Focuses on Mother/Child Interaction
- Baby Cues
- Response from primary caregiver
- Clinicians are certified

Infant Baby Massage Cheers

- C = Connect and Communicate
- H = Heal and Harmonize
- E = Educate and Enable
- E = Energize and Enhance
- R = Regulate and Relax
- S = Soothe and Socialize

THERAPLAY

THERAPLAY IS:

- Active, engaging, playful parent-child form of psychotherapy.
- Attachment-based interactive play incorporating nurturing activities.
- Corrective attachment experiences utilizing:
 - Sensitive attunement
 - Warmth
 - Nurturance
 - Mutually enjoyable interactions
 - Coaching appropriate emotional responses

THERAPLAY

BENEFITS AND OUTCOMES:

- Child experiences:
 - Self as special and capable
 - Parent as trustworthy
 - World as safe, fun, and enjoyable
- Parent receives corrective experiences and sees positive shift in self, child, and others
- Results in positive behavior changes for parent and child
- Changes are generalized to other relationships and situations
- Contraindications:
 - Trauma reduction needs to be done prior to instituting Theraplay
 - Temporary placements and/or caregivers
 - Therapist discomfort with touch

THERAPLAY

METHODS

- Interventions address unmet needs of early developmental stages
- Relationship building and attachment are primary focus of treatment and interventions
- Co-therapist can be utilized in process
- Homework and follow-up essential to treatment and interventions
- Limited supplies needed
- Clinician directed
- Fun, active, energetic

COURSE OF TREATMENT

- Assessment: Marschak Interaction Method (MIM)
- Feedback session with parents to discuss the MIM
- Assessment period: 3-4 sessions
- Treatment sessions: 10-20 (length will depend upon severity)
- Follow up: 4-6 sessions spaced over a year
- Clinicians are certified as Theraplay trained and/or certified Theraplay therapists

Traditional Play Therapy

- Child Directed with structure
- Non-Verbal/Verbal
- Play-dough
- Time Lines – fill in the gaps
- Picture Stories
- Story Books – themes: trauma, socialization, adoption
- Use of Art Modalities
 - House/Tree/Person
 - Draw a Family

Sand Tray

- Facilitates emotional healing and personal development
- Healing through the connection to the subconscious mind to the conscious awareness
- Symbolic demonstration recreates experiences
- Allows to work through trauma that occurs pre-verbal if prior to language – will not be able to process through words
- Can be used in individual and family

Family Therapy

- Dyadic Treatment
- Attachment/Attunement Treatment
- PCIT/PCAT[®]
- Theraplay[®]
- Role Play
- Sand Tray

Group Therapy

- Social Skills
- Speech and Language
- Anger Management
- Sunshine Circles
- Infant Baby Massage
- Occupational Therapy

Trauma Intervention

- Use of music, rhythm and movement
- Story Books – integrate corrective information and experience
- Sexual Abuse – “Safe Kids”
 - Coloring Book/Work Book
 - Good Touch – Bad Touch
 - Boundaries
 - No, go tell
 - Healthy relationships

Occupational Therapy

- Sensory Integration
- Movement
- Pressure
- Regulation of Emotions

Speech and Language Therapy

- Articulation
- Language
- Oral Sensory Motor
- Speech and Language effects on behavior

Sunshine Circles

- Based on the 4 Principles of Theraplay
- Creates classroom atmosphere that is warm, nurturing, stimulating and challenging
- The adult is in charge
- Engages the child that is withdrawn, overprotected, fearful, needy, impulsive, parentified, and/or manipulative

FOUR PRINCIPLES OF THERAPLAY

- Nurture
 - Reinforce child's self-worth
 - Adults provide loving care without child having to ask
- Engagement
 - Establish and maintain relationship with child
 - Encourages spontaneity, new experiences and fun
- Structure
 - Relieve the child of burden to maintain control of situation
 - Adult sets limits, defines boundaries, maintains safety, and controls activities
- Challenge
 - Child feels competent and confident
 - Child encouraged to take risks
 - Child experiences successful completion of activity

Next Steps

- Open the Desert/Mountain SELPA Children's Center CARE Clinic in June September 2012 focusing on 10 week intensive treatment and assessment for children 3 – 6 years of age with severe behavior problems
- Increase ability to access data for research, reporting and funding opportunities

Together we can change the lives of children and families

Bibliography/Resources

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Questions
and
Discussion

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