

# Welcome to



## MENTAL HEALTH MATTERS IN EARLY CHILDHOOD

*La importancia de la salud mental en la primera infancia*

THE TRAINING WILL BEGIN SHORTLY! WHILE YOU'RE WAITING...



*Icebreaker Question*  
(answer in the chat)

What is your favorite fall family activity?



*Survey & Certificate of Completion*

Available following the training.



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# SPANISH INTERPRETATION AVAILABLE!

## INTERPRETACIÓN AL ESPAÑOL DISPONIBLE!

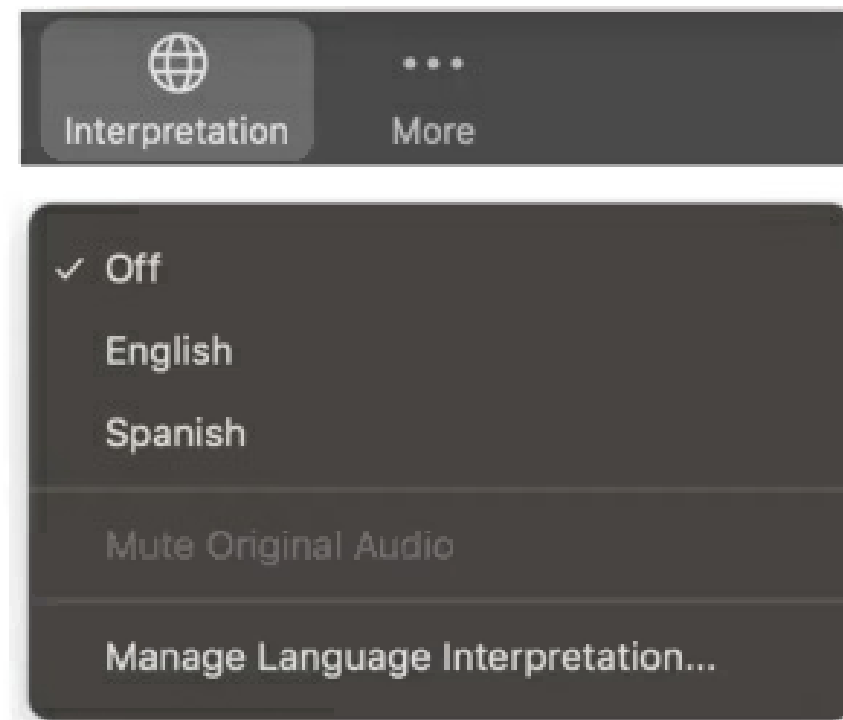
Today's training will be in both English and Spanish.

*La capacitación de hoy será en español y inglés*

Click the "Interpretation" icon in your toolbar,

select "Spanish"

*Seleccione el ícono "Interpretation" de las opciones al debajo de su pantalla. Elige la opción "Spanish"*



# Hi, We're CalTrin!

## Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.

## What we offer

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources



# UPCOMING TRAININGS

*mark your calendars!*

Visit [caltrin.org](https://caltrin.org) to view and register for upcoming webinars or workshops



**October 8:** Expanding Social Supports to Achieve Better Outcomes



**October 15:** Protective Factor of the Month: Concrete Support



**October 18:** Approaches to Address Structural Racism



**October 22:** Concrete Strategies for Parent/Caregiver Engagement



**October 30:** La Capacidad de Recuperación



**November 1:** The Culture of You, Me, & We

# Before We Begin...

## DURING



Access your participant guide now! The link can be found in the chat.



Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.



This presentation is being recorded.



External AI assistants are not allowed in CalTrin trainings due to California privacy laws.

## AFTER



Complete the survey at the end of this webinar to receive your Certificate of Attendance.



A follow-up email will be sent to all participants within two days.



# Mental Health Matters in Early Childhood

**Presenters: Meghan Lukasik, PhD  
Melina Islas, Ph.D.**

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**MELINA ISLAS, Ph.D.**

Postdoctoral Fellow



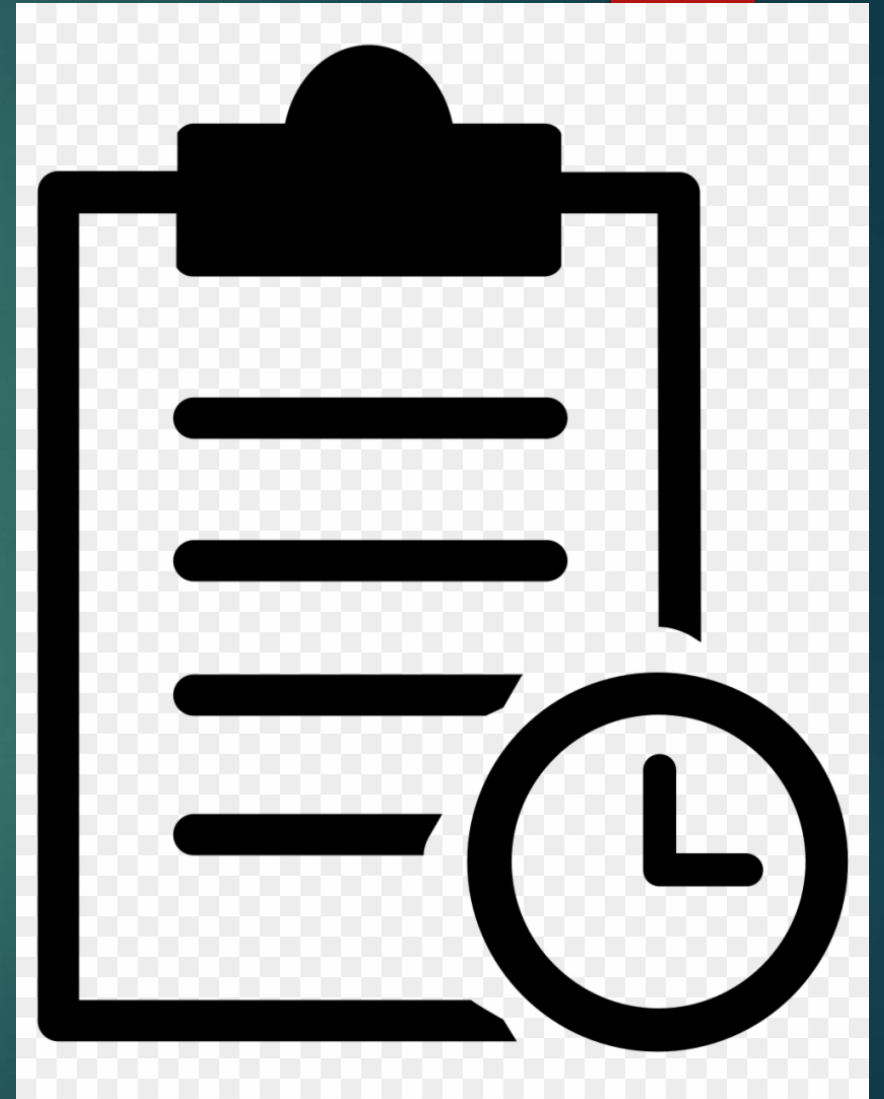
**MEGHAN LUKASIK, Ph.D.**

Licensed Clinical  
Psychologist & Manager



# AGENDA

- Why mental health matters in early childhood
- Signs and symptoms
- History of mental health assessment
- Trauma
- Autism Spectrum Disorder (ASD)
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Fetal Alcohol Spectrum Disorder (FASD)
- Depression and anxiety
- Resiliency and protective factors





# The time is NOW

## “Jim” age 26

- Incarcerated
- No family or friends
- History of violence
- Long history of drug and alcohol abuse



## “Jimmy” age 10 months

- Removed from parents' care at birth
- Currently in 3<sup>rd</sup> resource/foster home
- Family history of domestic violence
- Born prenatally exposed to drugs and alcohol





What Can We Do For Little “Jimmy” NOW? ....Over Time?

# Adult & Adolescent Mental Health By The Numbers

**1 in 5** U.S. adults experience mental illness each year

**1 in 20** U.S. adults experience serious mental illness each year

**1 in 6** U.S. youth aged 6-17 experience a mental health disorder each year

**50%** of all lifetime mental illness begins by age 14, and **75%** by age 24

Suicide is the **2<sup>nd</sup> leading** cause of death among people aged 10-34

# Early Childhood Mental Health Numbers

ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children ages 3-17. 9.8% of children (approximately 6.0 million) have received an ADHD diagnosis.

9.8% of children (approximately 6 million) have diagnosed anxiety\*

8.9% of children (approximately 5.5 million) have a diagnosed behavior problem

4.4% of children (approximately 2.7 million) have diagnosed depression\*

1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder

\*Depression and anxiety rates have increased over time

# Parent Mental Health Impacts on Children



## **Parents Under Pressure: The U.S. Surgeon General Advisory on the Mental Health and Well-Being of Parents**





## Historical Perspective

1893: ICD-1	1949: ICD-6	1952: DSM-1	1968 DSM-II
1980: DSM-III	1987: DSM- IIIR	1994: DSM-IV	1994: DC 0-3
2000: DSM-IV-TR	2005: DC 0-3R	2013: DSM 5	2017: DC 0-5
2022: DSM 5 TR			



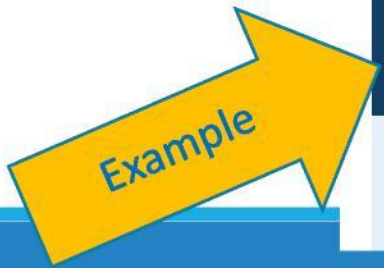
# Crosswalk : DSM5 - DC: 0-5 - ICD 10

- Neurodevelopmental Disorders
- Sensory Processing
- Anxiety Disorders
- Mood Disorders
- Obsessive-Compulsive and Related Disorders
- Sleep, Eating, and Crying Disorders
- Trauma, Stress, and Deprivation Disorders
- Relationship Disorder



## Sleep, Eating, and Crying Disorders

### Sleep Disorders



DC:0-5™	DSM-5	ICD-10	ICD-10 Code
Sleep Onset Disorder	Insomnia Disorder	Nonorganic Insomnia	F51.0

# Trauma

- ▶ A thorough assessment starts with asking questions about stress and trauma exposure
- ▶ Types of Trauma
  - ▶ Acute trauma
  - ▶ Chronic trauma
  - ▶ Complex trauma





# Multiple Dimensions of Trauma

- ▶ The trauma
- ▶ Child's temperament or personality characteristics
- ▶ Caregiver's ability to help child cope and provide a sense of protection and safety



- Training
- Screening
- Protocols
- Payment
- Treatment



# Pediatric ACEs and Related Life Events Screener (PEARLS)

———— CHILD - To be completed by: **Caregiver** ————

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

*Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."*

## PART 1:

- 1. Has your child ever lived with a parent/caregiver who went to jail/prison?

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- 2. Do you think your child ever felt unsupported, unloved and/or unprotected?

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- 3. Has your child ever lived with a parent/caregiver who had mental health issues?  
*(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)*

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- 4. Has a parent/caregiver ever insulted, humiliated, or put down your child?

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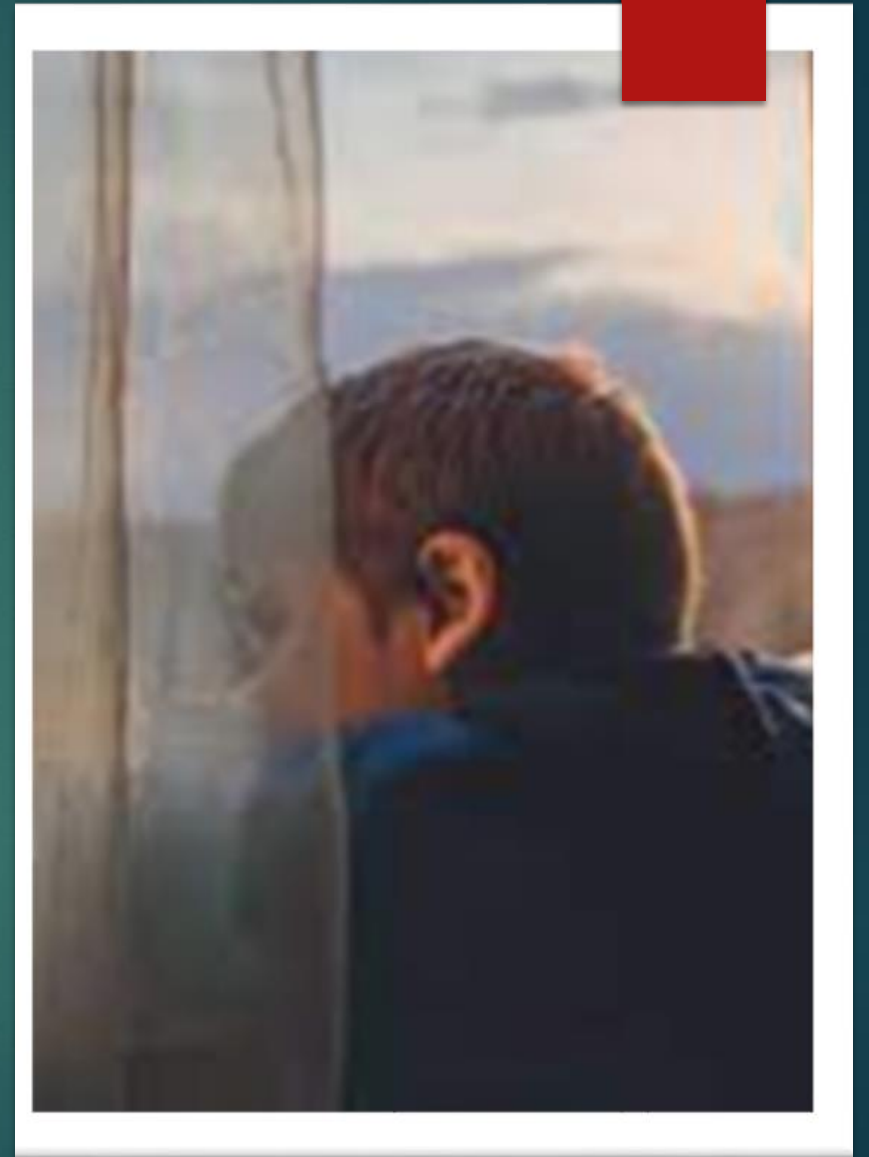
- 5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?

# CHILD MEASURES

Name of measure	Area of assessment	Age range	Proprietary
<b>Traumatic Events Screening Inventory - Child Self Report Revised (TESI-C SRR)</b>	Traumatic events	8-17 years	no
<b>Traumatic Events Screening Inventory - Parent Report Revised (TESI-PRR)</b>	Traumatic events	4-7 years	no
<b>Trauma History Questionnaire (THQ)</b>	Traumatic events	7-17 years	no
<b>Trauma Symptom Checklist for Children (TSCC)</b>	Trauma related symptoms	8-16 years	yes
<b>Trauma Symptom Checklist for Young Children (TSCYC)</b>	Trauma related symptoms	3-12	yes

# Trauma Informed Approach

- ▶ Understands the impact of trauma on behavior, development, and relationships Takes the child's developmental level into consideration
- ▶ Integrates this understanding into treatment planning
- ▶ Understands the provider's role in responding to child traumatic stress
- ▶ Reflects sensitively to the family



# How is Early Childhood Trauma Unique?

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- Profound sensory impact
  - Less able to anticipate danger or to know how to keep safe
  - Cannot express in words whether they feel afraid, overwhelmed or helpless
  - Early childhood trauma has been associated with reduced size of the brain cortex
  - Exclusive dependence on parents/caregivers for survival and protection—both physical and emotional

# First 2 months of life

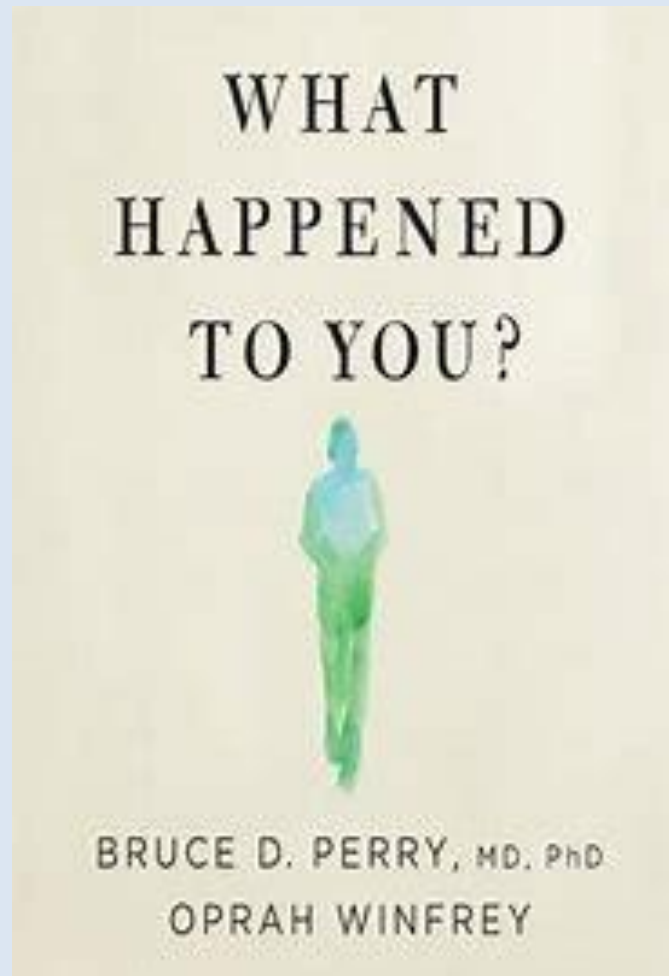
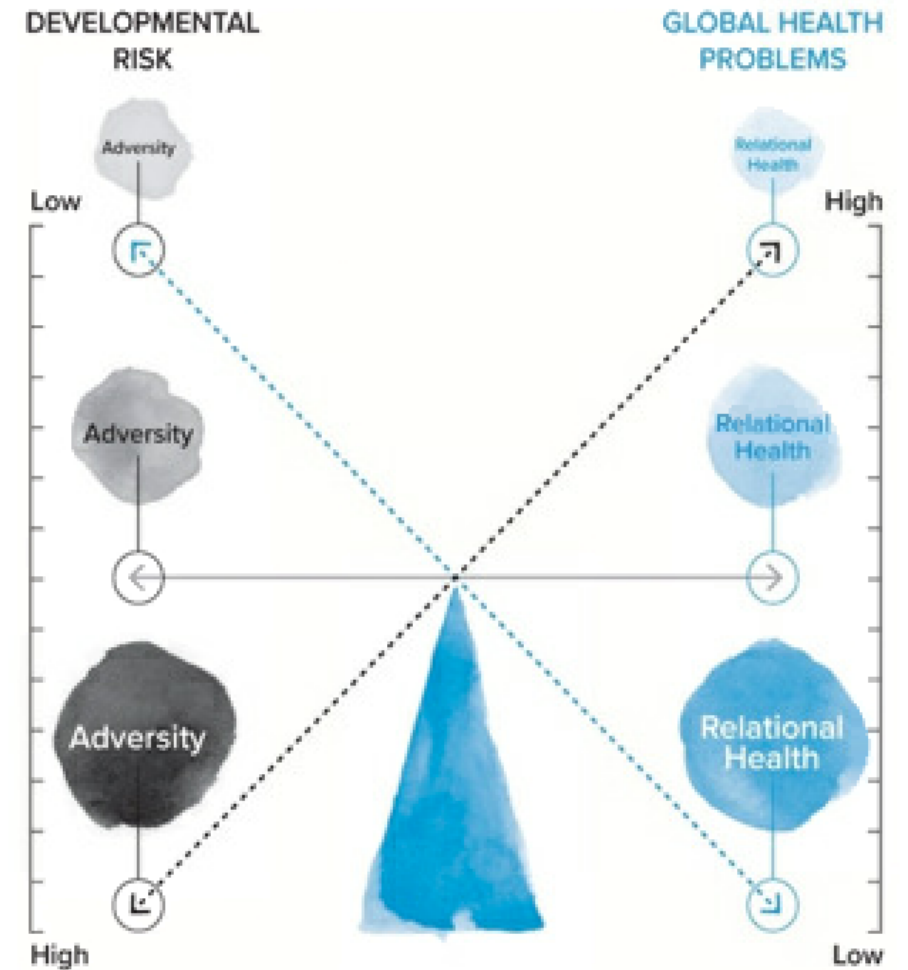


Figure 8

## THE IMPACT OF DEVELOPMENTAL EXPERIENCE

THE BALANCE BETWEEN ADVERSITY AND CONNECTEDNESS



# Effects of Trauma Exposure

## Neurological / Biological:

- Disruptions in biological / regulatory rhythms
- Fundamental changes to structure and function of developing brain
- Problems with movement and sensation
- Somatic symptoms, increased medical problems.

## Self- Regulation:

- Challenges regulating affect, attention, action, and arousal
- Difficulty knowing and describing their feelings and internal states.

## ► Attachment

- Challenges to basic trust and safety
- Socially indiscriminate, lack of selectivity or preference
- Attachment disturbances, insecure patterns of attachment

## ► Developmental:

- Regression - loss of previously acquired skills or disruption in developmental progress
- Exacerbation of normative developmental fears



# Effects of Trauma Exposure (Cont.)

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## **Social relatedness:**

- Lack of consistent or discernable engagement vs. disengagement cues
- Avoidance or indiscriminate patterns of social interaction
- Difficulties with pro-social skills; sibling relational aggression

## **Behavioral control**

- Poor impulse control
- Self-destructive or injurious behavior
- Aggression

## **Cognition:**

- Difficulty focusing on and completing tasks, or planning for and anticipating future events.
- Some exhibit learning difficulties and problems with language development.

# Symptoms and Behaviors Associated with Exposure to Trauma

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- Returning to behaviors shown at earlier ages
- Problems with toileting (bedwetting, soiling)
- Thumb sucking
- Fear of the dark
- Loss of language skills and acquired language
- Memory problems
- More immature behaviors
- Aimless motion, disorganized behaviors, and or/freezing
- Behavior changes
- Fear of being separated from parent/caregiver
- More clinging and dependent behaviors
- More aggressive behaviors
- More withdrawn behaviors showing little emotion
- More crying, whimpering, screaming, tantrums
- Unable to comfort self
- Difficulty falling asleep, night waking
- Less ability to tolerate frustration



# The Impact of Trauma: Still Face Experiment

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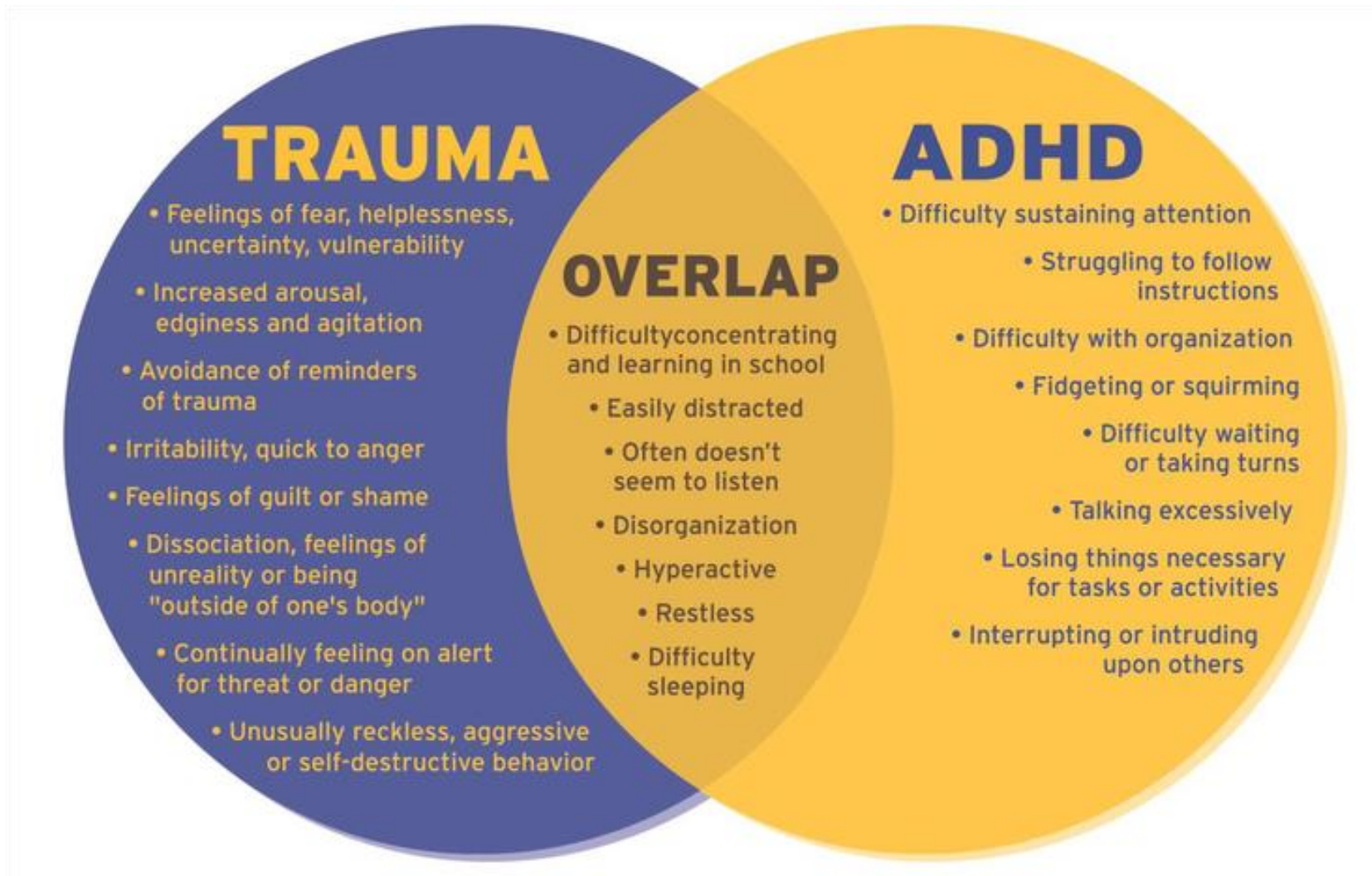


# Signs of Wellness

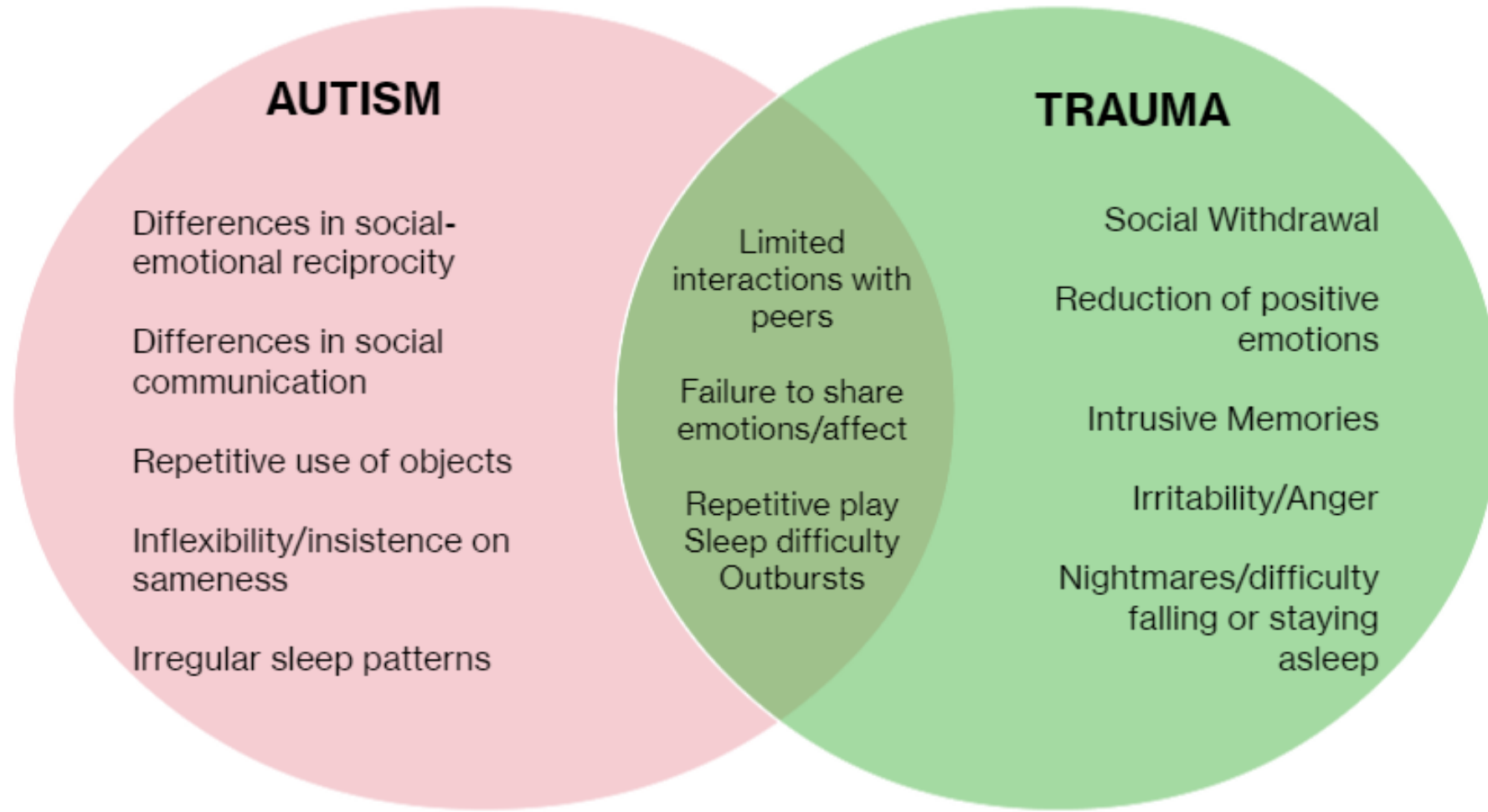


- EAT**
- SLEEP**
- POOP**
- REPEAT**

# Considering Trauma in Developmental Assessments



# Continued...



# Depression

## Symptoms in Infants

- Is the baby expressing a vibrant range of emotions?
- Is the baby quiet and subdued?
- Is it difficult to get your baby to engage with you socially?
- Is your baby withdrawn, perhaps frequently staring into space?
- Does the baby's expression seem sad, (infrequent smiling)?
- Is this behavior a change from the baby's usual presentation and temperament?

## Symptoms in Young Children

- Is the child having difficulty getting along with peers at school or other social settings?
- Is the child irritable or showing mood swings?
- Is there interest in toy play as expected for age?

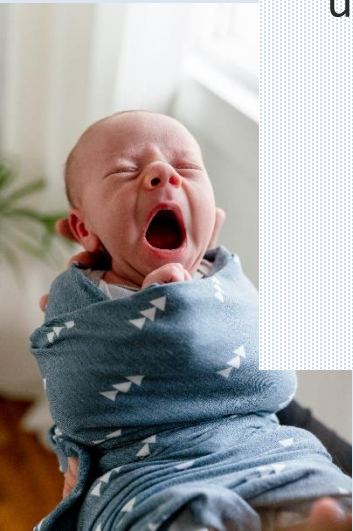


# Anxiety



## Symptoms in Infants

- Is your baby more irritable?
- Is your baby highly difficult to console?
- Are they having difficulty sleeping?
- Are they easily startled?
- How does your baby do when it is time to separate from you (preschool, daycare, babysitter, leaving the room)?
- Is this behavior a change from the baby's usual presentation and temperament?



## Symptoms in Young Children

- Does your child have difficulty stopping themselves from worrying?
- Does your child have any fears?
- Does your child have to do things in the “right” order or position?
- Does your child ask for reassurance when it doesn't seem necessary?
- How does your child do when it is time to separate from you (preschool, daycare, babysitter, leaving the room)?
- **Need to consider frequency and intensity of behaviors to differentiate from developmentally appropriate reactions.**

# Fetal Alcohol Spectrum Disorders (FASD)

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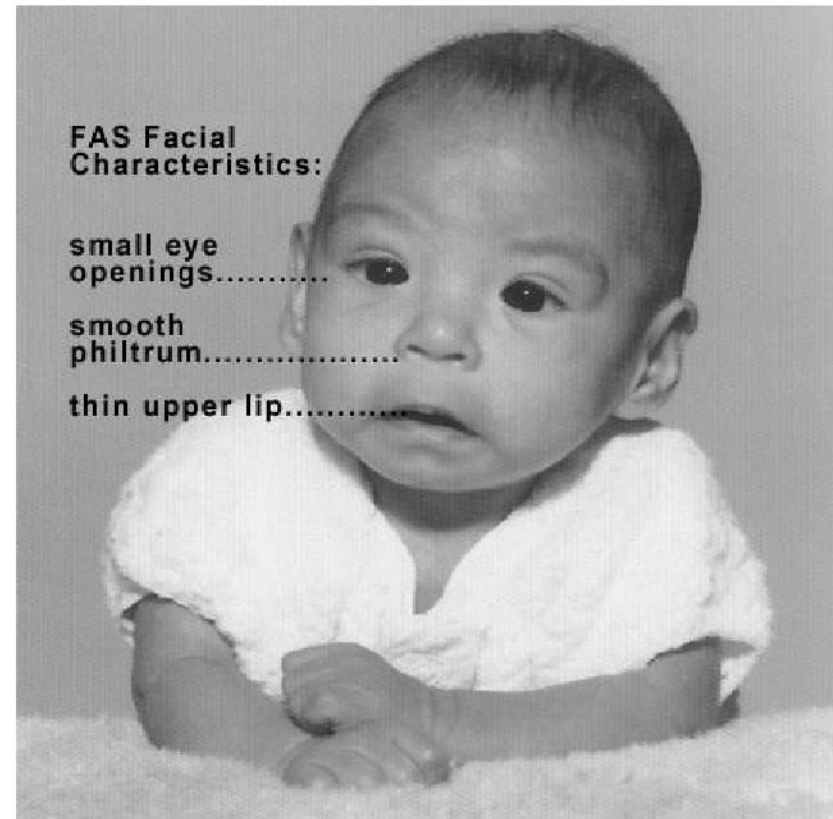
- Of all the substances people abuse ---including cocaine, heroin and marijuana--- alcohol produces the most serious neurobehavioral effects in the fetus
- No predictable correlation exists between the amount of alcohol exposure and the likelihood of development of an FASD
- During pregnancy, there is no safe time no safe amount, no safe type of alcohol

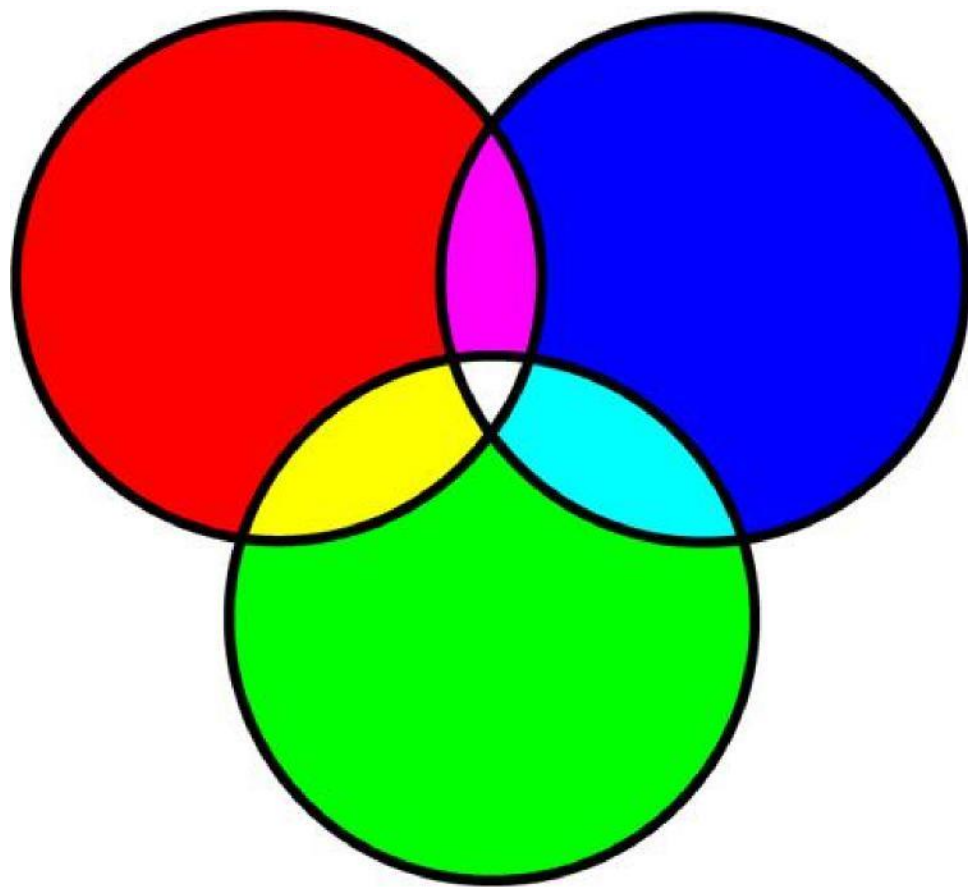


# Criteria for FASD

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- Growth defects
- Specific facial abnormalities
- Central Nervous System Abnormalities
  - Structural
  - Neurological
  - Functional





## Overlapping Symptoms of Childhood Disorders

Trauma Reactions

ASD

ADHD

FASD

Depression

ODD

Anxiety

Auditory Processing Disorder

Sensory Processing Challenges

OCD

Gifted

Motor Coordination Disorder

# “Nathan’s” Story

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# Changes in Cognition Over Time

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## Differential Ability Scales 2<sup>nd</sup> Edition

	Age 3	Age 5
Verbal	92 (Average)	114 (Above Average)
Nonverbal Reasoning	100 (Average)	115 (Above Average)
Spatial	108 (Average)	123 (High)
General Cognitive Ability	100 (Average)	122 (High)

# ADOS-2 and Diagnostic Impression Over Time

Age 2 Module 1	Age 3 Module 2	Age 5 Module 3
<hr/>		<hr/>
<i>Just Met</i> classification for autism spectrum	Met classification for autism spectrum	Non-spectrum
Adjustment Disorder primary	Adjustment Disorder primary	No diagnoses
Expressive Language Disorder	ASD Provisional	
Rule out Autism vs. Early signs of ADHD		

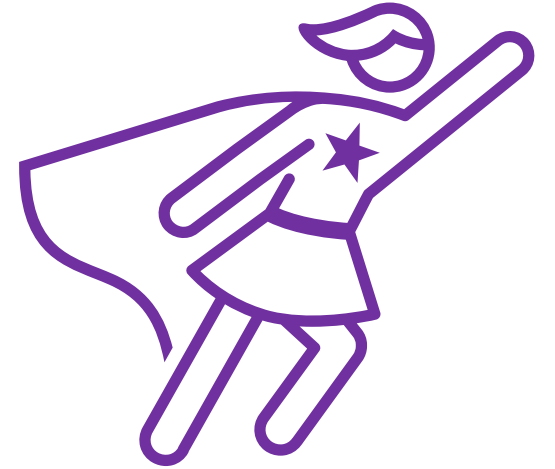
# Strengthening Families Protective Factors Framework

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# YOU as a Protective Factor



- Trauma informed
- Culturally sensitive
- Know the signs
- Advocacy
- Language use
- Self-reflection
- Self-care

# Questions?

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# Thanks for joining us!

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