2016

Significant Emotional and Behavioral Problems in Early Childhood

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by

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MSW Clinical Research Paper

Presented to the faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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Abstract

Significant emotional and behavioral problems in early childhood are a growing concern for social workers, mental health professionals, teachers, day care providers and others involved in the care of children ranging in age from 18 months to six years old. The purpose of this research study was to gain an in-depth understanding of the professional experience and perspective of mental health professionals in meeting the mental health needs of children with significant emotional and behavioral problems in early childhood. A semi-structured interview was used with the six mental health professionals that participated in the study. Three major themes from the data: the therapeutic process, the importance of family, and collaboration between systems. Additionally, the following subthemes were apparent in the data: the impact of negative developmental experiences, the need for early identification and intervention, lack of emotional regulation and a regulating partner, corrective emotional experiences, client-centered care, psychoeducation, and barriers. Several of the findings from this study were consistent with the current literature on the topic. Finally, this study suggests several implications for social work practice, policy, and research.

Acknowledgements

I would like to thank my research chair, Renne Hepperlen for your continued support throughout this nine-month process. I am forever grateful for your commitment and generosity. Thank you to my committee members, Jamie Edwards and Maggie Justen for your support, advice, and feedback. To my family and friends, thank you for sticking by my side through this stressful and time-consuming process—I owe my sanity to you. Finally, a very special thank you to all of my MSW friends for your humor, kindness, and continued encouragement; the past two years wouldn't have been the same without you!

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Early childhood mental health is a growing concern for mental health professionals. As various studies have estimated, approximately 13 to 20 percent of children in the United States will develop a mental health disorder each year (Centers for Disease Control and Prevention, 2013). The focus of this research study is significant emotional and behavioral problems in young children. There are various ways this can be defined; however, for the purpose of this research study, the researcher will use The Individuals with Disabilities Education Act (IDEA) (2004) definitions of emotional disturbance and developmental delay. IDEA (2004) ensures that all students with a disability receive necessary services. Additionally, it oversees how states and agencies provide early interventions, special education, and related services to children with disabilities. According to IDEA (2004), an emotional disturbance is:

> …A condition exhibiting one of more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (a) an inability to learn that cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate types of behavior or feelings under normal circumstances; (d) a general pervasive mood of unhappiness or depression; and (e) a tendency to develop physical symptoms or fears associated with personal or school problems. (20 U.S.C., §300.8)

In addition, some professionals, particularly school social workers will use the criteria of developmental delay in the area of social or emotional development for children ranging in age from three to nine years old (20 U.S.C., §300.8). For children under the age of 3, this research study will use the definition provided by IDEA (2004) Part C of "an infant

and/or toddler with a disability" who is experiencing potential or actual developmental delays in regards to the area of social and emotional development (20 U.S.C., §632).

Children identified as having significant emotional and behavioral problems are more likely to be arrested, have lower math and reading scores, drop out of high school, experience unemployment and housing concerns, become dependent on welfare and mental health services, develop chemical dependency issues, and experience trouble maintaining interpersonal relationships well into adulthood (Benner, Kutash, Nelson, & Fisher, 2013; Frey & George-Nichols, 2003; Kutash, Duchnowski, Sumi, Rudo, & Harris, 2002; Landrum, Tankersley, & Kauffman, 2003; Mayer, Lochman, & Acker, 2005; Serpell, Hayling, Stevenson, & Kern, 2009). Consequently, prevention strategies, early diagnosis, and interventions are critical to the young child with emotional and behavioral problems in his/her life trajectory (Benner et al., 2013). Furthermore, this illustrates the importance of focusing research efforts on early childhood mental health.

Much of the literature on significant emotional and behavioral problems in children discusses the overrepresentation of minority students with this label: the most overrepresented population being African American boys living in impoverished neighborhoods (Olmeda & Kauffman, 2003; Serpell et al., 2009). Educational and mental health programs specifically for students with emotional and behavioral disorders are overrepresented with African American students and it is these students who often have a comorbid learning disorder (Olmeda & Kauffman, 2003). Additionally, this population is more likely to be removed from general education settings and be punished more harshly for negative behaviors in school, such as expulsion or suspension. There are numerous ideas about the reasons for this overrepresentation, such as label ambiguity, teacher

perceptions of students of color, decisions regarding disabilities made by individual schools, and racial discrimination (Serpell et al., 2009). Although it is important to recognize the overrepresentation of African American students and students of low socioeconomic backgrounds with emotional and/or behavioral disorders, it is out of the scope of this research project to include it in this study.

For the purpose of this research project, early childhood is defined as a combination of Erikson's toddler (early childhood) and preschooler (play age) periods in his stages of psychosocial development (Hutchinson, 2011). A child in this category ranges in age from 18 months to five or six years old. According to Erikson, during this time period there are two crucial psychosocial issues that must be resolved to ensure normative development (Hutchinson, 2011). At this age children are rapidly developing and are especially at risk for emotional and behavioral difficulties, making this a critical time for prevention and early intervention by mental health professionals (Poulou, 2015). Also, during this time children are particularly vulnerable to instances of trauma and impacts of child-caregiver attachment experiences, which can negatively affect neurodevelopmental processes leading to social, emotional, cognitive, and/or behavioral problems (Perry, 1995).

Mental health professionals play a crucial role in early childhood development and addressing the mental health concerns of this population, especially in terms of those professionals connected to the education system. Throughout this project, the researcher uses the term mental health professional defined by the Minnesota Comprehensive Children's Mental Health Act (2015) as "a person providing clinical services in the diagnosis and treatment of children's emotional disorders" (§245.4871, Subd. 27), in

combination with the definition of a mental health practitioner as "a person providing services to children with emotional disturbances" (§245.4871, Subd. 26). Examples of such persons are those with the following licensures: Licensed Independent Clinical Social Worker (LICSW), Licensed Graduate Social Worker (LGSW), Licensed Social Worker (LSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Clinical Counselor (LPCC), and Licensed Mental Health Counselor (LMHC).

The purpose of this qualitative research study is to explore the role of mental health professionals, whom are linked to schools in some aspect, in addressing the mental health needs of children with significant emotional and behavioral problems in early childhood. Due to personal experiences working in settings with this population, the researcher wanted to further study how other mental health professionals were concentrating their efforts on serving this population. The literature review that follows reveals several important themes which emerged from the data relating to significant emotional and behavioral problems and early childhood mental heath: Negative developmental experiences (such as trauma and attachment concerns), prevention and early intervention, family centered care and the parent-child relationship, school based approaches, and collaboration between systems.

Literature Review

Throughout the process of reviewing the literature on early childhood mental health and emotional and behavioral problems, several themes appeared. The identified themes were: Negative developmental experiences, prevention and early intervention, family centered care and the parent-child relationship, school based approaches, and

collaboration between systems. Following is an overview of the literature regarding these themes.

Negative Developmental Experiences

The literature highlighted the impact of negative developmental experiences, such as trauma (and other major life stressors) as well as issues of attachment, on the development of significant emotional and behavioral problems.

Trauma and other major life stressors. Due to the complex neurodevelopmental processes occurring during an infant and young child's life, this population is especially vulnerable to traumatic events and other major life stressors, such as an unstable home environment (Perry, 1995). Traumatic experiences significantly affect the development and the function of the infant/young child's brain (Perry, 1995). The brain is a complex organ that houses and organizes the interaction between various systems. Additionally, the brain stores information in a use-dependent state, meaning that when a person experiences states of arousal, such as fear or anxiety, the memories of that situation are stored based on the emotional and/or survival state the person is in during that time (Perry, 1995). Because these emotions are stored in a use-dependent state and wired into the child's growing brain, they may develop a constant or near-constant state of hyperarousal or dissociation. That is, the child will respond to threats or stressful situations using survival strategies such as flight, fight, or freeze (Perry, 1995; Seifert, 2003). As a result of the brain's organization of traumatic experiences, the child becomes more likely to develop symptoms of mood disorders (e.g. anxiety, attention difficulties, depression, and hyperactivity), which may also significantly affect their

ability to bond and engage with others (Seifert, 2003). Lieberman (2004) describes this reciprocal interaction between trauma and attachment:

> The quality of attachment is an important factor in children's capacity to process and resolve traumatic experiences. At the same time traumatic events often have a damaging effect on the quality of existing attachments by introducing unmanageable stress in the infant-parent relationship. (p. 336)

These stressful and traumatic occurrences put young children at risk of developing significant emotional, behavioral, cognitive, and social problems at a young age, which may be expressed externally and/or internally (Perry, 1995; Snyder et al., 2012). In addition, the exposure to traumatic events during infancy and early childhood increases the risk of psychiatric disorders in adolescence and adulthood (Perry, 1995).

Early childhood education plays an important role in the prevention and early intervention of emotional and behavioral disorders. Early childhood educators' unique perspectives regarding the mental health needs of young children are essential to discovering what is needed to better serve young children with mental health problems (Giannakopoulos, 2014). In regards to trauma and other major life stressors, early childhood educators described the importance of understanding risk factors of developing mental health problems during early childhood such as, inconsistent caregiving, parents' mental health, unstable home environment, and exposure to major stressful events. Although early childhood educators had a basic understanding of the impact of trauma and life stressors on children's mental health, they seemed to place the blame on parents, overlook internalizing behaviors, and failed to acknowledge the importance of their role

in helping to address and support the mental health needs of preschoolers (Giannakopoulos, 2014).

Issues of attachment. As illustrated above, there is a complex interaction between trauma and attachment. Issues of emotional neglect can lead to profound attachment issues in infants and children, which can in turn lead to severe emotional and behavioral problems (Perry, 1995). In a longitudinal study of attachment and development, a person's attachment history was associated with "the growth of self-reliance, the capacity for emotional regulation, and the emergence and course of social competence, among other things" (Sroufe, 2005, p. 349). Additionally, this study highlighted the key role of infant attachment in the development of the person because it paves the way for the child's development and is related to critical socioemotional and developmental functions. Other literature suggests the function of disorganized attachment in contributing to the development of behavioral problems in early childhood (Pauli-Pott, Kaverkock, Pott, & Beckmann, 2007). Disorganized attachment can be described as, "unexplainable interruptions or incomplete behaviors, contradictory behavior patterns, or signs of disorientation and apprehension regarding these caregivers" (Pauli-Pott et al., 2007, p.43). As a result, infants and children with disorganized attachments are unable to adequately manage stressful events because they lack the ability to engage in effective emotional regulation. Previously stated, disorganized attachment was found to be strongly associated with behavior problems, this was especially true in infants with difficult temperaments (Pauli-Pott et al., 2007). Furthermore, the specific interplay between disorganized attachment and trauma is important in understanding early childhood mental health: "Disorganized patterns of

attachment are more prevalent among infants who were maltreated or raised in families with serious risk factors such as domestic violence, maternal mental illness, and higher levels of alcohol intake" (Lieberman, 2004, p. 343). Early bonding between parent and child sets the stage for mental health; most of the time those with disordered attachments have been victim to neglect and abuse, which can result in the development of significant emotional and/or behavioral problems (Seifert, 2003). In fact, according to one study 92 percent of attachment disordered youth or adults had psychiatric problems (Seifert, 2003). This shows the significance of providing effective interventions and services to young children with trauma and attachment concerns. Additionally, due to the role attachment plays in the development of mental health problems in young children, therapists must focus attention on the parent child-relationship in order to provide a healing experience and address early childhood mental health (Lieberman, 2004).

Prevention and Early Intervention

Various studies have suggested the potential meaningful influence prevention and early intervention could have on early childhood mental health problems, specifically emotional and behavioral problems (Benner, Kutash, Nelson, & Fisher, 2013; Briggs-Gowan & Carter, 2008; Early & Vonk, 2001; Egger & Angold, 2006; Evangelista & McLellan, 2004; Feil et al., 2005; Forness, Kavale, MacMillian, Asarnow, & Duncan, 1996; Giannakopoulos et al., 2014; Goorix et al., 2012; Kamps, Kravitz, Stolze, & Swaggart, 1999; Marsh, 2004; Perry et al., 1995, Poulou, 2015; Seifert, 2003; Serna, Nielsen, Lambros, & Forness, 2000; Trentacosta & Shaw, 2009). Not long ago there was discussion within the literature concerning the possibility of the development of significant social, emotional, and behavioral problems in children under the age of 36

months; however, due to recent studies this has been proven untrue (Briggs-Gowan & Carter, 2008). As a result, researchers have recommended the use of evidence-based intervention programs and prevention screenings for children between 12 to 36 months exhibiting behavioral problems in order to intervene before elementary school (Briggs-Gowan & Carter, 2008). Marsh (2004) illustrates the reasoning behind providing prevention and early intervention strategies for young children exhibiting severe emotional and behavioral problems:

> These young people and their families need and deserve accessible, affordable mental health services…The price of this neglect is incalculable for these children…for their often-desperate families, and for a society that is deprived of their gifts. Untreated or undertreated, these disorders often result in suffering, disrupted lives, unfulfilled potential, isolation and shame, and lost hopes and dreams. (p. 447)

With prevention and early intervention strategies, it is hopeful this picture of children with emotional and/or behavioral disorders (EBD) and their families will begin to heal.

A research study that implemented a prevention program with children in Head Start showed significant improvement for children at-risk of developing EBD in terms of adaptive behavior, social interaction, and attention (Serna et al., 2000). However, the study also revealed the importance of using more targeted prevention and early intervention programs with children who do not respond to primary prevention efforts. Other researchers have also discussed the value in focusing prevention and intervention efforts at the Head Start level to be truly effective, particularly when professionals are proactive and collaborative (Forness et al., 2000). Another study focused on programs

using adaptive self-regulation strategies in early childhood settings, with results that illustrated the positive implications of the use of prevention and early intervention approaches in the preschool years (Trentacosta & Shaw, 2009). The presence of "rapid developmental changes" as well as the existence of behavioral problems in early childhood demonstrates the need for prevention and early intervention (Poulou, 2015). One study illustrated the importance of working with preschool children and their families to help in identifying mental health problems early on through connection, developing children's social-emotional skills, providing parents with information and education about mental health and child development, and more training for early childhood educators surrounding how to help children displaying symptoms of emotional and behavioral disorders (Giannakopoulos et al., 2014). Early childhood educators are faced with the role of identifying the mental health needs of young children and are not always equipped to do so effectively (Giannakopoulos et al., 2014; Poulou, 2015). Similarly, Goorix et al. (2012) explored the utilization of Life Space Crisis Intervention (LSCI) with young children with EBD, which illustrated the importance of choosing prevention and intervention strategies that are developmentally appropriate. The research suggested that during the preschool years, instead of focusing on the cognitive areas, it is more helpful to place emphasis on communication and socialization in the context of a safe child-adult relationship (Goorix et al., 2012). Another study focused on prevention strategies for students with EBD, which were implemented successfully into urban elementary schools (Kamps et al., 1999). The approach concentrated on reinforcing proscocial behaviors and findings suggested the program was effective in improving student behaviors (Kamps et al., 1999).

Regarding the issues of trauma and attachment discussed previously, early intervention strategies are critical. Early intervention focused on structure, predictability, and nurturance, in lessening the difficulty of children's responses to previous trauma(s); therefore, structure, predictability, and nurturance can help reduce the incidence of emotional and behavioral problems in young children by reducing their hyperarousal and/or dissociative reactions to stressful situations (Perry et al., 1995). Other researchers, who use an attachment and/or trauma lens to view significant emotional and behavioral problems during early childhood, also discuss the relevance of prevention and early intervention strategies/programs. Seifert (2003) suggests that the way to alleviate the relationship between childhood trauma and later psychiatric problems is through "providing early mental health services for the children who have been abused, neglected, or exposed to domestic violence" (p. 32).

Family Centered Care and the Parent-Child Relationship

The importance of prevention and early intervention efforts targeted toward at-risk children and children with EBD during the early childhood years is clear; however, centering this care around the family system and the parent-child relationship is also key to effective work with this population. The complex relationship between a child's social competence and family dynamics indicates the importance of recognizing the impacts of parent-child relationships when determining an appropriate intervention (Blandon, Calkins, & Keane, 2010). Radohl (2011) closely examined the concept of incorporating a family driven care approach to working with children with severe emotional and behavioral problems where "change lies with the consumers and families themselves, and draw on family members to shape interventions and changed based on their personal

values and needs at the time" (p. 132). This approach provides a framework of treatment that upholds the values of self-determination and client empowerment, by acknowledging the client (i.e. the family) as expert.

The literature suggests there is value in utilizing interventions to teach and enhance parenting skills that meet the needs of the child and to help reduce parent stress so parents are better-equipped to manage and respond to behavioral and emotional needs (Poulou, 2015). Furthermore, Giannakopoulos et al. (2014) considers the possibility of including a parent-focus to early childhood education services by providing parents with materials and resources regarding "…parenting, child development and children's mental health" (p. 5). Another study examined the effectiveness of a parenting program called "Parenting Wisely", which promoted parent involvement in their child's mental health needs by focusing on parenting skills and supporting the child's home environment (Powers & Swick, 2014). The literature also discusses the relationship between parents' illustration of strong negative emotions and children's developing understanding of emotions, which can then potentially lead to early identification of emotional and behavioral problems (Martin, Williamson, Kurtz-Nelson, & Bockamp, 2015). These findings shed light on the value of concentrating efforts to provide early childhood mental heath services within the family system for young children with significant emotional and behavioral issues. School social workers provide family centered care for children with EBD through home visits, parent meetings, and parent education (Lynn et al., 2003). In addition, efforts to help parents feel competent in addressing their child's behavior are critical for treatment (Lee et al., 2013). Another research study illustrated essential factors in delivering family centered care such as parenting education and

training, assessing the child in the context of the family system, parenting consultation, family therapy, helping parents reduce stress, and providing families with links to more intensive services if needed (Upshur, Wenz-Gross, & Reed, 2009).

With respect to the literature discussing the complex association between trauma, attachment and severe emotional and behavioral problems, treatment in these situations must include an emphasis on the parent-child relationship. Lieberman (2004) reviews the use of child-parent psychotherapy with an emphasis on healing relationship struggles, enhancing instances of joy and meaningful connection, and helping to end the cycle of the internalization of dysfunctional models of relationships. Viewing young children's problems within their environmental context, especially in terms of family structure, dynamics, and history is important to the entirety of the therapeutic process; a family centered model of care takes this into account (Evangelista & McLellan, 2004).

School Based Approaches

Schools are one of the main sources of mental health services for many children (Kutash, Duchnowski, Sumi, Rudo, & Harris, 2002). The research illustrated the important role of school social workers in providing this service for children with emotional and behavioral problems. O'Brien, Berzin, Kelly, Frey, Alvarez, & Shafer (2011) examined practice approaches school social workers utilize in addressing the mental health needs of students. These researchers found school social workers primarily use individual counseling and child-centered interventions; however, family and teacher involvement was limited. Additionally, other studies focused on the ability of school social workers to provide effective mental health services to students by reducing risk factors and enhancing protective factors (Early & Vonk, 2001). Furthermore, the

literature portrayed the need for culturally responsive school based-interventions, which focus on the unique needs of each individual and are based on an understanding of social justice issues, such as racial discrimination (Serpell et al., 2009).

The review of the literature also highlighted several characteristics of interventions effective with children identified with EBD in school settings. The most noted intervention foci were: positive reinforcement, clear expectations/consequences, self-monitoring strategies, group oriented contingencies, goal setting, and Functional Behavior Assessments (FBAs) (Benner et al., 2013; Frey & George-Nichols, 2013; Landrum, Tankersley & Kauffman, 2003). These types of interventions emphasize the importance of continuous monitoring and evaluation when working with children with EBD.

Various authors highlight the significance of interventions at both classroom-wide and school-wide levels with multiple tiers of support and intervention, ranging from addressing less severe to more severe behaviors, and based upon a positive behavior support philosophy (Barrett, Eber, & Weist, 2013; Benner et al., 2013; Caldarella, Williams, Hansen, & Wils, 2015; Eber, Hyde, & Suter, 2011; Jeffrey, McCurdy, Ewing, & Polis, 2009; Kelly, Frey, Alvarez, Berzin, Shaffer, & O'Brien, 2010; Kern, 2015; Mayer, Lochman, & Acker, 2005; Serna et al., 2009). As seen in Figure 1 below, Multi-Tiered Systems of Supports (MTSS) are implemented in schools to help prevent and address problem behaviors: Tier I interventions are targeted toward all students, Tier II interventions are aimed at 10-15% of students who need some additional support, and Tier III interventions are targeted at 1-5% of students who need a higher level of support (Barrett, Eber & Weist, 2013). Children with EBD typically receive services at the

tertiary level; however, early childhood students may fall in the "at-risk" or secondary prevention level.

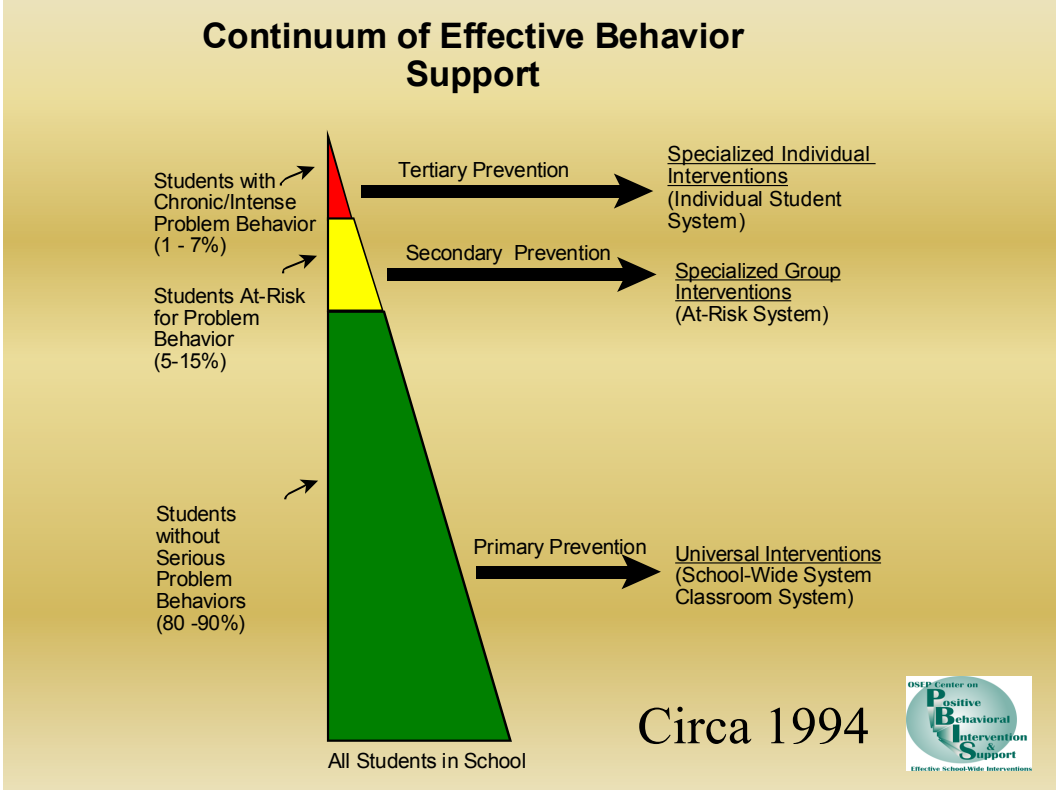

Figure 1. Positive Behavioral Interventions & Supports (2015). *Positive Behavioral Interventions & Supports.* Retrieved from: http://www.pbis.org

In addition to addressing problem behaviors, MTSS and School Wide Positive Behavioral Interventions and supports (SWPBIS) focus on creating a predictable, safe, and consistent environment for all children, in order to best meet the social emotional needs of all students and promote a positive school culture (Benner et al., 2013).

Other research also focuses on the importance of incorporating a similar ecological framework for school-based approaches. Lynn, McKay, and Atkins (2003) suggested using an intervention model aimed at reaching the school in its entirety, each classroom, the child and family, as well as the teacher. Examples of this would be addressing the school climate, policy changes, behavior management, identification of

mental health needs, parent engagement, and coping strategies, support groups and training for teachers (Lynn et al., 2003). Farmer and Farmer (1999) illustrate the importance of viewing schools as "microsystems" as understood through Bronfenbrenner's ecological model. With this framework in place, "school environments, instructional arrangements, and relationships with teachers and peers strongly contribute to emotional and behavioral development in childhood and adolescence and also influence adult outcomes", which impacts the type of school-based interventions for children's mental heath (Farmer & Farmer, 1999, p. 380). Additionally, the role of school social workers, in terms of their understanding of systems, allows interventions to be at all levels of practice, micro, mezzo and macro through the use of individual and group sessions, consultation and collaboration with teachers and administration, and systems change at the school level (Frey & George-Nichols, 2003). Another study illustrated that although individual work is still the majority of what school social workers provide on a daily basis, they are also participating at all levels of the ecological system with students with EBD such as partnering with teachers, families, and communities and improving school-wide interventions (O'Brien et al., 2011). Early childhood settings such as preschool and Head Start classrooms were part of a study that established a program called Together for Kids (TFK) based on a mental health consultation model and provided children and families with services such as, "classroom observation and teacher training, individual child assessment and therapy, family assessment and support, and referrals for other family needs" (Upshur et al., 2008, p. 29). This begins to illustrate a central theme found throughout the literature regarding the importance of collaboration between systems in working with children with EBD.

Collaboration Between Systems

An overwhelming amount of research studies demonstrated the positive impact and importance of the collaboration between systems (e.g. wraparound services and planning, systems of care, and mental health consultation) in supporting children with severe emotional and behavioral problems (Barrett, Eber & Weist, 2013; Eber, Hyde, & Suter, 2011; Eber & Nelson, 1997; Evangelista & McLellan, 2004; Farmer, Farmer, & Gut, 1999; Kutash et al., 2002; Lee et al., 2003; Olmeda & Kauffman, 2003). An exploratory study found that systems collaboration lead to higher parental abilities in dealing with their child's behavioral problems, increased level of functioning in children, and reduced problem severity in children with severe emotional problems (Lee et al., 2013). In addition to collaboration, *cooperation* among multiple systems of support, such as schools, families, and community mental health providers is essential in addressing the intense needs of students with EBD (Lee et al., 2013). Due to the fact children with severe emotional and behavioral issues experience difficulties across a variety of settings, it is essential for interventions to mirror this by using a multi-dimensional approach, which reaches multiple systems from mental health systems, schools, families, and individuals (Kern, 2015). Marsh (2004) also explained this concept of an integrated and multidisciplinary system of care and added that it must be adapted to fit the unique needs of the child and family. Forness et al. (1996) discussed the importance of addressing mental health issues of children with EBD through the involvement of multiple agencies and professionals by enhancing protective factors in multiple settings.

Some researchers discussed collaboration between systems in terms of early childhood mental health consultation (Allen, Brennan, Bradley, & Perry, 2008; Upshur et

al., 2008). As previously considered, Upshur et al. (2008) completed a study using an early childhood mental health consultation model to address the significant needs of preschool aged children with challenging behavior problems. Mental health consultants provided services in community childcare and preschool settings such as Head Start with the purpose of promoting change in the program setting as well as change within the child and family (Upshur, 2008). These professionals brought an understanding of mental health into environments that previously did not understand the impact of mental health on children's behavior. Allen et al. (2008) also discussed early childhood mental health consultation (ECMHC) as an "indirect service", which "seeks to improve children's social and emotional well-being through change made in the early childhood environment…and through acquisition of new skills by teachers, staff, and others involved in the care of the child" (p. 796). Additionally, ECMHC provides a range of services and supports for children who might otherwise be expelled from childcare programs (Allen et al., 2008).

One research study implemented a Partnership Program in a school, which featured school, family and community team meetings, an integration of services between such settings, removing barriers, and a monitoring/evaluation plan (Kutash et al., 2002). This program was successful in keeping students with EBD in their neighborhood school, reducing the number of behavior referrals, and improving emotional functioning; moreover, family engagement increased and more positive relationships were fostered between families, the school, and the community (Kutash et al., 2002). In addition, the literature portrayed the importance of wraparound services for children with EBD because many times these children need intervention and support in several settings and

environments (Eber & Nelson, 1997). This type of system of care focuses on the needs specific to children and families with emotional and behavioral needs by integrating mental health, child welfare, and other agencies in their educational setting (Eber & Nelson, 1997). According to Eber & Nelson (1997), the key factors in creating effective wraparound services are:

> Building on strengths of children, families, and systems; identifying and developing support structures for necessary role changes among school personnel; changing attitudes about and partnerships with families; creating and nurturing interagency networks, merging and blending community services into and around schools; and finally, gaining acceptance for changes in school-based programs and services to meet the needs of students, rather than moving students from program to program in the hope of finding a 'fit'. (p. 394)

Farmer, Famer and Gut (1999) explain a comparable version of a system of care, which assists professionals in serving children with EBD in their home communities, by developing prosocial skills and providing both informal and formal supports that surround the child within an accommodating and cooperative network. Also, other research that focused on issues of trauma and attachment in children with significant emotional and behavioral problems highlighted the need for connection between various public agencies such as mental health, criminal justice, and social service agencies in providing effective treatment (Seifert, 2003; Snyder et al., 2012). It is obvious, developing a system of care, employing wraparound services and/or using an early childhood mental health consultation model is important practice in supporting children's mental health concerns across settings.

Gaps in the Research

The research discussed above demonstrates the need to address early childhood mental health issues in children with significant emotional and behavioral problems. Moreover, the literature provided a developmental and ecological framework of examining this issue by focusing on aspects of trauma, attachment, prevention and early intervention, family centered care and the parent-child relationship, school-based approaches, and systems collaboration. While the research discusses the mental health needs of this population, much of the research is focused on school-aged children and lacks empirical studies regarding interventions and/or programs with a specific focus on the unique needs of young children between the ages of 18 months and five to six years old. This research project was developed to begin to address this gap in the research by presenting the following research question: How do mental health professionals address the mental health needs of children with significant emotional and behavioral problems during early childhood?

Conceptual Framework

The literature suggests there are several theories and/or perspectives to help understand the mental health needs of children with significant emotional and behavioral problems during early childhood. The research study presented in this paper is rooted in the context of an ecological systems perspective as well as an understanding of child development. The themes revealed in the literature illustrated the importance of understanding child development through the lens of the child's interactions with his/her environment and other systems in order to best address the needs of this population.

Ecological Systems Perspective

Urie Bronfenbrenner is the founder of the ecological systems model. His framework revealed an understanding of human behavior in the context of individuals' interaction with their immediate environment as well as to other more distant environments (Famer & Farmer, 1999). According to Robbins, Chatterjee and Canda (2012) ecological systems perspective:

> …Focuses on transactions between people and their environments…a basic assumption here is that people strive for a goodness of fit with their environments because of the interdependence between them, and in doing so, people and their environments constantly change and shape one another. This adaption process, which is biological, psychological, social, and cultural, is both reciprocal and continuous. (p. 33)

The environment in which a child grows up, in addition, to his/her interactions with the family system profoundly impacts child development, so it is critical to view the child in context of his/her environment. Bronfenbrenner (1979) viewed the environment in terms of four different levels, ranging from specific to broad: the "microsystem", the "mesosystem", the "exosystem", and the "macrosystem" (as cited by Farmer & Famer, 1999).

According to Bronfenbrenner (1989, 1999) microsystems can be described as "those that involve direct, face to face contact between members" such as the child's home or school environment; mesosystems as "networks of microsystems of a given person" such as communications between the home and school environment; exosystems as "linkages between microsystems and larger institutions that affect the system, such as

the family system and the parent's workplace"; and macrosystems as "the broader influences of culture, subculture, and social structure" such as societal values (as cited by Hutchinson, 2011, p. 13).

Child Development Perspective

According to Hutchinson (2011) a developmental perspective views human behavior in the context of bio-psychosocial framework. As previously stated this research study focuses on the early childhood years ranging from 18 months to six years old. According to Erikson's child development perspective, in the stage from 18 months to three years, the child is challenged with the psychosocial crisis of autonomy versus shame and doubt, where parental persons are the key to healthy development (Hutchinson, 2011; Robbins, Chatterjee, & Canda, 2012). Erikson believed if parents allowed the child to explore his/her surroundings and be independent, while continuing to be a secure base for the child, he/she would develop normally. From three to five years of age, the child is faced with the psychosocial crisis of initiative versus guilt, where family members are the most influential persons to successful development. During this stage of development the child seeks further independence and wishes to accomplish tasks on his/her own. If parents or family members hinder either or both of these two psychosocial challenges, the child will develop a sense of shame and doubt or guilt (Hutchinson, 2011; Robbins, Chatterjee, & Canda, 2012).

In addition to Erikson's stages of psychosocial development, Piaget's cognitive theory of development is equally important in understanding the unique development of the child in the early years. This theory provides an understanding of the child's developing ability to make a mental model of his/her external world. Hutchinson (2011)

explains that the end of the sensorimotor stage and the first several years of the preoperational stage make up early childhood development. Towards the end of the sensorimotor stage the child begins to distinguish objects from the self; whereas in the preoperational stage the child still remains egocentric, but begins to learn rules (Hutchinson, 2011). When the child is unable to "assimilate" new experiences he/she will experience anxiety and if the child is also unable to "accommodate" those new experiences he/she will not be able to reach or preserve a state of "psychological equilibrium" (Hutchinson, 2011, p. 109). An understanding of these child development perspectives, in addition to an understanding of ecological systems perspective, is crucial to research regarding early childhood mental health issues due to the complex developmental experiences of this population and the need to include the family and other systems in the therapeutic process.

Methods

Research Design

The research design of this study is qualitative in nature. A qualitative research design was chosen because the researcher wished to explore how mental health professionals are meeting the mental health needs of children with significant emotional and behavioral problems in early childhood. Since the data is exploratory in nature, it is important to note the findings of this study are based on respondents' subjective experiences (Padgett, 2008). The researcher developed the questions from the literature review and responses are based on mental health professionals' experiences and perspectives of meeting the mental health needs of children with significant emotional and behavioral problems during the early childhood years.

Sample

The researcher used a nonprobability sampling technique, specifically, snowball sampling, to acquire interview participants. The researcher obtained participants from recommendations from committee members and research participants' suggestions. For the purpose of this study, the researcher contacted mental health professionals currently working with children 18 months to six years of age with severe emotional and behavioral issues. Professionals needed to have at least one year of experience working with young children (ages 18 months to six years) with significant emotional and behavioral problems. Additionally, these professionals needed to have some type of licensure whether it be LSW, LGSW, LICSW, LPCC, LMFT, LMHC or some other professional licensure. Finally, it was necessary that professionals have some link to schools, for example, School Social Workers, Day Treatment Workers, or School Based Mental Health Professionals.

Six mental health professionals who met the criteria were interviewed for this study. Two of the six participants were currently working in early childhood mental health day treatment programs. One participant was the social worker at a therapeutic preschool. Another two of the six participants were former mental health professionals in early childhood day treatment programs and currently work in children's clincial case management. Finally, the last participant was a mental health professional providing mostly outpatient therapy in early childhood and behavioral consultation with families and schools.

Protection of Human Subjects

At the beginning of each interview, the researcher reviewed the consent form with respondents in order to provide them with detailed information regarding the study. The respondents were informed the interview would be approximately 60-70 minutes and would be audio-recorded. Additionally, respondents were notified that the interview would later be transcribed. The respondents were guaranteed their identity would be kept confidential and that the records would be kept in a secure place for three years and then documents and recordings would be destroyed. In order to ensure the protection of human subjects, the University of St. Thomas (UST) Institutional Review Board (IRB) reviewed the consent form and evaluated other aspects of the study such as risks and benefits. This process meets the guidelines set by the UST IRB and the Protection of Human Subjects. After reading through the consent form and having had an opportunity to ask questions the respondents were able to agree (or disagree) to the study by signing (or not signing) the consent form.

Data Collection Instrument and Process

The data was collected through a semi-structured interview. Ten questions were developed based on the review of relevant literature (See Appendix B). Important concepts were defined for participants prior to the interview, including early childhood, mental health needs, and significant emotional and behavioral problems. *Early childhood* was defined as children ranging in age from 18 months to six years. *Mental health needs* was defined as aspects of emotional, psychological and social well-being, including, but not limited to: Life satisfaction, happiness, stability, self-esteem, self-concept, relationships, personal self-worth and social acceptance. Finally, *significant emotional*

and behavioral problems were defined as a developmental delay in the area of social or emotional development or an emotional disturbance. Interviews lasted between 35 and 75 minutes. The questions were structured in an open-ended manner in order to provide respondents with the ability to answer freely and in-depth (Padgett, 2008). When the interviews were completed, the researcher transcribed and coded the interviews.

Data Analysis

The analysis of the data was established using a grounded theory approach, which is identified as an analysis technique rooted in the raw data with the purpose of generating theory (Padgett, 2008). The interviews were audio-recorded and then transcribed to allow the researcher to find commonalities among the participants' responses. Next, the researcher coded the data by using an excel spreadsheet with excerpts of participant responses, the corresponding codes, and memos to detail the reasoning for using each code. Eventually, with the assistance of the memos, similar codes throughout the interviews were grouped into distinct themes and subthemes.

Findings

This research paper aimed to identify mental health professionals' experiences and perspectives of addressing the mental health needs of children with significant emotional and behavioral issues in early childhood. Through the coding process three distinct themes emerged. The three themes revealed in the data consisted of: the therapeutic process, the importance of family, and collaboration among systems. Within these three main themes, subthemes also emerged including: early identification and intervention, negative developmental experiences, lack of emotional regulation and a

coregulating partner, client centered care, corrective emotional experience, psychoeducation and barriers.

The Therapeutic Process

Throughout the interview process, participants spoke to the therapeutic process of working with children between the ages of 18 months and six years old with significant emotional and behavioral problems. In terms of the therapeutic process, professionals discussed subthemes of early identification and intervention, negative developmental experiences, lack of emotional regulation and a regulating partner at home, the need for individualized intervention, and creating a corrective emotional experience.

Early identification and intervention. All six of the participants discussed the importance of early identification and intervention in addressing the mental health needs of young children with significant emotional and behavioral problems. According to participants, the earlier a child's mental health needs are identified, the earlier the child can begin receiving services in the hopes of decreasing the need for future support. This is the very beginning of the therapeutic process. Following are two quotes, which encompass this theme:

> *That's why I love when we get two year olds because you can do so much at that age, that you can interrupt a lot of what could happen and what they could potentially be diagnosed with down the line.*
>
> *I feel like what we are trying to do at a very early place is sort of change the trajectory. You know, I think of each child as sort of a big cruise ship, a big steamer going across the ocean and like we are just sort of laying on the rutter to*

> *try to get it to move a degree or two so that the trajectory changes. We may not see big changes now, but later down the line we might.*

Participants discussed how identifying and intervening early provides mental health professionals with the ability to impact the development of even more severe emotional and behavioral issues in the future. In addition to early identification and intervention, participants discussed the impact of early adverse experiences in the therapeutic process.

Negative developmental experiences. Throughout the interviews, participants reflected on the negative developmental experiences these children encountered. These experiences were a large part of why children began treatment and entered into the therapeutic process. Negative developmental experiences consisted of issues of trauma, attachment, and toxic stress. The following quote embodies the affect of recurrent trauma on a child's social and emotional well-being:

> *All of our kids have experienced trauma…but so much of it is that they're dealing with trauma, and they're dealing with often, being we have a lot of child protection kids, so they're often dealing with the trauma that got them into child protection, and then the trauma of being separated from their parents. And the trauma of being with strangers or being with family members where there is tension with parents and so a lot of our kids, all of their social and behavioral needs are really just surrounding the trauma that they have experienced and their little bodies and their little minds can't hold it all and they just, um it comes out in all sorts of ways.*

Although some participants spoke to severe traumas with respect to child protection, abuse, and neglect, other participants communicated the impact of toxic stress and the lack of basic needs being met:

> *Ya know, for our kids, trauma is what always stands out to us. Ya know, I feel like a lot of people think of trauma as one big thing, but there's also, I don't want call it that low-level trauma, but there's also that trauma of not having a place to live, like homelessness. A lot of our kids have experienced homelessness. Um…there's like you know the trauma of scarcity issues, like you know never having enough, or never having enough to eat and really having to fight for resources even as a little kid, so there's those other things people don't tend to think of as traumas, but really are. Um and they impact children a lot.*

Finally, participants conveyed the influence insecure attachment and parental mental health has on the child's development of significant emotional and behavioral problems:

> *If you have a caregiver who is mentally ill and just not emotionally available to attach with their child it makes a huge difference down the line…I feel like that impacts how they see the world and how they see other people and how they relate to them.*

With respect to the mental health needs of these children and their negative developmental experiences, participants implied that the therapeutic process dealt with children's lack of emotional regulation and a regulating partner at home.

Lack of emotional regulation and a regulating partner. Participants spoke to the main issue these children face as a lack of emotional regulation and/or the absence of a regulating partner at home. Many of the participants discussed this in terms of its

relationship to issues of attachment and trauma and how they impact a child's ability to regulate, whether by his or herself or with an adult. The following quotes describe this concept:

> *That's why they are in our program, they don't have a partner at home that can help them work through it…when kids experience trauma...family members die or parents divorce and ya know in other situations there is somebody to help that kid deal with that and process and support them, and they, that child learns from that regulating partner, but a lot of our kids don't have that regulating partner at home. A lot of our child protection kids are in foster care and a lot of unfortunately a lot of foster care parents don't know how to do that either.*

One aspect of emotional regulation, which participants frequently talked about is the idea of identifying feelings. This participant reflected on what that looks like in their day treatment program:

> *So, we do a lot of naming of emotions and a lot of naming of feelings, um we it's that whole name it to tame it type of mentality…kids come in feeling all these things and…it takes them over and we have to help them understand it.*

Although emotional regulation is the major issue for these children, participants expressed the need to view and work with each child based on his/her individual needs.

Need for individualized intervention. Throughout the interview process, participants reflected on the need for individualized interventions centered on the client's unique needs. This social work concept of meeting the client where they are at was evident throughout the data. Additionally, this idea will be discussed below in terms of meeting the family where they are with respect to the importance of family theme.

Participants addressed the importance of pinpointing each child's distinct issues and responding relationally in the therapeutic process from a place of openness and flexibility. The following quote emphasizes the importance of understanding the differences in working with externalizers (children with acting-out behaviors such as hitting, kicking, biting, etc.) and internalizers (children with acting-in behaviors such as withdrawal, avoidance, self-harm, etc.):

> *I mean it's so hard and so different for every kid…there can be so much hurt in them* [internalizers] *and their confidence is so low…and you don't wanna lose those kids either…I think we are more used to the externalizers and they're kind of learning more how to help our internalizers and not let them get lost…cause I think they tend to get lost in big classrooms*.

This participant spoke to the need for individualized intervention to be based on the therapist-client relationship and flexibility of approaches:

> *I mean there are things that work with one kid that don't at all work with another kid. And so I think the importance piece is that flexibility and the relationships you build with people really should be what's informing your practice with them rather than coming at it from a "this is the approach we use" or "this is the strategy*".

Finally, the following quote highlights the social work concept of meeting each client where they are at individually:

> *Definitely just meeting them where they are at…and I mean the expectation was different for each kid, just because they are not all coming from the same place…there was a lot of kids who had some severe trauma and you know even*

> *starting with just basic talking about feelings was not gonna happen. So, you know just building some rapport with them and just being with them in the moment*.

This leads to the next subtheme of using the client-therapist relationship to create a reparative attachment experience.

Corrective emotional experience. When discussing strategies and interventions, participants discussed the utilization of corrective emotional experiences as a means of meeting the mental health needs of these children. Throughout the interview process, this reparative work was expressed as an essential piece of the therapeutic process. One participant communicated the need to show these children that they can trust and use adults to help keep them safe:

> *Our biggest hope for our kids here…a lot of our kids don't trust adults and have had negative experiences with adults and is that we can help them build trust with an adult here and build really strong relationships and so they can go into kindergarten and ya know there still might be difficult family dynamics and there might still be trauma there but they can know that adults can be helpful, that adults care about them…a lot of our language revolves around "teachers can help" and we use that word teacher very intentionally knowing that they are going into kindergarten.*

Another participant directly discussed how they become that regulating partner as a way to help these children address their absence of a coregulating partner in infancy and early childhood:

> *So, you're always like their regulating partner. For some kids they get so dysregulated that they can't even take language in when something big is happening so we scoop em' up and we will rock em' and we will breathe with them.*

Finally, one participant spoke to how she creates a corrective emotional experience for a child who has missed steps in his development due to an insecure attachment by showing the child what healthy physical nurturance and mutual engagement looks like:

> *And so for him it's really been about kind of an avoidant attachment. So, helping him work through and attach with us, in order to help him attach with mom or other caregivers…because he missed those steps and a lot of our kids have missed those steps. So, it's things like rocking with them or um eye contact, back and forth games, reciprocal games.*

In addition to creating corrective emotional experiences as a part of the therapeutic process, the engagement of the family in addressing the mental health needs of young children was also a major theme.

The Importance of the Family

Throughout the interview process, participants discussed the significance of engaging and working with families when addressing the mental health needs of young children with significant emotional and behavioral problems. With regards to family focused strategies and interventions, participants discussed subthemes of the importance of meeting families where they are at, psychoeducation, barriers to working with these families, and the impact of parental mental health. Following are two quotes, which summarize the importance of the family in early childhood mental health:

Parent work is the most important at this early childhood level. I feel like that is the biggest thing and not doing it in a shaming way, but just a very validating way because parenting is such hard work...so I feel like that is where the heart of the work is, helping parents.

So helping moms and dads and grandmas and grandpas and foster care providers helping them do that physical nurturance. Cause that's one of those steps that sometimes they've missed in their development.

Meeting the family where they are. Similar to the need for individualized intervention within the therapeutic process as discussed earlier, participants also focused on meeting each family where they are at, in order to provide them and their child with the best possible mental health services. Following is a quote that displays this subtheme:

Those [strategies and interventions] are very different depending on families and where families are at…Some families invite you in and are like, "I don't know how to help my child. Help me! Help me!"…and a lot of our child protection families are kind of forced to work with us…they feel a lot of shame...so it's joining with them any way I can with the family to build that trust.

Psychoeducation. In addition to meeting the family where they are at and providing individualized services based on each family's needs, participants discussed the need to provide psychoeducation to families surrounding concepts of early childhood mental health, child development, the impact of trauma on development, and the importance of attachment.

I think a lot of times, especially the kids that have a trauma history or attachment issues, helping the families kind of understand how trauma affects the developing

brain and what that looks like in their child's behaviors, um I think a lot of times with that it decreased some of the parents putting that intentionality behind their child's behavior and that kind of helped them put it in a different context.

Barriers. Finally, participants considered several barriers to working with families with young children who have significant emotional and behavioral challenges. One participant implied how intergenerational trauma can impact working with the family system and attending to the mental health needs of these children:

You always hope you can come in and make huge changes and change the family dynamic and do all this but a lot of times there is just so much trauma and all the trauma our kids have, often their families had all that trauma as children too.

As discussed above under the subtheme of negative developmental experiences, a lot of families are finding it difficult to meet their basic needs. A participant spoke to how this is a barrier when working with families with young children with significant mental health needs:

A lot of them were just struggling with just basic needs so a lot of times, you know obviously their child's mental health takes a back seat to those issues.

Additionally, one respondent considered the role parents' shame and guilt plays in working with these families and children:

I think a lot of times, they would feel enough shame or guilt they won't seek out services cause again, they are afraid another professional is gonna point the finger at them.

Another subtheme within the importance of family is parent mental health. Although this could be placed under barriers, due to the amount of attention given to parental mental health throughout the interviews it is able to stand on its own.

Parent mental health. Respondents frequently discussed that their work with families was impacted by parents' mental health, which in turn affected the child's functioning and progress in their programs. The following two quotes summarize participants' perspectives on how the parents' own mental health is a considerable factor in the development of significant emotional and behavioral problems in early childhood:

> *Family history that's always a piece of it, looking at their experiences…the parental relationship can certainly be a contributing factor especially if you think about anxiety, if you have a really, really, really, really anxious parent, you're likely to have a somewhat anxious child.*
>
> *Especially if the parent has mental health issues like Bipolar or they have some drug and alcohol problems you know the parents' attunement or just responsiveness to the child's emotional needs can be pretty inconsistent.*

Although work with the family was illustrated as an essential piece of addressing the mental health needs of these children, collaboration with other systems was also a significant idea expressed throughout the interviews.

Collaboration Between Systems

During the interview process participants explored the idea of collaborating with other systems such as schools, child protection, case managers, day care workers, pediatricians, occupational therapist, mental health providers, and others involved in the child's care. In regards to collaboration between systems, participants discussed the

importance of partnering with other providers in systems in addressing the mental health needs of young children with significant emotional and behavioral problems. There was an overlap of subthemes from the previous two themes, which were also indicative of collaboration between systems: early identification and intervention, client-centered care, and barriers. The following quote represents this overall theme and the systemic effort it takes to address the problems faced by these children:

> *What I love is that we are systemic. Like we know that, which is why we do the three-legged stool. It has to be school, it has to be family, and then here. I think doing it in a bubble doesn't work as well, and we want to engage as many different providers as we can.*

Early identification and intervention. Although participants discussed early identification and intervention as a part of the therapeutic process, they also reflected on it in terms of its significance in working with other providers and systems. One respondent considered the implications of be proactive across multiple settings:

> *And then also you know just again, trying to get them other resources and services early on, so they have some support before things get you know, too out of control. Where at that point you're just trying to be reactive to everything that's going on instead of being proactive.*

Another participant suggested the impact of collaborating with systems early on to have an advocacy system in place right away:

> *We are able to get some of our youngest kids hooked up with children's mental health case management services really quickly and really early on so they have a good advocate and advocacy system.*

In addition to early identification and intervention, another key subtheme emerged: client-centered care.

Client-centered care. Concepts similar to client-centered care have been discussed under the other two major themes, the therapeutic process and the importance of the family. However, in terms of collaboration between systems, respondents talked about the need to create an empathic community of providers across settings, disciplines, and systems that recognize and value the individual needs of each child. Also, respondent's emphasized that when collaborating with other systems, care must be directly related to each client's unique mental health needs. Following is a quote from a participant that sums up this perspective:

> *In school settings, I think people being open to hearing that kids need different things. So like, I have a big thing with time out. That's such a common practice in schools and for some kids that works and for some kids it compounds all of the shame and hurt you know that they already feel inside. It's like that developing among educators and people who work with kids, whether it's day care providers or whatever, that different kids need different things and we really have to be open to finding what works for each child.*

Closely related to developing a system of care dedicated to each individual child's needs, is the subtheme of providing psychoeducation when working with other systems and providers.

Psychoeducation. Participants highlighted their experience of providing psychoeducation to other providers and the community as a whole around concepts related to trauma, child development, and early childhood mental health as a way to

address the mental health needs of these children. This is supported in the following two quotes:

> *It's sort of helping make sense of those behaviors for teachers and helping them know they are not bad kids, they are not trying to be naughty, I promise. Like it really is, this is triggering an anxiety response, this is triggering a fear response. And this is what I know helps them feel better.*
>
> *I'd go to IEP meetings with families, or if you know, unfortunately we had kids that were kicked out or on the verge of being kicked out of day cares and so going to the day cares and helping the parent advocate for their child, but also doing some psychoeducation with a lot of day care staff and just the general community about early childhood mental health.*

Finally, in discussing their perspectives and experiences of collaborating with other systems as a means of attending to young children's mental health, participants also concentrated on the barriers faced when coordinating and collaborating with other systems.

Barriers. Throughout the interviews, participants emphasized obstacles that have impeded them from forming collaborative relationships with other systems, and as a result has impacted the extent to which they are able to serve this population. Many participants' responses focused on difficulties collaborating with the school system, while on the other hand, reinforced the idea that when collaboration occurs more progress is made within the child. This is confirmed in the following quote:

> *I think schools you know they are really struggling too. And I think um some school districts are very willing to work with outside providers as far as dealing*

> *with kids' mental health aspects, but there are some that just there's no collaboration and um I think what we find you know, obviously the ones that do collaborate, you know much more, we can really help the kids out instead of shipping them off to a different school every time.*

Also, participants shared their frustrations working with the child protection system around the mental health needs of young children and their families. Below is a quote from a participant who describes the difficulty in collaborating with the child protection system:

> *We work a lot with, and I would say this is a mixed relationship too, we get a lot of our referrals from child protection and we try really hard to work with child protection, and sometimes it's really difficult. Um, some workers are wonderful and are really responsive and some unfortunately aren't.*

Finally, another participant reflected on the lack of a shared understanding among systems working with these children, especially in terms of the relationship between trauma and the development of significant emotional and behavioral problems:

> *There isn't coordinated understanding and knowledge and access to information around the different people working with that child…we get so many doctors that you know meet with a child and their parent at a wellness check and it's like once a year…and they wanna diagnose them with ADHD and it's trauma. Or, you just don't know at this point because…and they don't even ever ask about trauma.*

This participant illustrated the frustration all participants expressed in the important, but difficult work of addressing the mental health needs of young children through collaborating with other systems and providers.

Discussion

The purpose of this research study was to explore the perspectives and experiences of mental health professionals in addressing the mental health needs of children with significant emotional and behavioral problems in early childhood. It was also the hope that this research would contribute to the already existing literature on early childhood mental health. The findings from this study reveal various areas of overlap with previous literature on this topic. All three themes, therapeutic process, importance of family, and collaboration between systems, as well as their corresponding subthemes are supported by existing literature. Following is a discussion of this, in addition to the strengths and limitations of the study, and implications for social work practice, policy, and research.

Therapeutic Process

In terms of the theme of therapeutic process, there were several overlaps between the researcher's findings and relevant literature on the topic. The literature examined the role trauma and issues of attachment play in the development of significant emotional and behavioral problems in early childhood (Lieberman, 2004; Perry, 1995; Seifert, 2003; Snyder et al., 2012). The findings of this study also suggested the impact of negative developmental experiences on early childhood mental health issues. The existing literature on the topic discussed the need for prevention, early identification, and intervention strategies as a way to prevent further mental health difficulties in these individuals and which are especially critical for those affected by trauma and insecure attachment (Benner, Kutash, Nelson, & Fisher, 2013; Briggs-Gowan & Carter, 2008; Early & Vonk, 2001; Egger & Angold, 2006; Evangelista & McLellan, 2004; Feil et al.,

2005; Forness, Kavale, MacMillian, Asarnow, & Duncan, 1996; Giannakopoulos et al., 2014; Goorix et al., 2012; Kamps, Kravitz, Stolze, & Swaggart, 1999; Marsh, 2004; Perry et al., 1995, Poulou, 2015; Seifert, 2003; Serna, Nielsen, Lambros, & Forness, 2000; Trentacosta & Shaw, 2009). Findings from this study also emphasized the importance of early identification and intervention in providing care to these children with the hope that it will help positively change the course of the child's mental health in the future.

Importance of Family

Participants conveyed the need to involve the family system in order to address the mental health needs of young children with significant emotional behavioral problems. The literature also supported this finding, paying particular attention to the parent-child relationship (Evangelista & McLellan, 2004). Additionally, the findings of this study stressed that family intervention should be focused on the unique needs of the child and the family system and include psychoeducation. Similarly, current literature suggests utilizing a family driven care approach based on the needs of each family and providing education to caregivers as part of the intervention process (Lee et al. 2013; Lynn et al., 2003; Radohl, 2011). Furthermore, participants discussed barriers and the impact of parental mental health on the development of significant emotional and behavioral problems in early childhood as well as addressing the mental health needs of this population. Both the literature and findings focused on parental mental health, caregiver stress, and lack of basic resources as three of the most prevalent barriers in working with families with young children with significant emotional and behavioral issues.

Collaboration Between Systems

All six participants discussed the importance of collaborating with systems and other providers in addressing the mental health needs of children with significant emotional and behavioral problems in early childhood. The current literature regarding this topic also highlighted the positive impact collaboration and cooperation among systems has on attending to the mental health needs of this population (Barrett, Eber & Weist, 2013; Eber, Hyde, & Suter, 2011; Eber & Nelson, 1997; Evangelista & McLellan, 2004; Farmer, Farmer, & Gut, 1999; Kutash et al., 2002; Lee et al., 2003; Olmeda & Kauffman, 2003). Participants' responses regarding the development of a system of care focused on the unique needs of the client and families was also mirrored in the literature. Marsh (2004) emphasized the necessity to provide client-centered care systemically in working with these young children and their families. Additionally, the relevant literature considered the important role of early childhood mental health consultation in providing other systems including schools, day cares, and the general community, with information and education surrounding early childhood mental health and its impact on emotional regulation and behavior (Allen et al., 2008; Upshur, 2008). This reflected participants' perspectives and experiences of providing psychoeducation to other systems and providers in the child's network to support them in better identifying issues and intervening early and appropriately.

Strengths and Limitations

The findings of this study provided valuable information regarding mental health professionals' perspectives and experiences of meeting the mental health needs of young children with significant emotional and behavioral problems. The research has

contributed to the knowledge base of the profession and provided an in-depth and subjective understanding of early childhood mental health. Although the study only had six participants, it will add to existing literature and research.

Due to the small sample size and research design, this study is not generalizable. Only six mental health professionals in the Twin Cities Metro area of Minnesota were interviewed. However, the researcher's main purpose was to gain more knowledge regarding clinician's subjective perspectives and experiences, which was accomplished. Although important, the researcher did not include Autism Spectrum Disorders in this study, even though it is an important topic for research in the area of early childhood mental health. Finally, the interplay among race, gender, and significant emotional and behavioral problems was not addressed in this study as it was beyond the scope of this research project.

Implications for Social Work Practice

It is important for social workers to be aware of the impact trauma, attachment, and other adverse childhood experiences can have on infant, early childhood, child, and even adult mental health. While this research study is focused on young children with significant emotional and behavioral problems, it suggests that what happens early in life can have significant consequences down the road. This is the reason early identification and intervention is so critical for social workers, other mental health professionals, teachers, and day care providers. Social workers must find ways to collaborate and coordinate with other systems. Additionally, the findings point out the need for social workers to engage the family as much as possible in early childhood mental health interventions. Furthermore this study highlights the importance of adapting strategies and

interventions to meet the specific needs of the child and family. Social workers should focus on developing a system of care in early childhood, where all providers and systems (schools, day cares, child protection, pediatricians, mental health providers etc.) are viewing the child through a developmental lens, speaking the same language, and understanding the need for individualized interventions.

Implications for Policy

The findings of this research suggest that policies need to allow for more funding and procedures for early identification and intervention of early childhood mental health problems. More funding is also needed among schools to hire more children's mental health professionals. Additionally, policy, particularly related to insurance and other funding sources needs to acknowledge the importance of family work at the early childhood level. Policies related to basic needs and resources should also be strengthened due to the fact that many of these children and their families are unable to utilize mental health services because all of their time and energy is spent on meeting their basic needs. Finally, policies must allow for coordination of care between all providers and systems involved with the child and family.

Implications for Research

Further research is needed in the area of early childhood mental health, specifically in regards to supporting the child and family in the transition to kindergarten. Due to the limitations of this study future research should explore gender and race differences in addressing mental health needs in early childhood. In addition, research should focus on effective ways to create a system of care in early childhood mental health. Finally, further research should investigate prevention and early identification

strategies and early interventions for addressing the mental health needs of young children.

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Appendix A

CONSENT FORM
UNIVERSITY OF ST. THOMAS
682 CLINICAL RESEARCH PROJECT

SIGNIFICANT EMOTIONAL AND BEHAVIORAL PROBLEMS IN EARLY CHILDHOOD

I am conducting a research study about significant emotional and behavioral problems in early childhood. I invite you to participate in this research. You were selected, as a possible participant because you have experience working with young children with significant emotional and behavioral problems and are connected to schools in some aspect. Please read this form and ask any questions you may have before agreeing to be in the study.

The University of St. Thomas Institutional Review Board has approved this study for human subject participation. This study is being conducted by Samantha Johnson, a graduate student at the School of Social Work at the University of St. Thomas and supervised by Dr. Renee Hepperlen.

Background Information:
The purpose of this research project is to gain an in-depth understanding of early childhood mental health professionals' perspectives regarding significant emotional and behavioral problems in children 6 years of age and younger. I am aiming to interview 8-10 mental health professionals to fulfill the purpose of this research project.

Procedures:
If you agree to be in this study, I will ask you to do the following things: Participate in a 60-70 minute interview, which will be audio recorded. The interview will take place in a quiet and confidential space of your choosing.

Risks and Benefits of Being in the Study:
The study has minimal risk in regards to a potential breach of confidentiality. The precautions and safeguards used to minimize this risk are described below.

The study has no direct benefits.

Confidentiality:
The records of this study will be kept confidential. In any report I publish, I will not include information that will make it possible to identify you or your place of employment. Research records will be kept in a secure location. The interview will be audio recorded on my password protected cell phone and will be uploaded to my password protected computer within 24 hours of the interview. The interview will then be transcribed and I will keep the electronic copy of the transcript in a password-protected file on my computer. I will delete any identifying information from the transcript. The

audio recording will be deleted after the transcript is completed and the transcript will be destroyed in 3 years (May 2019).

Voluntary Nature of the Study:
Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used.

Contacts and Questions
My name is Samantha Johnson. You may ask any questions you have now. If you have questions later, you may contact me at 612-581-0917 or Renee Hepperlen at 651-962-5802. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6038 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:
I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

_____ _____
Signature of Study Participant **Date**

_____
Print Name of Study Participant

_____ _____
Signature of Researcher **Date**

Appendix B
Interview Questions

For the purpose of this research study:

• *Early childhood* can be defined as children ranging in age from 18 months to six years.
• *Mental health needs* can be defined as aspects of emotional, psychological and social well-being, including, but not limited to: Life satisfaction, happiness, stability, self-esteem, self-concept, relationships, personal self-worth and social acceptance.
• *Significant emotional and behavioral problems* can be defined as a developmental delay in the area of social or emotional development or an emotional disturbance.

1. What is your role within the agency?

2. What do you see as the mental health needs of children with significant emotional and behavioral problems in early childhood?

3. In terms of your professional experience, what do you believe are factors attributing to the development of emotional and behavioral difficulties in early childhood?

4. What preventative strategies/interventions have you previously used or currently use to address the mental health needs of children with significant emotional and behavioral problems in early childhood?

5. What individualized and/or child-centered strategies/interventions have you previously used or currently use to address the mental health needs of children with significant emotional and behavioral problems in early childhood?

6. What family focused strategies/interventions have you previously used or currently use to address the mental health needs of children with significant emotional and behavioral problems in early childhood?

7. What multi-systemic strategies/interventions have you previously used or currently use to address the mental health needs of children with significant emotional and behavioral problems in early childhood?

8. What theories, perspectives, and/or frameworks guide you in addressing the mental health needs of children with significant emotional and behavioral problems in early childhood?

9. In general, what do you believe are the barriers to meeting the mental health needs of children with significant emotional and behavioral problems in early childhood?

10. What do you believe can be done to better meet the mental health needs of these children?