

New approach for infants, toddlers and parents aims to prevent and treat mental health issues



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For more than a decade here in Idaho Falls, adults and adolescents have come to therapist Penney A. Rockhill, seeking help for their addiction, divorce, depression, anxiety and other mental health disorders.

“There are so many people that I see, that if they had started years ago learning how to manage emotions as a child, they wouldn’t have to have gone through difficult relationships in high school or adult life or have suicidal thoughts or that feeling of hopelessness,” says Ms. Rockhill, a licensed clinical professional counselor, (LCPC).

As much as she may wish, Ms. Rockhill can’t turn back the clock for these clients and erase their painful experiences.

But she can work to head off similar struggles in a new generation of very young clients. Thanks to an intensive training effort sponsored by Optum Idaho and developed by the national nonprofit organization, ZERO TO THREE, Ms. Rockhill is practicing a new approach that targets infants and toddlers as well as their parents and caregivers during this profound, early stage of growth.

Zero to three: a critical brain development period

Infant's budding brains are also very vulnerable to environmental and parental influences. Increasingly, research shows that parenting challenges and stressors at home can disrupt this formative process and lead to mental health and physical health problems, especially among those with a genetic predisposition.^{1,2} In fact, some studies view many adult diseases as developmental disorders that begin early in life.³

Crawling and walking come naturally to most babies and toddlers. But, the complex ability to build and sustain positive relationships does not. It is a series of skills that children acquire through consistent, loving interactions with parents or other close caregivers.

People who didn't acquire these abilities from their own parents, or are unable to use them, may struggle to create healthy bonds with their own children. They may also have difficulty regulating their own emotions and teaching their children to do the same. Being able to manage one's emotions is a key to successfully navigating life as well as reducing the risk for mental health issues that persist into adulthood.

Helping these families as soon as possible is vital. "The earlier you intervene, the less difficult it is for a child to get back up on their developmental and emotional wheels," says Dennis Woody, a pediatric neuropsychologist and Senior Clinical Program Consultant for Optum. "If you wait five or six years, that child has difficulties that are entrenched and are more difficult to change." Without intervention and therapeutic support, by the time children hit the teen years, the chances are "substantially higher" for engaging in drugs, alcohol and early sexual behavior, Dr. Woody says.

THE FIRST THREE YEARS OF A CHILD'S LIFE ARE CRITICAL DEVELOPMENTALLY.

During this period, their brains form the architecture and neural pathways for such essential skills as self-control, problem-solving, relationship-building, learning and communication.



The training program — a partnership of Optum Idaho and ZERO TO THREE

ZERO TO THREE (www.zerotothree.org) is a national organization, working to help all infants and toddlers reach their full potential. The organization supports adults who care for infants and young children. ZERO TO THREE's mission is to ensure that all babies and toddlers have a strong start in life, envisioning a society that has the knowledge and will to support all infants and toddlers in reaching their full potential. Optum Idaho, the managed care partner for the Idaho Behavioral Health Plan through the Idaho Department of Health and Welfare's Division of Medicaid, has collaborated with ZERO TO THREE to provide a free, two-year training program in infant and toddler mental health for masters' level, behavioral health care providers in the Optum Idaho network. (This training would otherwise have cost each participant \$2,000.)

In the first year, through a series of webinars and in-person sessions, providers learned about the impact of positive relationships between parents and children — even during pregnancy — on their developing brains.



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The course also covered the effects of trauma, how to support parents of children with developmental disabilities and a new system of mental health diagnosis for early childhood (DC:0-5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood).

Additional first year subject include developmentally appropriate assessments for children, from infants to five-year-olds, as well as relationship-based interventions for young children and their caregivers.

In the second year, participants consult online with their peers and infant mental health specialists about case-based issues and interventions. Ms. Rockhill and therapist Jamie Larsen, LMSW, a clinician for the Infant and Early Childhood Mental Health program at Central District Health in Boise, especially appreciated the online consultations. "It's so helpful to have that support and people to bounce ideas off," Ms. Larsen says. Overall, by fall of 2020, about 15 providers are expected to complete the training—an important step towards an endorsement in infant mental health (IMH-E®) from the Idaho Association for Infant and Early Childhood Mental Health (<https://www.aimearlyidaho.org/>), a nonprofit professional organization, promoting optimal infant and early childhood mental health by supporting professionals who work with or on behalf of infants, young children, and their families.

Helping Idaho families

Idaho's need for providers trained in infant and toddler mental health is substantial, says Dr. Woody, "We don't have more mental health problems than the rest of the country. But we do have fewer trained clinicians," he says. "Fortunately, Idaho also has a strong interest in developing a clinician workforce, skilled in treating our youngest and most vulnerable residents."

In Idaho, families likely to benefit from this new intervention are referred by pediatricians, caseworkers, therapists, and other child-serving agencies. Typically, they are infants and toddlers have already been diagnosed with a mental health disorder that prevents them from relating to others or with their environment at an age appropriate level. Several factors — temperament, a genetic predisposition, or adverse experiences — play a role in their diagnoses.



More on ZERO TO THREE training project

This infant-toddler mental health project is a unique collaboration, including Optum Idaho, ZERO TO THREE, the ALLIANCE for the Advancement of Infant and Early Childhood Mental Health and the Idaho Association for Infant and Early Childhood Mental Health. The training series provides clinicians with information about evidence-based therapies that are both developmentally appropriate and relational. It is a bold and innovative approach to increase clinical capacity to support infants, young children and families across Idaho.

Both course content and the reflective consultations align with the Alliance's core competencies and infant and toddler mental health endorsement system; this key endorsement-- IMH-E® --is provided here through the Idaho Association for Infant and Early Childhood Mental Health. Already endorsed clinicians with the Alliance helped with the training and reflective consultation sessions along with ZERO TO THREE specialists.

In addition to completing the two-year-program, participants also must take a final exam. Passing the exam as well as meeting core competency and relevant infant mental health experience requirements are needed to earn the IMH-E® endorsement.

For example, some foster and adopted children, who have been removed from their biological home, may have difficulty adjusting to their new home. Not surprisingly, they also may have developed sleeping and feeding issues. And if they experienced neglect, a lack of love or violence, they may have developed anxiety, depression, or a traumatic stress disorder.

Children who live with their biological parents may also benefit. For example, toddlers who undergo trauma and stressful situations in their home may begin behaving aggressively or, at the other extreme, withdraw. Infants and toddlers who suffer the loss of a parent or sibling may develop separation anxiety disorder. And even very young children may develop mood disorders, including depression or the inability to manage their anger and aggression — characterized by extreme irritability and frequent, intense outbursts of temper.

New approach, fresh hope

The goal of this new approach is to help parents and young children — even as infants — learn the steps to form a healthy relationship in the context of a positive home environment. The expectation? These strong relationships will help prevent or lessen mental health issues among children and parents.

The new approach is a departure from past practices. “Before people would bring in their three-year-old and say, ‘fix my three-year-old,’” recalls Ms. Rockhill. “Now with the Optum training, the parent comes in and we work on relation-based therapy. Instead of the child being the client, the relationship is the client.”

For parents, this relational approach to therapy involves learning to examine their own feelings and to see how these emotions affect their child. This approach has helped inform Ms. Larsen’s practice. An anxious parent often means an anxious child. So, if a parent is able to identify themselves as anxious, Ms. Larsen instructs the mom or dad on calming skills to ease their own anxiety.

Parents also may not realize how family dynamics impact even infants. “Babies pick up on strife,” Ms. Larsen says. Part of her work involves teaching parents how to resolve conflict with each other.

Becoming attuned to a child’s temperament is also covered. Very sensitive children may be startled by loud music or unexpected touches. To avoid over-stimulating them, parents now lower the volume and gently practice techniques—applying lotion, for example—to introduce their infants to safe touch.

Parents also learn about how their child’s brain works and their emotional development. “For children ages three to five, it takes at least 20 or 30 seconds to process a question,” explains Ms. Rockhill. “We educate parents to wait at least 30 seconds for a response.”

Parents are also taught how to help the children learn to identify and begin regulating their emotions. And they also learn how to help their children soothe themselves and acquire other coping skills. Riffing off common traffic signals, Ms. Larsen uses a color-coded game, coupled with calming breathing exercises. When a child is heading towards a blow-up, parents hold up a yellow card. The caution color signals the child to slow down and take a deep breath. If the child continues, the parent pulls out a red card to tell the child to stop their behavior. Though simple, the game can be effective. It gives parents a way to safely help manage their children’s behavior.

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It also helps the children learn to know what they are feeling, especially before an outburst, and to pause and change course. They also learn a coping intervention. "When the game is actually working as a behavior technique, it's exciting," says Ms. Larsen. "Children begin to identify their own emotions. And then the children start to ask, "Mom, are you mad, too?""

Letting go of shame

"Parents of children experiencing emotional or behavioral challenges — tantrums, sleeping problems or aggressive behaviors — can feel overwhelmed if they don't have the skill set to meet their child's needs," says Dr. Woody. And in Idaho where many families live in remote, rural areas, that isolation adds to the parents' distress.

If parents feel they have nowhere to turn, they increase their risk for developing their own mental health problems — anxiousness, depression, or substance use to lessen the stress, he says. "Many parents may feel a sense of intense frustration and hopelessness about meeting the demand to be the parent they imagine they should be," Dr. Woody observes. Some parents may let out their pent-up frustration in angry outbursts of their own. Others may even withdraw, further diminishing any social interaction with the child.

Case in point: a three-year-old has a public tantrum. "The parent feels humiliated and wants to do something," she says. The new approach invites parents to pause, become curious and to let go of their shame. Next step? Think about what the child is feeling. What does the child need to feel regulated? "Maybe they just need to be held or have the parent sit by them. How do you create a connection?" asks Ms. Rockhill. That process helps parents to avoid damaging their relationship in a stressful moment.



The new approach encourages parents to let go of their shame and sadness about their parenting. Parents then learn how identify their own feelings and their child's and to explore how to become better attuned to one another.

Successes

Both Ms. Rockhill and Ms. Larsen are now seeing success with this new approach. Parents are sharing revelations: A child with anxiety, once unable to sleep in his own bed, is now sleeping peacefully in his room. A child about to tantrum tells a parent: "I think that I need to go sit on the steps for a while" or, "I need you to be with me to help me."

Perhaps, most poignant of all, are parents' realization of how far they have come.

"As they see changes in the child and in themselves, they talk about how 'I wish my parents had done it differently,'" says Ms. Rockhill.

Sources:

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