Early Intervention and Education: Exposure to Educational and Mental Health Interventions

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- Vice Admiral Richard H. Carmona, M.D., M.P.H, FACSUnited States Surgeon Generalrecently declared
- "2005: The Year of the Healthy Child"

"…as a nation, we can and must do more to ensure that every baby is born healthy and that all children have the chance to achieve their full potential for healthy and productive lives, free from disease or disability"

Surgeon General's Priority Areas include:

- Prevention
- Child Maltreatment
- Mental Health

New York State Senate Majority Task Force on Children's Health and Safety ReportJune 2004

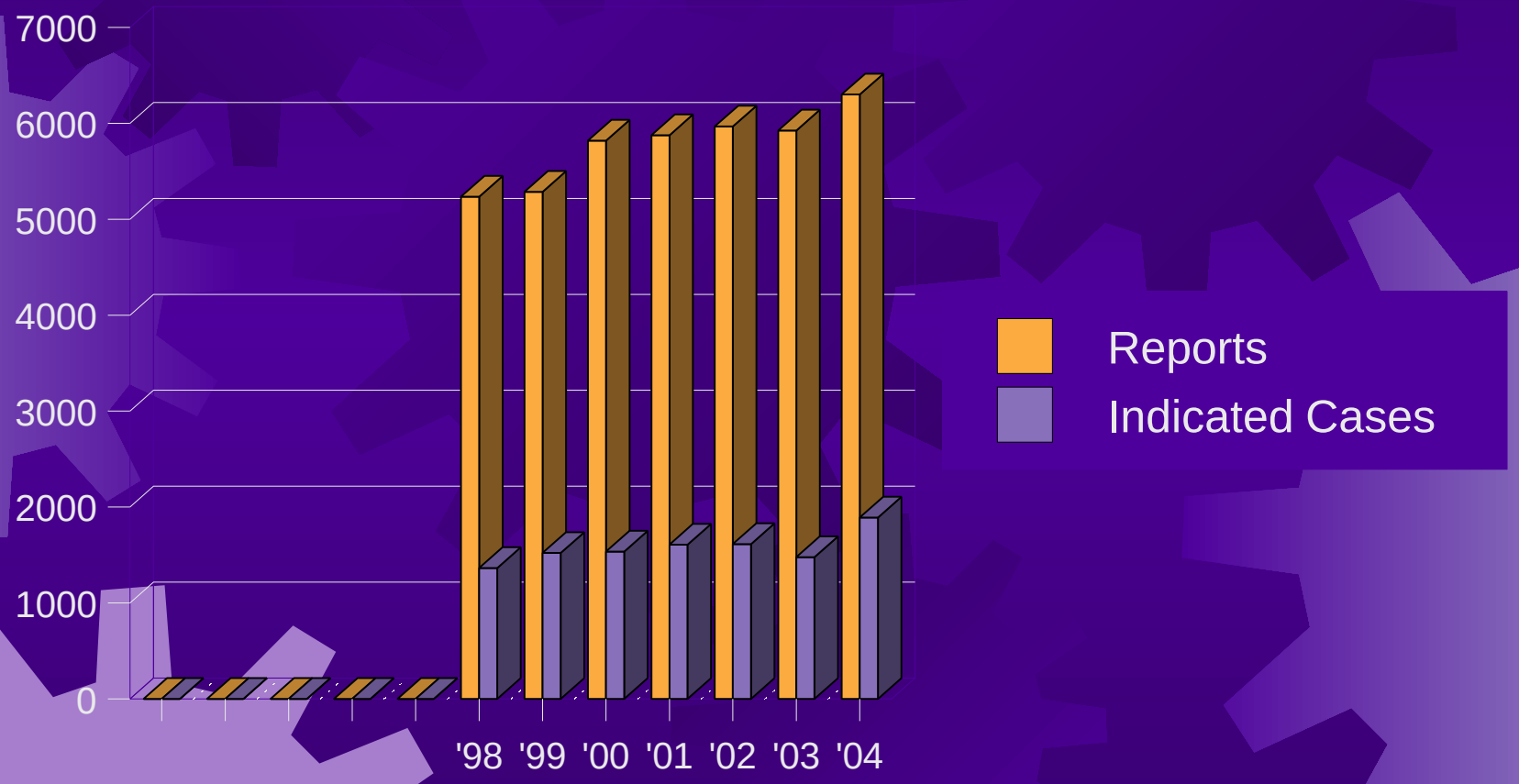
Preventing Child Abuse and Neglect: Protecting New York's Children

"A troubled child needs strong family support, a broad range of community services and collaboration among the agencies. These programs call for therapists, clinicians,tutors and social workers to work in the community with all the services 'wrapped' around the child and family."

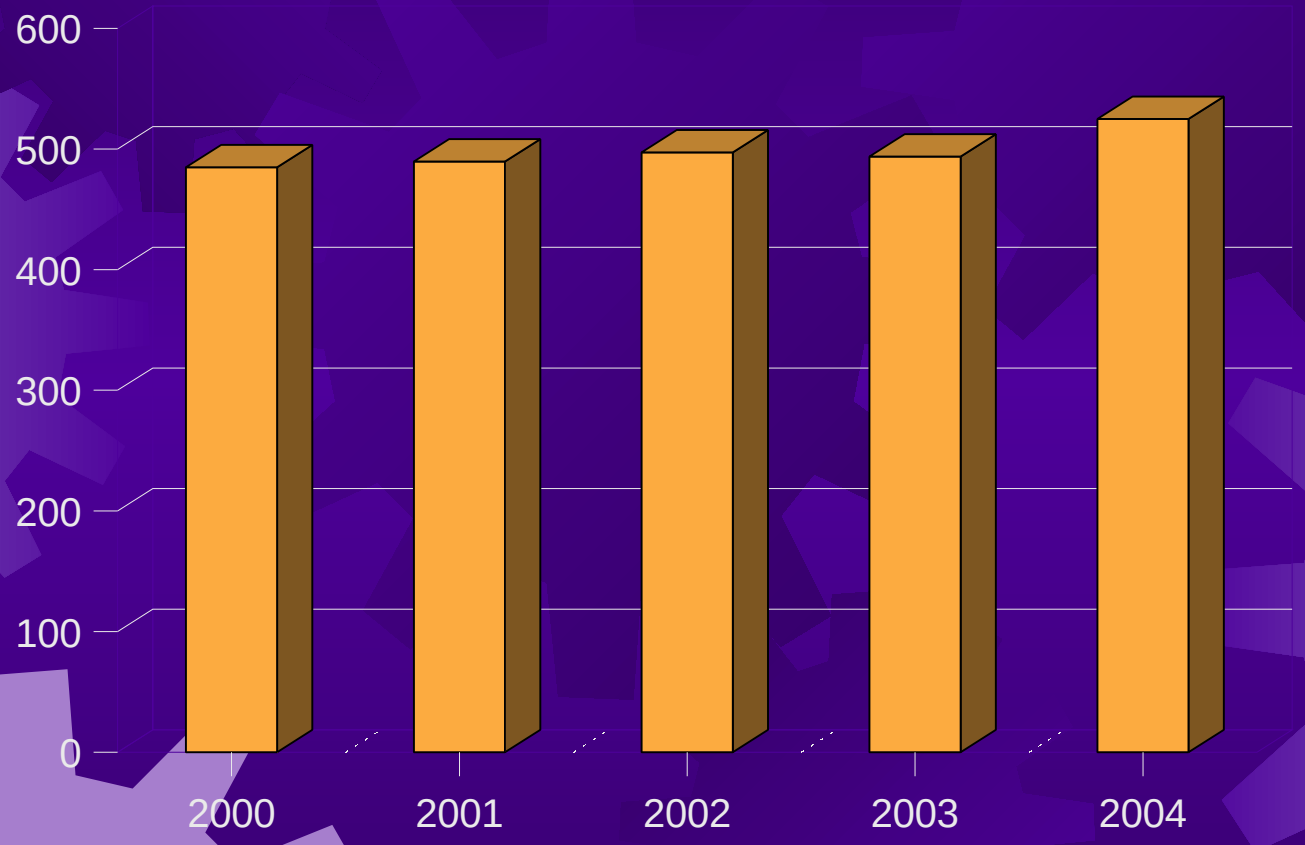
Maltreatment and Exposure to Violence

Treatment and Research

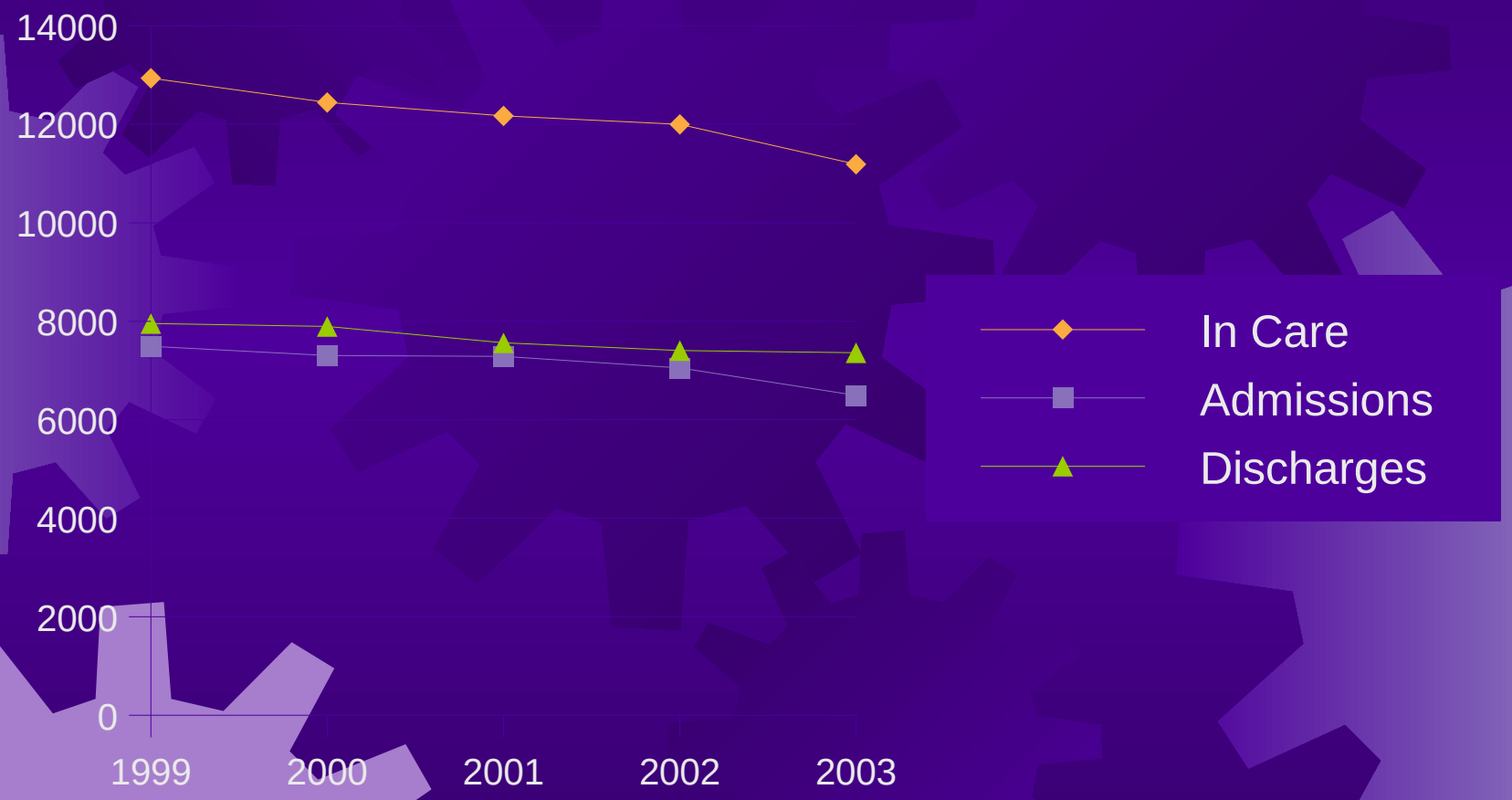
Monroe County Maltreatment Statistics *(number of children)*



Mean Number of CPS Reports per Month



Number of Children in Foster Care in Upstate New York



Maltreatment and Child Development

Children who have been maltreated are at heightened risk for developmental disturbances and psychopathology:

- Increased risk of arrest as juvenile by 53%
- Increased risk of drug use by 33%
- 50% have trouble in school
- 68% had anxiety symptoms
- 80-90% have Insecure Attachments

Costs of Child Abuse and Neglect***$94 Billion annually***

- **Direct Costs$24,384,347,302**
  - Child Welfare System
  - Law Enforcement
  - Judicial System
  - Hospitalization
  - Chronic Health Problems
  - Mental Health Care
- **Indirect Costs$69,692,535,227**
  - Special Education
  - Mental Health and Health Care
  - Juvenile Delinquency and Adult Criminality
  - Lost Productivity

Fromm, 2001

Federal Funding for Public Health

Public Health Issue	*Estimated No. Americans Affected*	*FY 2000 Federal Research Spending*	*Spending Per Affected American*
HIV/AIDS	393,045	$1.8 billion	$4,665
Cancer	757,600	$3.3 billion	$4,398
Alcohol Abuse	3,100,000	$293 billion	$95
Drug Abuse	13,000,000	$689 billion	$53
Heart Disease	59,700,000	$2 billion	$34
Child Abuse	**3,154,000**	**$30 million**	**$10**

Source: Prevent Child Abuse America

Children in Foster Care

- One-third of the children in foster care are under the age of 6
- Foster children are almost 4 times more likely to have a disability
- 30% of foster children under age 6 have chronic health problems
- 59% of foster children under age 2 are at high risk for neurological and cognitive impairment
- Child Trends Research Brief 2003

Children in Foster Care

- More than half the children in foster care under age 3 have language delays
- One third of foster children continued to have at least one unmet health need after placement
- <10% received services for developmental delays
- Children placed with relatives received fewer health-related services
- Dicker, Gordon, & Knitzer, 2001

Adaptation of foster children

- Nearly half of school-aged foster children have clinical levels of behavior problems
- Foster children ages 6-14 are 4 times as likely to have a high level of problems as other children
- Foster children are twice as likely to be poorly engaged in school
- Child Trends Research Brief 2003

Prevention

- The prevention of child maltreatment is extremely important
- Despite efforts in this arena, too many youngsters continue to be victimized
- Treatment initiatives are needed once maltreatment has occurred
- Too few developmentally-based & empirically validated approaches are utilized to address the effects of maltreatment

5 Strategies to Promote Healthy Development for Foster Children

National Center for Children in Poverty published a policy paper in 2001 with the following recommendations:

1. Provide developmentally appropriate comprehensive health care for all children in foster care
2. Design and implement specialized developmental and mental health assessments and services for young children in foster care

5 Strategies to Promote Healthy Development for Foster Children (cont.)

3. Create monitoring and tracking mechanisms to ensure needed health, developmental, and mental health services are provided

4. Ensure that young children in foster care have access to quality early care and learning experiences

5 Strategies to Promote Healthy Development for Foster Children (cont.)

5. Use the oversight authority of the courts to ensure that children in foster care receive needed health, developmental, and mental health services as a part of permanency planning.

How is Rochester Doing?

1. Provide developmentally appropriate comprehensive health care for all children in foster care

Rochester asset: Foster Care Pediatric Clinic

Challenge: Foster children have complex and expensive medical needs

How is Rochester Doing?

2. Design and implement specialized developmental and mental health assessments and services for young children in foster care

Rochester asset: Mt. Hope Family Center foster care programs

Challenge: Many young children's mental health needs go unrecognized

How is Rochester Doing?

3. Create monitoring and tracking mechanisms to ensure needed health, developmental, and mental health services are provided

Rochester asset: Monroe County foster care system attempts to track services

Challenge: With changes in placements, workers, and needs, services may not be provided consistently

How is Rochester Doing?

4. Ensure that young children in foster care have access to quality early care and learning experiences

Rochester asset: High quality early childhood settings:

Head Start

Universal Pre-Kindergarten

Challenge: Not all children are enrolled

How is Rochester Doing?

5. Use the oversight authority of the courts to ensure that children in foster care receive needed health, developmental, and mental health services as a part of permanency planning

Challenge: Many children in foster care are not receiving needed services

Additional Strategies

Prevention:

Parenting Skills Training

- Incredible Years Collaborative

Home Visitation models

Treatment for Parental Depression

- M.I.G.H.T.

Additional Strategies

Early Intervention

Early Intervention Program through Health Department

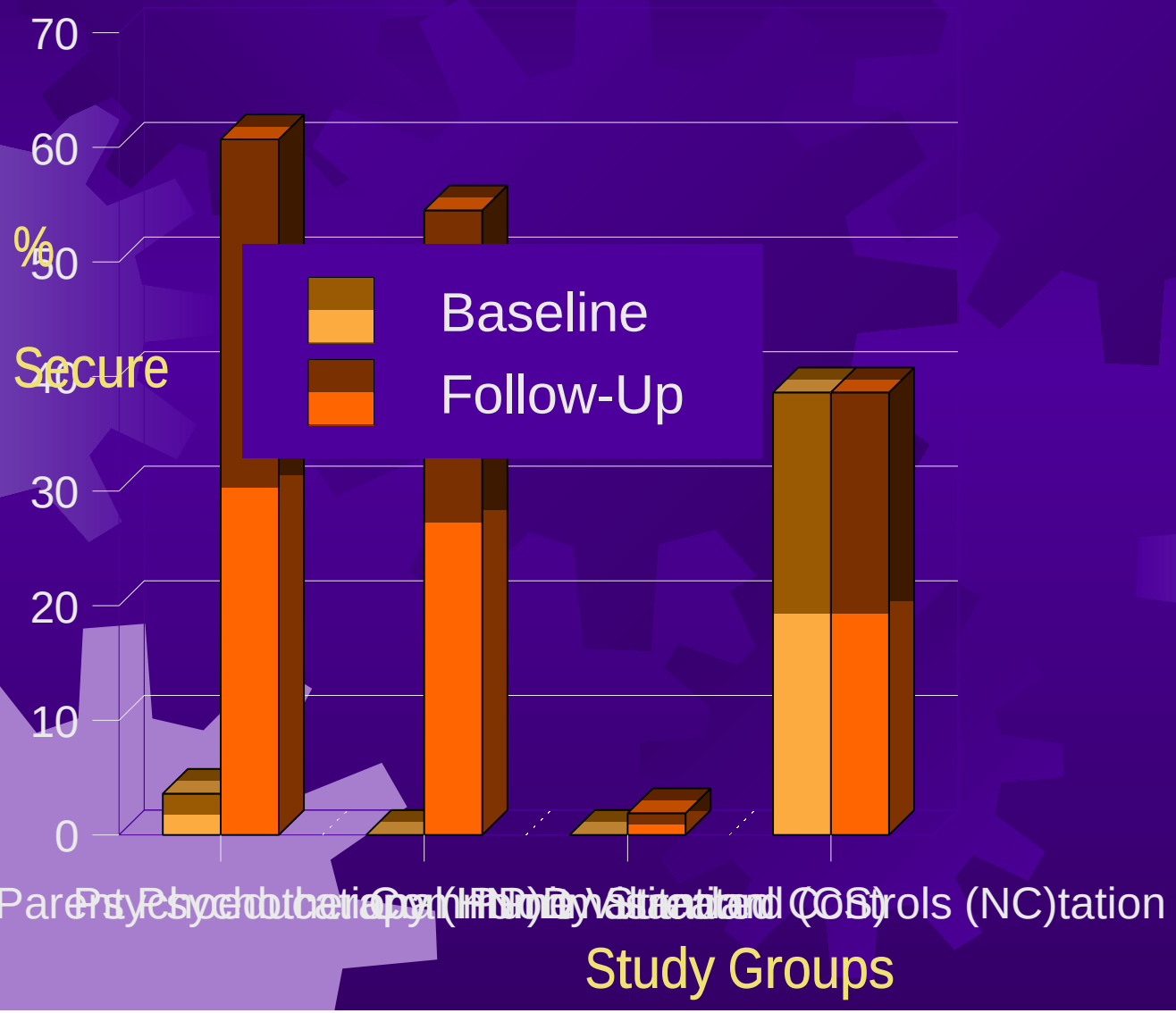
Attachment-theory informed intervention

MHFC Foster Care Program

MHFC Interventions

- **Psychoeducational Home Visitation (PHV)**
  - Psychoeducational approach
    - Parent skills training
    - Maternal self-care
- **Home-based Infant-Parent Psychotherapy (IPP)**
  - Attachment-theory informed approach
    - Focuses on the parent-child relationship
    - Addresses how mother's history of attachment relationships are enacted in relationship with child

Percentage of *secure* attachments in four study groups at baseline and follow-up



Efficacy of Preventive Interventions for Modifying Maltreated Preschooler's Representational Models of *Self*

Toth, S. L., Maughan, A., Manly, J. T., Spagnola, M., & Cicchetti, D. (2002). The relative efficacy of two interventions in altering maltreated preschool children's representational models: Implications for attachment theory. Development and Psychopathology, 14, 877 – 908.

Efficacy of Preventive Interventions for Modifying Maltreated Preschooler's Cognitive and Preacademic Functioning

Foster/Kinship Placement Rates Across Groups

Parent- Psycho-
Child educationalCommunity Nonmaltreated
AttachmentPreschool Standard Comparisons
(PPP)(PHV)(CS)(NC)

2%10%21%0

p<.005

Additional Strategies

Education

High quality preschool programs can be effective

Preschool PMHP

Safe Start Mentor Program for Child Care Providers

ECDI

Additional Strategies

Treatment for Trauma

Cognitive Behavioral Treatment for trauma, depression, anger management, anxiety have most support in research literature

Needs/Opportunities

- Evidence-based treatments with proven effectiveness are needed to address the needs of foster children
- Efficacious approaches need to be brought into community settings
- Additional funding streams are required to bring resources into local community without adding tax burden
- **Referrals for children in the court system should consider comprehensive needs & availability of effective treatments**

Summary

- MHFC is a resource to the broader community in:
  - evaluating treatment efficacy and effectiveness
  - exporting evidence-based treatment
  - educating students and young professionals

Current Intervention/Treatment Programs at Mt. Hope Family Center

- Parent-Child Attachment Therapy
- Child Therapy (Cognitive-Behavioral Therapy)
- Interpersonal Psychotherapy (IPT;Depressed Mothers)
- Parenting Classes (The Incredible Years)
- Foster Family Treatment, FCPC Partnership
- After School Program (PATHS)
- Summer Camp Program