

Early Childhood Treatment Models and Practices



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Welcome and Introductions

- Who I am
- The Early Childhood Mental Health Program
- Important info for the day

Objectives



- To review available assessments for use with young children
- To learn the basics of evidence based practices that can be used with young children
- To identify treatment models that can be used with young children and families

Assessments

- Mental Status Exam
- Still face assessment
- Working Model
- Ages and Stages Questionnaires
- Crowell Play Situation
- DECA, DENVER, PEDS, TABS, MCHAT, STAT



Mental Status Exam



- Physical appearance
- Motor Functioning
- Reaction to new settings
- Self Regulation
- Speech/Language
- Relatedness
- Thought
- Affect/Mood
- Play: structure, content, symbolic functioning, expressions of and control of aggression
- Intellectual functioning

Still Face Assessment

- Technique used to assess the relationship between infant (0-12 mths) and caregiver
- Caregiver
 - Play without touching for 3 min
 - No facial expression for 3 min
- Stranger
 - Play without touching for 3 min
- Alternative Caregiver





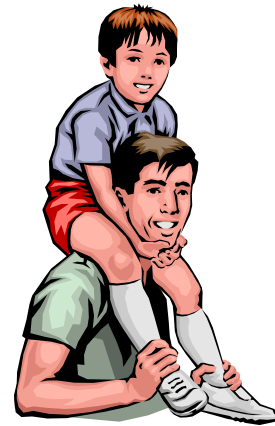
Working Model

- Assessment technique used to delve into the parent's perceptions of their infant
- Usually takes an hour
 - OR could narrow into a couple questions
- Read straight off the questionnaire

Working Model-What to LOOK for

- Richness in perceptions
- Openness to change
- Intensity of involvement
- Coherence
- Infant difficulty
- Caregiver sensitivity





Working Model –Shortened

- 5 words to describe Sally's personality
- Whom does Sally remind you of?
- How well does Sally's name fit?
- Has your relationship changed over time?
- Tell me your favorite story about Sally.
- What do you expect Sally to be like as an adolescent/adult?
- Tell me about your pregnancy (physically & emotionally)
- Reaction of family to pregnancy
- How did you feel after the birth?

Ages and Stages Questionnaires

- Developmental questionnaires that range in age from 2 months to 5 ½ years
- Regular version has 5 categories: Communication, Gross motor, Fine motor, Problem Solving, Personal Social
- Also have a more extensive Social emotional version called the ASQ:SE
- Designed to be completed with or by parents
- Currently being used by JCPS, MUW, SCS, and First Steps

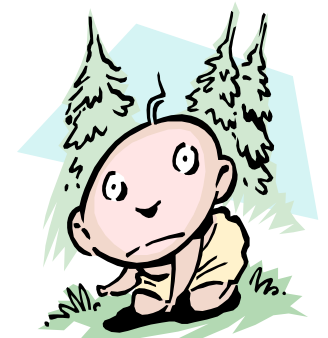
Play Situation



- For children 12-54 months
- Attempt to create a naturalistic environment out of a clinic environment
- Usually videotaped
- 9 episodes of varying length
- Caregivers are given an overview before starting

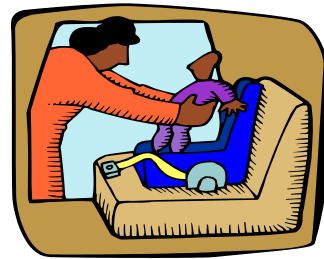
Play Situation Evaluates

- Parenting skills
- The level of attachment between the caregiver and the child
- The child's coping skills
- The parent's coping skills
- The parent's ability to soothe a frustrated child
- The communication styles between the parent and the child
- The parent's ability to empathize with the child



Play Situation Room Arrangement

- Cabinet where the tasks are stored.
- Cabinet is locked, and the parent is given the key.
- The free play toys are kept in a bucket and removed from the room after clean up.
- There is a phone in the room, which allows the clinician to call into the room and given instructions during the procedure (could use a ear bud)
- Don't let any soothing toys remain in room, i.e., if client brought a toy with them.
- Two way window for observation



Play Situation Sequence of Events

- Free Play (8-10 minutes)
- Clean up (3 minutes)
- Bubbles (3 minutes)
- Tasks 1-4
 - #1 (2-3 min)
 - #2 (3-4 min)
 - #3 (3-5 min)
 - #4 (4-8 min)
- Separation (2-3 minutes)
- Reunion (3-5 minutes)



Play Situation – Free Play



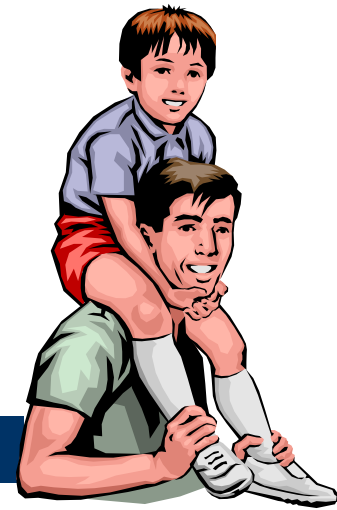
- Instructed to play as you usually would together at home
- Observe the dyad in less stressful situation of unstructured time together
- Toys
 - Dolls, phones, plastic food, dishes, doctor's kit, stuffed animals, blanket, bottle, puppets, animals, tool kit, trucks
- Keep toys in a bucket so easy to remove

Free Play – What to LOOK for

- Level of comfort between dyad
- Amount and kind of affection they share
- Their familiarity with play and having fun together
- Usually lasts 8-10 min.
- Dyad's use of the time as fun-oriented versus task-oriented
- Sense of partnership versus solitary play



Play Situation – Clean Up



- First transition is observed.
 - Call in and instruct the caregiver to get the child to clean up.
- Caregiver can help if the child needs assistance and to set the bucket outside the playroom.
- Pulls for evidence that the dyad can cooperate together sufficiently to complete a task.
- Observe how the dyad handles a stressful situation.
 - How they bargain over conflicting agendas.
 - How they express their feelings to one another.
 - How well they read and respond to one another.

Play Situation – Bubbles

- After the toys are removed, the caregiver gets out the bubbles.
- Caregivers tells child to attempt to pop the bubbles.
- Attempt to elicit positive affect between child and caregiver.
- Degree of mutual enjoyment, flexibility of parent, pacing of the activity, and turn taking.
- Usually last 3 minutes.





Play Situation – Tasks

- Based on developmental age of client
- Task 1 and 2 should be below or right at child's age appropriate level while tasks 3 and 4 should be slightly higher to encourage needing help
- Tasks generally last 3-5 min for younger toddlers and 6-8 min for older toddlers/preschoolers.
- Examples of tasks for a 3 year old:
 - Build a bridge with legos
 - Shoe puzzle
 - Replicate a Cootie
 - Figure 8 train puzzle



Tasks – What to LOOK for

- Less interested in child's ability to complete the task
- Child's ability to:
 - Use the caregiver in a stressful, structured activity
 - Ability to stay focused on task
 - Reliance on parent for help
 - Capacities for self-regulation,
 - Cooperation
 - Showing affection
 - Learning style
- How the dyad handles transitions
- Caregivers ability to:
 - Set limits
 - Anticipate frustration
 - Provide structure
 - Teach effectively
 - Provide encouragement
 - Maintain availability
 - Support

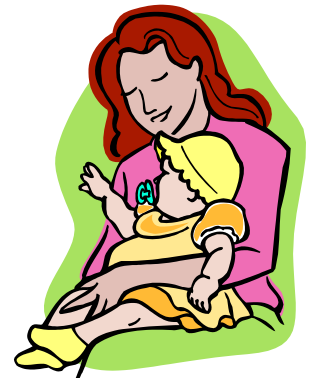
Play Situation – Separation



- Caregiver to leave the toy cabinet open, take the bubbles, and leave the room like you normally do.
- Caregivers are given no specific instructions about preparing the child for departure and how they do this is considered useful information.
- Once outside, the caregiver remains separated from the child for 3 minutes, unless the child becomes so upset that the caregiver must be returned (30 sec.)

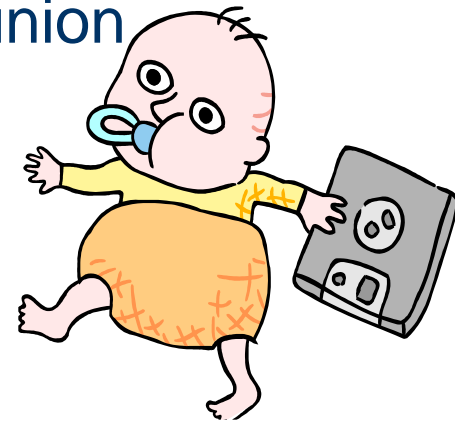
Separation – What to LOOK for

- Way of examining the child's proneness to distress but also specifically activates the young child's attachment system.
- How child attempts to self-soothe.
- How child copes with the stressful situation.



Reunion – What to LOOK for

- Attachment behaviors
 - proximity seeking, avoidance, controlling behaviors, and clinging
- Dyad's way of establishing contact
- The organization and congruence between the pre-separation, separation and reunion behaviors
- Is there a resumption of play/exploration
- What was the child's response to the distress
- What is the congruence between the separation and the reunion



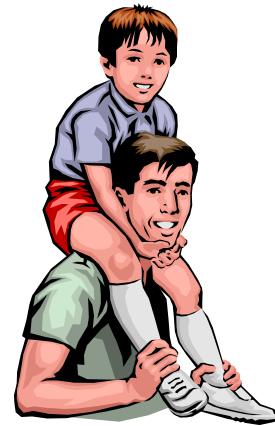
DECA, Denver, PEDS, TABS, MCHAT, STAT

- DECA – Devereau Early Childhood Assessment
- Denver – Developmental Screening Test
- PEDS – Parent Evaluation of Developmental Status and the PEDS: DM for Developmental Milestones (used a lot for Autism)
- TABS – Temperament and Atypical Behavior Scale
- MCHAT/STAT – Two tools used to Autism

Treatment Models

- Parent Child Interaction Therapy (PCIT)
- Greenspan's DIR Model (Floor Time)
- Infant Parent Psychotherapy
- Child Parent Psychotherapy (CPP)
- Speaking for Baby
- Interactive Guidance Therapy
- Love and Logic
- Basic Core Principles

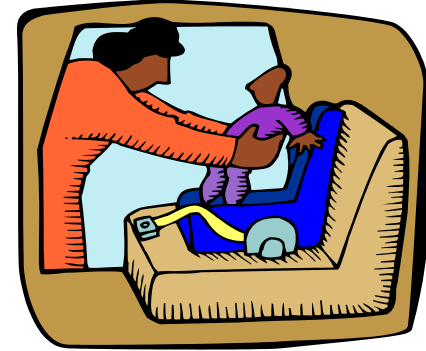
PCIT: Distinguishing Features



- Emphasis on restructuring parent-child patterns
- Use of coaching
- Elements of family learning traditional play therapy
- Therapist extremely active and directive
- Designed for young children (2-12 yrs.)
- Parents are not blamed but given responsibility for improving their child's behavior
- Designed to restructure negative family patterns of negative attention seeking and noncompliance
- Done in two stages CDI and PDI
- Must meet mastery before moving on to next phase

14 Sessions of PCIT

- Session 1: PreTreatment Assessment (Parent & Child)
- Session 2: Teach Play Therapy (Parents Only)
- Session 3-6: Coach Play Therapy sessions CDI
- Session 7: Discipline Skills (Parents Only)
- Session 8-12: Coach Discipline Skills PDI
- Session 13: Post Assessment
- Session 14: Follow Up



Session #1: Pre Assessment

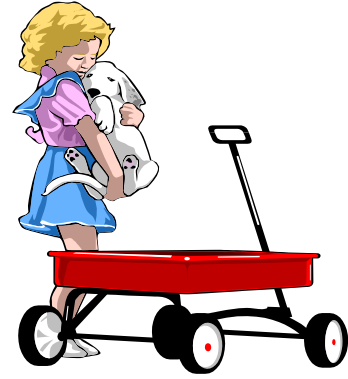
- “I would like for you to let your child lead the play.”
- “Now, you get to pick and get your child to play your game.”
- Clean up without help from caregiver

Session 2: Teach Play Therapy

- Positive Interaction with Child
 - Increased positive attention
 - Decreased negative attention
 - Increased self-esteem
- Consistent Limit Setting
 - Increased structure
 - Be predictable
 - Follow through with promised consequences



Session 2: Teach Play Therapy (cont.)



- DO:

- Praise
- Reflect
- Imitate
- Describe
- Enjoyment

- Avoid

- Commands
- Questions
- Criticism

*Ignore annoying, obnoxious behavior

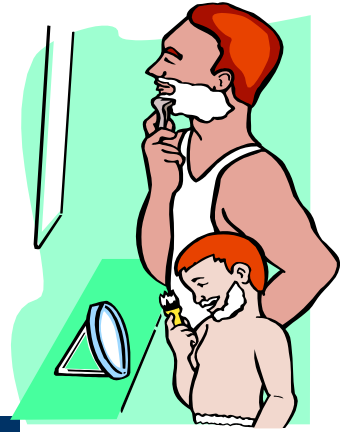
**STOP the play for dangerous/destructive behavior

Session 3-6: Coaching CDI

- Use positive language to say what to do; DON'T tell them what not to do
- Coach play therapy skills taught to parent
- Small obtainable instructions
- Use same skills you are teaching parent to help coach the parent
- 10 min. check in; 40 min. play therapy



Session 7: Teach Discipline



- Sometimes need to break this session into two sessions
- Parents Only
 - Give effective instructions
 - 1-2-3 ignore
 - Time Out

Session 9-12: Coaching PDI

- Continue to use same coaching skills from sessions 3-6
- Coach parents to give a command and then praise compliance or follow through with consequences
- Use active ignoring
- Return to Child Directed Play between commands and PRIDE skills
- Helps parent provide discipline

Post Assessment

- Without your coaching count how many PRIDEs and Questions/Commands/Criticisms



Greenspan's DIR model

- D = Developmental
- I = Individual Differences
- R = Relationship Based



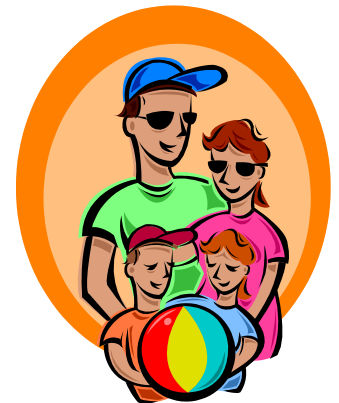
Developmental



- A. Regulation and interest in the world (by 3 mths)
- B. Engagement (by 5 mths)
- C. Intentional 2 way communication (by 9 months)
- D. Complex problem-solving gestures (by 18 mths)
- E. Emotional ideas: representation and elaboration (by 30 mths)
- F. Emotional thinking: building bridges between ideas (by 42-48 mths)

Individual Differences

- Visual-spatial processing
- Auditory processing
- Tactile processing
- Motor Planning
- Sensory modulation, , including tactile, sound, olfactory, taste, pain and sight
 - Hypersensitivity in each
 - Hyposensitivity in each



Relationship Based



- Affective interactions :
 - Create intimacy, relationships, self esteem, coping
 - Create symbolic capacities through play and talking
 - Create emotional range and capacities for feelings related to dependency, separation, loss, fears, anger, power, jealousy, friendship, loyalty, justice
 - Lead to ability to discriminate, generalize and build abstract, logical and creative thought

DIR Therapy

- Observation
- Approach
- Follow child's lead
- Extend and expand play
- Child closes the circle of communication



Infant-Parent Psychotherapy



- Infants have internal experiences which are complex
- Infants understand and have feelings
- Infants recognize familiar people
- Infants actively attempt to influence their world
- Helps the parent attempt to understand the infant's internal world

IPP – Parents as partners

- Parents need to learn and know that their infants can understand
- Parents need to learn about their infants' internal worlds
- Work with parents to identify their own childhood experiences and how they affect their current parenting
- Sometimes this work is done through the child rather than directly



IPP – Psychodynamic principles

- Identify distorted ways that parents perceive infants
- Identify coercive ways that parents interact with children
- Learn about ways that children use to adapt to internal and external demands
- Form hypotheses about patterns and consider effective interventions
- Learn to think about the internal worlds of infants and parents
- Learn that there is more to the relationship than circumstantial and behavioral issues



IPP – How it works

- Parent is trying to understand the intentions and meaning of expressive behaviors of the infant
- IPP must create a space – a holding space – for the infant or toddler’s voice to be heard
- Infants/Toddlers meanings, feelings, and intentions need to be heard and not lost
- If not heard by the parent, meanings and intentions may also be lost to the child
- Result in limitations on child’s ability to experience the world
- Lack of mutuality is frequently an important aspect of this lack of recognition and understanding



IPP – How it works, con't.

- Remember that the primary patient is the relationship between the parents(s) and the child
- The focus is what happens between family members as well as understanding the individuals
- Focus on constructing meaning about the relationship



Child Parent Psychotherapy (CPP)

- Based on five major ideas that highlight the importance of relationships in the early years
 - The attachment system helps to organize the child's response to danger and safety
 - Emotional and behavior problems need to be addressed in context of the child's primary attachment
 - Risk factors in the first 5 years of life
 - Interpersonal violence must be recognized as traumatic stressor that has specific repercussions for those that witness it
 - The therapeutic relationship is the necessary change factor in treatment

CPP – Assessment

- Includes observation of child with caregiver
- Observation of child with aggressor if possible
- Developmental History
- Parental description of the child and family
- Evaluation of child's trauma symptoms and history
- Evaluation of parents trauma symptoms and history
- Large portion of it is done collaterally

CPP – Treatment

- CPP uses behavior based strategies, play, and verbal interpretations as agents of therapeutic change
- Preferably meet weekly with client and parent using play therapy methods to identify trauma triggers for both parent and child
- Decreases the stigma of discussing the trauma directly by basic statement of treatment from the start of session.

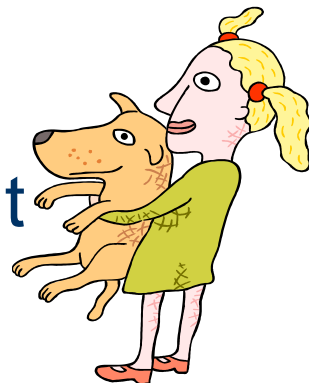
Speaking for Baby

- Began in the field of working with adolescent mothers
- Therapists is the voice for the infant
- Used primarily when a child is non-verbal, pre-verbal, or does not speak in session
- This is a technique that is often used
In CPP for clients



Interactive Guidance Therapy

- Videotape sessions
- Review the sessions with the caregiver
- Ask questions with caregiver about what is going on for them at times in session
- Should be very strengths based, start with reviewing positive things that happen in session
- Must have a good relationship with client



Love and Logic – Basic Deposits

- Start Early with these strategies to help build –self esteem, personal responsibility, and the ability to make smart choices:
 - Build the self-concept
 - Share the control or decision-making
 - Offer empathy, then consequences
 - Share the thinking and problem solving

 - Building these skills early will also help build positive relationships between parents, teachers, and children which they can draw on when they have to make decisions without you.

Build the Self-Concept

- The building of high and low self esteem happens over time
- Allow children the gift of personal success
- Weigh learning experiences against immediate rescue. When we rescue we erode self-concept, when we allow them to solve a problem we strengthen it

Build the Self-concept, con't

- How to build low self-concept:
 - Find fault and criticize
 - Insist on doing everything for the child
 - Don't allow children to experience the joy of independent success
- How to build high self-concept:
 - Offer empathy, understanding, and unconditional love
 - Allow children to struggle to solve their own problems
 - Encourage children to learn to succeed

Share the Control

- Battles over control benefit no one
- Give control away when you don't need it so you can take some back when you do
- Share control by giving the types of choices that do not cause a problem for you or anyone else on the planet
- Often we set too few limits when children are young and try to set more limits at children get older.
- A child's ability to make choices within the limits of safety is the foundation of responsibility and wisdom

Provide Empathy before giving consequences

- Sometimes the pain of poor choices help children to learn to avoid mistakes in the future
- Price of mistakes when children are young are smaller than the price when they are teenagers
- Empathy opens the mind to learning
- Anger short circuits learning
- Every time we use empathy the reasoning brain of children turn on
- Every time we deliver threats or anger, their reasoning brain turns off

Always remember

- Mistakes are Wonderful Opportunities to Learn
 - Recognize your own mistakes if you make them
 - Reconcile – “I’m sorry” or “I was wrong”
 - Resolve – Focus on solutions rather than blame

Share the Thinking

- When we share the thinking and invite children into identifying solutions for their own problems we give them the foundations to make good choices later in life when they are not with us
- Use problem solving skills and techniques to help children grow their skills daily

Solution focused problem solving

- Do a drawing of the events that led to the incident and invite the child to figure out places where a different choice could be made
- Help them visually see consequences and alternative choices
- Use problem solving books, read a story and invite kids to give the characters solutions for the problems they encounter
- Use “I wonder” questions to get kids to answer
- Add regular problem solving into your classroom or circle times or sessions. Good social problem solving is just as important as learning good academic skills. Even from an early age

Positive Discipline: What Kids Need

- A Sense of belonging and Significance
 - Perceptions of Capability
 - Personal Power and Autonomy
 - Social and Life Skills
-
- Research has shown that negative punishment can actually hamper optimal brain development

Sense of Belonging and Significance

- “I need to know that I am loved unconditionally for who I am, not just for how I behave or the abilities I may have.”
- Very young children need adults to show them that they belong when they are laughing and also when they are having a tantrum.
- They need the same calm treatment day in and day out to learn this. Misbehavior is often a clue for feelings of not belonging.

Perception of Capability

- “I need to understand that I am capable. Therefore I need to be able to try things even when I sometimes fail or get frustrated. I need you to praise my efforts, even when I’m not successful.”
- Toddlers often struggle to do things and it is very easy to do things for them, but it’s important to let them have experiences where they try and get praised for efforts so they will keep trying and learn that they can do it!

Personal Power and Autonomy

- “I need a chance to explore my own power and channel it in effective ways. This may mean I look strong willed or oppositional but that is how I learn.”
- Power struggles are a part of a toddlers life. They need to learn what they can and can not do and they have to figure out when they can be in control and when they can not.
- If we are calm, firm, and have appropriate expectations without negative punishment they will learn these skills. Be careful not to take too much power away.

Social and Life Skills

- “I need to learn valuable skills. I need to learn to get along with other children, to fall asleep on my own, to feed and dress myself. These skills will help me know I am capable.”
- Children need to learn social skills. They do not automatically know how to behave in situations. Punishment will not teach them what to do, but only what not to do to avoid punishment.
- For some children punishment will cause them not to learn skills or to rebel against anything that is being taught.

- “Winning over children makes them losers, and losing generally causes children to be rebellious or blindly submissive. Neither characteristic is desirable. Winning over children means gaining their willing cooperation.” – Positive discipline, Jane Nelson, Ed, D

Basic Core Principles

- Early Childhood Treatment should always be in the context of the family system
- A good evaluation of the family dynamics is key to helping identify how this child fits into the structure of the family
- Primarily the relationship between the parent and the child is the “client”
- Understanding basic child developmental factors is important
- Heavily expressive therapy based and focused on education and increasing family skills

“If a child doesn’t know how to read, we teach.

“If a child doesn’t know how to swim, we teach.

“If a child doesn’t know how to multiply, we teach.

“If a child doesn’t know how to drive, we teach.

“If a child doesn’t know how to behave, we.....teach?.....

Punish?.....Why can’t we finish the last sentence as automatically as we do the others?” – Tom Herner (NASDE President, Counterpoint 1998, pg 2)

Resources

- First Steps – 459-0225
- JCPS Preschool – 485-3919
- MUW ASQ Project – Call 211 to enroll
- Libraries – 1000 books before Kindergarten program for families to join
- Early Childhood Resource Library – Kept by Darcie in her office with lots of titles for clinicians to use to increase knowledge
- Autism Screening Program –
ASDEVAL@sevencounties.org

Thank you for attending!

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